Anchor Carehomes Limited

Upton Grange

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

This inspection took place on the 31 May 2018 and was unannounced.

This was the first inspection of this service under the current provider.

This service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service is registered to accommodate up to 52 people who require support with their personal care. At the time of the inspection 47 people were living at the service; some of whom were living with dementia and other age related conditions. One person was staying at the service on a temporary or 'respite' basis and 46 people lived at the service on a permanent basis.

The registered manager had not worked at the service since January 2018. A manager of one of the providers other services had been managing the service since that time and they are referred to as 'the manager' in this report. 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 received effective, personalised care that was thoroughly planned and had been adapted to meet their needs. They directed and agreed to their care and the principles of Mental Capacity Act were being applied. People's end of life care was discussed and planned and their wishes respected.

People were supported to express their views, make choices about their care, and have maximum choice and control of their lives. People chose when to get up, what to wear, when to go to bed and how to spend their day. People had the opportunity to take part in group activities such as attending exercise classes, joining in with sing a longs and quizzes or watching a film in the services own 'cinema'. A hairdressing service was available in the services own salon and people had the opportunity to go on outings and do their own shopping. Staff spent time with people on a one to one basis and encouraged people to stay in touch with their families and receive visitors.

People were encouraged and supported to eat and drink well and there was a varied daily choice of meals on offer. Health care was accessible for people and appointments were made for regular check-ups as needed.

People felt well looked after and supported. We observed friendly relationships had developed between people and staff. Care plans described people's preferences and needs in relevant areas, including communication, and they were encouraged to be as independent as possible.

Staff were supportive and caring and provided dignified care. They understood individual's preferences and

supported people's lifestyle and social interests.

People's individual needs were met by the adaptation of the premises. Risks associated with the environment and equipment had been identified and managed. Technology, such as movement sensors on people's beds were used to alert staff if people at risk of falls got out of bed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

We found that a safe service was provided by a staff team who were appropriately recruited, trained and supported. Established systems were in place for preventing harm and abuse. Robust arrangements had been made to protect against risks, maintain health and wellbeing, and give medicines safely.

The service had an open, inclusive culture and was well managed. Feedback was sought and responded to. Complaints had been recorded and responded to appropriately. The governance of the service ensured regular monitoring of standards and the quality of care provided. Where shortfalls were identified action had been taken to make improvements.

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.

People were supported by staff who had a good understanding of how to keep them safe and manage identified risks.

People were supported by sufficient numbers of safely recruited staff.

People had their medicines when they needed them, and the service was clean and well maintained.

Is the service effective?

Good

The service was effective.

People were supported by staff that had the knowledge and skills to provide their care.

People were supported with maintaining a healthy diet and access the healthcare support they needed to maintain good health.

Staff had a good understanding of the need to obtain consent and worked in accordance with the principles of the MCA.

Is the service caring?

Good

The service was caring.

Peoples were involved in their care and made decisions about how they were supported.

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

People's privacy and dignity was maintained and information about them was stored securely.

Is the service responsive?

Good

The service was responsive.

People were provided with person centred care that was responsive to changes in their individual needs.

People enjoyed the wide range of activities that were on offer.

People were listened to. Feedback about the service was obtained and a clear complaints procedure was in place.

Is the service well-led?

Good

The service was well-led.

People spoke highly of the management who they felt were approachable and listened to their views.

Systems were in place to identify shortfalls and drive improvement.

The provider was aware of and carried out their responsibilities.

Upton Grange

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 inspection was carried out on 31 May 2018 by one adult social care inspector and an expert by experience in the provision of services to older people and people living with dementia.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit.

During the inspection we spoke with11 people who used the service, eight people's relatives two visiting health care professionals, the manager, the district manager and seven staff who delivered care.

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 observed the administration of medicines and people's lunch time experience and the provision of group activities on both floors. Records reviewed included: Seven people's care plans and daily records, staff rotas, policies and procedures, staff files covering recruitment, training and supervision, medicine administration records (MAR), accidents and incident records, complaints and audit documentation. We also looked at other areas of the environment including bathrooms, medication room, medication storage, communal lounges, people's bedrooms, the dining room, cleaning cupboards and sluice facilities.

Good

Is the service safe?

Our findings

People and their relatives told us they felt the service was safe. One person told us "I feel very safe here". Another person commented "I've not had any falls. I know they would help if I did". Comments made by people's relatives in relation to their loved one's safety included; "She is safe here" and "Belongings are kept safe. Nothing has gone missing. Her room can lock as well. If we go out we can lock it up, not that we need to".

We looked at the staff rotas and saw that there was sufficient numbers of staff to provide a good standard of care and we observed that staff had the time to combine their tasks with time to sit and chat with people on a more informal basis. We were told that this was also the case when there was any absence due to sickness or holidays. A relative told us "Staff are always around supporting. It's the same every time I come in". There was a low staff turnover at the service with the majority of staff having worked at the service for many years. The service also had their own bank staff who covered staff absences therefore rarely using any agency staff.

The service was clean and hygienic and the provider had processes in place to protect people from the risk of infection. Staff had completed training in infection control and had access to personal protective equipment such as disposable gloves and aprons. Staff involved in the preparation of food had also completed training in food hygiene. We looked all around the premises and saw that it was clean and well maintained. One relative commented "It's clean tidy and fresh smelling. There is never any bad smells. The cleaners are ways going round". We looked at the certificates relating to the safety of the building and the equipment in it and saw that all the safety checks were up to date and had been carried out regularly. Cleaning products were stored in line with Control of Substances Hazardous to Health (COSHH) guidance and were only accessible to staff.

There were systems in place for the safe management, storage and administration of medicines. Medicines were only administered by staff who had been trained to do so and whose competencies had been checked. Medicines were stored securely and at the right temperature in line with good practice guidelines. When medicines had been administered to people an entry had been made on a Medication Administration Record (MAR) to indicate this. People told us they received their medicines when they needed them and comments included "I have my medicines when I need them" and "If I'm in pain I can ask for something".

Protocols were in place for the administration of 'as required' (PRN) medicines. These provided staff with guidance as to under what circumstances these medicines could be administered and for how long for before advice was sought from a healthcare professional. People who had communication difficulties or were living with dementia had evidence-based pain assessments/scales in place to enable staff to assess when they needed to take PRN pain relieving medicines. Staff had access to up to date information about medicines and the contact numbers for the dispensing community pharmacy and GP practice with whom they had regular contact.

Risks to people were managed effectively. Risks to people including those associated with the safety of the premises, equipment, wounds, medication, nutrition and skin integrity had been assessed. Risks to people

had been mitigated in the least restrictive way to enable people to participate in their chosen activity with the relevant support from staff. Robust procedures were in place for monitoring and analysing accidents and incidents that had occurred at the service. When accidents had occurred these had been recorded and action was taken to reduce the risk of re-occurrence. Some people who had been identified as at risk of falls had sensors in their rooms to alert staff when they got out of bed. People had call bells in their rooms so they could alert staff if they needed assistance. One person commented "I have a call bell, staff come when I buzz, no problem".

The provider had systems in place to protect people from abuse. Staff were aware of their responsibilities to report any issue of concern and this included, if necessary, going outside of their service to the local authority if they felt the provider's response had not been adequate. Staff records confirmed that all staff regularly received updated safeguarding training. When incidents of potential abuse had occurred the registered manager had informed the local authority in line with local safeguarding protocols.

Recruitment practices were safe. Appropriate checks were completed to ensure new staff were suitable to work with vulnerable adults. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults. Recruitment files held a copy of the application form detailing the applicants full work history as well as notes from the interview, identification confirmation and copies references

Good

Is the service effective?

Our findings

People's needs had been assessed before they moved into the service. These pre admission assessments were holistic and gave detailed information on people's likes, dislikes, preferences and health care needs. The assessments had been used as a base to compile care plans which detailed people's health needs, social contacts, previous jobs, family background and how each person needed and wanted their care to be delivered. 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. Feedback from people, relatives, care staff and visiting health care professionals was that care plans were regularly updated and reviewed to reflect changes to people's care needs. This ensured staff had access to the guidance they needed to provide people with safe and effective care in line with people's preferences.

People's health care needs were identified and met. People were supported to maintain good health and had on-going healthcare support. Care staff monitored people's health and recorded their observations. They liaised with health and social care professionals involved in their care if their health or support needs changed. People's care plans documented people's health conditions and provided staff with information on their medical history. People received the support they needed to access support from health care professionals such as GP, Speech and Language Therapists (SALT) and dieticians. Care plans also indicated involvement of podiatrists and the need for dentist and optical input. Care records confirmed people had received routine health checks and medication reviews when needed. Information regarding the outcome of people's healthcare appointments were documented and any advice given had been followed.

People were complimentary about the food provided and people's dietary needs and preferences were catered for. At lunch time people were supported to move to the dining areas or could choose to eat in their bedroom. We observed the choice of meals available was on display and tables were set with fresh flowers, cutlery and napkins. Everybody we asked was aware of the menu choices available which were offered from a hot trolley. For people who may not have known what the choice was or could not remember; a small plate of food was shown to them so they could see what it was. This practice is particularly beneficial in assisting people living with dementia to make their own decisions. The lunchtime experience was relaxed and informal. People were encouraged to be independent throughout the meal and staff were available if people required support or wanted extra food or drinks. All the time staff were checking that people liked their food and offered alternatives if they wished. One person told us "There is plenty of food and drinks, I only have to ask". People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation.

People received support from competent and skilled staff. A relative commented "Staff know my Dad very well. They know what they are doing, you can tell". Another relative told us "From what I've seen everyone is cared for here, you can't help but see how it is when you come in". Staff received the training and support needed to undertake their role effectively and provide safe and responsive care. All new staff completed an induction to the service before working unsupervised. This included shadowing experienced staff which helped them to familiarise themselves with people's routines and care needs before caring for the person

themselves. We reviewed staff training and found there to be a comprehensive approach to ensure that all staff had the same foundation of learning that was updated on a regular basis. This training was defined as mandatory by the registered provider and included: moving and handling, infection control, safeguarding, food hygiene, health and safety, mental capacity and Deprivation of Liberty Safeguards (DoLS).

Staff also completed specialist training in to meet people's individual care needs such as tissue viability care and end of life care. Staff also accessed dementia awareness training which helped them understand the needs of people living with early onset of dementia type conditions.

Staff had regular access to support and supervision. Supervision provides staff with the opportunity to discuss any training and development needs they may have. All staff that had been employed for 12 months or more had received an annual appraisal of their performance. Most staff also held a nationally recognised qualification in care such as a Health and Social Care Diploma or a National Vocational Qualification (NVQ). Staff new to care were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should be covered for staff 'new to care'. Staff told us that they felt supported and were able to raise concerns if they needed to.

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 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 the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had followed the requirements in the DoLS. Where appropriate to do so, applications had been submitted to the 'supervisory body' for authorisations and the provider had properly trained and prepared staff in understanding the requirements of the Mental Capacity Act in general, and the specific requirements of the DoLS.

Consent to receive care and treatment had been obtained from either the person or a person with the legal authority to give consent on the person's behalf. Where people did not have the capacity to give consent a best interest decision had been made and recorded within their care records.

People's individual needs were met by the adaptation of the premises. Hand rails were fitted throughout the service, and other parts of the service were accessible. There were adapted bathrooms, wet rooms and toilets and hand rails in place in these to support people. One relative commented "It's nicely decorated, furniture is in good nick".

Good

Is the service caring?

Our findings

to me. They listen to me; look after me, what more can I say" and a relative commented "Very cared for. Mum would tell me if nothing right. I see it; you can see it in Mum". One healthcare professional told us "As soon as you come into the home you get a really positive feel for the home". They told us in their experience people were always treated with dignity and respect and stated they had no concerns about people's care or about the staff who worked at the service.

People told us they were treated with dignity and respect. People's comments included "I'm treated with respect yes. I treat them right too, that's the way it should be", "I'm well thought of. I'm treated well and with dignity". When asked if their loved one was treated with dignity a relative commented "Dignity for my relative; that was really important to us as a family especially when you are making tough decision around moving into a home to begin with. We have not been disappointed. It's a great home. My relative loves it here, everyone looks after them so well".

People told us their privacy was respected and had been consistently maintained. One person told us "Staff knock before coming in my room. When I'm in the shower or using the toilet they make sure my door is closed".

People were supported to retain their independence and make their own choices. They explained they were able to live the lifestyle they chose for example to get up and go to bed when they wanted. Peoples comments included; "I decide what I want to do. I make my own choices. I don't have to do anything I don't want to", "I'm my own boss", "If I can do anything I will, if not staff are on hand for me. We are one big happy family", "I have my own routine, staff don't interfere with it" and "I can look after myself, the staff are ok with that and just help when I need them".

All of the interactions we observed between staff and the people were kind and caring. We saw that people were supported at their own level and pace and were encouraged to make clear choices in how they wished to be cared for. We saw many examples of people making choices about the time they got up, how they chose to spend their day, and where they wished to eat their meals.

We observed staff chatting with people whilst supporting them with their day. It was obvious that staff knew people well and were able to talk to them about the things that they were interested in. We also noted that staff made sure to treat people with respect regardless of their capacity to consent. We saw that staff explained what they were going to do and asked people how they wished to be supported.

Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling care staff to support people in a personalised way that was specific to their needs and preferences. One person told us "When I lived at home I liked a nice cold beer and packet of crisps. When I moved in here, they made sure I have a little fridge for my beers and crisps are always handy for me. It's really important". This person's care plan reflected what the person had told us.

Another person told us "I have my daily newspaper every day, that's important to me. They always make sure I have it".

People's rooms were personalised and reflected their personalities and preferences. People were able to bring their own furniture to help them feel at home. One person's relative told us "people are treated as a person not a number. My relatives' room is very personal to them. It's like home from home. They settled well because of that. They've even got their own furniture in here".

People were provided with emotional support. We were able to view how staff communicated with people throughout the day and observed their interactions. They were respectful, encouraging and were heard to be offering people choices about activities and food. Our observations were that the relationships between people and the staff supporting them were warm, respectful and dignified. We saw one person was getting agitated and a bit anxious. The staff member in the room noticed this quickly and spoke with the person, laughing and joking with them and quickly diffused their agitation. Visitors were welcomed and relatives told us they were able to visit at any time.

People were supported to follow their religion. One person attended a local church service each week. Representatives from local Methodist and Catholic churches visited the service to meet with people and those who chose to could receive communion.

Information was kept confidentially and there were policies and procedures to protect people's personal information. Records were stored in locked cupboards and offices or on password protected computers. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available. The manager was aware of who they could contact if people needed this support.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. Anyone considering using the service could visit the service to look round and speak with the manager and staff. There were also systems in place for people's needs to be assessed before people made a decision about moving into the service. This allowed the person and the manager to assess whether or not the service could provide the support the person needed. The manager highlighted that as part of one person's pre-admission assessment it had been identified one person was very tall and required a larger than usual bed which had been provided.

People were supported to participate in their chosen activities and social events which they enjoyed. Staff told us that they provided group activities as well as spending time with people on a one to one basis and that they always told people what was happening, when and asked them whether they wanted to join in. Our observations confirmed what they told us. People told us and activity timetables confirmed there was a range of activities on offer including 'All our yesterdays'. This combined looking at pictures and information from the past on a tablet computer and shown on a TV screen, with quizzes and discussions. We observed one of these sessions and saw it was well attended and people were very much engaged with and enjoyed the session. We were told exercise classes were provided by staff who had been trained to and assessed as competent to deliver them. The exercise classes followed a programme developed by an organisation called 'Our Organisation Makes People Happy' (OOMPH) which is an award winning Social Enterprise who provide fun, inclusive and effective exercise and activities for older people.

Other activities included film showings in the services own cinema room which was furnished with cinema seats that had cup holders, sweets and drinks dispensers and a popcorn machine which provided an authentic experience for people. There was also ample space for people who used wheelchairs. Staff told us people chose what films they would like to watch and that the showings were well attended. Hairdressing, aromatherapy and beauty treatments were available in the services own hair and beauty salon, and hand massage were provided to people in their rooms. We saw a singalong session was provided on one floor, and people told us they could have afternoon tea in a room that was in the process of being converted into a 'tea room'. The manager told us people had been invited to the local scout and cub hall for afternoon tea and that they were liaising with the local youth club for the young people who used the club to participate in activities at the service and socialise with people as part of completing the 'Duke of Edinburgh Award'. They were also in the process of arranging with a local pre-school nursery for the nursery to provide some of their sessions at Upton Grange so that people would have the opportunity to socialise with the children and help support sessions such as art and craft.

People's comments about activities included "We get to go out sometimes. There are lots to do if you want to. I choose what I want and what I don't", "Yes there are activities to do. Get to go out sometimes, it's all covered", "There is always something to do. Staff come round asking, would you like to join in you know", "We had a get together for the royal wedding. It was lovely" and "I go out for my shopping sometimes".

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012.

Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received any specific AIS training they had ensured people's communication needs had been identified and met. People were communicated with verbally and with written information some of which was illustrated with pictures to aid people's understanding. People's care plans provided information on how to communicate effectively with them. For example one person's care plan stated that the person wore a hearing aid in one ear and at times may find it hard to know what people are saying to them. It also stated the person wore spectacles but may not always put them on. Guidance for staff was to make sure the person always had batteries for their hearing aid, that they should speak slowly and clearly and encourage the person to wear their spectacles.

People and their relatives were asked to give their feedback on the care through reviews of the care provided and through quality assurance questionnaires which were sent out by an external agency. The results of these surveys were analysed by this agency and the results given to the provider. We saw that the results of the last survey showed a high level of satisfaction. People could also make their views known by attending residents and relative meetings. The minutes of which confirmed that people were asked for their views on a range of issues relating to the running of the service and that they were invited to make suggestions about improvements that could be made. The service had also received a number of compliments from relatives giving praise and thanking them for the care that their family members had received.

People and their relatives told us they felt comfortable in raising any concerns and knew who to speak to. One person told us "Yes I know how to complain, I haven't got any though. I would speak up". Relative's comments included "We have had niggles but nothing to quote on. We have spoken about them and they were sorted". The provider had a complaints policy and processes in place to record any complaints received and address them in accordance with their policy. We looked at the complaints log and saw that one complaint had been logged in the last year which had been investigated and responded to appropriately. We also saw there were systems in place for complaints to be audited to ensure that they were properly responded to and identify any themes and trends.

No one living at the service was receiving end of life care. Peoples' end of life care was discussed and planned. Where people refused to discuss this, their wishes had been respected. Where possible people were able to remain at the service and were supported until the end of their lives. Observations and documentation showed that peoples' wishes, with regard to their care at the end of their life, had been sought and documented.

Good

Is the service well-led?

Our findings

The registered manager had not worked at the service since January 2018. A manager of one of the providers other services had been managing the service since then. The manager and provider were aware of their responsibilities in relation to the service and of the importance of informing the CQC of notifiable events and had submitted the relevant notifications and other information as required. The manager told us they intended to manage the service on a permanent basis and was in the process of applying to become the registered manager.

We saw the manager had very positive interactions with the people and was very involved in all aspects of their care, role modelling good care practice to the staff members. They had a good knowledge of the people who used the service and of the staff team. We saw that there was clear leadership which set the tone for the service and that this was based around wanting to provide good quality care for everyone who lived there.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We reviewed several audits and checks and these included checks on health and safety, infection control, care records, medicines, accidents and incidents amongst other areas. We saw that these checks were carried out regularly and thoroughly and that any action that had been identified was followed through and completed.

We could see the manager had made good progress since they commenced in post and had made improvements to the service. These improvements included ensuring the providers policies and procedures were followed and the relevant and paperwork completed. They had also introduced new ways of working which meant the staff, who delivered care and knew people well, were fully involved in the writing and reviewing of peoples care plans. Improvements had also been made in relation to the environment and people were consulted with on a regular basis on how they wanted the service to be further developed. A relative commented "It's been through a dip recently with the other manager, but now it's getting better. I've no worries it's a great place".

People, their relatives and staff all felt the service was well-led and would recommend it to others. Health care professionals told us they would refer people to the service without hesitation. They also told us they felt management and staff knew people well and had a good understanding of their needs.

Staff felt supported by management and listened to. One staff member told us "The manager is fantastic; the best thing that has ever happened". Staff told us that the provider, manager and deputy manager were supportive and understanding of any personal or emotional needs they had. This helped to promote a positive and inclusive culture within the organisation. There was also good staff retention within the service with many staff having worked at the service for many years which helped promote good continuity of care. Staff highlighted they believed the management always had people's interests at the forefront, were always

looking at ways to improve and open to suggestions. For example one staff member told us some afternoons / early evenings everyone including the staff wore pyjamas, had hot chocolate and watched a film. They told us that people really enjoyed doing this and even people who usually stay in their rooms would join in. They explained this had been a staff members' idea and management had embraced the idea and encouraged them to introduce it.

Staff were encouraged to develop in their roles and take responsibilities for specific areas of care and were 'champions' in areas such as dementia, Oomph, use of tablet computers and activities. Staff met and worked collaboratively with staff from the providers other services in the local area or 'district' learning from each other and sharing good practice. For example monthly meetings were held at which 'champions' from across the 'district' discussed what was happening in their services, what was working well and what they could do to improve. Staff from the provider's services in the district also attended fund raising events such as quizzes and sponsored walks to raise money for providing activities and making improvements to services environments for example installing the cinema and tea room. The manager explained this also helped staff get to know each other, have some fun and increase staff morale. Managers of services across the district also met on a regular basis to share good practice keep up to date with good practice and learn from each other.

Staff told us they would not hesitate to raise concerns if they witnessed poor practice and were aware of the providers 'whistleblowing' policy. They were also aware of the need to escalate concerns about people's welfare both within the organisation and externally.

The provider had good community links with other organisations involved in people's care such as health and social care professionals and worked in partnership with them to ensure the best outcomes for people. They also had links with the local school, youth club, scouts and cubs all of whom who were encouraged to visit the service and form links.