Lifeways Community Care Limited

Whiteoak

Inspection report

2 Foston Close
Bradford
West Yorkshire
BD2 3QF

Tel: 01274643228

Date of inspection visit:
30 January 2017

Date of publication:
06 March 2017

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

Whiteoak provides a respite service for people with learning disabilities. It can accommodate up to 17 people at any one time. Accommodation consists of a single storey building and a separate self-contained bungalow. At the time of the inspection, approximately 80 people were regularly using the respite service; this could be for one night or for longer stays of a few weeks. Admissions to the service were currently reduced due to significant building work which was due for completion in Summer 2017. On the morning of the inspection 9 people were staying at the service.

A long established registered manager was in place. 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 last inspection in August 2014 we found the service delivered high quality care and rated the service as 'Good.' This inspection took place between 30 January 2017 and 1 February 2017 and was unannounced and we found the quality of the service had been maintained.

Due to people's complex needs we were unable to ask them in detail about their care experiences. We spent time observing care and support and spoke with relatives of people who used the service. Relatives told us the service provided good quality care and that their relatives were happy to use the service.

We found people were safe from abuse. Staff understood safeguarding and we saw safeguarding procedures had been followed to help keep people safe. Risks to people's health and safety were assessed and clear, person centred plans of care put in place which were well understood by staff.

Medicines were managed safely, with people's medicines checked carefully by staff before support was provided. The decision to administration medicines in a covert or hidden way was done as part of a best interest process including a multidisciplinary team, however theses processes had not always been subject to regular review. We have made a recommendation about the management of covert medicines.

There were enough staff deployed to ensure people were safe, appropriately supervised and provided with social opportunities. Staff were carefully recruited to ensure they were of suitable character to work with people with learning disabilities.

The premises was safely managed. Whilst the service was undergoing extensive building work, this was being managed in a careful way with admissions restricted to ensure people were supported in a safe way with minimal distress.

Staff received training relevant to their role working with people with learning disabilities. This included training in autism, epilepsy and positive behaviour support. Training was largely up-to-date and staff

demonstrated a good knowledge of the people and topics we asked them about.

The service was compliant with the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People were involved in decisions about their care and support and best interest processes were followed where people lacked capacity.

The service assessed people's healthcare needs and put in place appropriate plans of care. The service was good at liaising with external health professionals to access specialist knowledge.

People were treated fairly, with dignity and respect by the service. Staff were warm and kind with people. Staff knew people well and their individual likes and preferences.

Care and support was person centred, with adjustments made to the service to meet people's individual needs taking into consideration their varied cultural and religious backgrounds.

People's care needs were assessed and appropriate plans of care put in place, although some of these required updating, this had been recognised by the service and was being addressed. Documentation we reviewed, comments from relatives and health professionals and discussions with staff led us to conclude people's care needs were met by the service.

People had access to a range of activities which were based on their own individual needs and preferences. This included internal activities and trips out.

Relatives told us they were satisfied with the service but felt able to raise any issues or problems with the management team. They said that when minor issues had been raised they had been dealt with effectively by the registered manager or deputy.

We found a positive and inclusive atmosphere within the home. Relatives and staff both praised the registered manager and staff said morale was good in the service.

Audits and checks were undertaken and along with people's feedback were used to further improve the quality of the service.

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 safe from abuse whilst using the service. Where safeguarding incidents had occurred we saw these had been investigated thoroughly and measures put in place to prevent a re-occurrence.

There were enough staff deployed at the right times to ensure people received safe and attentive care. Safe recruitment procedures were in placer to ensure staff were of suitable character to work with vulnerable people.

The premises was safely managed with building work being undertaken to improve the space and overall layout of the building.

Is the service effective?

Good

The service was effective.

Staff had the right skills and knowledge to care for people and received regular training updates. Support mechanisms were in place for staff.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink appropriately. People's individual dietary needs were well catered for.

People's healthcare needs were assessed and the service worked as part of a multidisciplinary team to ensure needs were met.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness, dignity and respect. Staff knew people well and had developed good, positive relationships with people.

There was a person centred approach to care and support based on people's individual preferences and needs.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed and person centred plans of care were put in place. Staff were familiar with people's care needs, providing us with assurance they were continually met.

People had access to a range of activities and social opportunities both within the home as well as opportunities for trips out.

Relatives we spoke with were satisfied with the service and said any complaints were dealt with in a positive manner by the registered manager.

Is the service well-led?

Good

The service was well led.

A long established registered manager was in place. People spoke positively about the way the service was managed and said the registered manager was open and approachable.

The service was focused on continuous improvement and had systems in place to monitor its performance.

People's feedback was used to shape and improve the service.

Whiteoak

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 took place between 30 January and 1 February 2017 and was unannounced. The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspector visited the service on 30 January, and the expert- by-experience made phone calls to people's relatives on 31 January and 1 February 2017.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was returned to us in a prompt manner.

We spoke with one person who used the service, 10 relatives, five support workers, the cook, the deputy manager and the registered manager. We spent time observing care in the lounge and dining room in the morning before people departed from the service and in the evening after people had arrived for the night. We looked around the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included; three people's care records, staff recruitment files and records relating to the management of the service.

We also obtained information from three health or social care professionals who regularly liaise with the service.

Good

Is the service safe?

Our findings

During observations of care and support people appeared comfortable and at ease with the staff who were supporting them. All the relatives we spoke with told us they thought people were safe whilst staying at Whiteoak. They said their relatives liked going to Whiteoak and "looked forward to it." Relatives told us if any bruising or injuries were sustained, these were noted on body maps and thoroughly investigated by the service. Staff told us they were confident people using the service were safe from abuse and that they had never witnessed anything of concern. They demonstrated a good understanding of safeguarding and how to identify and act on any allegations of abuse. The provider operated a whistleblowing helpline which provided a confidential way for staff to raise any concerns. Where concerns were identified we saw appropriate safeguarding referrals had been made by the service. Following referrals, investigations were undertaken and measures put in place to prevent a re-occurrence. This included, putting new documentation and checks in place, involving external health professionals and discussing working practices with the staff team.

Risks to people's health and safety were assessed and clear plans of care put in place. These covered areas such as epilepsy, evacuation, manual handling and eating and drinking. Where significant risks were identified, detailed protocols were in place to provide clear instructions to staff on how to keep people safe. Relatives told us the service understood people and the risks associated with their care. They said the service contacted them promptly if they had any safety concerns relating to their relatives. One relative said "They contact me straightaway when [person] has [epileptic] fits."

Overall relatives we spoke with were happy with the staffing levels provided. One relative told us about staffing levels; "I think they are very good." Staffing numbers deployed at any one time varied and were carefully planned depending on the number and needs of the people staying at the service each evening. Staff told us there were always enough staff on each shift to ensure people were safe. One staff member told us "Yes there are enough staff, they will add more if needed." During observations of care and support we saw there were sufficient staff available to supervise people, provide social interaction and ensure care and support needs were met. Staffing levels were such that staff were able to provide each person with a high level of interaction and stimulation. Although there were some support worker vacancies, the service used agency staff on an irregular basis with the staff team usually covering shifts between them. If agency staff were used, the same staff were sought to help ensure these staff were familiar with people's needs.

The service operated safe recruitment procedures to help ensure new staff were suitable to work with vulnerable people. This included candidates completing an application form and attending an interview. Interview questions focused on topics relevant to caring for people with learning disabilities. Candidates met service users to enable management to assess how they interacted with people. Checks on new staff were carried out, which included verifying their identity, checking conduct in previous employment and ensuring a Disclosure and Baring Service (DBS) check was carried out, prior to staff starting employment. New staff were subject to supervision and a probationary period to monitor whether they were suitable to work with vulnerable people

Medicines were managed in a safe way. Relatives we spoke with did not raise any concerns about the way medicines were managed. One relative told us "[Person] always come in with correct medication." Medicines were administered by senior staff who had received training in the safe management of medicines. When people arrived at the service, their medicines were carefully checked to ensure they were correct and in date. Medicines were booked in, with details of the prescription and number of tablets received transcribed onto a Medicine Administration Record (MAR). Medicine administration was then documented on the MAR. We looked at a sample of MAR's and saw people were receiving their medicines as prescribed. Arrangements were in place to give people their medicines at the times they needed for them. For example some medicines needed to be given before food and pain relief was needed at regular intervals. MAR charts supported that these medicines were given at the correct times. When people were discharge from the service, medicines were booked out and a stock check undertaken to ensure the correct number of tablets were present.

Some people had specific care arrangements such as administration of medicines through Percutaneous endoscopic gastrostomy (PEG) or medicines used to treat epileptic seizures such as Buccal Midazolam. Staff had received specific training in these areas and clear protocols were in place to support safe administration.

Some people received their medicines covertly. Whilst we saw that the decision to administer medicines in a covert manner had been subject to a best interest process involving a multi-disciplinary team and the person's family, these were not always subject to regular review in line with NICE guidelines.

We recommend the provider consults relevant guidance on the management of covert medicines.

Some people were prescribed 'as required' medicines. Clear protocols were in place which instructed staff on when to administer these medicines. Following administration the reason for administration was noted on the back of the MAR to enable reasons for administration to be reviewed. Medicines were stored securely within a locked room. Fridge temperatures were taken daily to ensure that the fridge was kept at an appropriate temperature.

The premises was safely managed. The service was divided into three distinct units and a separate bungalow with two further bedrooms. Each area had its own communal space where people could spend time. There were adequate amounts of communal space for people to relax, undertake activities, dine, as well as spend time in private in their bedrooms. During the inspection the service was undergoing significant building work due for completion in summer 2017. This would provide a more spacious environment for people. During the building work, admissions to the service were reduced and risk assessments undertaken to ensure it continued to operate safely and continued to meet the needs of people who lived in the service. This had been done in close consultation with people and their families. All relatives we spoke with were happy with the way the building work was being managed and said they were kept informed by the registered manager. Regular checks took place on the premises. This included environmental checks, and checks of the gas, electric, water and fire systems to help maintain the building in a safe manner. Equipment such as hoists and bed rails was also subject to regular checks.

We found the building to be clean and hygienic. Cleaning schedules were worked to by domestic staff. The service had achieved a five star food hygiene rating from the Foods Standards Agency. This is the highest score that can be achieved and demonstrated food was prepared within clean and hygienic surroundings.

Good

Is the service effective?

Our findings

We found staff had the right skills and knowledge to care for people effectively. Overall, relatives told us that the staff had the right skills to care for people. One relative said "Yes, they know everything about [person], the way he is and everything." Some relatives commented that they thought some of the new staff might need a bit more training and support and were not as familiar with their relative's needs. For example one person said "The staff who have been there for a few years are brilliant. The new staff need explanation from me." The registered manager told us whilst a number of new staff had recently started, they were confident that the leadership of the experienced staff would continue to drive up standards.

New staff without previous experience completed the care certificate. The care certificate is a government backed training scheme for staff in social care which it is recommended that all staff new to care complete. New staff also had a local induction to the home, ways of working and undertook a period of shadowing so they understood how the home operated. Staff told us that training was useful and relevant to their role. We spoke with a support worker who was new to learning disabilities care. They told us their training had been informative and given them the skills and knowledge to work effectively. They said they had received mentorship and were gradually introduced to people in a managed way to build up knowledge about the people they were caring for.

Staff received regular training updates. This included training in subjects such as safeguarding, moving and handling and autism. When training expired this was flagged by management team and staff were booked onto appropriate courses. We saw the majority of training was up-to-date.
Staff received additional training in subjects relevant to the people they were caring for. For example in epilepsy and Percutaneous endoscopic gastrostomy (PEG) to help ensure they could meet specific care needs. Staff also received training in positive behaviour support. This focused on positive interventions rather than restraint to manage distress behaviour. Staff were not permitted to work on the Green Suite, where people with behaviours that challenge were generally placed, before they had undertaken this training. Following recent updated training in this area, new care plans, and post incident reflection was being introduced to further improve the way the service assessed and managed people's behaviour. Relatives told us they thought the staff dealt with behaviours that challenge in an effective way.

Staff told us they felt well supported and we saw they had regular supervision and appraisal. Supervision and appraisal provides a support mechanism for staff as well as being a tool to address any performance issues.

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 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. We found the service was acting within the legal framework of the MCA and DoLS. The registered manager demonstrated a good understanding of how to act within the legal frameworks. At the time of the inspection nobody using the service was subject to a DoLS authorisation. The restrictions placed on people using of the service had been considered by the registered manager and liaison had taken place with the supervisory body over the suitability of potential applications. The supervisory body had concluded that people using the service on a respite basis were not being deprived of their liberty due to the specific nature of the respite care arrangements provided. Previously, where people had been admitted to the service on an emergency basis which resulted in continuous care and support arrangements over a number of days or weeks, we saw appropriate standard and emergency DoLS applications had been made by the registered manager to the supervisory body. We found care and support was provided in the least restrictive way possible. People were supported to make their own choices where they could. People were provided with stimulation and social opportunities outside of the home on a regular basis.

We saw evidence that the service worked with families and a multi-disciplinary team to ensure decisions for people that lacked capacity were made in their best interest, acting within the legal framework of the Mental Capacity Act (MCA). Information on people's mental capacity was present within their care records, although in some cases, this needed expanding upon and embedding into individual care and support plans.

People had access to a range of food. All the relatives we spoke with commented positively about the food and nutritional assistance provided by the home. One relative told us "She likes the food" and another said "She has special dietary needs and they are well met." A third relative said "Asian food is provided, curry and English food too. Yes, she is happy with the food."

Two cooks were employed by the service and prepared fresh food on a daily basis. A range of choices were available to people at breakfast. If people stayed at the service during the day, arrangements were in place to provide them with a lunch and if they travelled from the service to day centre a packed lunch was provided. Each evening people had the choice of two main courses. For example on the day of our inspection there was butter chicken and fish pie available followed by a dessert. Although a rough menu was in place this was flexible and was altered depending on the needs, likes and preferences of those staying at the service each particular night. Information on people's individually dietary needs was held by kitchen staff. Some people had very specific dietary needs, for example one person had a strict low protein dietary regime. We saw information on their condition and exact dietary requirements was present within the kitchen and the cook had a good understanding of these. We saw they were prepared their own meal each evening with care taken around the exact quantity of each ingredient to ensure they were kept safe. This demonstrated adjustments were made to meet people's individual dietary needs. Arrangements were also in place to ensure food was prepared in line with people's cultural or religious needs. This included halal and vegetarian options.

We observed the evening meal and saw people were supported appropriately in line with their individual care plans. The food looked tasty and smelt good. Staff were patient with people and provided encouragement and offered alternatives to one person who did not eat their meal.

Care records demonstrated the service liaised with external health professionals such as speech and language specialists, learning disabilities nurses and occupational therapists to help ensure people's needs were met whilst they were staying in the service. Their advice was used to formulate plans of care. Health professionals we spoke with were very complimentary about the service and said it provided good effective

care that met people's individual needs. One health professional said in reference to one person who used the service; "They have worked well and gone over and above to ensure that the service user receives the best care possible."

People had health action plans in place. A health action plan is a specific plan in place for people with learning disabilities that details how their health will be checked and maintained. However we found these were in a range of formats and had not always been subject to regular review. We raised with the registered manager and they assured us they would take action to address this.

Good

Is the service caring?

Our findings

Relatives we spoke with praised the service, it's staff and said that good or excellent care was provided by the service. They said that staff always treated their relatives well, in a dignified and respectful manner. Comments included; "They are very very kind. Very good staff", "We think they are very good quite a lot of empathy, friendly and respond to comments very well", "Good, positive, very friendly. Staff are always there to listen", "They have always been supportive, show concern, chatty and welcoming and "She comes home happy. We can tell she had a good day." Relatives said care staff were helpful when they rang the service to check up on or obtain information about their relative. They said they thought the service genuinely cared for people's welfare and would always contact them if there were any changes in their health or any concerns.

Relatives told us that communication with the service was generally good. Some people had communication books which staff filled in to inform relatives what people had been up to whilst at the service which relatives appreciated. However three relatives said that they would like an improved account of what people had been up to whilst staying at the service. We raised this feedback with the registered manager who told us they would speak with relatives about their individual requirements.

Most relatives we spoke with remarked that the service knew people really well and their preferences, likes and dislikes. One relative told us "Yes, they know everything about [person]. The way he is and everything." We spoke to staff about the people they supported and their individual needs. Staff demonstrated a good understanding of the people they were caring for, their likes, dislikes and any specific care and support arrangements needed to keep them safe. This gave us assurance that staff had developed positive meaningful relationships with people. Each person had an allocated member of staff as a keyworker. This person was responsible for developing a close relationship with the person, their families and ensuring care plans were updated and relevant health professionals consulted. Each time a person stayed at the respite service, care was taken to match the person with appropriate staff to ensure they had the right personal skills and attributes to support them.

Staff we spoke with demonstrated good caring values with a dedication to providing person centred care and to care for people in a kind and compassionate way. During observations of care and support we saw staff treated people well, speaking appropriately in friendly and kind manner.

When we arrived at the service in the morning people were getting up, ready to be discharged from the service. People looked well cared for; clean and well-dressed indicating staff were meeting their personal care needs and taking the time to ensure people looked presentable. Relatives we spoke with told us that their relatives were usually well presented.

Staff used a range of communication techniques to interact with people. This included the use of picture boards, Makaton and interpreting people's individual ways of communicating. For example we spoke with a staff member who was able to confidently describe how they asked one person yes/no questions using custom body language. During observations we saw staff make use of appropriate communication

techniques to interact with people, seek their choices and gain their consent.

Reasonable adjustments were made to meet people's individual needs and requirements. We found the requirements of the Equality Act 2010 were well enacted by the staff. Due to disability, some people had a specialist diet. We found this was catered for with separate meals provided for them. People's cultural and religious needs were considered in care planning and delivery, for example in the planning of food and the planning of culture specific events and activities. The service tried to give people choice with regards to the gender of staff supporting them. The registered manager had identified the need for more male staff and steps were being taken in conjunction with head office to try and achieve this.

Relatives told us they felt listened to and consulted. They said that the service asked them or their relative for consent before planning activities or undertaking care and support. One relative said "They always asked for permission for everything." During observations we saw staff listened to people and obtained choices and consent before assisting with care and support tasks. Staff we spoke with demonstrated they understood the importance of listening to people and planning care and support that met people's individual requests and needs.

Good

Is the service responsive?

Our findings

Relatives told us that the service provided good quality care and people's care needs were met by support staff. One relative told us "It's very rare for a respite service to go the length that they do in providing the service, like home from home to service users." People's needs were assessed prior to using the service and clear and person centred care plans put in place to help ensure people were supported appropriately. Before using the service people visited the home several times for example for a teatime visit, to help ensure the service was suitable for them and could meet their needs. Whilst booking people into staying at the service, their compatibility with other people was also considered to reduce the risk of conflict and distress as part of a person centred approach to care planning.

Care plans were in place and demonstrated people's needs were assessed in areas such as communication, behaviour and eating and drinking. Information on people's likes, dislikes and what was important to them was recorded. Where people had specific needs in areas such as enteral feeding (feeding through a tube inserted into the stomach), clear plans of care were in place. During observations of care and support we saw care and support plans were followed. Staff we spoke with demonstrated a good understanding of people's individual care needs, this provided us with assurance that care needs were met by the service.

People were occasionally admitted to the home on an emergency basis. A protocol was in place to ensure that the service gained information on people's individual needs prior to admission to ensure staff could formulate an appropriate plan that met the person's needs.

The registered manager told us documentation was in a transitional phase as the service was transferring care plans over to a new format. Whilst we found care plans in the new format to be better organised and up-to-date, those in the old format had a range of different document types and some documentation was not fully up-to-date. We raised this with the registered manager to ensure priority was given to reviewing outdated documentation.

Each day prior to admissions to the service, staff said that they familiarised themselves with people's individual care plans before they arrived to ensure they were familiar with their care and support arrangements and any changes. Handover meetings took place before people started arriving into the service in the mid-afternoon. These were thorough and helped ensure staff were responsive to people's needs.

Relatives we spoke with told us they felt involved and consulted on people's care and support arrangements and said they were involved in care plan reviews. One relative said of the care plan "Yes, we tend to update it together[with staff]." Relatives said they were consulted and involved in the major building work being undertaken and they had been invited to a coffee morning to discuss the changes to the service. One relative said "We were consulted. We had a meeting and saw the plan. All were explained to us. A unit is affected mostly. Happy with the explanation and the way they accommodated [person] due to his routine."

People were provided with a range of stimulation and activities to meet their social needs. Relatives told us

they were happy with the range of activities provided. One relative told us "They do quite a lot of activities during the weekend; like disco." Another relative said their relative took part in "Disco, games night, day trip out, pamper night, crafts, karaoke, local pubs." A third relative said "Take him out, sit down & relax & listen to his music, gardening, and sensory room." When we arrived at the service in the morning we saw staff engaging in conversation with people and were reading to people prior to people's departure from the service. In the evening we saw people engaging in sensory stimulation in the activities room. Interactions were person centred and staff ensured people were kept appropriately occupied. Activities were planned based on who was staying in the service each night. Recent activities had included Karaoke, arts and crafts , baking and a film night. Trips out also occurred, for example to a local pub, bowling and a disco had also recently taken place.

A system was in place to log, investigate and respond to complaints. Relatives we spoke with told us they were satisfied with the service. They said they knew how to complain and when they had gone to the registered manager with issues they had dealt with these promptly and they were satisfied with the outcome. The complaints policy was available in an easy read format to make it more accessible to the people who used the service. We saw a low number of complaints had been received about the service; three within the last year. Where complaints had been received we saw these were taken seriously and had been responded to in a prompt manner and documentation retained which showed clearly the actions taken to resolve the issue. Compliments were also kept on file so the service was aware of the areas where it exceeded expectations.

Good

Is the service well-led?

Our findings

Relatives provided good, positive feedback about the service and said their relatives enjoyed staying at the service. One relative told us "Yes, he loves it." Another relative said "She always is looking forward to it." A third relative said "We are happy with the service. She is happy to go. She can't wait to go there." A fourth relative said "It's good. One of the few places that we are happy with the service."

A long established registered manager was in place, with extensive experience in managing Whiteoak respite service. Relatives told us they thought the service was well led and management were approachable and effective in their role. A number of relatives said the management had been flexible and managed to accommodate their relative at short notice when respite care was needed.

Staff also praised management and said they were approachable. One staff member said "Management are fine, we have a good relationship, I feel I can go to them with any issues."Staff we spoke with said morale was good and they were clear on their roles and responsibilities. Senior staff told us they had enough time allocated to complete their senior duties such as medication, care plans and paperwork. Staff said they would recommend the service to others and it was a good place to work. One staff member said "Lovely place to work, more like home." A second staff member said "Good team working, good bond and well organised."

We found an open and inclusive atmosphere within the home with management and staff willing to reflect on the quality of care and support to drive further improvement of the service. The service practiced a person centred approach to care and support, with people's likes and preferences used to shape how the service operated on a daily basis.

Audits and checks were undertaken by the service as part of a system of quality assurance. These included daily, weekly, and monthly audits in areas such as safety, environmental, finances and medication. Service user files were subject to regular checks and review during key worker supervision and through management audits. The service had identified that care records required updating and was in the process of improving this aspect of the service through transfer to a new format. Provider audits were undertaken, although they were not wholly focused on monitoring the quality of respite care. The registered manager told us how respite specific paperwork and quality systems were being piloted at another respite service and if successful, these would be introduced at Whiteoak to ensure a more respite focused approach to quality and documentation.

Incidents and accidents were logged and action taken to ensure learning from incidents. Details of any incidents, accidents, complaints, safeguarding and a range of other performance indicators was sent to the provider on a monthly basis, to enable the performance of the service to be monitored.

Staff meetings were periodically held. These were an opportunity for any ideas to be shared such as activities and future events as well a mechanism to discuss any incidents or areas where improvements were needed. For example a safeguarding investigation had identified areas for improvement. We saw that

these had been discussed with staff at a recent meeting in order to improve staff practices and reduce the risk of future incidents.

People's feedback was sought to help improve the service. A 'quality checker,' visited the service on an annual basis. This was a person who used another service run by the same provider. Their role was to audit the service from the point of view of a service user and provided feedback to management for improvement. This demonstrated the provider recognised the importance of seeking people's views and feedback on the service. Annual quality questionnaires were sent to people and their relatives. These looked at a range of quality areas. We looked at the results of the 2016 survey which were overwhelmingly positive. Comments included; "The staff are top quality, so understanding and kind" and "My son receives respite care. It allows him to experience independence in an environment that is safe." Service user meetings were periodically held. We saw these were an opportunity to discuss areas such as activities, meals and what people liked and disliked about the service. Because of the nature of the service with many people staying for short breaks, much feedback was gained on an individual basis, liaising with people and relatives and planning changes to future respite visits based on people's feedback.