

Living Ambitions Limited

Whitwood Hall

Inspection report

Whitwood Lane
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West Yorkshire
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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

The inspection of Whitwood Hall took place on 14 January 2019 and was unannounced. Whitwood Hall is a 'care home', known locally as "The Hall". 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.

Whitwood Hall accommodates 16 people across three separate units, each of which have separate adapted facilities. The home supports people with autism, learning disabilities, complex needs and behaviours which may challenge. On the day we inspected 13 people were living at Whitwood Hall.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager at the service. 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 registered manager drove the service with a strong vision to enable people to live fulfilled lives as independently as possible. There was a transparent culture and staff were confident in discussing issues or incidents in an open culture which promoted improvement. Excellent teamwork and communication was embedded across the home, with all staff having a clear understanding of each person's role.

People were supported to take positive risks and be as independent as possible. People were enabled through encouragement and incentives to be as independent as possible and undertake as much as possible for themselves. All risk assessments were detailed and ensured people faced the minimal level of restriction. We found numerous examples where people had been supported out of their usual routines and encouraged to try new experiences.

People were enabled to participate in their preferred daily living activities at the times they wanted due to the exceptional staffing levels, which gave ample capacity to ensure people could go out whenever they wished. The service had actively sought to obtain mobility vehicles to ensure people who enjoyed car rides could do so at their preferred time rather than having to wait for the company vehicle.

Staff's skills ensured hospital admissions due to people's complex behavioural needs had been minimised. The service provided effective advocacy to support people receiving access to treatment.

The number of success stories shared with us showed people were at the heart of the service and celebrated

achievements. Care documentation reflected people's needs thoroughly and were constantly reviewed to reflect changes to people's needs.

Staff were highly empathetic and knew people really well. Staff were extremely attentive, kind and compassionate. They also demonstrated how much they liked working with people in the service and had a strong focus on providing an atmosphere like any family home. Staff were calm and unobtrusive, allowing the person to be the focus of attention and promoting their equality. Staff were extremely knowledgeable and confident in ensuring better outcomes for people.

We found staff promoted privacy and respected dignity as this was embedded practice. The registered manager took an innovative approach to training in this area.

The quality assurance systems in place encouraged continual reflection and review of support provision, all with the ultimate goal of improving people's lives. Holistic assessments of people ensured all aspects of support were in the best interests of the person and staff knew how to provide support effectively.

Medication was managed safely and people's needs regularly reviewed. PRN, or 'as required', medication was always used as last resort as staff supported people with diversion and distraction activities which usually worked. The home was clean and we observed staff follow infection control procedures as needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service had not received any complaints but there was a well-publicised procedure.

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 safely and staff could recognise signs of abuse.

Staffing levels provided sufficient opportunity for the service to be flexible and responsive to people's needs.

Positive risk management was used to promote independence and any incidents were used as a tool to learn and improve.

Is the service effective?

Good ●

The service was effective.

People were encouraged to do as much as possible for themselves and restrictions were kept to a minimum. Best practice guidance was followed in every instance.

Staff were extremely knowledgeable and experienced, working well as a team. People's outcomes were consistently better than expected compared to similar services.

People received nutritional support as needed and the service provided effective advocacy for people when dealing with external professionals.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service. Staff consistently displayed empathy and patience.

People's views were sought and even if they were unable to communicate verbally, staff constantly reviewed their reactions to events to determine people's preferences.

Privacy and dignity was embedded in the culture of the service

and staff were keen to show this was people's home.

Is the service responsive?

The service was exceptionally responsive.

People received personalised care which was tailored to their needs. People had choice, flexibility and continuity of care.

Care documentation was exceptionally detailed and provided excellent guidance for staff.

The service had not received any complaints but there was clear process for people to follow if required.

Outstanding 

Is the service well-led?

The service was exceptionally well led.

The registered manager provided strong and distinctive leadership which promoted the wellbeing of people and staff at all times.

Quality assurance systems were exceptionally robust and showed how well the service was performing in terms of supporting people.

The registered manager and provider drove a culture of improvement, ensuring high-quality, person-centred care and the best outcomes for people.

Outstanding 

Whitwood Hall

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 on 14 January 2019 and was unannounced. The inspection team consisted of two adult social care inspectors.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We found the information recorded on the PIR was evident during the inspection and everything stated was in place. We checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with four people using the service. In addition, we spoke with four staff including two support workers, the deputy manager and the registered manager.

We looked at two care records including risk assessments in depth, three staff files including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Is the service safe?

Our findings

Whitwood Hall promoted positive risk taking. Risk assessments focused on individual need, identifying possible hazards for people such as being unwell or becoming too hot, and contained measures to reduce the likelihood of harm for that person. The provider had a risk screening tool for most aspects of support and health needs which identified the risk, who could be harmed and how the risk was to be managed. The registered manager had also implemented additional, person-specific risk assessments such as the impact of having a sensor in a person's room all with a focus on minimal intervention and positive risk-taking.

There was a comprehensive set of current environmental and staff risk assessments in place which were regularly reviewed. One person was known to pull hair, so staff wore hats when supporting to minimise the likelihood of this. The company cars were checked at least weekly and serviced as required, with personalised travel risk assessments in place for staff to follow. All appropriate checks had been conducted in regard to premises safety.

Staff recruitment procedures were safe as all necessary checks were conducted and references verified. Where issues were identified full risk assessment interviews were conducted to ensure staff were suitable. Staff were subject to a lengthy probation period with regular competency checks and supervisions. The staff team comprised people who were not committed to the high standards required by the service. People living at Whitwood Hall were part of the interview panel and had specific questions they liked to ask. One person took an active role in greeting potential staff when they came for interview and another stated although they did have a core staff team, staff needed to have the same interests as them.

Staffing levels were high and flexible to meet people's needs. The registered manager explained rotas were created around people's needs, "We don't have shifts set to particular times – they are all about people's routines." Staff told us, and we observed, there were always enough staff who were given clear roles and tasks during each shift so the service ran efficiently. Some people, who disliked change, had core staff teams to promote continuity and stability. Staffing was arranged so there were always two staff on reserve who could be called in to cover for sickness. This meant the service had not used agency staff since May 2017 thus ensuring continuity of staff provision for people.

Medication was administered, stored and recorded in line with requirements. People's medication administration records (MARs) were checked daily to minimise the risk of issues and contained all necessary information. People had personal medication plans detailing how they liked to take their medication. Two staff members were involved in medication administration to reduce the likelihood of errors. Staff received medication training and had their competency checked at regular intervals. Training was also given for specific medication which had more complex administration procedures. Any changes to medication were also kept with people's MARs to ensure all staff had the current information.

We found staff to be very knowledgeable about people's medication needs. We spoke with staff about one person's PRN medication and they explained why they received it. They also referred to the person's behaviour support plan which outlined particular signs when this may be needed, and staff also knew all the

strategies to be used before medication was to be given to ensure this was a last resort. Plans were also in place when people were out in the community or staying away from the home to ensure medication was given as instructed. Records of any PRN administration were kept in the communication book so all staff knew when it had been given, rather than just those responsible for medication.

There were personal emergency evacuation plans in place for people reflecting their specific needs. There were regular fire drills which varied in day and time, and the registered manager tracked who attended to ensure all staff attended a minimum number per year. They were always part of a support worker's first shift when on induction. The home had experience of a burst pipe and had to evacuate which went well. There were regular checks of all fire equipment.

Staff understood how to recognise potential abuse and what action to take if required. Safeguarding records demonstrated referrals were appropriate and action taken swiftly where needed to ensure the safety of the person. All incidents were reported to the local authority and other relevant agencies. Where needed, full investigations were carried out and lessons learnt shared with staff. For example, a 'passing over the safe keys' process had been implemented which was a result of a safeguarding concern.

Safeguarding incident analysis also reminded staff, "Under no circumstances are we to place any restrictions on any service users other than those stated in their DoLS. All service users have a right to freedom of movement." This showed the service was adhering to DoLS requirements but not imposing further restrictions due to safeguarding concerns without appropriate consideration.

The home was clean and staff demonstrated effective infection control practice.

Is the service effective?

Our findings

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. A DoLS support plan identified the specific restrictions such as locked doors, continuous staff support and PRN medication given when required, how these were to be actioned and monitored. Conditions were adhered to and we saw regular input from advocates to ensure people's needs were being met appropriately.

One person had gained independence through having their own room key. A review of restrictions for this person showed they were able to manage this themselves. Another person had required two staff to support them on admission to the service but now was independent in accessing the local shop through receiving personalised support.

Another person had had no admissions to hospital for their complex behaviours since living in the service, despite having a long history of needing to do so previously. This was because the service had created a specialised room to ensure they were safe and comfortable. The service had adapted their living environment to accommodate their needs. A further person had their medication reviewed to ensure they were less lethargic and we saw this person actively engaging in the local community. We saw a 'reducing restrictions tool' was in place for each person and these were regularly used to ensure people had maximum independence and choice.

Staff demonstrated sound understanding of how to assess capacity and discussed with us how decisions were made about medication, finances and voting. Staff were keen to stress, and we saw in care records, people were encouraged to take positive risks. One staff member told us about a number of distraction techniques including music, sensory play and singing which usually helped calm one person down. The registered manager explained the use of physical restraint was minimal as staffing numbers enabled exceptional and flexible support and people were engaged in plenty of activities to keep them busy.

Positive behaviour plans were person-centred and focused on people's motivators. One included reference to a person's perfect day which stated, "Staff carrying a small amount of money when I go out in case I see something I would like." This empowered the person to make their own choices and promoted their self-worth. Where behavioural issues arose the service always asked, 'What could we have done differently?' rather than focusing on the person's issues. There were clear indicators as to what different behaviours may

mean for people such as "You have not supported me correctly" or "I don't feel safe and secure."

Training and development was integral to the service's culture. Staff who were new to care completed the Care Certificate and accessed a comprehensive, thirteen week induction, with regular reviews of performance, which provided a mix of training, shadowing and competency checks. Staff completed workbooks which showed any learning was fully understood and wrote reflective accounts of their practice to show this learning was being utilised. Staff were taught early on to constantly reflect on their involvement with people.

One person the service supported had trained their own staff. The person did not agree to work with staff until they were confident they would support them properly. Staff were awarded a certificate by the person to show they had passed their test. This showed how the service embodied person-centred culture by enabling the person to form their own judgement about the staff who would support them. This practice showed the inclusive nature of the service.

Staff benefitted from frequent supervision and an appraisal which focused on their successes with people. Staff were encouraged to undertake professional development and there was a structured plan in place for staff to attain senior support worker status.

Staff's knowledge of policies and care plans was constantly reviewed as daily checks took place about specific aspects of these. The registered manager told us staff needed to display current knowledge as, "Things keep changing." The registered manager stressed it was necessary to ensure people were supported safely by knowledgeable staff and followed up where staff had not achieved the requirements. Detailed handover documentation assisted with information sharing. Staff were asked why a person was on a specific medication or what a particular person's choking risk assessment stated. Responses from all staff on duty were reviewed daily and coaching sessions offered for those who required more support.

All staff were encouraged to have an additional role to that of support worker, and many undertook a key worker role. We asked the registered manager if anyone was a 'champion' but their view was "All staff should be a champion, as they should all be at the same standard." Staff told us there was always the option of undertaking training if they felt they needed it.

Staff spoke highly of their colleagues. One staff member said, "All staff are caring as they put their all into supporting people."

Staff understood the importance of supporting people with nutrition. One staff member said, "I am the keyworker for [name] and they need to gain weight. We make sure they get a high calorie intake including supplement drinks. If they are heightened they may throw it so we don't force it, but as they will take fluid we add Complan to it. They are successfully increasing their weight." Staff also said some people prepared their own meals wherever possible, and if someone was at risk of seizures, they would look at cold meals for them to self-prepare to minimise the likelihood of burns. One person responded well to cooking as they found it therapeutic. Another care record showed how staff were responding to one person's changing needs around dysphagia utilising advice from the Speech and Language Therapy team.

People had detailed health action plans and hospital passports outlining their key conditions and how best to support them. One person had access to special equipment to support hospital visits as this eased their levels of anxiety while in a strange environment. Where people had seizures, guidance as to how this may manifest in that person and what action staff needed to take was detailed and specific. All routine health screening sessions had a support plan and we saw the service ensured people received health and social

care advice as needed. Where people's conditions varied, specific plans were in place to manage each type of behaviour which may result.

Whitwood Hall has three distinct houses on one site and all were decorated distinctly. People had chosen the décor in their own rooms. One person was due to move into a different house and was in the process of transitioning. They had one set of colours in their current room but had chosen a completely different palette for their new room, which the provider had supported. We saw another room decorated with comic characters displaying a piece of art created by some staff from empty medicine capsules depicting one of the characters. Staff had completed this in their own time and the person proudly showed us the picture. This showed staff took time and effort to ensure people were settled and comfortable in their environment.

Each house had plentiful displays of photographs showing people engaged in a variety of activities, and also evidenced their success stories. The service focused on increasing independence skills and was designed to reflect the external community with road names and letter boxes on people's doors. The registered manager spoke with us about one person who disliked being perceived as having a disability, so the provider altered the bathroom into a wetroom to aid accessibility and lessen the need for equipment, thus following best practice in considering the environment being the issue rather than the person. This follows the social model of disability ideology.

Is the service caring?

Our findings

People were valued and empowered in the service. We saw many photographs and displays evidencing the progress which people had made and staff were quick to praise people. They celebrated when people had achieved a goal. We saw one person had made buns and cakes to raise money for the local homeless project. They had attended the kitchen which provided the meals and given staff all cakes. Another person had been supported to choose a car for their mobility needs giving the person freedom around when they went out as they no longer had to wait for the company car to go. Each story was written up and displayed with pride on a noticeboard for all to see.

We observed people were happy and settled, and the atmosphere in each house was calm and reassuring. People were occupied with different activities throughout the day, including going out, listening to music or looking at magazines which they had bought themselves. One person proudly showed us all the things they had got with the magazine and we saw staff interact positively, asking questions and admiring them.

The provider was exceptional at helping people to express their views so they could be involved in decisions about their care. Care records evidenced where people had made their own choices such as picking of wallpaper for their rooms or choosing their own menus. One person had stated in response to how involved they were in their care plan, "I go to my meetings and say what I like." Another care record stated, "Yes, I'm happy" in response to their views of people they were living with.

The provider used a range of initiatives to assist people to communicate their preferences, choices and make decisions. People's communication needs were recorded thoroughly in exceptionally person-centred care documentation and reflected their individual abilities. We observed staff go to exceptional lengths to support one person who lacked capacity to express their wishes, and staff were unhurried and patient. The communication plan stated reasons why a person might want to communicate and how certain behaviours may indicate a specific communication need.

We saw people's independence was encouraged and actively promoted. When we arrived at the service one person was going out on a shopping trip and they were very excited. They later showed us what they had bought. One staff member said, "It may take a person an hour to tie their shoelaces but what's important is they do it themselves," as long as the person wanted to do this. Staff also told us people told them what they would like to be called. One person often changed their name but staff responded to the prompts they gave and always respected these. We observed this in practice.

We heard one person happily singing nursery rhymes in their room with a staff member close by outside. Staff were able to describe how this person liked to be supported and what worked well for them. Another person was sitting with outdoor clothes on and told us they were due to go out soon. The registered manager explained they had structured a routine for this person to promote mobility and engagement. This had resulted in the person needing only one staff member to support rather than the two they had originally due to the support and patience displayed by staff in the service.

Staff also chose to engage with people outside of working hours as a few had taken part in the Race for Life in 2018. One person had chosen to do the race and staff supported them with this, both in sponsorship and by running with them. There was a photographic display in the home showing this person's achievement.

The registered manager used innovative ways to give staff an understanding of what it was like for a person who was unable to tell you their preferences or how they were feeling. Staff were able to live their experience and told us how this helped them to understand how to support people better.

The registered manager had planned "I'm a support worker, get me out of here!" series of challenges for all staff to undertake if they wished. This was part of ensuring staff gained and developed empathy with people's daily experiences. For example, staff would be given random items of clothing by people in the service to wear for the day based on where clothes would sometimes be put away incorrectly so staff would appreciate how upsetting this could be. Other challenges focused on nutrition, communication and dependency. A reflective session following all of these would be held to consider lessons learnt.

Is the service responsive?

Our findings

Staff at the service all focussed on providing person-centred care which achieved exceptional results for people. We saw one person accessed the local community and used buses who had never done so in previous placements. This was due to the innovative way staff worked with the person, involving them setting achievable goals. A staff member spoke with us about the difference they had seen in this person. They said, "The staff team have worked so hard and have a positive outlook which has really helped."

One person had been supported to go abroad for the first time last year. Through clear, goal driven objectives staff supported the person to achieve their dream. One staff member explained, "We showed [name] books, talked through earning their money, what they needed to prepare. This provided an incentive for their personal care. They went abroad last year and came back buzzing!" They shared the photographs with us and explained how the trip had a lasting legacy as the person was much more positive and motivated, and working on their next holiday plan. The provider used creative ways to support a person to save up for their holiday. This focus on achievement was helping the person with their planning and independence skills.

The provider truly embedded the ethos of registering the right support by helping people to reach their full potential. They were able to show how with the support of skilled staff one person had moved from the service into their own home, having been supported to gain skills and confidence in managing their own tenancy. We saw how they had achieved this through undertaking tasks to promote independence such as a spring clean in the home, and the service remained in touch with the person.

The service was flexible and very person-centred, using innovative ways to ensure they were listened to and valued. We saw where people were unable to verbally communicate, staff spent time observing them to see what they responded to and then encouraged this activity. One person liked a tent they had in their room as they responded well to sensory experiences and this provided a safe space to explore. One staff member said, "It's very person-centred and the activity support is brilliant. The staff team are very willing and always listen to people." Another staff member spoke with us about the importance of creating a family atmosphere. They told us, "We're easy going. We're part of a family. We're aware it's work but it's fun. It's important in a place like this. Our lives are part of families, so why shouldn't people living here have the same experience?"

A staff member told us people's days were all different based on their specific needs. Some people living with autism preferred more set routines. One person had an established routine based on specific drinks which indicated which part of the day it was. A different staff member continued, "If they are refusing support, we have to persevere as the routine is core to their understanding of where they are in their day."

Another staff member focused on the importance of following care plans as these helped ensure people remained safe as risks were identified and support mechanisms put in place. They told us about one person who responded well to humour. They explained, "Keeping working to [name's] sense of humour helps them to reduce their anxiety and repetitive behaviours." This showed staff knew people very well. This showed

each person was treated as an individual and equality was promoted so all people could access what was relevant for them when they chose.

People enjoyed many different activities including a 'Blastenberry' festival had been arranged last year and now one person wanted to go camping as they had enjoyed the experience so much. Staff told us about activities undertaken to engage people such as people each being sent a Valentine's Card by the staff last year, and joint making of pancakes for Shrove Tuesday. We were told another person enjoyed singing, especially a particular artist, so staff bought them a karaoke machine which was well used. Another person was supported to attend football matches.

Staff had received training in Makaton, to enable them to communicate with people easily who used this form of sign language. We saw menus and other key information in picture format to enable people to understand what was for dinner or what activities had been undertaken.

Care records were detailed and person-centred, and included all aspects of support such as nutrition, daily living skills and activities. They also focused on enabling the person to be as independent as possible, ensuring supervision of people was limited only to when they absolutely needed it such as having just had a seizure. Records contained a "Me at a glance" document which outlined key information to enable staff to support people effectively including referencing their interests to promote relationship building. Records also contained family trees with photographs of family members and important birthdays to promote continued links with relatives. Each care plan focused on why the support was needed, what was important to the person and what they could do for themselves along with any goals they were aspiring to achieve.

Care records included a document called, "My Rules" which told staff what the person required and "My Motivators" which provided staff tips and hints on how to engage with the person. All care records and daily notes demonstrated in-depth understanding of people and how best to support them based on their personalities.

Reviews included family views and we read many positive comments about the service, one relative stated, "I'm very happy" in relation to changes made to their relative's environment as they said, "It's made it safer." People were supported to maintain contact with their families using technology such as facetime or writing weekly letters. If family lived further away, copies of care documentation was sent to them for their views and feedback.

Key documentation was in easy read format such as the complaints procedure showing the service adhered to the requirements of the Accessible Information Standard.

End of life documentation detailed people's preferred service, readings and who would do them and any music, and reflected denominational differences. One plan stated in regards to clothing for the service, "Anything perhaps Michael Jackson outfits, or Batman, Catwoman – anything that may have made me happy and smile."

The service had not received any complaints and families were asked at each review if they would know how to complain, and all responded yes. One note we read in a person's file by their social worker stated, "I'm very happy with [name's] placement as this has been the longest placement outside of hospital."

Is the service well-led?

Our findings

The management consistently put clear vision and strong values into practice. Whitwood Hall had a clear vision communicated in its 'Guide to Services' which stated, "We work with people to reduce unwanted behaviour, through improving communication and using active support to enable individuals to learn new skills and strategies so they can be more independent." There was strong evidence throughout the home of reflection and how they could do better. The registered manager was constantly seeking to improve outcomes for people which we saw in their many celebrations of success.

People engaged in 'house' meetings wherever possible. Staff discussed key information about each person and considered the smallest of details with a view to improving quality of life for people, such as buying some equipment for people to engage in more activities. We saw this was duly done. Families' views were also considered at these meetings and were included in any feedback.

Staff attended regular meetings which promoted a culture of continuously learning, improving and innovating the service. There were also targeted meetings for new starters or more senior staff to ensure their specific roles were managed well. Staff told us how much these meetings contributed to the smooth running of the service. One staff member said, "We all have a say in writing care plans and any observations we make about what works or doesn't are listened to." We asked them what they would change about the service and they advised us, "Nothing!" A different staff member told us, "We are always really breaking down what's happened and why, to ensure things are improved."

The registered manager told us, "After every staff meeting I ask staff to complete a satisfaction survey. That's when they are most likely to be annoyed with us, so it's the best opportunity [to gauge opinion]." They wished to seek quick resolutions wherever possible, so staff felt supported and valued. They had also implemented a 'stressful task log' where staff could record any irritation they had, such as other staff not putting name tags on clothes, so these 'niggles' could be ironed out as quickly as possible to avoid a build-up of resentment or poor practice. This showed the registered manager was keen to promote staff's wellbeing and encourage a culture of openness, promoting collaboration at each opportunity.

The registered manager took responsibility seriously and with a considered approach. They said, "If there is any failing in support provision, I always look to myself first to see what I have missed or where staff may not have been given the correct guidance or training."

Quality performance was integral to the service. There were clear work schedules in the service and deadlines set monthly which were supported by weekly and daily task checks. There were weekly overview prompt sheets for each person in the service to ensure staff carried out all necessary daily tasks. We saw staff use these and they provided evidence of accountability. We saw many examples of where the slightest of change to a person's mood was noted and action taken to monitor this.

Staff said they enjoyed working at Whitwood Hall and levels of engagement were high. One staff member told us, "The best thing about working here is making a difference to people's lives." Morale was boosted by

regular staff praise through the 'Float your boat' initiative. This gave public recognition and praise of good work by staff. The registered manager explained this could be planned in advance or done on an 'ad hoc' basis, depending on the circumstances. This initiative helped staff to feel supported and valued. Examples included, "Super shift supporting [name] to make progress", "Great teamwork" and "Overheard you supporting [name] and was impressed how you communicated, explaining to them about laundry being full and what you would do. They appeared to enjoy your support. Well done."

The registered manager said all staff were signed into a discount scheme run by the provider. This enabled cards to be sent to support workers publicly acknowledging positive individual or team performance. This was also seen by the provider ensuring full recognition was given. The staff survey from December 2018 showed high levels of satisfaction around knowledge and responsibilities, training opportunities, ability to offer sufficient support to people, a supportive manager and the ability to raise any concerns safely. Morale scores were very high.

Staff told us how supported they felt by the registered manager who "is always there to help" and "gives clear instructions, welcoming ideas." We asked this staff member what they would say to someone thinking of working at the service and they said, "If you don't love this kind of work, you shouldn't be here. You need that bit of extra in you to look after people well. It's not always easy but staff support each other – we give each other support and we have a good team here." Staff always had access to de-briefings following more serious interventions which enabled them to reflect on their own performance and consider any changes needed for that person in how to manage with less impact.

Satisfaction surveys were sent to all staff, families and professionals annually to ensure everyone was happy with service provision. The provider conducted their own audits and each house had achieved over 90% in their ratings. Audits were thorough and analysed each detail of the service, recording scores for each aspect of support.

The registered manager was providing support at another of the provider's homes regularly to ensure some of the systems they had embedded were shared and improved people's experience of support.

Established links were in place with community resources and there was continual development of these. For example, the GP surgery had requested calls were limited to one per day, wherever possible, rather than requests coming in piecemeal as this ensured they were more efficient in responding and they had a link person to liaise with.