

Westlake Care

Brookland House

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

The inspection took place on 30 May 2017. Brookland House is registered to accommodate up to 3 people who require support with personal care. They specialise in caring for people with a learning disability who may also have associated needs in relation to conditions such as Autism. On the day we visited two people were living in the service.

Since the last inspection the service had a new registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We met and spoke to both people during our visit. People were not all able to fully verbalise their views and used other methods of communication, for example pictures and sign language. We therefore spent some time observing people.

At the last inspection on 10 and 11 November 2015 we rated the service as Requires Improvement overall. This was because systems for recording and reporting incidents did not ensure people were safeguarded from abuse or unsafe practice. There was often a high use of agency staff, which meant there were times when people were supported by people who did not work in the home on a regular basis. There was no written induction programme for staff employed by the service and therefore no evidence to demonstrate how the registered manager had assessed new staff to be competent to work unsupervised in the home. Information on people's care plan did not reflect the actual activities people were involved in. Care plans in relation to people's health needs did not in all cases reflect the complexity of people's needs or the type of support being provided. We found some gaps in the monitoring of records could mean people were not protected by the service. The registered manager undertook a monthly audit of how many incidents had taken place but did not in all cases have an overview of what had happened or a system for checking the action taken by staff was appropriate or safe. The provider sent us an action plan detailing how they would make improvements.

At this inspection we found improvements had been made.

People were encouraged and supported to make decisions and choices whenever possible in their day to day lives. A staff member said; "Things have improved so much, more regular staff and people go out more." A relative recorded on a completed quality assurance questionnaire; "I think the overall service is very very good."

People who lived at Brookland House were not able to verbalise their views and used other methods of communication, for example sign language or pictures to assist them, therefore people's relative's opinions were sought. There were quality assurance systems in place. Feedback was sought from relatives to assess

the quality of the service provided. All significant events and incidences were documented and analysed. Evaluation of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff.

People's risks were well documented, monitored and managed to ensure people remained safe. People lived full and active lives and were supported to access local areas and activities. Activities reflected people's interests and individual hobbies. People were given the choice of meals, snacks and drinks they enjoyed while maintaining a healthy diet. People had input in preparing some meals and drinks.

People's care records were detailed and personalised to meet their individual needs. Staff understood people's needs and responded promptly when needed. People were not all able to be fully involved with their care plans, therefore family members and professionals supported staff to complete and review the care plans. People's preferences were sought and respected.

People had their privacy and dignity maintained. Staff were observed supporting people with patience and kindness.

Staff understood their role with regards to ensuring people's human and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by the registered manager and staff. They knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

Staff had completed safeguarding training and had a good knowledge of what constituted abuse and how to report any concerns. Staff understood what action they would need to take to protect people against harm and were confident any incidents or allegations would be fully investigated.

Staff described the registered manager as being very approachable and supportive. Staff talked positively about their roles.

The registered manager and registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People required additional support and had two to one staffing arrangements in place. Staff confirmed there were sufficient employed staff to meet these requirements and agency staff were rarely used. Staff had completed appropriate training and had the right skills and knowledge to meet people's needs. New staff received a comprehensive induction programme when they started work. People were protected by the company's safe recruitment procedures.

At the time of this inspection people were in good health. The only medicines prescribed to them were medicines that could be purchased 'over the counter' as homely remedies. These were stored safely and when administered documented correctly. Staff received appropriate training and understood the importance of the safe administration and management of medicines. People were supported to maintain good health through regular access to health and social care professionals, such as psychiatrists.

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 ●

This service was safe.

Relatives said they felt people were safe at the service.

People were supported by sufficient numbers of skilled and experienced staff.

People were kept safe by staff who had a good understanding of how to recognise and report signs of abuse.

People's risks had been identified and managed appropriately. Risk assessments had been completed to help protect people.

People lived in a clean and hygienic environment.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had the knowledge and training to carry out their role.

People's human rights were respected. Staff had received training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff understood the requirements of the act which had been put into practice.

People could access health, social and medical support as needed.

People were supported to maintain a healthy and balanced diet.

The service used a range of tools to communicate to support people.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and staff were caring and kind.

People were involved as much as possible in decisions about the support they received and their independence was respected and promoted. Staff were aware of people's preferences.

People had formed positive caring relationships with the staff.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care.

Staff responded quickly and appropriately to people's individual needs.

People were supported to undertake activities and interests that were important to them. People made choices about their day to day lives.

There was a complaints procedure available for anybody to access.

Is the service well-led?

Good ●

The service was well led.

There was an experienced registered manager in post who was approachable.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable raising and discussing any concerns with them.

There were systems in place to monitor the safety and quality of the service.

People's views on the service were sought and quality assurance systems ensured improvements were identified and addressed.

Brookland House

Detailed findings

Background to this inspection

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

The inspection was undertaken by one inspector on 30 May 2017 and was unannounced.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law. Before the inspection we reviewed the 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.

During the inspection we met with both people who used the service and the registered manager. We also spoke to one relative, one professional and five members of staff.

We looked around the premises and we observed how staff interacted with people. We looked at two records which related to people's individual care needs. We also looked at records which related to the administration of medicines, two staff recruitment files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

At the last inspection on 10 and 11 November 2015 we found that the systems for recording and reporting incidents did not ensure people were safeguarded from abuse or unsafe practice. There was often a high use of agency staff, which meant there were times when people were supported by people who did not work in the home on a regular basis. The provider sent us an action plan detailing how they would make improvements. We found these actions had been completed.

People who lived at Brookland House were not able to verbalise their views and used other methods of communication, for example sign language or pictures to assist them. Some people had complex individual needs and could display behaviour that could challenge others. Therefore we also spoke with staff and relatives to ascertain if people were safe. A relative said; "Yes [...] is safe and very well looked after." Staff said they felt people were safe with one saying; "Yes they are safe because we know them and they know us." Another said; "Yes people are safe."

People were protected from abuse because staff knew what abuse was and how to report it. The provider had safeguarding policies and procedures in place. Information displayed provided staff with contact details for reporting any issues of concern. Staff had completed safeguarding training and were fully aware of what steps they would take if they suspected abuse and they were able to identify different types of abuse. Further training was booked for the following week to update staff. Staff were aware who to contact externally should they feel their concerns had not been dealt with appropriately. Staff were confident that any reported concerns would be taken seriously and investigated. One staff said; "We work closely together so are able to address anything straight away."

People's finances were kept safe. People's families were appointees to manage their money. Money was kept secure and staff signed money in and out. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure and people's money was audited regularly.

People were provided with a safe and secure environment. Staff checked the identity of visitors before letting them in. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of a fire. Each person had an up to date personal evacuation plan and risk assessments which detailed how staff needed to support individuals in the event of a fire to help keep people safe.

People were supported by sufficient numbers of staff to keep them safe. Care plans detailed the staffing levels required to help keep people safe inside and outside the service. For example, additional staffing arrangements were in place to help ensure people who required it had the staffing they needed to remain safe. This enabled people to participate in activities in the community safely. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances. For example since the last inspection the registered manager had set up a list of bank staff. These staff were able to step in when needed and had experience with working with the people who lived in the service. Staff confirmed very few agency staff were now used which helped people living in the service by knowing their needs and keeping them safe. Staff

said; "The registered manager will always help when needed." Staff also said all staff were willing to help cover when necessary. Staff told us they felt this helped to keep people safe.

Risks were identified and steps taken to mitigate their impact on people. For example, the service liaised with the local learning disability team to support people who may displayed behaviour that could challenge others. Staff told us they managed each person's behaviour differently and this was recorded into individual care plans and included clear guidelines on managing people's behaviour.

People identified as being at risk inside the service or when they went outside, had clear risk assessments in place. For example, where people may place themselves and others at risk, there were clear guidelines in place for managing these.

Accidents and incidents were recorded and analysed to identify what had happened and actions the staff could take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made.

The action plan sent to us after the last inspection recorded; "A slight alteration will be made to incident report sheets to include a space for the manager to sign them off and cross reference any actions as a result." This action had been completed. The registered manager informed other agencies, including safeguarding, of incidents and significant events as they occurred. Staff received training and information on how to ensure people were safe and protected.

People were kept safe by a clean environment and people were protected from cross infection by good infection control practices. All areas we visited were clean and hygienic. Protective clothing such as gloves and aprons were readily available for staff to use when needed. Staff had completed infection control training and were aware how to protect people.

The home had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults.

At the time of this inspection people did not take any prescribed tablets. One person took a medicine that could be purchased over the counter, although this had been prescribed by their GP who monitored the person's health regularly. People had a protocol in place to take this medicine. These protocols helped keep people safe. Staff confirmed they had been trained and said they understood the importance of the safe administration and management of medicines.

Is the service effective?

Our findings

At the last inspection on 10 and 11 November 2015 we found there was no written induction programme for staff employed by the service and therefore no evidence to demonstrate how the registered manager had assessed new staff to be competent to work unsupervised in the home. The provider sent us an action plan detailing how they would make improvements. We found these actions had been completed.

The PIR recorded; "Induction is carried out by me (registered manager) personally with the support of an appointed mentor (a strong and reliable member of the support team) within a 12 week time scale. This routinely includes shadow shifts, observations and monitoring, formal and informal tuition and supervision sessions."

Staff completed a full induction programme that included shadowing experienced staff until both parties felt confident they could carry out their role competently. Areas covered included meeting the people who lived in the service, working alongside them with experienced staff and competency checks to be signed off by the registered manager. One staff member confirmed they had completed an induction when they started at the service. The registered manager confirmed new staff completed the Care Certificate (A nationally recognised training course for staff new to care) as part of their induction and training.

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. Staff confirmed they received training to support people in the service for example, understanding autism. One staff member said; "We now get plenty of training."

The registered manager informed us the company had signed up to a new training provider which offered e-learning training. Staff received appropriate ongoing training, for example epilepsy. During our visit some staff were completing manual handling training and safeguarding training and infection control training was booked for the following week. This helped ensure staff had the right skills and knowledge to effectively meet people's needs. Ongoing training was planned to support staffs continued learning and was updated regularly. One staff member said; "We can ask for any training and they (Westlake Care) will try to support us."

Staff received supervision with the registered manager. Team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encouraged ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision and regular staff meetings. Staff felt they were able to contribute to staff meetings.

Staff confirmed they received a handover when coming on shift and said they had time to read people's individual records to keep them up to date. Care records held up to date information to help ensure staff provided effective support to people. Staff confirmed discussions were held on changes in people's health needs as well as any important information in relation to medical needs or appointments.

People lived in a home that was in the process of being update. For example the service was now divided

into two living areas, with each person having their own lounge and bedroom area. One area was nearing completion and was personalised to meet that person's need. The area had been painted and decorated and was waiting new flooring. The other area was planned for a complete upgrade, including installing a new kitchenette. However this was planned when the person who lived there went away on holiday to allow minimal disruption to them. The registered manager confirmed that any improvements planned to the service would be suitable for the people who lived there and any adaptations/upgrades needed would be carried out.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty and there is no other way to help ensure that people are safe.

The registered manager informed us some people were subject to a DoLS authorisation and people were restricted from leaving the service on their own to keep them safe. Staff were aware of people's legal status and when to involve others who had the legal responsibility to make decisions on people's behalf. The registered manager said when it came to more complex decisions such as people leaving the premises without staff supporting them; they understood other professionals and appointees would need to be consulted to ensure they were acting in people's best interest and ensuring their safe care. This helped to ensure actions were carried out in line with legislation. One person had a best interest meeting minutes on their file. This recorded a full discussion on the application of a DoLS authorisation which had taken place and agreed. This showed they were acting in people's best interest.

People had access to healthcare services when required. People's well-being in relation to their health care needs were clearly documented. People had guidelines in place to help ensure their specific health and social care needs were met in a way they wanted and needed. Records held health action plans and hospital passports detailing people's past and current health needs as well as details of health services currently being provided. Health action plans helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups. People's health action plans also detailed how the service was to respond to people's individual health need. For example if people required any form of sedation to attend medical appointments. Hospital passports ensured people received continuity of care and provided hospital staff with important information about a person. They also helped hospital staff to understand the person and meet their needs.

Staff sought people's consent where possible before providing care. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. Staff confirmed they gave people time and encouraged them to make simple day to day decisions. For example, what people would like to eat and drink. We observed staff offering one person a choice of snack and their preferences were respected. We observed people being supported by staff and nobody appeared rushed.

People's individual nutritional and hydration needs were met. Staff demonstrated they knew how people communicated and said they encouraged food choice when possible. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy balanced diet. People had access to drinks and snacks 24 hours a day. This helped to ensure people

remained hydrated and received adequate nutrition.

Is the service caring?

Our findings

The service remains caring.

People were supported by staff who were both kind and caring and we observed staff treated people with patience and compassion. The interactions between people and staff were very positive. People's needs in relation to their behaviour were clearly understood by the staff team and met in a positive, caring way. We observed staff providing support to people during our visit. For example, one person became anxious and staff responded quickly to reassure this person and distracted them to help them settle.

The PIR recorded that; "The service provided at Brookland House is under continuous review in order to ensure a holistically progressive care "package" that promotes independence, health, well-being and the development of self-esteem."

People were not able to express their views verbally. However staff encouraged people to be as independent as possible. People had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People were supported by staff who understood how to meet people's individual complex needs. Staff knew the people they cared for, some staff had worked at the home for some time. Care records showed staff how to support people with their communication needs. Staff knew people's particular ways of communicating and supported us when meeting and talking with people. This showed us the staff knew people well. Staff understood how to meet people's needs and knew about people's lifestyle choices to promote independence. Staff involved people and knew what people liked, disliked and what activities they enjoyed. Staff knew who liked to stay in bed later and they supported people to maintain these choices. People were allocated a key staff member to help develop positive relationships. This worker was responsible in ensuring the person had care records that were updated for all staff to access.

People were supported to express their views and be actively involved in making decisions about their care and support when possible. People were provided with two to one support at times to enable them to receive quality time for any activities they participated in. People had specific routines and care was personalised and reflected people's wishes. For example, each person had routines in place to help reassure them and enabled staff to assist people and care for them how they wished to be cared for. Staff knew people well and what was important to them such as their structured daily routines in all areas of their care.

People had their privacy and dignity maintained while staff supported people with their personal care needs. We observed staff offering support to one person, taking them into their own bedroom and closing doors to protect their privacy. People were involved and asked if they were happy we visited and met them.

Respecting people's dignity, choice and privacy was part of the home's philosophy of care. People dressed to their liking and staff tried to ensure people were appropriately dressed for the weather. Staff spoke to people respectfully and in ways they would like to be spoken to.

Staff showed concern for people's well-being in a meaningful way and spoke about them in a caring way. Records showed people had medical appointments and recorded any actions and outcome of these appointments. For example one person had seen a GP for an infection and the outcome and actions taken to help resolve this issue was clearly documented. A relative said; "Very well cared for and health appointments kept up to date."

The registered manager and staff told us people were treated as individuals. Throughout the inspection we observed kind, patient interactions with people. The way the service was organised was done in a way which put people first. For example some staff arranged their working hours to enable people to go out and be with the same staff member. This consistency helped people with their routine.

Is the service responsive?

Our findings

At the last inspection on 10 and 11 November 2015 we found information on people's care plan did not reflect the actual activities people were involved in. Care plans in relation to people's health needs did not in all cases reflect the complexity of people's needs or the type of support being provided. The provider sent us an action plan detailing how they would make improvements. We found these actions had been completed.

People's social history was recorded with each person having a list of tried and tested activities. This provided staff with guidance as to what activities people liked and what interested them. Also when to avoid some activities, for example school holidays when the area was busy and noisy. People led active social lives and participated in activities that were individual to their needs. We saw people planning and going out for a meal. Guidelines were in place to assist staff in responding to people's needs in different situations for example when travelling, or when supporting people in different activities.

People were encouraged and supported to maintain links within the local area to ensure they were not socially isolated or restricted due to their individual needs. For example people visited local shops and many local tourist attractions. Staff were knowledgeable on how they supported people to access a wide range of activities. Staff confirmed they researched new activities to ensure they were suitable.

People were not all fully able to be involved with planning and reviewing their own care and making decisions about how they liked their needs met. Guidelines were in place to help staff ensure any behavioural needs were responded to. People had 'Conflict Management Guidelines' in their care files. This information included triggers and behaviours displayed. It also held the response and specific guidelines in managing these behaviours. This helped staff respond to people's behavioural needs in situations where they may require additional support by showing staff the approach and response required to assist people. Staff knew when people were upset or becoming anxious and staff followed written guidance to support people. For example, people had guidelines for staff to assist them when they became upset. Staff told us how they responded quickly to calm people to avoid them becoming too anxious or upset.

People's records had information that told a brief story about the person's life and how they chose and preferred to be supported. This included people's daily routines and how they liked their day planned. This information helped staff in understanding and responding to people in the way they wished. Regular reviews were carried out on people's support plans and behavioural guidance to help ensure staff had the most recent, updated information available.

People with limited communication were supported to make choices. Staff knew how people communicated and encouraged choice when possible. Staff confirmed, and observations showed, they offered people choices for example, what people wanted to eat. For example one person was shown a choice of fruit to help with that choice. Staff said they also used pictures and objects to assist people with choices when needed.

The PIR states; "Family involvement is encouraged and our open and transparent ethos ensures that

concerns and suggestions made by the men's parents are acted upon in a timely fashion. Staff support service users with appointments, and the outcomes are recorded in their care plans. The general health of the service users is closely monitored and Doctor's appointments are made promptly when the need arises."

People were supported to develop and maintain relationships with people that mattered to them. For example, people went out with, or received visits from family members.

The complaints procedure was displayed in an easy read format so people could understand it. Any complaints received were documented and fully investigated. Records included information about the actions taken and the outcome of the complaint. The registered manager understood the actions they would need to take to resolve any issues raised. Staff told us that due to some people's limited communication the staff worked closely with people and monitored any changes in behaviour. Staff confirmed any concerns they had were communicated to the registered manager and were dealt with and actioned without delay.

Is the service well-led?

Our findings

At the last inspection on 10 and 11 November 2015 we found some gaps in the monitoring of records could mean people were not protected by the service. The registered manager undertook a monthly audit of how many incidents had taken place but did not in all cases have an overview of what had happened or a system for checking the action taken by staff was appropriate or safe. The provider sent us an action plan detailing how they would make improvements. We found these actions had been completed.

The action plan sent to us after the last inspection recorded; "Manager to check and sign off all incident reports and report to the local authority and CQC where applicable. Changes made to support plans, risk assessments and staff training where deemed necessary following analysis of incident records." This action had been completed.

The PIR recorded; "The general manager (of Westlake Care) carries out an audit every 6 to 8 weeks to see that I (the registered manager, appointed since the last inspection) am carrying out the management of the house effectively.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager or the company's senior management. This helped to ensure appropriate action had been taken and learning considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures, for example audits on care plans. Monthly and annual audits and maintenance checks were completed related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests. The registered manager sought verbal feedback from relatives, friends and health and social care professionals to enhance their service.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. The professional we spoke with confirmed they were informed of any incidences. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.

Staff and relatives spoke positively about the registered manager who had been appointed since the last inspection. A relative said; "[...] (The registered manager) is very proactive and I'm very happy with the improvements." A staff member said; "Very approachable and supportive. Things have really improved recently."

Brookland House was well led and managed effectively. The service and company had clear values included in their mission statement that said; "Each individual is treated with the utmost respect, aiming to ensure privacy and high professional standards of care in every way, whilst promoting independence, rights and

choices." This demonstrated the service had clear values in place on how people's needs should be met and respected. These values were incorporated into staff training and people received a copy of the service's mission statement.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager took an active role within the running of the home and had good knowledge of the people and the staff. Staff members all agreed that the registered manager; "Will work alongside us when needed." There were clear lines of responsibility and accountability within the management structure of the company. The registered manager demonstrated they knew the details of the care provided to the people. This showed they had regular contact with the people who used the service and the staff team.

Staff felt supported. Staff said the registered manager was available and was "approachable, supportive and had made many improvements since being in post." Staff said they could raise any issues or concerns and all agreed that any issues raised would be dealt with immediately. Staff had a good understanding of their roles and responsibilities and said they were well supported by the registered manager. Staff said there was good communication within the staff team and they all worked well together.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. These provided opportunities for the staff to contribute on how the service was run. Staff were also updated on any new issues. Staff confirmed they were encouraged and supported to participate in looking at ways to improve the service. Information was used to support learning and improve the quality of the service. The home had a whistle-blowers policy to support staff. Staff felt comfortable in using the whistle-blowers policy if required.