

Premiere Health Limited







Cann House Care Home

Inspection report

Tamerton Foliot Road
Plymouth
Devon
PL5 4LE
Tel: 01752 771742
Website: www.cannhouse.co.uk

Date of inspection visit: 4 and 5 November 2015
Date of publication: 08/01/2016

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	

Overall summary

The inspection took place on 4 and 5 November 2015 and was unannounced.

Cann House provides nursing care and accommodation for up to 62 people. On the day of the inspection 54 people were using the service. Cann House provides care for people with physical frailty, illness or disability.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and staff were relaxed throughout our inspection. There was a very calm, friendly and homely atmosphere. People told us they enjoyed living at Cann House. Comments included, "I'm really happy here, I feel very lucky" and "I love living here".

People spoke highly about the care and support they received, one person said, "The carers all know what they

Summary of findings

are doing, I'm very happy". Care records contained detailed information about people's health and social care needs. Staff responded quickly to people's change in needs.

People were supported by staff who put them at the heart of their work. Staff exhibited a kind and compassionate attitude towards people. Strong relationships had been developed and practice was person focused and not task led. Staff had an appreciation of how to respect people's individual needs around their privacy and dignity.

People were supported by staff who understood and managed risk effectively. Risk assessments recorded concerns and noted actions required to address risk and maintain people's independence. People were promoted to live full and active lives. Activities reflected people's interests and staff understood the importance of companionship and social contact.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, social workers, stroke nurses and speech and language therapists.

People told us they felt safe. All staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

Staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively.

Relatives and friends were always made to feel welcome, and people were supported to maintain relationships with those who mattered to them. People and those who mattered to them knew how to raise concerns and make complaints. Complaints that had been made, had been thoroughly investigated and recorded in line with Cann House's own policy.

Staff described the management to be supportive and approachable. Staff talked positively about their jobs. Comments included, "I feel valued, supported and empowered", "I love my job and feel appreciated" and "I enjoy working here, I feel respected by the manager and I do get thanked".

Staff understood their role with regards the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. Applications were made and advice was sought to help safeguard people and respect their human rights.

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed. Learning from incidents and concerns raised was used to help drive improvements, and ensure positive progress was made in the delivery of care and support provided by the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff who had a good understanding of how to recognise and report any signs of abuse. Staff acted promptly to protect people.

People were supported by staff who managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept.

Good



Is the service effective?

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People experienced positive outcomes regarding their health. The service engaged proactively with health and social care professionals, and took preventative action at the right time to keep people in the best of health.

People were supported by staff who had received appropriate training in the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet.

Good



Is the service caring?

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were supported by staff who knew them well and took prompt action to relieve their distress.

Good



Is the service responsive?

People were supported to have as much control and independence as possible.

Activities were planned in line with people's interests. Staff understood the importance of companionship and social contact.

Concerns and complaints were taken seriously, explored thoroughly and responded to promptly. The service proactively used complaints as an opportunity for learning to take place.

Good



Is the service well-led?

The service was well-led. There was an open culture. The management team were approachable and defined by a clear structure.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care.

Good



Summary of findings

People's suggestions were used to improve practice and the overall service provided.	
--	--

Cann House Care Home

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.

The unannounced inspection took place on 4 and 5 November 2015.

The inspection was carried out by two inspectors and one expert by experience. An expert by experience is a person who has personal experience of caring for someone who lives within a care home environment.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with twelve people who lived at Cann House, seven relatives, the provider, the registered manager, and 16 members of staff. We also spoke with a hairdresser who attended the service, and four health and social care professionals, a social worker a stroke nurse, a physiotherapist and a speech and language therapist, who had all supported people within the service. We looked around the premises and observed how staff interacted with people throughout the two days.

We looked at seven records related to people's individual care needs and records related to the administration of medicine. We viewed eight staff recruitment files, training records for all staff and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People told us they felt safe living at Cann House. Comments included, “I worry about nothing, I’m happy and safe” and “I feel safe because there are always people around me, the carers always stop and chat”. Relatives told us, “I feel my relative is safe because she has so much interaction with the girls” and “I feel my Mum is in safe hands”.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. The registered manager told us, a staff member had been tasked with and spoken to people on a one to one basis about what keeping safe meant to them. Following discussions, a one page information sheet was developed and was present in each person’s room. It detailed very clearly what people needed to do if they ever felt unsafe or insecure. One person confirmed they had been spoken too and understood what they needed to do should they ever not feel safe.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken, to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. Staff files contained evidence to show where necessary; staff belonged to the relevant professional body. For example, one file relating to a qualified registered nurse, contained confirmation of their registration from the Nursing and Midwifery Council. This showed the provider checked with the relevant professional body, that the staff member had the skills and qualifications necessary to perform and carry out safe practice under the title they used.

People told us they felt there were always enough competent staff on duty to meet their needs and keep them safe. One person said; “Whenever I need someone to help me, there is always plenty of people around”. The registered manager confirmed they had adequate staff to meet people’s current needs. They commented that agency staff would only be used as a last resort as it was important

for people to be supported by staff they knew well. Staff confirmed they felt there was a good mix of staff with the right experience and skills to meet people’s needs. One staff member added, “We have enough staff and we are having a recruitment drive”. Staff were not rushed during our inspection and acted quickly to support people when requests were made. For example, we observed one person gesture for a member of staff to join them in their room. The staff member responded instantly, sat with the person, talked with them, and stayed with them until they were able to understand exactly what the person’s needs were.

People told us call bells were answered in a timely manner which made them feel safe. Comments included, “I press my buzzer and staff come to me” and “There are always staff around to help and they always come when I use my call bell”. We observed call bells were answered promptly throughout our inspection. The registered manager carried out a weekly audit of call bell timing records, and the matron of the home checked them daily. Any call bells that were answered outside of a set time range would be thoroughly investigated according to the policy. The registered manager confirmed, members of staff on shift when call bells had not been answered in accordance with policy, were spoken with by way of supervision about their conduct. They added, “If the same members of staff were involved in a similar incident, then I would strictly follow organisational procedures and disciplinary action would be taken”.

People were supported by staff who understood and managed risk effectively. People who were able, moved freely around the home and were enabled to take everyday risks. Risk assessments recorded concerns and noted actions required to address risk and maintain people’s independence. The service had a secure garden which people confirmed they were free to use. People made their own choices about how and where they spent their time. One person told us, “I like to keep busy and enjoy a walk around the garden, I always let them know where I am though; just in case”.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were trained and confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away as appropriate and where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines

Is the service safe?

was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines and were well informed and aware of their responsibilities. Staff who were responsible for administering medicines, wore a special tabard that asked people to respect the task they were undertaking and not to distract them.

People's needs were considered in the event of an emergency such as a fire. People had personal evacuation

plans in place, which helped ensure their individual needs were known to staff and other services in the event of an emergency. A fire safety policy and procedure was in place, which clearly outlined action that should be taken in the event of a fire. We saw regular fire alarm tests were conducted. These were done in a controlled manner and people were made aware of the planned test prior to the alarm being activated.

Is the service effective?

Our findings

People felt supported by well trained staff who effectively met their needs. Comments included: “I’m diabetic so it is important for me that the carers know about diabetes, and know how to support me and they do” and “The carers all know what they are doing, I’m very happy that; they are well trained”. A relative said, “I have always found there to be someone with the right knowledge and experience on shift”. A healthcare professional commented that the staff and the nurses were very knowledgeable about the people they supported, and had the right skills to enable people to gain the right care and support.

Staff confirmed they received a thorough induction programme. They told us this gave them confidence in their role, and helped enable them to follow best practice and effectively meet people’s needs. Newly appointed staff shadowed other experienced members of staff until they and the service felt they were competent in their role. The registered manager told us and we saw evidence that they kept up to date with new developments and guidance to promote best practice. They confirmed, staff appointed that were new to care, would work towards gaining the new care certificate, recommended following the ‘Cavendish Review’. The outcome of the review was to improve consistency in the sector specific training health care assistants, and support workers receive in social care settings. The service was also fully committed and signed up to “The social care commitment”. This is an adult social care sector’s promise to provide people who need care and support with high quality services. The registered manager informed us, the seven “I will” statements as set out in the commitment, had been incorporated into staff supervision and appraisals, and staff were currently in the process of signing up to them. All staff had been informed of the significant part it will play in raising quality in care and how they would be involved to achieve it.

Staff received on-going training to develop their knowledge and skills. The registered manager informed us how they supported staff to achieve nationally recognised qualifications. They sourced support from and had established links with external agencies to obtain funding on behalf of their staff. This enabled staff to take part in training designed to help them better their knowledge, and help provide a higher level of care to people. It also helped staff to develop a clear understanding of their specific role

and responsibilities and have their achievements acknowledged. Staff confirmed they had been supported by the registered manager to increase their skills and obtain qualifications. Staff told us this gave them motivation to learn and continually improve. One staff member commented, “I have completed my diploma three and have very high knowledge”. Another member of staff talked us through how they were being funded through Skills for Care to gain the skills needed to become a nursing assistant. They had to go through a series of competency checks, and observations in order to achieve the accreditation that would enable them to complete some nursing tasks within the home. They said, “It is hard work and challenging, but I am proud to have been given this opportunity and I am enjoying learning so many new things”.

Supervision and annual appraisals were up to date for all staff. The registered manager commented that supervision was a two way process, used as an important resource to support, motivate and develop staff and drive improvements. Open discussion provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve. Staff confirmed they felt motivated to always strive to better themselves. Comments included, “I had my appraisal only last week and it went well” and “Supervision is good, the management use it to support me in all aspects of my role”.

People, where appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The 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. The registered manager confirmed and records showed where appropriate, DoLS applications had been made and evidenced the correct processes had been followed. Where authorisation had been granted, the decision had been

Is the service effective?

clearly recorded to inform staff. This enabled staff to adhere to the person's legal status and helped protect their rights. The registered manager had a good knowledge of their responsibilities under the legislation.

Staff showed a good understanding of the main principles of the MCA. Staff were aware, people who had been deemed to lack capacity in certain areas, could still be supported to make some everyday decisions. Daily notes evidenced where consent had been sought and choice had been given. Where more complex decisions had been made, best interests decisions had been recorded in people's care records to evidence staff had followed correct legal processes. For example, whether or not a person should be resuscitated in the event a person became very unwell. A relative who held lasting power of attorney with regards the care and welfare of their loved one confirmed, staff involved them when it came to making more important decisions about their relatives care needs and support. A healthcare professional commented that staff were often present when best interests meetings took place, and contributed thoroughly to the assessment.

Staff told us and care records evidenced it was common practice to make referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. Detailed notes evidenced when a health care professional's advice had been obtained regarding specific guidance about delivery of specialised care. For example, a GP had been contacted promptly when staff identified a person's bowel movements had changed. A healthcare professional stated that staff were quick to make referrals when people's needs changed, and often e-mailed for advice, so prompt action could be taken.

People were involved in decisions about what they would like to eat and drink. The kitchen manager met with people on a one to one basis, and residents meetings were held to

seek people's preferences and menu choices. One person told us, "[...] came and saw me, I told her I would love to have liver. It was put on the menu and I have it once a month, which is enough for me as I enjoy a variety of things". People told us the meals were of a good quality, at the right temperature and of sufficient quantity. Comments included, "The meals are beautiful, you can have as much as you want" and "The meals are superb, smashing". We observed staff interaction with people during the lunch time period. There was a relaxed atmosphere. People who needed assistance were given support. We saw staff gave people choice, checked people had everything they required and supported people to eat at their own pace and not feel rushed. Equipment had been purchased to support people to retain their independence where possible. For example, lighter cutlery had been bought for people who found the existing cutlery too heavy to hold.

Care records highlighted where risks with eating and drinking had been identified. For example, one person's record evidenced an assessment had identified a potential choking risk. Staff sought advice and liaised with a speech and language therapist (SLT). Staff had been advised to help minimise the risk, the person was to have a pureed diet and be supported whilst eating by staff with first aid training. We observed staff adhered to this advice. The provider information return (PIR) evidenced, and kitchen staff confirmed they had undertaken specialist training in the preparation of pureed food, and its presentation. Moulds had been purchased and were utilised so that pureed food could be shaped to represent the item of food it was, such as, peas, or a pork chop. The staff member said, "This means people don't feel different, people's plates look the same and I take great care and pride in that". A SLT confirmed, staff were very attentive and took on board advice given which they followed in practice.

Is the service caring?

Our findings

People and those who matter to them felt positive about the caring nature of the staff. They spoke highly of the quality of the care they received. Comments included, “Staff do very well, we don’t go without anything and they make sure we are well looked after” and “Staff are polite, kind and caring”. Relatives told us, “I have never met a member of staff yet that has not been kind” and “Staff are so friendly and genuine, they always seem to have time for you”. A health care professional commented that staff were warm, friendly and caring.

People were cared for by staff who showed concern for their wellbeing in a meaningful way. We saw staff interacted with people in a caring, supportive manner and took practical action to relieve people’s distress. For example, one person showed signs of distress whilst walking in a corridor. A staff member promptly assisted the person. They spoke with the person in a kind manner, asked the person where they would like to go. They offered choices of what the person may have wished to do, and then supported the person in the decision they made. Within a short space of time we saw the person smiling, happily enjoying their day.

People were cared for by staff who knew them well. Staff were able to tell us about individual likes and dislikes, which matched what people told us and what was recorded in care records. Comments included; “I have one resident who likes me to read their paper to them” and “Sometimes it is just a case of spending some quality time with the residents, and listening to the interesting things they have to say, you get to know them really well”. A relative relayed how they felt overwhelmed by the staff’s caring nature and how well they knew people. They said, “The staff seem to know Mum really well, she is so happy here. Mum likes to sing and dance and the staff sing and dance with her”.

People were supported by staff who knew their individual communication needs, and were skilled at responding to people appropriately. Staff talked to people in a way they could understand. For example, one person signalled for a member of staff to enter their room. The staff member immediately picked up some picture cards, which they used to talk with the person, to ascertain what their needs were. Through good meaningful communication the staff member understood the person wished to have their light turned off. The staff member actioned this immediately and then left the person to settle down to rest.

People told us their privacy and dignity needs were respected by staff who understood and responded to their individual needs. Comments included, “They always put a towel over me during personal care” and “They always close the door to clean me, but I prefer to have the curtains open”. Staff informed us of various ways people were supported to maintain their dignity. For example, one staff member commented how they would always make sure they were fully prepared to support people’s needs, prior to commencing any personal care. This meant having everything required to support the person without the need for interruption or delay during the process. They added, “It is important to be fully prepared”. Another staff member explained how a person may need support in getting to the toilet, but once there could have their privacy respected. They said, “Some like to have the door very slightly ajar so we can verbally check they are ok, I respect their preference”. A relative told us, “My mum is independent so it is not so much of an issue with her. When I walk around the home, I always see staff closing doors where needed, to give people privacy, and I have always thought staff to show the upmost respect to people”.

Friends and relatives were able to visit without unnecessary restriction. The registered manager told us and relatives confirmed, they could visit at any time and were always made to feel welcome. Comments included, “I visited at ten o’clock the other night because of my work rotas” and “There are no visiting restrictions”.

Is the service responsive?

Our findings

Care records contained detailed information about people's health and social care needs. They were written using the person's preferred name and reflected how people wished to receive their care. The registered manager told us further development was being made with regards making the records even more personalised. They explained care records were updated straight in to a computer database on which they were held. This prevented some people with mobility issues from sitting with staff and reviewing their individual support needs. A new system had been introduced that meant staff could carry handheld devices to people's rooms. This would enable people to be more involved in contributing to the assessment and planning of their care.

People were enabled to carry out activities within the service. Staff recognised the importance of social contact and companionship. We observed various activities that took place in the lounge during our inspection. There was lots of laughter and fun interactions between staff and the people that took part. People commented, "I enjoy the bingo, you win prizes of chocolates and biscuits" and "I love it when the singers come in, my whole life has been about singing and dancing". One staff member said, "One resident loves classical music, she loved it when we had a person come in and play the harp". The registered manager stated they felt more could be done in supporting people to follow their interests. They explained they were seeking to employ two designated activity coordinators that would focus on improving the opportunities and choice, both within the service and in the community for people to enjoy. Individual preferences and disabilities would be taken into account to provide more personalised, meaningful activities for people. For example, the service was in the process of developing an area of the grounds into a garden where people could sow and grow their own vegetables and plants. This was something highlighted following a relative and friends questionnaire sent out by the service, which explored people's interests and hobbies they had enjoyed throughout their life time.

People were able to maintain relationships with those who mattered to them. Several relatives and friends visited

during our inspection and people, where possible, went out for the day with their families and friends. One relative said, "I take mum out every Thursday, she's always ready and dressed appropriately for the weather conditions". The registered manager confirmed, friends and relatives were invited to have lunch with their loved ones and private areas could be made available if required. The registered manager also stated some people were supported to use skype and face time. This helped people keep in touch with those who mattered to them that lived far away.

People were supported in terms of their religion or beliefs. The service benefited from having their own 150 year old chapel. The local Parish chaplain held a service at the home once a month, which was not restricted to any particular or specific religious denomination. The registered manager commented that people could also choose to attend a church of their choice in the community, and would be supported where needed to do so. One person told us, "having use of the chapel is wonderful, I really enjoy it".

The service had a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in people's rooms. People and those who matter to them knew who to contact if they needed to raise a concern or make a complaint. One person said, "I have made a complaint in the past, I don't wish to disclose what it was, but it was dealt with promptly". Relatives, who had raised concerns, had their issues dealt with straight away. Comments included, "I had a concern, it was taken seriously, and acted upon". A health care professional commented they had no concerns or reason to complain but felt the service would act appropriately if they did.

We looked at the written complaints made to the home in the last 12 months. Each complaint had been responded to in a timely manner and thoroughly investigated in line with Cann House's own policy. Appropriate action had been taken and the outcome had been recorded and fed back. For example, one relative had made a complaint that they had not been informed of an incident that involved their loved one. An investigation found that the family members detailed had not been added to their relative's care plan. An apology was given, and full contact details were immediately added to the person's records.

Is the service well-led?

Our findings

The provider, the registered manager and the matron all took an active role within the running of the home and had good knowledge of the staff and the people who lived at Cann House. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The PIR informed us, and the registered manager confirmed, the service measured their performance against recognised quality assurance schemes. These included, six steps, an end of life care strategy programme, dementia quality mark and investors in people. This helped ensure best practice was used when staff carried out their duties.

People, visitors and staff all described the management of the service to be approachable, open and supportive. One person said, "The management are absolutely fantastic, I'm very lucky, you can go to them for anything". A relative told us, "The manager is very approachable and very friendly". A staff member commented that the registered manager was very supportive, adding, "I'd even ring her at home, she doesn't mind, she's approachable, all the management are". A social care professional confirmed the management were open, dealt with things quickly and were very professional.

The registered manager told us one of their core values was to have an open and transparent service, stating, "people should feel able to speak out with no fear of retribution". The registered manager sought feedback from people and those who mattered to them in order to enhance their service. Meetings were conducted and questionnaires had been distributed that encouraged people to be involved, raise concerns and suggest ideas that could be implemented to improve practice. For example, following a residents and relatives meeting, it was highlighted people were unhappy that one of the communal bathrooms within the home, had been converted into an office. As a result two new communal wet rooms were installed within the service, and a raised toilet was added to an existing wet room.

Staff meetings were regularly held to provide a forum for open communication. Staff told us they were encouraged and supported to question practice and action had been taken. For example, staff raised concern during a meeting

that there was a lack of equipment that affected their ability to carry out their role effectively. As a result, additional footstools, flat sheets and pillow cases had been purchased. If suggestions made could not be implemented, staff confirmed constructive feedback was provided as to why.

The registered manager told us staff were encouraged and challenged to find creative ways to enhance the service they provided. Staff told us they felt empowered to have a voice and share their opinions and ideas they had. The registered manager talked through changes that had been implemented, which incorporated ideas from staff that had been acted upon with success. For example, a new crib sheet had been designed that staff could carry on their person throughout their shift. The idea being, staff would have a quick reference point to check against when administering care to help ensure their practice met the person's current needs. It was developed during a staff meeting, so staff could have input on what information they felt was important to have included on the document. This included, people's dietary and fluid needs, their mobility and their continence needs. Staff confirmed it was really useful, aided handover and saved precious time when supporting people.

The home worked in partnership with key organisations to support care provision. Health and social care professionals who had involvement with the home, confirmed to us communication was good. They told us the service worked in partnership with them, followed advice and provided good support. A stroke nurse commented that communication was always good and that it was a very good service.

The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, "I feel valued, supported and empowered", "I love my job and feel appreciated" and "I enjoy working here, I feel respected by the manager and I do get thanked". The registered manager confirmed staff were rewarded for their long service and explained when staff completed their diplomas their pay increased to reflect their achievement. They added, "I like to thank and praise staff, I find giving positives helps people to grow".

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how

Is the service well-led?

staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately. One member of staff who had raised a concern about a fellow colleague's conduct, had been fully supported throughout the process. They were kept informed of what action had been taken, and all information had been kept confidential.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised.