

Langton Care Limited

The White 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	

Overall summary

The inspection took place on 24 and 25 February 2015 and was unannounced.

The White House provides care and accommodation for up to 22 people. On the day of the inspection 22 people were using the service. The White House provides care for older people who may live with mental health conditions which includes people living with dementia.

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 calm and pleasant atmosphere. People were often seen laughing and joking and told us they enjoyed living in the home. Comments included; "We always have a joke with staff, absolutely looked after well, we often have such a laugh." and "I'm in the best place I could be."

Summary of findings

"I'm happy and I'm comfortable." A relative said, "I couldn't wish for a better place for my Mum to live. I just love the place." A district nurse stated, "I can't say anything negative about the home, I would live there myself."

People spoke highly about the care and support they received, one person said, "I'm very, very happy here, the staff are kind and caring." Another stated: "I feel very well supported, I'm well looked after." Care records were personalised and gave people control over all aspects of their lives. Staff responded quickly to people's change in needs. People or where appropriate those who matter to them, were involved in regularly reviewing their needs and how they would like to be supported. People's preferences were identified and respected. A relative commented, "Staff talk to people they care for, and ask them what they can do for them."

People's risks were managed well and monitored. People were promoted to live full and active lives and were supported to be as independent as possible. Activities were meaningful and reflected people's interest and individual hobbies. A relative said "Staff are very good at promoting independence."

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 GP's, social workers, occupational therapists and district nurses. A GP commented that staff knew people well and were always able to provide a brief and accurate synopsis of their concern and act promptly.

People told us they felt safe. Comments included, "I feel safe" and "I'm very safe here, always plenty of staff around." People's safety and liberty was promoted. 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.

People and those who mattered to them knew how to raise concerns and make complaints. People told us concerns raised had been dealt with promptly and satisfactorily. Any complaints made were thoroughly investigated and recorded in line with The White House's own policy. A relative commented, "I made a complaint, it was listened to and dealt with immediately, you can't ask for more than that."

Staff described the management to be supportive and approachable. Staff talked positively about their jobs. Comments included: "I just love working here, definitely well supported."; "Management are approachable and supportive, they put people first and give us everything we need to make a difference in people's lives. I go home happy every day." And "I enjoy my job, I'm happy, happy, happy."

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. A staff member said: "You can't fault the training it is unbelievable; we have a fantastic team of people, with the right mix of skills and experience."

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.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Staff 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 experience 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 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 informed and actively involved in decisions about their care and support.

Good



Is the service responsive?

The service was responsive. Care records were personalised and so met people's individual needs. Staff knew how people wanted to be supported.

Care planning was focused on a person's whole life. Activities were meaningful and were planned in line with people's interests.

People were encouraged to maintain hobbies and interests. Staff understood the importance of companionship and social contact.

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.

Communication was encouraged. People and staff were enabled to make suggestions about what mattered to them.

Good



The White 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 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 24 and 25 February 2015 and was undertaken by one inspector.

Before the inspection we 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 five people who lived at The White House, five relatives, the registered manager, the deputy manager and five members of staff. We also spoke with an independent trainer who supported the home and two health care professionals, a district nurse and a GP, who had supported people within the service. We looked around the premises and observed how staff interacted with people throughout the two days.

We looked at four records related to people's individual care needs and four people's records related to the administration of their medicines. We viewed four 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. Comments included; “I’m never alone, there is always someone close and that makes me feel safe” and “The question of whether I feel safe wouldn’t enter my head, I just know I’m safe.” Relatives comments included; “I have full confidence that [...] is as safe as they could be living here” and “I definitely feel my Mum is safe, definitely.”

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 comments included, “I feel absolutely confident about reporting anything I see that is not right and I know it would be sorted out right away.” And “I would not hesitate to report any incident that I felt could be a safeguarding issue and I’m certain action would be taken.” 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.

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.

People told us they felt there were always enough competent staff on duty to meet their needs and keep them safe. One person said; “You never see anyone not get the help they need when they need it.” A relative commented, “Always plenty of staff about, always willing to help.” Staff told us they felt there were sufficient numbers of staff on duty to support people. Comments included; “I have no doubt at all that there are enough staff” and “Not only do we have enough staff to meet people’s needs but we have the right staff.” The registered manager confirmed the service was fully staffed, that they reviewed staffing numbers regularly based on people’s needs and tried to avoid using agency staff so that people received care from staff they knew well. Staff were not rushed during our inspection and acted quickly to support people when requests were made. For example, we observed one person

who requested some fresh fruit, they were immediately supported by staff to have their need met. Another person required assistance with a toileting need and were promptly supported.

People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks. 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’m a quiet person, I’m often asked if I want to join in with various activities going on, but I chose to be on my own and remain as independent as possible, which staff respect, when I do need help, I only have to ask and I get it.” Risk assessments recorded concerns and noted actions required to address risk and maintain people’s independence. We observed one person attempt to climb a flight of stairs and stumble backwards, a staff member asked them if they would like support. The person declined the offer of help which the staff member respected, and instead followed behind the person to help ensure they were able to perform the task safely. One relative said, “Staff are wonderful and very good at promoting independence.”

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Staff were knowledgeable with regards to people’s individual needs related to medicines. For example, one staff member told us how a person often declined their medicine. They commented that there were specific times of the day when the person would be more likely to agree to take the medicine they were prescribed. The staff member used that knowledge to time their intervention appropriately in order to encourage a positive response from the person and help ensure their needs were met.

People were protected by staff who managed and controlled the prevention of infection well. Staff understood their role and followed policies and procedures that reflected current guidance on keeping people safe. We observed staff promptly put in place barrier nursing for one person who had suddenly become unwell. Barrier nursing is a technique used to help reduce the risk of infection spreading within the home. A GP had been immediately contacted and visited the person as requested. They

Is the service safe?

commented that staff were always quick to put barrier nursing in place to protect people, kept the home very clean and had all facilities needed to help prevent the spread of infection.

Is the service effective?

Our findings

People felt supported by well trained staff who effectively met their needs. Comments included: “Staff understand different people have different needs and know exactly what to do to help people” and “Staff consider every aspect of your needs, they ignore nothing. They are well trained.” A relative said, “The staff have a really hard job and they do it brilliantly. The training must be good.”

Staff confirmed they received a thorough induction programme and on-going training to develop their knowledge and skills. 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. A member of staff told us, “Staff have the right mix of skills and experience, my induction was really good and left me feeling really competent in my role.” The registered manager told us, staff could openly discuss and request additional training and would be supported to achieve their goals. Staff confirmed this. For example, one staff member told us, “you get so well supported to better yourself, I asked to do my NVQ3 and I’m now in the process of doing it.” Another said, “I talked with [...] about developing further and I was encouraged to do so. I’m now working towards becoming a senior. I have seen other members of staff progress, so I know it’s possible and management are genuine.” An independent trainer commented that the management were always trying to improve the training opportunities they gave their staff and the service was second to none in that respect. They said, “I love attending this home and I’m proud to support the staff.”

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, new staff, during their induction, 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 registered manager informed us all existing staff would likewise complete the care certificate. They saw this as an opportunity for them to refresh their skills and improve their knowledge. 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. We saw the seven “I will” statements as set out in the commitment, had been incorporated into staff supervision, appraisals and team meetings. 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.

Supervision was 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, “Supervision is really good, you feel listened too and asked for ideas on how improvements can be made.” And “[...] motivates me, makes me feel confident and encourages me to make decisions for myself, thinking of solutions to any problems I may have. [...] is both firm and fair. I feel very well supported.”

People, when 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 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. Care records showed where DoLS applications had been made and evidenced the correct processes had been followed. Health and social care professionals and family had appropriately been involved in the decision. The decision was 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 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

Is the service effective?

guidance about delivery of specialised care. For example, a GP had been contacted promptly when staff identified a person's breathing to be weaker than usual. People told us they could request to see healthcare professionals at any time and this would be arranged for them. One person said; "We are looked after so well, any little concerns we have about our health, staff always deal with it straight away." A district nurse commented, "Staff are so quick to call us if we are needed and then so accommodating and helpful when we arrive."

People were informed about, and involved in their healthcare. Records showed where people had been encouraged to have as much choice and control as possible in important decisions about their health. For example, one person who experienced difficulty with their teeth was supported to see a dentist. They were given the choice whether they wished to have the tooth extracted or not. They were supplied with all the information required to make an informed decision and decided to keep the tooth. It was documented that if pain or discomfort occurred in the future they could then decide to have it removed.

People were protected from the risk of poor nutrition and dehydration by staff who regularly monitored and reviewed people's needs. Jugs of drink were kept full in people's

rooms and people were supported to have food wherever and whenever they chose. For example, one person enjoyed staying up late of an evening and subsequently chose to get up late in the morning. Staff provided breakfast at a time that reflected the person's choice and met their need. Another person liked to have toast at midnight and staff confirmed this was always respected.

People were involved in decisions about what they would like to eat and drink. Feedback following mealtimes and a residents' questionnaire was used to improve the menu and helped ensure people's preferences were met. People told us the meals were good, at the right temperature and of sufficient quantity. Comments included; "Very nice big meals, always hot" and "The food is good, plenty of choice." 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, plate guards had been used with consent to aid people using their cutlery with ease and efficiency.

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 always find the kind way of doing things, they are so friendly and good mannered. We fall about giggling at times, humour is such a good thing and there’s plenty of it living here”; “Staff are kind and caring” and “I’m very happy, all the staff are nice.” Relatives told us; “Staff are unbelievably caring, it’s due to their devoted care that [...] is still with us today” and “Staff are absolutely wonderful, they show such compassion and offer great companionship.” A health care professional commented that staff were warm friendly and caring.

Staff showed concern for people’s 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 supported the person in the decision they made. Within a short space of time we saw the person smiling, happily enjoying their day. One person commented on how well staff responded to people’s distress, they said, “We have a lot of people here who get quite distressed, one lady was very distressed recently. The staff acted quickly. They knew she liked singing and so sang her a song. Soon everyone was singing, it was lovely.” A relative commented, “Staff bend over backwards to be supportive and helpful. They are very quick to respond to people.”

Staff knew the people they cared for. They 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; “It is the people that makes working here so good, they are all so special and amazing” and “Spending time with people and getting to know them are such treasured times. I feel I learn more and more each day. This helps me provide more personal care.” A relative relayed how they felt overwhelmed by the staff’s caring

nature and how well they knew people. They said; “It is like they are all one big family that have known each other all their lives.” Another relative told us, “such nice staff with real empathy.”

People were given information and explanations about support when needed, so they could be involved in making decisions about their care. Staff knew people’s individual communication needs, and were skilled at responding to people appropriately. For example, during a medicine round, one person questioned the need to take the tablets offered to them. The staff member crouched down so they were face to face, at eye level with the person. They then proceeded to use good communication to clearly explain what the medicines were for and why it was important to take them. The person understood and happily took the medicines, they then thanked the member of staff for their help.

People told us their privacy and dignity needs were respected by staff who understood and responded to their individual needs. People were well dressed and presentable. Comments included; “Staff are very considerate to my needs and respect my privacy” and “Staff don’t just come in to my room, they knock and wait for me to reply.” 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 commented, “There is nothing worse for a person than leaving them half-dressed and having to go and fetch something you had forgotten. That would show no respect.” A relative told us, “My Mum is always treated with the deepest respect and staff always think about her privacy when performing anything requested of them.” Another commented, “Privacy is so important to [...] and staff know and respect that.”

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time. Comments included; “We can come and go as we please, always welcome, everyone is so friendly, it’s fantastic, I love the place” and “I visit every day and it is never a problem.”

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. People and where appropriate, those who matter to them were being more actively involved in the process to help ensure their views and preferences were recorded and known and respected by all staff.

People were involved in planning their own care and making decisions about how their needs were met. Staff were skilled in supporting people to do this and assessing people's needs. For example, one person enjoyed choosing which clothes to wear on a daily basis, but would need assistance with trying different outfits on until they made their final choice. A staff member commented, "[...] tried on six sets of clothes this morning before deciding which set to go with. I waited with her and gave assistance when requested. This little time given is so important to them and makes a real difference." Another person was bought a new chair that would rise and recline to promote independence. However, they declined to use it, instead preferring their old chair to be returned. This was respected, the person continued to accept assistance from staff to aid their mobility. A relative commented, "Staff are quick to adapt when support needs change, they take advice, listen and follow what has been asked of them."

People told us they were able to maintain relationships with those who mattered to them. One person said, "My friends and family are always coming and going, I never feel alone, which I like." Several relatives and friends visited during our inspection and people, where possible, went out for the day with their families. One relative said, "I just love the place, when I arrive in the home, I'm told about all the things my mum has done, which helps with conversation. When I'm not here I'm always phoned if there's anything I need to know, and when I phone staff are always helpful." The registered manager understood the importance of visits from those who mattered to people and told us, staff helped people to have contact with their families and friends, including those who lived in other parts of the country. For example, one person's family member who lived some distance away, was given a room

to reside in free of charge, without restriction for the duration of their stay. Staff also supported the person to receive calls in private, outside of when their family member visited, leaving them with an alarm so they could request help if needed or when the call has ended.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. The registered manager told us, one person liked to go by themselves into the local town, enjoying spending time in the shops. Staff respected this choice and supported the person to maintain their interest. Staff assessed the person's abilities and skills to find their way home safely. Staff arranged to have the address of the home printed on card. The person consented to carry this with them when outside of the home. This reduced the risk of them getting lost, and met their preference for social contact. Another person wished to spend time at church with friends without staff support. Staff arranged for a wheelchair taxi to pick the person up and drop them back to the home, in order to respond appropriately to this person's need.

People were supported to follow their interests. Individual preferences and disabilities were taken into account to provide personalised, meaningful activities. For example, the home supported people in the community to gain the 'Duke of Edinburgh award'. These people would visit the home talk to people, find out their hobbies and provide one to one, activity based support to people that reflected what people enjoyed doing.

The service had a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in areas of the home. 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 know how to complain, but have nothing to complain about, I'm very happy." Relatives, who had raised concerns, had their issues dealt with straight away. Comments included; "Whenever any issue pops up, it's looked into and dealt with, staff are approachable and listen to me when I mention anything" and "I had a concern, it is taken seriously, management were very quick to respond and action was taken." A healthcare professional commented they had never had any concerns or reason to complain but felt staff 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

Is the service responsive?

in a timely manner and thoroughly investigated in line with The White House's own policy. Appropriate action had been taken and the outcome had been recorded and fed back. For example, one person had made a complaint that

a personal item had gone missing. The service responded by not only replacing the item, but also supplied an additional item so the person had a spare, and would not have to go without it again.

Is the service well-led?

Our findings

The registered manager and the deputy manager took an active role within the running of the home and had good knowledge of the staff and the people who lived at The White 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.

People, friends and family and staff all described the management of the home to be approachable, open and supportive. One person said, “Always on hand to offer support and help in any way they can.” Relatives told us, “The management are very skilled at their job, honest and upfront, so reassuring” and “Approachable and listen to me, there’s always someone senior available.” Staff comments included; “Management hear what you say, nothing is ever put to one side, it’s just sorted” and “There’s a clear management structure, I feel very supported. They listen to you when you approach them, and take action.” A district nurse stated, “Management are approachable, open, they listen and make changes when recommendations are made.”

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. Comments included, “We are always being asked to think of ways we can improve the care we provide” and “We are given plenty of opportunity to suggest ideas that can improve the way we support people. The management are so dedicated to this.” The registered manager talked through changes to practice that had been implemented and ideas from staff that had been acted upon with success. For example, raised waterproof foam cushioned toilet seats had been purchased for trialling, following a suggestion made by a staff member who had conducted some research. It was felt the seats would offer more comfort and offer better skin protection for people.

The registered manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service. Questionnaires were conducted that encouraged people to be involved and raise ideas that could be implemented into practice.

For example, fresh vegetables were now used where appropriate in meals provided by the service. People and relatives told us they felt their views were respected and had noted positive changes based on their suggestions. A relative said, “Staff discuss with me how they can improve things for my mum, they listen and things change for the better.”

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 requested a four slice toaster be purchased to aid mealtimes. This had been bought and was in place. If suggestions made could not be implemented, staff confirmed constructive feedback was provided as to why. Staff comments included, “Staff meetings are good, each question raised gets taken seriously and talked about, we all get asked our advice” and “Management encourage us to raise any concerns we have about how things are run, they listen, team meetings are a great place to discuss these thoughts.”

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 district nurse said, “Management are open to recommendations and accommodate changes that need to be made, they listen are consistent in their approach. I can’t think of anything negative.” A GP commented that the home was well run, they were always appropriately informed of people’s needs and communication was good.

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 love it here, I really do, I don’t even see it as a job”, “I get acknowledgement for doing the right things, I’m made to feel special” and “[...] motivates me and makes me feel confident, the management team are fantastic, I love it here.”

The registered manager told us people and staff were at the heart of what they were striving to achieve. They had developed a culture within the service of a desire for all staff at all levels to continually improve. For example, five staff had funding agreed and had signed up to obtain a

Is the service well-led?

National Vocational Qualification (NVQ). Staff confirmed they had been supported by the registered manager to improve their skills and obtain qualifications. Staff told us this gave them a sense of achievement and helped them to meet the needs of people living in the home. Comments included, “I’m currently doing my NVQ3, I’m always encouraged to better my knowledge.” And “The support to take part in training is absolutely unbelievable, the management have helped me to do my NVQ3, lots of the staff are doing it too, this can only be better for the people we care for.”

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

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 commented, “The manager is approachable, supportive and trustworthy, I wouldn’t hesitate to let them know if I saw something not right.”

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.