Alliance Home Care Limited

The Oaks

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 Oaks is registered to accommodate up to six people who require support with personal care. It specialises in supporting people with learning disabilities who are non-verbal, some of whom also have autism. Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them. At the time of our inspection, there were six men using the service.

The property is a modern detached house located in a residential area on the out skirts of Crawley. Of the six bedrooms, five are on the first floor, one of which is en-suite and one bedroom is on the ground floor. The property has level access to a rear garden and there is a stair case to the first floor.

This inspection took place on 4 May 2016 and the provider was given one days' notice. This was to enable the provider to arrange for sufficient numbers of staff to be available to facilitate the inspection without disrupting the daily routines of the people who lived there.

At the time of the inspection there was no registered manager in place. 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. The day-to-day management of the service was being overseen by a manager who is referred to as 'the manager' throughout this report.

People were supported by kind, caring staff that knew them well and understood the importance of supporting people to follow their daily routines.

People's independence was promoted and they participated in a range of activities of their choice such as going to the pub or a café for lunch, trampolining, using a local hydrotherapy pool, carriage driving, attending sessions at a local sensory room and going to a local day centre.

People were supported to have a nutritious diet that met their individual preferences and needs such as a vegetarian diet and thickened drinks.

People were supported to maintain relationships with people that mattered to them. Relatives were kept informed of their loved one's wellbeing and any changes in their needs.

People's needs had been assessed and planned for. Plans took into account people's preferences, likes and dislikes and were reviewed on a regular basis. Staff worked in accordance with the Mental Capacity Act (MCA) and associated legislation ensuring consent to care and treatment was obtained. People were supported to make their own decisions and where people lacked the capacity to do so, their relatives and relevant professionals were involved in making decisions in their best interest.

Medicines were ordered, administered, stored and disposed of safely by staff who were trained to do so. Referrals were made to relevant health care professionals when needed and each person had a health action plan in place.

Staff received the training and support they needed to undertake their role and were skilled in supporting people with learning disabilities and autism. One staff member told us "The training is excellent. They identify the gaps in your knowledge and provide the training". Staff had a good understanding of each person's communication needs and of how some people communicated their feelings through their actions. They were able to recognise when people were feeling anxious and took appropriate action to minimise or where possible remove the source of these anxieties.

Staff knew what action to take if they suspected abuse had taken place and felt confident in raising concerns. Risks to people were identified and managed appropriately and people had personal emergency evacuation plans in place in the event of an emergency.

The service followed safe recruitment practices and staffing levels were sufficient to meet people's assessed needs, including spending one to one time with people.

The management of the service were open and transparent and a culture of continuous learning and improvement was promoted. The provider had ensured there were robust processes in place for auditing and monitoring the quality of the service and complaints were responded to appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Systems were in place for the safe management and administration of medicines.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and experience needed to meet their needs.

People had sufficient to eat and drink and dietary preferences and needs were catered for.

Staff understood the requirements of the Mental Capacity Act 2005 and put this into practice when gaining people's consent. Where people had been deprived of their liberty, authorisation from the local authority had been requested.

People's health care needs were monitored and they had access to a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

People were looked after by kind and caring staff who knew them well.

Staff took action to reduce people's anxiety levels.

People's preferences were accommodated and people were

supported to express their views.

Is the service responsive?

Good

The service was responsive.

Care plans were centred on the person and provided comprehensive information to staff about people's care needs and how people wanted to be supported.

There were processes in place to respond to concerns and complaints.

Is the service well-led?

Good

The service was well led.

Staff were involved in developing the service.

The management team looked for ways to drive improvement in the service.

The provider had robust quality assurance systems in place.

The Oaks

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 took place on 4 May 2016. This visit was announced, we gave the provide 48 hours' notice of our visit so that the people we needed to speak with were available. The last inspection of the service was completed on the 13 November at which no concerns were identified.

On this occasion we did not request the provider to complete a provider information return (PIR). This was because we undertook the inspection earlier than expected. A PIR is a document completed by the provider which provides statistical information about the service and a narrative detailing how the provider ensures people receive a, safe, effective, caring, responsive and well-led service.

One inspector undertook this inspection. Before our inspection we reviewed the information we held about the service and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

The people using the service were not able to give us their views so we observed the support they received and the interactions with staff and with each other throughout the day. We spoke with one person's relative, the area manager, the manager, the deputy manager and four support workers. We looked at the people's care records, three staff recruitment, files and other records relating to the management of the service, such as staff training and supervision trackers, the complaints log, accident/incident recording, staff duty rota's and audit documentation.

Good

Is the service safe?

Our findings

There were systems in place to ensure the safety of people using the service. Staff used appropriate techniques to keep people safe. For example, by using verbal prompts to divert potentially challenging behaviour and offering emotional support. A relative told us they felt their loved one was safe at the service.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. One staff member described the different types of abuse and what action they would take if they suspected abuse had taken place. Each of the staff members told us they would report any suspected abuse to their line manager. One told us "If they weren't here I'd go to (area managers name), I'd go higher if I needed to".

There were systems to identify risks and protect people from harm. There was a range of risk assessments within people's care records and areas such as personal care, nutritional needs and daily routines had been planned for. People had behaviour support plans in place which advised staff on what action to take in the event of people displaying behaviour that could have a negative impact on themselves and others and how to support the person. Staff told us that one person showed they were becoming agitated by tapping their head and thigh. They explained that when this happened they would identify and remove the source of the agitation or encourage the person to move away from it.

People were supported to take risks. We saw one person who was blind moved freely about the service. Staff explained that the person knew the layout of the service and liked to do this independently. They explained if the person wanted their assistance they would let it be known and they would then guide them as needed. Our observations confirmed this.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Staff had access to protective equipment such as gloves and aprons and had completed training in relation to keeping people safe such as health and safety and infection control. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property and people had personal emergency evacuation plans in place in the event of an emergency.

There were systems in place for the recording of accidents and incidents and for any trends and themes to be identified. A staff member described to us the actions they would take if someone fell and told us they would inform the manager, complete an accident form and make a record in the person's daily records if this happened. One member of staff told us following incidents of challenging behaviour they looked at what had happened before and during the incident to see if they could establish what triggered the behaviour so they could take steps to minimise it happening again.

Records showed staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate identity checks had been undertaken to ensure that potential workers were safe to work within the care sector.

Staffing levels were assessed, monitored and sufficient to meet people's needs at all times. There were enough staff on duty to ensure people's needs were met and they were supported to do their planned activities. We observed throughout the inspection that staff were unhurried and relaxed with people. The manager showed us the staffing rota, which showed there were usually four staff members on duty during the day plus the manager. Two people required staff to support them on a one to one basis which left two members of staff to support the other four people. There was also one waking and one sleeping staff member at night and an on-call service to ensure management support could be accessed whenever it was required. Staff felt the staffing levels were sufficient for them to meet people's needs and explained that the times they worked were flexible to accommodate people's activities or health care appointments.

People's medicines were managed so that they received them safely. Medicines were ordered, stored, administered and disposed of in line with current legislation and the provider's medicines management policy. Staff had been trained to administer medicines and training records confirmed this. Medication administration record (MAR) sheets had been completed and signed by staff appropriately.

Good

Is the service effective?

Our findings

People had their assessed needs and preferences met by staff with the necessary skills and knowledge. Staff received training in areas such as fire safety, mental capacity, diversity, food hygiene, safeguarding, infection control, management of hazardous substances, health and safety and medication. Additional training was provided to staff to meet people's other specialist care needs for example autism, epilepsy and diabetes. A relative told us they felt that staff were competent and had a good understanding of their loved one's needs. They commented "I'm sure they (the staff) know what they are doing. I've no concerns".

New staff completed an induction programme to ensure they had the competencies they needed to undertake their role. This included the completion of essential training, and shadowing experienced staff whilst they got to know people's needs, preferences and choices. New staff were also required by the provider to complete the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It is designed to give confidence that workers have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff felt the training they had received had prepared them for their role and said they felt confident and competent to support people with autism. One commented, "The training and induction is very good. I've learnt a lot since I started here." Another staff member said the managers had been very supportive in helping them to develop their skills. They told us "The training is excellent. They identify the gaps in your knowledge and provide the training".

Staff received the support they needed to undertake their role. They had one to one supervision meetings with their line manager at which they could discuss in private their personal and professional development and had an annual appraisal of their performance. The manager told us they found their line manager very supportive. Staff attended team meetings at which information was shared and people's needs were discussed. All staff reported that they were well supported by the manager and organisation.

Communication was effective. There was a half hour overlap between shifts to allow for handover meetings to take place. At these meetings each member of staff from the earlier shift met with the shift leader for the oncoming shift to share information about how the person they had been supporting had spent their time and to pass on any issues or concerns that needed to be highlighted to them. All the staff we spoke with were knowledgeable about the people they supported and had an in-depth understanding of how people communicated and what their likes and dislikes were. When we arrived at the service a staff member explained to us people's communication needs and explained the sort of things that may cause people to become anxious for example, they told us one person would become extremely anxious if items in their room were moved.

We observed that staff were skilled in using different approaches and ways of communicating with people appropriate to their needs. Some written information had been illustrated with symbols and pictures to aid people's understanding. People's physical, emotional and psychological needs, and how these needs could be met, were discussed at team meetings. Staff told us, and meeting minutes confirmed, that they used staff meetings to discuss what was working well and to identify any lessons that could be learned from things

that had not worked so well.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The manager told us, and records confirmed, they had submitted DoLS applications for all of the people who lived at the service. Staff had additional guidance to help them understand what day to day decisions people were able to make, and where they might require additional support. Mental capacity assessments had identified where an individual lacked mental capacity to make a specific decisions and best interest decisions had been made in line with the Mental Capacity Act guidance.

People were supported to have sufficient to eat, drink and maintain a balanced diet. Menus were based on people's preferences and alternatives were offered if a person indicated they did not want the food on offer for example by pushing their plate away. There were systems in place for people to have a nutritional assessment and their dietary needs and preferences were recorded. Staff prepared people's meals and had access to relevant guidance about people's dietary needs and preferences. For example a speech and language therapist (SALT) had prescribed that one person, who had swallowing difficulties, required their drinks to be thickened. We saw staff followed this guidance by adding the specified amount of thickener to the persons drink and waited for the thickener to take affect before giving the person the drink. Staff told us that another person was a vegetarian and records showed they catered for this diet. People were provided with equipment they needed to eat and drink independently such as plate guards and beakers.

People were supported to maintain good health and had access to healthcare services. The provider and the staff team worked closely with healthcare professionals who were part of a multi-disciplinary team (MDT), for example, psychologist, and speech and language therapists. Referrals were made for people to be assessed when needed by the MDT who had also been contacted for advice. In addition, people had access to a GP, chiropodist, optician and dentist. People had health action plans in place which provided information about their health needs and the professionals involved in their care.

Good

Is the service caring?

Our findings

Staff had a caring, compassionate and fun approach to their work with people. They knew people well and demonstrated an understanding of the preferences and personalities of the people they supported with whom caring relationships had been developed. A relative told us they felt that the staff had built up a good relationship with their loved one and commented "He's happy there". We observed that staff communicated with people in a warm, friendly and sensitive manner that took account of their needs and levels of understanding. We observed staff interacting with people and mirroring the sounds they made which people responded to by smiling and laughing. Staff responded to people when they used touch to communicate with them and allowed people to guide them when they wanted staff to follow them. For example one person tapped a member of staff to let them know they wanted their attention and then put their hands on the staff member's shoulders. The staff member explained this was something the person like to do when they wanted the staff member to lead them around the room. The person followed the staff member for a few moments before sitting on the floor laughing. They then repeated the process several times. It was evident from this interaction that the staff member had a firm understanding of what this person was communicating and that the person was thoroughly enjoying spending time with the staff member.
People looked happy and were relaxed and comfortable with staff. When people did show signs they were becoming anxious staff offered appropriate emotional support to help to lower their anxiety levels for example by offering reassurance and where appropriate engaging then in an activity.

It was evident that staff were working to empower people to understand their choices and rights. Documentation was illustrated with symbols, pictures and photographs to aid the people's understanding and help support people to make their own choices. For example what activity to take part in. People's records clearly guided staff on how to effectively communicate with people. One person's records stated 'It helps if you use single words with signs. If I want something I will take you to it and sign please'. Another person's stated 'Encourage to use sign language. Speak clearly and calmly'.

People were supported to maintain relationships with people that mattered to them. Staff told us visitors were always welcomed. Staff explained they supported some people to maintain relationships with their family by making arrangements with the family for the person to visit them and for family members to visit the service. They also supported people to send birthday and Christmas cards to family members. Staff told us when supporting one person to visit their family they needed to take a specific route. They told us this was because the person could get very agitated if the car got stuck at a red light. They explained they had devised a route which minimised the risk of this happening and that sticking to the same route each time helped the person to remain calm.

Each person had their own room which had been personalised to reflect their personality. Some rooms were bright and crammed with personal items significant and special to that person. Other rooms were more minimalist in décor in line with the person's preference. There were pictures of clothing wardrobes and drawers in people's bedrooms to indicate what they contained and photographs to remind people of holidays they had enjoyed and of family members. Staff had converted one room into a sensory space

complete with lights and music to create a relaxing or stimulating environment, dependant on the experience that the person wanted. A lot of thought and effort had been put into considering and meeting people's support needs using this environment.

People were supported to express their views and were actively involved in making decisions about their care, treatment and support where possible. Everyone had their own keyworker which is a named member of staff that co-ordinated all aspects of their care. The keyworker met with their allocated person regularly to talk about their support and their goals for the future which they planned for. One member of staff told us "They identify the best person to be a person's key worker by looking at who they relate to the best and who they communicate well with. (Person's name) choice (of key worker) is usually a man, he identifies better with males".

People's privacy and dignity were respected and promoted. The guidance contained in people's care plans promoted their privacy and dignity. Staff told us about how they protected people's dignity such as when helping them with personal care or when out in the community. People's care records clearly guided staff in protecting people's privacy and dignity during aspects of their day such as enabling people to have private time, or when supporting them with intimate care. Staff communicated with people effectively and respectfully. For example, if an individual was sitting down staff would crouch down or sit with the person and focus solely on that conversation. Staff told us that they were trained to focus on the person and their needs. One member of staff told us that one person could demonstrate specific behaviours at certain times of year which could compromise their personal dignity. They told us "We need to be mindful of (person's name) once the sun is out and the weather gets hotter because he has a tendency to strip his clothes". They explained that the person did this in the privacy of their own room but to protect the person's dignity without restricting their freedom, they had provided a covering for the windows in this persons' room which meant no one could see into the room from the outside but the light could come in.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. It was evident from our conversations with the area manager, manager and staff that the service they provided to people was personalised to them. The care provided was centred on each person's needs, wishes and preferences which had been assessed and planned for. Each person's needs had been assessed before they came to live at the service. People's initial assessments and risk assessments had been used as a basis on which staff had developed detailed care and support plans to guide staff in how the person wanted and needed to be supported. These plans provided comprehensive, detailed information about people, their personal history, individual preferences, interests and aspirations. They were centred on the person and designed to help people plan their life and the support they needed. For example, they included a detailed breakdown of people's morning and evening routines. One person's plan contained details informing staff that as part of their morning routine they should be supported to go out as soon as they have had their morning medicines. All of the staff we spoke with were aware of this and explained that the person would get anxious and distressed if this did not happen. Their plan also contained photographs of their bedroom and exactly where certain items should be positioned. A staff member told us "It is very important for this person's room to be left exactly the way they want it." They explained that if any item was even slightly out of place then it would cause the person great distress. They told us "There is a very small button that sits on the chest of drawers. If this is even slightly out of place he will notice and become upset". The guidance provided to staff about this issue helped staff to support the person in exactly the way they wanted to be supported to maintain their health and well-being.

Management and staff knew people's likes and dislikes and that the support they provided was sufficiently flexible to respond to people's changing needs and wishes. Staff were able to describe to us in detail exactly how people wished to be supported. They told us the support people needed varied from day to day depending on how they were feeling but that they adapted the care they delivered to accommodate people's wishes. For example they explained that sometimes people don't engage in the planned activity but may take themselves to the sensory room instead. A staff member told us "If that is what they want to do then that's fine, we fit in with them, it's their choice that is what is important".

Plans also included people's health conditions, behaviours and their wider circle of support such as family and health or social care services. Records contained clear actions for staff to take so that people received the help and support they needed and were reviewed on a regular basis. Staff told us they were provided with enough time to read people's plans and were able to describe people's physical and emotional needs. They told us about the sort of things the people liked to do and people's care plans reflected what we had been told. Staff kept detailed daily records of people's support including their personal care, activities, meals, mood and steps towards their goals. This enabled staff to easily see what support or help the person had needed and what else they wanted to achieve.

People were actively involved in planning their days, choosing what they wanted to do in terms of hobbies and interests and what time they went to bed and got up. There was information about people's psychological wellbeing and health needs. All elements of people's care, including their long and short term

goals had been planned for. As people who were not able to participate fully in discussions about their care, records were reviewed to demonstrate what the person had enjoyed doing and what was working well. Staff used a variety of methods to listen and gain feedback from people. For instance, looking at body language and facial expressions helped staff understand whether the person was happy with what was happening. Keyworkers completed monthly reports summarising all elements of the care provided and the progress made towards meeting their goals. Annual reviews of people's care were arranged by the manager to which relatives were invited. A relative told us "We are invited to the reviews and to give feedback on the service". They also confirmed they were kept up to date with any changes to the care their relative received.

People were supported to make their own decisions wherever possible. There was detailed guidance for staff in how, where appropriate to do so, they should offer choices to make sure people understood their options. People participated in activities such as going to the pub or a café for lunch, using hydrotherapy pool, carriage driving, attending sessions at a local sensory room and going to a local day centre. When we arrived at the service people had gone out for lunch out at the coast and in the afternoon each person had the opportunity for a massage from a visiting aroma therapist.

There was a complaints policy in place. Staff told us that people would make it known to them if they were unhappy about something and if they did so they would either lodge a complaint on their behalf or would engage the services of an advocate to act on the person's behalf. Staff told us they felt the provider would take any complaint seriously but to their knowledge there had been no complaints over the last year. A relative told us they knew how to make a complaint and commented "I'd speak to the manager if I had any concerns but I haven't had any".

Good

Is the service well-led?

Our findings

The arrangements for the management of the service were effective. Management and staff described an open and transparent culture within the service and told us they felt able to raise concerns or make suggestions. One staff member told us the "(Managers name) is great, they're very supportive, like a friend really, I can speak to them about anything, I don't need to make an appointment". A relative told us they had no concerns with the management of the service and commented "The manager does a good job". The previous registered manager was working in the capacity of the area manager and had oversight of the delivery of the service which provided continuity in the delivery of the service and an application for a manager to become registered had been submitted.

The management and staff had a good understanding of people's support needs. For example, they gave us a briefing on how people may react to meeting us for the first time and explained what each person's plans were for the day. They were able to describe to us people's personal histories and were aware of which other professionals were involved in each person's care.

Everyone we spoke with was clear about their role within the organisation and the line of accountability. Statutory notifications were submitted to the CQC appropriately. The manager informed us that they were supported by the area manager and attended regular management meetings to discuss areas of improvement for the service, review any new legislation and to discuss good practice guidelines within the sector. They attended a local manager's meeting to discuss any developments and look at how they could improve the services they provided. Staff told us they were actively involved in developing the service and encouraged to contribute to discussions at team meetings about what was working well at the service and what could be improved. They were motivated and felt empowered to make suggestions and implement changes for example; it had been a staff member's idea to take photographs of the position of items in a person's room and make it available to new staff for guidance. This had been supported by the manager and area manager.

Incidents and accidents were appropriately documented and investigated by the manager. Staff were provided with clear guidance on procedures in relation to the reporting and investigation of both incidents and accidents. Systems for the recording of incidents were available to ensure staff were able to complete these records while incidents were still fresh in their memories. The provider's procedures and policy documentation were up to date, reflected current best practice and staff knew how to access this information. Learning was taken from incidents and accidents. The manager audited all reports of occurrences which were sent to the provider to be analysed and checked for trends and patterns. They used this information to help identify triggers to people's behaviours and make relevant amendments to people's support plans to help reduce the likelihood of the incidents reoccurring.

The provider had systems in place to assess and monitor the quality of the service. For example care plans were reviewed to ensure that they continued to reflect people's needs and health and safety audits were completed on a regular basis. There were robust quality assurance and governance systems in place to drive continuous improvement including monthly visits to the service by the area manager. Where shortfalls were

identified an action plan was devised specifying what action had to be taken. The completion of the action plan was overseen by the manager and checked at the area manager's next visit to the service. There were processes in place for regular audits to assess the quality of care provided. These included audits of people's care records, health and safety, infection control and medication records. We saw that where any issues had been identified by audits or brought to the attention of the manager these issues were dealt with and resolved promptly.

People were valued as individuals and received active, positive and structured support. People's needs were central to the delivery of the day to day running of the service. One staff member told us "Everyone here is different, I see people as people not by their label". Another staff member told us "Each person is different, but we know how to support them and what they need to be happy. That is what it is all about; to make sure people are happy".

Learning through reflective practice was encouraged. There were detailed daily records in place for each person which were used to help establish what was working well and what areas of practice could be improved or approached differently. The area manager told us the provider had signed up to the social commitment and they were encouraging all the staff team to do the same. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. It is made up of seven 'I will' statements, with associated tasks. Each commitment will focus on the minimum standards required when working in care. The commitment aims to increase public confidence in the care sector and raise workforce quality in adult social care. They told us "We have a strong commitment to providing good care and to be up to date with best practice. Being a support worker is not just a job, it is a career and we want to support staff to develop to be the best they can".

Staff meetings provided the team with an opportunity to discuss people's specific needs and achievements, raise issues about the premises, put forward ideas, and consider new legislation, good practice and policy updates. The agenda was devised by both manager and staff, which ensured everybody had an opportunity to highlight areas for discussion.

Staff were supported to question practice. The provider had a whistleblowing policy and there was a 24 hour whistleblowing helpline in place which staff were aware of and felt confident to use. Staff told us they felt that if they did raise a concern they would be listened to and they would be taken seriously.