

Autism.West Midlands

St Paul's

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

This inspection took place on the 01 March 2017 and was unannounced. St Pauls is registered to provide personal care and support to people with a range of needs which include learning disabilities or an autistic spectrum disorder. People live in their own flats within a supported living complex. At the time of our inspection seven people were being supported by the service.

There was a registered manager in post and she was present during our inspection. 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 and associated Regulations about how the service is run.

At our last inspection in July 2015 we found that the provider was meeting the regulations of the Health and Social Care Act 2008.

People received their medicines safely and we saw that improvements had been made to ensure procedures were in place to guide staff when administering 'as required medicines'. We found that recruitment checks were undertaken to ensure only suitable people were employed. We did identify some shortfalls in relation to some small gaps in staff member's employment history. The provider confirmed to us that they had rectified this following our inspection.

People showed us that they felt safe in the company of staff and relatives told us they thought their family members were safe and protected from harm by the staff and the systems that were in place. Staff were aware of their responsibilities to report any concerns about people's safety, and they confirmed they had received training in relation to safeguarding people from abuse. People were supported by a consistent staff team who knew them well.

People were supported to take part in everyday living tasks and to do the things that they enjoyed. The risks associated with these activities were well managed so that people could undertake these safely and without any restrictions. Staff told us their training was up to date and that they had the support that enabled them to deliver care safely. We saw staff understood people's needs and helped them to follow their chosen lifestyles and achieve their goals.

People's human rights were respected by staff because staff applied the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards in their work practice

People were treated with kindness, and respect and staff promoted people's independence and right to privacy. People were supported to maintain good health; we saw that staff alerted health care professionals if they had any concerns about their health or well-being. People were supported to eat and drink in accordance with their preferences and dietary requirements.

There was a complaints policy in place and staff were aware of the signs to look out for which may indicate people were unhappy. Relatives we spoke with knew how to raise any concerns they may have, and they had confidence that any issues would be addressed.

Relatives and staff told us the service was managed well and in people's best interests. Systems were in place to gain feedback from these people to enable the service to make any required improvements. Audits were undertaken regularly to monitor the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People received their medicines when they needed them.

People were protected from the risk of harm by staff that had been trained to recognise and report concerns.

Potential risks to people's well-being were well managed.

Is the service effective?

Good ●

The service was effective.

Staff had received the training they needed to support people effectively.

People were asked for their consent in ways they understood.

Staff ensured people were supported to have sufficient food and drink, and they monitored people's healthcare needs.

Is the service caring?

Good ●

The service was caring.

Staff was described as caring, compassionate and respectful by relatives.

People's privacy and dignity was respected and their independence promoted.

People were supported to maintain relationships with their family and friends.

Is the service responsive?

Good ●

The service was responsive.

Relatives were consulted about the support that was provided to their family member.

Staff had information on how to support people and meet their needs.

People chose how they spent their time and were supported to follow their own recreational interests.

Systems were in place to respond to any concerns that were raised.

Is the service well-led?

Good ●

The service was well led.

Staff told us they were supported by the management team who promoted an open and transparent service which placed people at the heart of the service.

Systems were in place to obtain feedback from people, relatives staff and professionals about the quality of the service that was provided.

Systems were in place to monitor the quality of the service provided.

St Paul's

Detailed findings

Background to this inspection

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

This inspection took place on 01 March 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We brought the inspection of this service forward as we had received some concerns about the health and welfare of the people that were being supported. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We visited and met all seven people that used the service. Not all of the people that we met were able to share their experiences with us due to their complex needs, so we spent time observing how staff interacted with people. We also spoke with three relatives on the telephone, two team leaders, five support workers, the registered manager and the operations manager. We looked at the care records for three people, and the way medicines were managed for three people. We reviewed three bank staff recruitment files, and staff training records. We also looked at records that related to the management and quality assurance of the service.

Is the service safe?

Our findings

At our last inspection we found that improvements were required in relation to the systems in place to support people with their medicines. This was because protocols specific to the person were not in place to guide staff on when 'as required' medicines should be administered. We found that improvements had been made and protocols were now in place, which were specific to the needs of the person. We found a topical cream that a person was prescribed on an 'as required' basis had not been disposed of within the recommended timeframe. The person had not used this cream as it had not been required. We saw that a new supply of the cream was not available for use should the person require this. The registered manager was advised and took action to reorder the cream. We also found that hand written medication instructions had not been countersigned by two people to validate the instructions. Where people had been prescribed creams body maps were not in place to direct staff on the area the cream should be applied, but discussions with staff demonstrated they had this knowledge. The registered manager advised that these would be implemented as best practice.

People told us they received their medicines when they needed them. One person said, "The staff give me my tablets on time". The records we looked at confirmed this. Systems were in place to audit the medicine procedures on a daily and weekly basis, but these did not include checks on creams. The registered manager gave assurances that the audits would be reviewed to include an audit of all "as required" medicines. Staff confirmed they had received medicine training and had been observed to demonstrate they followed safe practices and were competent. Records seen confirmed this.

The staff recruitment files that we reviewed were for bank staff that were currently being recruited. Although all of the required information and checks had been completed we found there were some shortfalls. We found that one staff member's application form contained a gap in their employment history which had not been accounted for. Another staff member had provided a reference from a previous employee which was not reflected within their employment history. A full employment history is required to enable a decision to be made about a staff member's suitability to work with people. The registered manager contacted the human resource department and was able to provide some explanations for these shortfalls. For example the staff member had been asked for an explanation but they had not yet provided this. We received confirmation following our visit to confirm action had been taken to address these shortfalls. We were also advised what action would be taken to ensure all required information is obtained before staff commence employment. Records showed that all other employment checks had been undertaken for these staff members who were currently undertaking their induction training. We saw that systems were in place to ensure agency staff were suitable to work with people and records were obtained from respective agencies to demonstrate this.

A person we spoke with said, "I feel safe here". Relatives we spoke with told us they did not have any concerns about the safety of their family member. A relative said, "[Person's name] is safe there and well looked after". Another relative told us, "I want to know everything that's going on as we had a negative experience in [person's name] previous place, I will always ask for explanations if I see any marks, I don't want [person's name] moved.

We saw that people appeared relaxed and comfortable in staff member's presence when in their flats and when they used the communal area. Staff we spoke with knew what action to take if they had any concerns about people's safety. One staff member said, "I would not tolerate any abusive practices here I would always take action". Another staff member told us, "I would not hesitate to report any abusive practices; I know the manager would take action. I think people are safe here we have a good staff team and none of us would accept such behaviour". All of the staff we spoke with confirmed they had received training in relation to safeguarding adults from abuse. Staff knew which external agencies they could contact in addition to the internal processes they were in place. The registered manager was aware of her role and responsibilities in raising and reporting any safeguarding concerns. A review of our records showed we were kept informed of any issues that had been raised.

Relatives we spoke with told us they had no concerns about how their family members were supported and how risks to their health and well-being were managed. One relative said, "[Person's name] has been a lot calmer since having their own flat than when they was living in a group home".

Records showed that risk assessments had been completed in accordance with the needs of people. For example we saw risk assessments in relation to people's medical conditions, accessing activities, using equipment and various other assessments applicable to people's needs. The risk assessments included the action to be taken to minimise the risk. Staff we spoke with were aware of the risk assessments and how to work in line with the guidance provided. They described the actions they would take to enable people to be as independent as possible but to protect people from harm. For example, staff explained to us about how they kept people safe in the community, and how they supported people to make their own drinks and meals. We saw these records had been kept under review and were updated annually or when people's needs or circumstances changed for most people. We did identify for one person that some of their risk assessments had not been updated when they had started to be supported by this service. We saw that some of their assessments still referred to where they had lived previously. The registered manager acknowledged this and gave assurances that these would be updated.

Some people that were supported could at times demonstrate behaviour that could be difficult for staff to manage. Records showed that clear protocols were in place, which staff should follow to reduce the risk of behaviours that might cause harm. Staff we spoke with told us about the signs people presented of increased anxiety and self-harming behaviours and how they managed these. Staff told us they had received training and how they used the agreed strategies to divert people whose behaviour was escalating. This showed there was a person centred approach to people's individual behaviour and safety needs. We saw these records had been kept under review and were updated when required. Staff confirmed they were informed of any changes in a timely manner by the team leaders or the registered manager. The mechanisms for this included verbal handovers and written information being shared.

People and their relatives told us they were satisfied with the staffing levels. One person said, "I am happy with the staff support I receive". Relatives we spoke with had no concerns about the staffing levels provided. One relative told us, "[Person's name] she likes consistency and she gets that there, I like to see the same face as well". The registered manager confirmed that the staffing levels were agreed as part of the pre-assessment process for each individual, and that these were kept under review based on feedback from staff and changes to people's needs. When people were supported to go out in the community we saw that they received additional staffing support if this was needed. We saw that people received support from one staff member most of the day and evening. A staff member said, "I am part of a core staff team that support specific people to ensure they receive consistency of care". We saw that where possible people was provided with support from a consistent team of staff. People were also provided with information about the staff that would be supporting them each week in a format that best suited their needs. If there were any changes due

to unforeseen circumstances such as sickness, people were advised of this and the name of the person that would be covering. The registered manager advised that they were currently recruiting and that they used agency staff when they were unable to cover shifts with their own permanent or bank members of staff. We spoke with an agency staff member that was on duty and they confirmed they had previously worked at the service.

Is the service effective?

Our findings

People and relatives we spoke with told us the service was effective in meeting their needs. A person we spoke with said, "Yes I am looked after". A relative told us, "The staff look after [person's name] very well". Our observations showed us that the support and assistance provided to people was effective in meeting their needs. We saw staff supported people to live their lives in accordance with their preferences.

Staff spoken with told us they were supported to deliver effective care to people. Staff confirmed they had completed an induction when they first started working at the service. One staff member told us, "When I first started I had an induction which included training and I shadowed experienced staff and supported people to get to know them. I also read care records. This gave me confidence and an opportunity to get to know people's support needs before I worked with them". We saw that as part of the induction process new staff completed the Care Certificate. This is a set of standards designed to assist staff to gain the skills and knowledge they need to deliver effective care. Agency staff that we spoke with confirmed they had received training for their role, and that they had received an induction to the service and information regarding the support needs of the people they would be supporting.

Discussions with other staff members demonstrated they had received training for their role and refresher training to ensure their skills and knowledge were updated. One staff member told us, "We receive regular updates and we have good training opportunities so we can develop in our role and career. I feel I have the skills and knowledge for my role". Records showed that staff had received training relevant for their role. Where this was due to expire, refresher training was being arranged.

We saw that people were supported by the same member of staff throughout their shift. Staff we spoke with told us this enabled them to provide a consistent approach and to develop positive and trusting working relationships with people. One staff member said, "People receive support from a consistent team of staff where possible, so we get to know people and their needs and preferences well". Our observations supported that staff had the skills and knowledge to support people in accordance with their needs and preferences. We saw from people's expressions and body language that people were comfortable and relaxed with the staff that was supporting them.

Staff we spoke with told us they felt supported in their role. One staff member told us, "I feel very well supported in my role; it is good here we all work as a team. I also have regular supervision so I can discuss my role and any issues I may have. I don't have to wait till my supervision as I know I can speak to a team leader or manager at any time". Records we saw confirmed that staff had regular supervision with their line manager.

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 and we found that they were.

The registered manager and staff we spoke with had an understanding of the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and they confirmed they had received training. Staff understood the need to ask people's consent, and were able to explain how they obtained consent to provide care on a daily basis. One staff member said, "I always ask for permission before providing support to someone and I always give choices in relation to what clothes someone wants to wear, or the food they want to eat, or how they want to spend their day. People are supported to make their own decisions at all times. If people are not able to make a decision then we support them in their best interests based on their preferences".

Staff understood that any restrictions in place needed to be in the best interests of the person and needed authorisation by the court of protection. Staff were able to explain what restrictions were in place and why, and knew which people authorisations had been requested for. This was confirmed by the registered manager. We heard staff asking people's consent before providing support, and explaining their actions or the tasks that were to be completed. We also observed staff providing people with choices where this was possible.

Staff supported people to go shopping and to plan their meals. One person told us, "The staff take me shopping and help cook my meals". Another person showed us their menu and the pictorial aids that were used in their kitchen to keep them safe. For example a pictorial aid was used to identify what appliances were hot. Relatives we spoke with told us they had no concerns about the way people were supported to eat and drink. One relative said, "[Person's name] is very well fed, they love their food and staff know what they like". Staff told us that they understood the need to ensure that people's nutritional needs were met. A staff member told us, "People are supported to eat what they want and we promote healthy eating. Some people are able to cook their own meals with our support and supervision. People also have takeaways which they enjoy". We saw how one person was encouraged to choose what they wanted to eat by getting the food they wanted out of the fridge and cupboard. A staff member said, "We have menus but these are a guide as people may change their mind and want something else". Staff were aware of any risks associated with supporting some people to eat and drink. For example dietary and medical requirements. We saw that people were supported to eat food that was in accordance with their cultural preferences. Records were completed to monitor the food and fluid intake for those individuals where these were needed.

Relatives we spoke with told us their family member's healthcare needs were met. One relative said, "Staff keep me informed about [person name] medical needs and appointments". Another relative told us, "They are taking good care of [person's name] they take them regularly to the dentist". Records showed that a variety of health professionals were involved with people's health needs and referrals to specialist healthcare were completed when needed. Records showed that information following any appointments was recorded so it was clear what the outcome was and any actions that were needed to maintain someone's health. Staff we spoke with had a good knowledge of people's health issues and could describe how they supported people with these.

Is the service caring?

Our findings

A person we spoke with told us, "I am happy here", Relatives we spoke with made positive comments about the staff that supported their family members. One relative said, "The staff are lovely, kind and caring, [person's name] is happy so I am happy". Another relative told us, "I am very happy with the care that is provided the staff are wonderful".

During our visits to people in their homes, we were able to observe for a short period of time the way staff and people interacted and the support that was provided. We saw that staff treated people with respect and in a kind and compassionate way. We saw that people were relaxed in the presence of the staff and we observed some friendly interactions between staff and people. We saw that people were encouraged to open their front doors to visitors and staff respected that they were working in people's own homes. We saw that some people were tactile with staff, for example a person went up to a staff member and held their hand. We saw that people responded positively to staff and knew the staff that were supporting them.

Staff we spoke with consistently spoke about and referred to people in a caring, and respectful way. We saw staff showed kindness and compassion in their interactions with people. Staff encouraged and involved people to make decisions wherever possible. Staff we spoke with knew people well and this was demonstrated through the interactions we observed.

We saw that people had their own specific ways of communicating. For example staff used pictures to aid communication with people that did not communicate verbally. Another person used their own form of Makaton which staff were familiar with so they were able to understand what the person wanted. We saw that staff knew how to communicate with each person and this was in accordance with the information provided in people's communication passports. A communication passport is a detailed document specifying how a person communicates. Where people communicated in another language other than English, information was provided in people's records to enable staff to become familiar with certain signs and expressions to aid communication. This ensured communication was tailored to meet the specific needs of the person.

One person told us, "I choose what I wear each day". Staff that we spoke with had a good understanding of people's needs and were able to tell us how they cared for people in a dignified way. One staff member told us, "If I was supporting a person with personal care I would always make sure they are covered or the door is shut. I also respect that some people want private time and I would leave their flat and tell them I will be in the communal lounge if they want me". We observed that staff respected people's personal space and we saw that a staff member ensured the door was closed when a person went in to their bathroom preserving their dignity. Records reflected people's preferences in respect of the gender of the staff they wanted to provide their support, and we saw that staff allocated to work with people was in accordance with this. We saw that people's individuality was respected and people were supported to choose the clothes they wanted to wear including clothing reflecting their cultural identity.

Relatives told us how staff supported people to maintain relationships with them. One relative said, "The

staff bring [person name] to visit me as I am unable to visit them". Another relative told us, "The staff keep me informed and bring [person name] to visit me". Staff we spoke with told us how as part of their keyworker roles they contacted relatives to give regular updates about people's well-being and the activities they had undertaken. This was confirmed by the relatives we spoke with. A relative told us, "If someone is off sick and they have to change staff they always let me know".

Staff understood the importance of promoting people's independence and autonomy enabling them to be self-managing. One staff member we spoke with said, "I always encourage people to do as much for themselves as possible, as it is important to retain and develop their daily living skills". One person told us, "I help to clean, and do my washing". We saw people were encouraged to make drinks and take their cups into their kitchen or into the communal kitchen to be washed up. We saw some people were encouraged to assist to clean their own rooms.

We found that information about advocacy services was displayed in the service. The registered manager confirmed that no-one was currently using these services. Advocacy is about enabling people who may have difficulty speaking out, or who need support to make their own, informed decisions that affect their lives.

Is the service responsive?

Our findings

Relatives we spoke with told us they were involved in the assessment and care planning and review process. One relative told us, "We always go to his review. We're waiting for one at the moment". The registered manager told us about the importance of the assessment process and the compatibility of people they supported. This is because although people lived in their own flats they were able to access the communal areas and corridors within the supported living complex. We saw that before people moved into their flat there was a period of transition where people were encouraged to visit and have sleep overs to enable them to become familiar with the environment, other people and the staff team. People were also encouraged to design how they wanted their flat to look and chose their colour schemes. One person told us, "I moved in a couple of months ago and I like it".

Staff we spoke with were knowledgeable about people's needs, personal history, preferences and routines. They were able to describe to us how they met people's needs. How they supported people to express choices and maintain their independence by encouraging them to do as much for themselves as they could with staff support. One staff member told us, "The focus is on the person they are at the centre of everything we do". We saw people's support plans were detailed and tailored to them and had considered their complex needs in relation to conditions such as autism, epilepsy, behavioural needs and mental health needs. These provided staff with guidance and direction on how to support people. Records showed people's support plans were updated when people's needs changed.

Relatives we spoke with told us the staff were responsive to people's needs and our observations confirmed this. For example we saw that when a person became anxious the staff and registered manager provided ongoing support to the person until they had achieved their goal which then reduced the level of anxiety they were feeling. We found that continual assessment of people's needs and consideration of people's autism was evident. For example environmental factors that can influence people's behaviour had been taken into account. We found that the staff had worked with the behaviour support team and introduced a pictorial system to support a person who enjoyed accessing the communal areas and office. The system indicated to the person the times it was okay for them to access these areas in order to reduce their anxieties and that of other people.

Staff told us and records showed that monthly meetings were held to enable people's core staff team to discuss their support needs, well-being, and to ensure their needs were being met and routines were led by the person. These meetings were led by a team leader and the person was invited to attend. A staff member told us, "We continually review the way we support people, their routines and their goals. These meetings ensure we share learning and have an update about any changes in needs. It also ensures we work consistently, which is very important to the people we support". We saw where needed external specialists were involved and we saw their recommendations contributed to the way staff worked with people.

We saw that the day was organised around people's individual needs and they were supported to choose how they wished to spend their day based on their wishes and preferences. For example, One person wanted to go for lunch and staff supported them to visit the place of their choice, another person wanted to

go for a drive and this was facilitated by staff. The service had access to a car which could be used by people for longer journeys and trips out. We heard that one person was currently away on holiday to a destination they chose. We saw one person enjoying time on the trampoline which had been provided for them in the communal garden area.

Relatives we spoke with all knew about the complaints procedure and told us what action they would take if they had any concerns. One relative said, "I've never had to make a complaint". The complaints procedure was available in a format people could understand, however, some people may not be able to make a complaint due to their complex needs. Staff we spoke with told us about the signs that would indicate that people were expressing they were unhappy about something. For example from their body language and their facial gestures. Staff told us they would report this to the registered manager and try to find out why the person was unhappy. The registered manager also told us how they often observed people interacting with staff and that she looked for signs to indicate if people were happy in the service. The registered manager advised that they had not received any complaints since our last visit.

Is the service well-led?

Our findings

Relatives we spoke with thought the service was well managed and run in people's best interests. A relative told us, "I can't fault the service they are great". Another relative said, "I don't want my family member to move they love living there and the people".

We saw the registered manager actively had daily contact with people and worked alongside staff on a regular basis. We observed that all of the people clearly knew who the registered manager was and that they had a positive relationship with her. This was evident because of the way people reacted in an animated way when she was present; vocalising or talking with her. Some people actively sought her out when they wanted support and assistance or when they were becoming anxious. We saw she was inclusive in her approach, and she engaged with people in a way they understood. Discussions with the registered manager demonstrated that she knew people well and knew about their specific needs.

We saw the registered manager and staff team promoted a person-centred approach to people's care needs, working in accordance with the providers core values. This was demonstrated by the positive interactions we observed between the registered manager, staff and the people they supported. We saw that people were involved in all aspects of their care and had control over how they spent their day. A staff member told us, "The service is managed for the people, they are at the heart of the service, and the manager makes sure of this, in the way she supports, and provides leadership".

Staff told us the management team were visible and provided on-going support and direction when this was needed. The registered manager was supported by team leaders who were not assigned to work with people but to be available to support staff and to monitor the quality of the care that was provided to them. A staff member said, "The office door is always open and we can speak with the manager or team leader and they will advise and help us if needed. We all work as a team here. The management approach is open and inclusive. I love working here". A relative we spoke with told us, "The manager is the best manager, absolutely excellent".

Staff confirmed and records showed that they had regular meetings where they were able to discuss the service provided and people's needs. A staff member said, "We do have regular meetings where we discuss the service, the strategies we use and people's needs amongst other things related to the service we provide. I feel valued and able to share ideas".

We saw that feedback was actively sought from people, relatives, staff and professionals. Surveys were sent out to gain feedback about the service that was provided. We looked at the results of the recent survey that had been undertaken. The following was recorded following the feedback received from relatives. "Overwhelmingly positive, with the majority of relatives answering excellent or outstanding to all of the questions in relation to the care of their family members. There were no concerns or actions required in relation to relative's feedback". We saw that a pictorial feedback form was used to gain people's feedback and those seen told us that people were happy with the service that was provided.

We found that systems were in place to monitor accidents and incidents, which were analysed to identify any patterns or trends. Audits were undertaken to monitor the safety, effectiveness and quality of the service provided. These were completed by the team leaders, registered manager and operations manager and covered a variety of areas, including records, finances, health and safety. Records of the provider's audits showed that they talked with people and staff that were on duty during their visit to gain their feedback about the service provided. We saw that where required actions undertaken were recorded on the audit. We were provided with an action plan following our visit from the Human Resource department to demonstrate the actions they would take to ensure the recruitment procedures were robust. The registered manager told us she felt well supported by the provider and in particular the operations manager who visited the service on a regular basis. We found that the registered manager knew and understood the requirements for notifying us of all incidents of concern and safeguarding alerts as is required within the law.

Staff we spoke with were familiar with the provider's whistleblowing policy and they were confident to raise concerns. Whistleblowing is the process for raising concerns about poor practice. Staff told us, "I would report any issues I had if I had any concerns about people's safety, and I know the manager or provider would take action. It would not be tolerated here".

At our last inspection in July 2015 we rated the service as Good. The provider was required to display this rating of their overall performance. This should be both on their website and a sign should be displayed conspicuously in a place which is accessible to people who live at the service. We were able to see the rating displayed at the service and on the provider's website.