Arundel Care Services Limited

Fiddlers Rest

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

Fiddlers Rest is registered to accommodate up to seven people who require support with personal care. It specialises in supporting people with learning disabilities and challenging behaviour who may 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 younger men using the service.

The property is located within woodland in the Village of Nuthurst a short distance from Horsham. It is a single storey building which has an annex and a bungalow both of which were designed specifically to meet the needs of those that can present with challenging behaviour. The property has level access throughout and each bedroom has an en-suite bathroom.

This inspection took place on 29 January 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. The last inspection of this service took place on the 30 January 2014 at which no concerns were identified.

At the time of the inspection the registered manager was on a leave of absence from the service and was due to return to the service later in the year. The day-to-day management of the service was being overseen by a manager who is referred to as the acting manager throughout this report. 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.

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. A staff member told us "(Person's name) can make his own choices and we encourage this". Information was available to people in a format that was accessible to them and was illustrated with pictures and symbols.

People could choose and were supported to prepare their own meal and drinks. A staff member told us "(Person's name) likes to cook the same meal most of the time but we encourage them to try different things to add a bit of variety".

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. A professional involved in the care for one person confirmed they were kept up to date with any changes to the person's care and of any incidents that had occurred.

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 autism and who displayed behaviour which challenged. 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 a 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 two to one and 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 to recognise abuse and knew what action to take if they suspected abuse had taken place.

Risks were assessed and there were robust plans in place to protect people, whilst promoting their independence and choice.

Safe recruitment practices were in place and there were enough staff deployed to meet people's needs safely.

Medicines were managed appropriately by trained staff.

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 were involved in the planning and preparing their food and drinks.

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.

People knew how to make a complaint and complaints were dealt with in line with the provider's policy.

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 by listening to, and seeking feedback.

The provider had robust quality assurance systems in place.

Fiddlers Rest

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 inspection took place on 29 January 2016 and was announced. 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 at the service.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

Due to the nature of people's autism and communication difficulties, we were not able to ask every person direct questions. We observed staff supporting and interacting with people and spoke with two people, the acting manager, the providers behavioural specialist and three members of staff. We observed a staff hand over to listen to the information passed on by the staff who worked the early shift to the member of staff who was leading the late shift.

We looked at records including four care records, three staff recruitment records, medication administration record (MAR) sheets, staff rotas, staff training and supervision trackers, complaints and other records relating to the quality assurance processes and management of the service.

On this occasion we did not request the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. However following our inspection the provider did send us information we requested relating to staff training and supervision, quality monitoring, minutes of meetings which had been attended by people who use the service and minutes of staff meeting minutes. This information was considered in the writing of this report.

No concerns were identified at the last inspection of the service which took place on 30 January 2014.

Good

Is the service safe?

Our findings

People appeared comfortable in the company of staff and those who were able to express their views told us they felt safe. One person told us "I'm safe here. The staff are here all the time and help us". Staff used appropriate techniques to keep people safe. For example, by using verbal prompts to divert potentially challenging behaviour and offering emotional support.

People were protected against the risk of potential abuse. Staff was trained in safeguarding adults at risk and were aware of the different types of abuse they might encounter, such as verbal, physical or financial abuse. They knew who to report to and what action to take should they suspect abuse and followed the guidelines of West Sussex County Council's pan-Sussex multi-agency safeguarding policy. Incidents of suspected abuse such as physical and verbal aggression of one person to anther had been taken seriously and responded to appropriately. Any such incidents had been recorded and referred to the local authority for consideration under their safeguarding procedures.

Risks to people had been identified, assessed and managed appropriately. 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 negative or positive behaviour and how to support the person. Care records provided information for staff about what can trigger a certain behaviour, what to do if behaviour occurred, how to react when the behaviour first emerged and then advice on what to do subsequently. For example people could become very anxious and distressed if their daily routine was disrupted. Staff were aware of the impact disruption to people's routines could have on them and robust plans were in place to minimise the risk of this happening. Staff had received training in how to support people if they did become distressed. For example they had completed training in de-escalation and intervention techniques including physical intervention. Physical intervention techniques in place had been signed and agreed by a multidisciplinary team of professionals and were only used as a last resort.

People were supported to take risks. Risks to people's health, safety and welfare had been assessed and planned to ensure people remained safe whilst still promoting their independence. For example one person, for whom crowds and the time of day could trigger anxiety, was supported to go shopping. Consideration to the time of day and how busy the shops were likely to be was included in the planning of their shopping trips.

Accidents and incidents were recorded and analysed to help the staff team understand patterns or trends, and to enable them to think about anything they could do differently in the future. Staff told us following incidents of challenging behaviour they had a de-brief where they looked at what had happened before during and after the incident and how it made them feel at the time the incident took place. The providers behaviour specialist provided support to the staff team to help them identify patterns in people's behaviour and to introduce ways of working to reduce the risk of them re-occurring.

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 acting manager showed us the staffing rota, which showed there were eight staff members on duty during the day plus the acting manager. There was also one waking and two sleeping staff members at night. The service also had access to an on-call service to ensure management support could be accessed whenever it was required.

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.

The provider followed safe recruitment practices and relevant employment checks, such as criminal records checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at the service. The provider had taken appropriate action in response to whistle blowing concerns that had been raised with them in relation to staff conduct. They had worked with well with the relevant authorities including the police and made referrals to the disclosure and barring service when necessary.

The provider had systems in place to make sure the premises were safe and to respond to foreseeable emergencies. There were personal emergency evacuation plans in place for people which provided advice to staff on their safe evacuation in the event of an emergency.

Good

Is the service effective?

Our findings

Feedback from professionals involved in people's care about the support people received was positive. 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. They had also completed training about autism to ensure they understood people's needs and knew how best to support them. Additional training was provided to staff to meet people's other specialist care needs for example epilepsy and for how to use physical intervention techniques.

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 no one works with people on their own until they are confident to do so." Another staff member said the managers had been very supportive in helping them to develop their skills.

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 acting 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 acting 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 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 the acting manager 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 around 12 o'clock but would be happy to speak with us if we talked with them before 11.45 and after 12.30.

We observed that staff were skilled in using different approaches and ways of communicating with people appropriate to their needs and that 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 acting 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. People took turns to choose the evening meal and to cook for each other. Menus were discussed by people once a week and people's preferences were catered for. People who had been identified as at risk from malnutrition were provided with a fortified diet and their weight was monitored. People were supported by staff to prepare drinks, snacks and meals where it was appropriate. We observed people making drinks during the inspection and staff told us how people were encouraged to develop their cooking skills. A staff member told us "Everyone gets involved in preparing meals, even if they aren't able to do the actual cooking we encourage them to be in the kitchen at the time and talk to them about what we are doing".

People were supported to maintain good health and had access to healthcare services. The provider employed a behavioural specialist 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. People were assessed when needed by the MDT who were also available to give advice and care records confirmed this. In addition, people had access to a GP, chiropodist, optician and dentist. The acting manager explained to us that they had worked with the GP for one person in order to make sure their appointments were at the end of the day so that there would be no one in the waiting room which helped to reduce the anxiety levels for this person. 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. We observed that staff communicated with people in a warm, friendly and sensitive manner that took account of their needs and levels of understanding. 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 anxiety levels.

Staff used positive behaviour support which is a proactive approach for understanding the cause or 'triggers' of a person's anxiety and consequent behaviour and reducing the risk of them occurring. The primary aim of using this approach is to improve the quality of a person's life. Staff were skilled at recognising the signs people displayed when they were becoming anxious and took action to reduce or remove the source of the anxiety. Staff explained that for one person shoe laces could be a source of anxiety. We observed staff recognised the signs that this person was becoming anxious and immediately took action to identify the source of the anxiety and remove it. They identified the source of the anxiety was the boots that workmen working outside were wearing. The staff asked the workmen to adjust their laces so they were not on show and the person became calm once again.

Staff had a detailed understanding of people's needs and were proactive in ensuring people received good quality support that promoted independence. People were supported to complete tasks of daily living at their own pace. One person told us they were proud of the fact they could do things for themselves and that they helped out around the house by loading and unloading the dishwasher, mopping the floor and cleaning their own room.

Staff took care to maintain and promote people's well-being and happiness; for instance, one person became anxious about the fact that a visiting musician who for the first time had been booked for a one to one session with them had set up in different room to usual. The staff responded to this and arranged for the musician to set up in the room they usually used. The person responded positively to this and went on to enjoy the music session.

We observed staff constantly offering reassurance to people and responding patiently when people became anxious. For example we observed one person become anxious and started to shout. Staff remained calm and offered verbal reassurances which had a positive affect and the person who then became calmer and sat on the floor. One of the staff members then massaged the person's shoulders to help them to relax.

It was evident that staff were working to empower people to understand their choices and rights. Some documentation was illustrated with symbols, pictures and photographs to aid the person's understanding and help support people to make their own choices. For example what to eat or what activity to take part in. People's records clearly guided staff on how to support somebody to ensure they were able to make choices and decisions about their everyday life. We saw staff used a variety of techniques to make meaningful choices including offering choices between options and providing information using short simple sentences.

Care plans included specific information for staff on how to support each individual in making choices. Records showed staff had worked with people individually to enable them to provide feedback on their experiences of care.

People were supported to maintain relationships with people that mattered to them. Staff told us visitors were always welcomed. One person told us that staff supported them to visit their family each week and to telephone family members on set days and times.

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. For example, one person's room reflected their love of a football team and they had displayed their own art work and photographs in their room. Other rooms were more minimalist in décor and contained items which helped that person to make best use of their personal space. For example, a TV was located behind a safety screen to protect it from being damaged by the person and them hurting themselves. Staff had converted part of a building in the grounds 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 the available 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 helped them to plan for.

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.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. 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. This meant staff were able to support people in exactly the way they wanted, or needed to be supported to maintain their health and well-being. One person's plan contained details informing staff they should use a white board to communicate with the person when they became anxious.

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 how they would help around the house. There was information about people's psychological wellbeing and health needs. When people met with their keyworkers, those that were able to discussed all elements of their care, including their long and short term goals. For people who were not able to participate fully in these discussions records were reviewed to demonstrate what the person had enjoyed doing and what was working well. Keyworkers completed monthly reports for people which showed people's involvement in the review of their care plan and a review of their goals.

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 and going shopping. When we arrived at the service some people were out shopping for their personal affects, one person went out for a walk in the morning, a musician visited to provide a one to one activity for a person in the afternoon and people had the option of going to a social club in the evening. Minutes of meetings held with the people contained feedback on the activities they had participated in and specified they had enjoyed them.

There was a complaints policy in place. One person told us they knew how to make a complaint and who to speak with but they had not had cause to raise one. They explained that they felt they would be listened to if they did need to complain. Staff told us that the people they supported would be able to make it known if

they were unhappy with something and that they would act on this. They told us how they had advocated for one person by raising a complaint with another agency on the person's behalf.

Good

Is the service well-led?

Our findings

People, staff and professionals involved in people's care spoke highly of the support people received and commented they felt the service was well managed. 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 "(Acting managers name) is great, very supportive, I can go to them about anything at any time, they always make time for us".

The acting manager had a good understanding of the support needs of the people who used the service. 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.

The acting manager received appropriate peer support from the providers other managers as well as their line manager. The nominated individual visited the service regularly and was known to people and staff. One person told us "I know (nominated individuals name) they come round for a cup of tea and a chat, they cook us Sunday dinner sometimes too". They also told us they would have no hesitation in raising any concerns they may have with the nominated individual and that they felt they would be listened to.

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 members idea to change the use of a building in the grounds into a sensory room. This had been supported by the acting manager and provider. One staff member explained that most of the staff team had been involved in developing the sensory room and had come up with ideas or suggestions for items that it could include. They explained the nominated individual had been engaged in developing the room and told us "(the nominated individual's name) is very supportive. They are always on the end of the phone for advice. For example if we've found some equipment for the sensory room we can just ring them to tell them about it and check if it is ok to go ahead and buy it".

Incidents and accidents were appropriately documented and investigated by the acting 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 services 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 acting manager audited all occurrences and signed or commented on the steps taken in response to each record. The behavioural specialist also analysed the accidents and incidents 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 on a monthly basis 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 provider visits to the service. 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 acting manager and checked at the provider's next visit to the service. There were processes in place for regular audits to assess the quality of care provided to be completed. 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 acting 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 individuals, we all do". Another staff member told us "Each person is different, but we know how to support them and what the guidelines are".

Learning through reflective practice was encouraged. People attended meetings at the service which were held each month. A recent meeting that was held showed that people had shared with each other the things they had been doing and what they had enjoyed. 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. 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. Staff meetings were used to discuss areas of practice that were working well and things that had not worked as well. They reflected on accidents and incidents that had occurred and discussed how improvements could be made and what could be done differently to prevent them reoccurring. This was also a focus of staff supervision meetings. The acting manager used a variety of methods to learn about good practice and new ideas. They attended regular meetings with registered managers within the organisation to share issues, new ideas and ways of working and learn about new legislation or guidance affecting their service. They told us they work closely with the provider's behaviour specialist and looked at CQC updates and national reports.

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 the acting 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.