Westhope Limited

Westhope Lodge

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

We inspected Westhope Lodge on 2 December 2016. We previously carried out a comprehensive inspection at Westhope Lodge on 17 August 2015. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in respect to the assessment, recording and understanding of obtaining consent to care and treatment, safeguarding practices, recruitment documentation and quality monitoring. The service received an overall rating of 'requires improvement' from the comprehensive inspection on 17 August 2015. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches.

We undertook this announced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan, and confirm that the service now met legal requirements. We found improvements had been made in the required areas. Improvements had been made and the overall rating for Westhope Lodge has been revised to good.

Westhope Lodge is registered to accommodate up to nine people. It specialises in providing support for people who have a learning or physical disability. At the time of our inspection there were seven people living in the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff we spoke with were aware of their role in safeguarding people from abuse and neglect and had received appropriate training.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good knowledge of this.

The service asked people and other stakeholders to fill in surveys about the quality of the service and people's feedback was included in plans for future improvements. There were effective systems in place for monitoring the quality and safety of the service. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

We saw risk assessments had been devised to help minimise and monitor risk, while encouraging people to be as independent as possible. Staff were very aware of the particular risks associated with each person's individual needs and behaviour.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I think there are enough staff, I feel safe". Another said, "I'm happy here, I feel safe, there's always staff about".

People were supported to eat and drink sufficient to maintain a balanced diet. One person told us, "I'm very fussy with food, but they get me what I want". People were supported to maintain good health, to have access to healthcare services. We looked at people's records and found they had received support from healthcare professionals when required.

People's needs had been identified, and from our observations, people's needs were met by staff. People's individual care plans included information about who was important to them, such as their family and friends and we saw that people took part in lots of activities in the service and in the community.

There was positive interaction between people and the staff supporting them. Staff spoke to people with understanding, warmth and respect and gave people lots of opportunities to make choices. The staff we spoke with knew each person's needs and preferences in detail, and used this knowledge to provide tailored support to people.

There was a complaints procedure, and evidence that people were consulted about the service provided. We saw that 'house' meetings took place for people to comment on their experience of the service.

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

The staff members we spoke with said they liked working in the service and that it was a good team to work in. They told us staff meetings took place and they were confident to discuss ideas and raise issues with managers at any time.

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.

Care and support was planned and delivered in a way that ensured people were safe. We saw people's plans included all relevant areas of risk.

There were arrangements in place for recruiting staff safely and there were enough staff with the right skills, knowledge and experience to meet people's needs.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Is the service effective?

Good

The service was effective.

The training records showed that staff received training necessary to fulfil their roles along with other, relevant training specific to people's needs.

People were supported to eat and drink sufficient to maintain a balanced diet.

People were supported to maintain good health, and to have access to healthcare services that they needed.

Is the service caring?

Good

The service was caring.

There was positive interaction between people and the staff supporting them and staff used touch, as well as words and tone to communicate with people, to good effect.

People were encouraged to increase their independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual

personal care.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual plan.

People's individual plans included information about who was important to them, such as their family and friends and we saw that people took part in lots of activities in the service and in the community.

There was a complaints procedure and people knew how to raise concerns.

Is the service well-led?

Good

The service was well-led.

People commented that they felt the service was managed well and that the management was approachable and listened to their views.

Quality assurance was measured and monitored to help improve standards of service delivery. Systems were in place to ensure accidents and incidents were reported and acted upon.

Staff felt supported by management and they were supported and listened to. They understood what was expected of them.

Westhope Lodge

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 2 December 2016 and was announced, which meant the provider and staff knew we were coming. We gave 48 hours' notice to ensure that people and staff were available to speak with us on the day. We previously carried out a comprehensive inspection at Westhope Lodge on 17 August 2015. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in respect to the assessment, recording and understanding of obtaining consent to care and treatment, safeguarding practices, recruitment documentation and quality monitoring. The service received an overall rating of 'requires improvement' from the comprehensive inspection on 17 August 2015. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches.

One inspector undertook this inspection. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the Local Authority and Clinical Commissioning Group (CCG), 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 provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed care in the communal areas and saw some people's rooms. We spoke with people and staff, and observed how people were supported. Some people had complex ways of communicating and some had limited verbal communication. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including three people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

During our inspection, we spoke with three people living at the service, one member of care staff, the deputy manager and the registered manager.

Good

Is the service safe?

Our findings

At the last inspection on 17 August 2015, the provider was in breach of Regulations 13 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in respect to safeguarding practices and recruitment documentation. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made and the provider was now meeting the legal requirements of Regulations 13 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we identified concerns around systems and processes in relation to safeguarding people from abuse. The registered manager told us that improvements had been made to the way the service identified and reported potential safeguarding incidents, and we saw that this was the case. We saw how incident forms had been amended to remind staff to check whether the incident should be reported and that safeguarding was regularly discussed at staff meetings. There were also 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. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. One member of staff told us, "We report any issues around safeguarding to the manager or the director of care, or we'd go straight to the Local Authority".

At the last inspection we identified concerns around systems and processes in relation to the recording and management of staff records. The registered manager told us that staff records were available and up to date, and we saw that this was the case. Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector. Documentation in staff files demonstrated that staff had the right level of skill, experience and knowledge to meet people's individual needs.

At the last inspection we identified areas that required improvement in the way that medication was managed. At this inspection, we looked again at the management of medicines. Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. All of the people in the service were assessed using a medicines need assessment and offered varying amounts of support with their medicines. The effectiveness of medicines were appropriately monitored, and personalised information was available for people prescribed PRN 'when required' medicines and topical creams to help take them correctly and consistently in response to their individual needs. Nobody we spoke with expressed any concerns around their medicines. One person told us, "I get loads of tablets. I get them all on time". Medicines were stored appropriately and securely and in line with legal requirements. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

At the last inspection we identified areas that required improvement in the way that the service assessed and recorded risks to people. The registered manager told us that improvements had been made and we saw that this was the case. There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as accessing the community and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We spoke with staff and the registered manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. The director of care said, "Positive risks are supported, for example supporting people to smoke, choosing to eat food that is not good for diabetes and going swimming". We were given examples of people having risk assessments in place to access the community and make choices that placed them at risk. For example, one person had chosen to ignore the advice they had received in relation to the way their food was prepared to minimise the risk of choking. A detailed risk assessment was in place to respect this choice that instructed staff on what to do should an incident of choking occur. At lunchtime, we observed the person began to choke on their food, and staff reacted quickly and followed the procedures that were in place to keep this person safe.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. 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. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed.

At the last inspection we identified areas that required improvement in the way that staffing levels were assessed and the service ensuring that adequate numbers of staff were on duty at all times. We saw that improvements had been made and staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. People told us they felt safe in the service and there were enough staff to meet their needs. One person told us, "I think there are enough staff, I feel safe". Another person said, "I'm happy here, I feel safe, there's always staff about". The registered manager told us, "We have enough staff, all the service user's needs are met. We are understaffed by the number of staff we have employed, but we make up the difference with regular agency staff". We were told agency staff were used and existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from staff indicated they felt the service had enough staff and our own observations supported this. A member of staff said, "We have enough staff and we all cover. We have regular agency staff and it works". Another member of staff added, "The staff can do the work. We struggle sometimes, but there are enough staff". During the inspection we saw staff providing care and support to people and we observed that people were kept safe.

Good

Is the service effective?

Our findings

At the last inspection on 17 August 2015, the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in respect to the assessment, recording and understanding of obtaining consent to care and treatment. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to premises and equipment. Improvements had been made and the provider was now meeting the legal requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. Following the previous inspection, the registered had implemented capacity assessments for all people that required them, which were stored in people's care plans. Furthermore, training had been made available for staff in relation to the MCA and DoLS. Staff we spoke with told us that they had received training and shared their knowledge of the principles of the MCA. They gave us examples of how they would follow appropriate procedures in practice. One member of staff told us, "I've done MCA training, we always assume that people have capacity". Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. Staff members recognised that people had the right to refuse consent. The registered manager is an MCA and DoLS trainer for the service and staff also understood the principles of DoLS and how to keep people safe from being restricted unlawfully. The registered manager added, "MCA assessments are in place for everybody who requires one and we have provided training for staff". They also knew how to make an application to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

At the last inspection we identified areas that required improvement in the way that the service planned and delivered formal systems of support to staff, such as supervision meetings. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have. The registered manager told us that improvements had been made and we saw that this was the case. Staff received support and professional development to assist them to develop in their roles. Feedback from staff and the registered manager confirmed that formal systems of staff development including one to one and group supervision meetings and annual appraisals were in place and we saw documentation to support this. One member of staff told us, "I definitely find supervision useful. It's an opportunity to get things off your chest and set goals and review ourselves".

People told us they received effective care and their individual needs were met. One person told us, "The staff are well trained, I think they are good". Another person said, "They help me when I need it". Staff had received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. They also received training specific to peoples' needs, for example in dysphagia (dysphagia is the medical term for difficulty swallowing. It is usually a sign of a problem with the throat or oesophagus, the muscular tube that moves food and liquids from the back of the mouth to the stomach). The registered manager told us, "There is a three month induction where staff look at paperwork, find out about people's needs, shadow other staff and receive direct observation. New staff are put on 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. The registered manager added, "We use in house training and external trainers. We provide mandatory training and specialist training like sensory impairment, autism, epilepsy, end of life and dementia". Staff told us that training was encouraged and was of good quality. Staff also told us they were able to complete further training specific to the needs of their role, such as around autism, diabetes and end of life care. One member of staff told us, "We get lots of training. We've done it with the Local Authority and in house. They are always giving us training and we discuss training in supervision". They added, "We've got a good induction that is thorough and we shadow other staff. You don't get signed off until you're confident". Another member of staff added, "The induction was very useful".

Staff confirmed they would recognise if somebody's health had deteriorated and would raise any concerns with the appropriate professionals. People had clear healthcare plans and staff told us that people had regular health checks. The registered manager described how people were observed in relation to their general wellbeing and health. Each person had a profile detailing how they communicated their needs. This included how they expressed pain, tiredness, anger or distress. This helped staff to know when to seek support from health care services, when people were unwell. A member of staff told us, "I noticed that one person's eyes looked different. As they are non-verbal, I took their pulse and temperature and just phoned an ambulance. They had a UTI (urinary tract infection) and we supported them to go to hospital". Care records demonstrated that when there had been a need identified, referrals had been made to appropriate health professionals, such as dieticians and GP's.

We observed lunch in the dining room. It was relaxed and people were considerately supported to move to the dining area, or could choose to eat in their room. The atmosphere was calm and supportive and it was clear people enjoyed each other's company. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices. People had an initial nutritional assessment completed on admission, and their dietary needs and preferences were recorded. This was to obtain information around any special diets that may be required, and to establish preferences around food. There was a varied menu based on people's choices and people could eat at their preferred times and were offered alternative food choices depending on their preference. One person told us, "I'm very fussy with food, but they get me what I want". People were complimentary about the meals served. One person told us, "I keep to a good diet and they help me to keep to that diet".

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "I get on well with the staff". Another person said, "I get on very well with the staff".

Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner. We observed staff being caring, attentive and responsive and saw positive interactions with good eye contact and appropriate communication. For example, one person had complex ways of communicating and used sign language. Staff had received training in British sign language (BSL) and spent time communicating with this person regularly and explaining who the Inspector was and the purpose of the inspection. This interaction pleased the person and it was clear that staff knew the best way to communicate with this person.

Staff demonstrated a strong commitment to providing compassionate care and staff appeared to enjoy delivering care to people. From talking with staff, it was clear that they knew people well and had a good understanding of how best to support them. We spoke with staff who gave us examples of people's individual personalities and character traits. They were able to talk about the people they cared for, what they liked to do, the activities they took part in and their preferences in respect of food. Most staff also knew about peoples' families and some of their interests. A member of staff told us, "We always make sure that people get to do the things that they want".

People looked comfortable and they were supported to maintain their personal and physical appearance. One person told us, "They do my hair and I have nice bath". We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs. One person told us, "Yeah, they don't come into my room without asking". A member of staff told us, "I make sure curtains are closed and windows are shut and cover people with a towel. It's about respect". We were given an example whereby one person used a specific word when they wanted to use the toilet, as this respected their privacy.

People's care plans included information that demonstrated how they were supported with making day to day decisions about their care. One person told us, "I can come and go as I please, I do what I want". Another person said, "I get to choose what I want and where I go". The registered manager added, "Choices are recorded in people's care plans and we discuss them at key worker meetings". The people who lived at Westhope Lodge had complex needs. Some used complex communication to articulate their likes and dislikes. Staff told us they used their observational skills and the knowledge of the person to determine whether they were happy with the care provided. We saw staff were meeting people's needs and protected their rights to be involved. A member of staff told us, "We offer choice around all things like when they want to get up, do they want a shower and what they want to wear. I hold up clothes for people to choose, so they can visualise things as well".

Staff supported people and encouraged them, where they were able, to be as independent as possible. The registered manager told us, "We encourage independence, for example cooking your own breakfast and washing up, or making your own tea and coffee, to accessing the community". We saw examples of people assisting to devise the weekly menu, assist with cooking and visit the shops to buy food for the service. One person told us, "I help with the cooking, I do the vegetables". Care staff informed us that they always encouraged people to carry out tasks for themselves. One member of staff told us, "We encourage people to improve their skills. We get people involved with cooking and carrying their own money. Through encouragement, one resident can now shower and dress themselves". Further examples included a person who had an interest in cats had been supported by staff to contact the local Cats Protection League and together they had made arrangements for them to volunteer at fundraising events.

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. The registered manager told us, "It's an open house, there are no restrictions on visitors".

Good

Is the service responsive?

Our findings

At the last inspection on 17 August 2015, we identified areas of practice that needed improvement. This was because we identified issues in respect to people's care plans being up to date and reflecting their current needs. We saw that the required improvements had been made.

The registered manager told us that improvements to people's care plans had been made and that they now contained up to date and relevant information. We saw this was the case. An assessment of people's needs was carried out prior to them moving into the service to make sure their needs could be met. Individual care and support plans, risk assessments were then set up. The plans were person centred, in that they were tailored to meet the needs of the person. People's plans covered areas such as their communication, health care, personal care, mobility and activities. Each person had a key worker assigned to them. The function of a key worker is to take a social interest in a particular person, developing opportunities and activities for them, and to take part in the development of their care plan.
There was evidence in documentation that people had been involved in their reviews as much as possible. People who were important, such as members of their families, friends and advocates were invited to review meetings and we saw that people's wishes were at the centre of the review process.

People had detailed assessments and care plans, so there was good quality information to help staff to meet people's needs and to understand their preferences. The staff focussed on people's individual needs and it was evident that a lot of time and effort had been taken to get to know people's likes and dislikes and how they liked things to be done. For example, one person's care plan stated, 'I like to have a lay down in the afternoon' and we saw that this happened. Another care plan stated that it was important to one person that their finger nails were well cared for, and we saw that this was the case. A member of staff told us, "I think the care plans are good and we all have input into them". People commented they were well looked after by care staff and that staff listened to them, and responded to their needs and personal preferences. For example, one person got on particularly well with their key worker and one to one time had been scheduled regularly, so that they could spend time together. Staff told us how they knew people well and gave examples of people's specific preferences, such as being aware of and following people's specific routines around personal care and eating.

There was evidence that people engaged in activities, in the service and out in the community. People were regularly out in the community doing activities and attending day services. One person told us, "I watch the telly and I can go to the shops. I also have my alone time and they respect that". Another person said, "I've got my jigsaws, we do them in the evening, I like them. I like talking and relaxing. I watch the news and I go to bed". A further person added, "I look after my budgie". A member of staff said, "We offer lots of activities". Another member of staff said, "The activities are great. We prioritise it and person centre it. We always make sure that people get to do the activities they enjoy". We saw evidence of people enjoying lots of trips and activities in photographs and detailed in people's care plans. The service also supported people to maintain their hobbies and interests and achieve specific goals. For example, we saw that with support from staff, one person from the service had taken a trip to a holiday camp. We saw that another person had an interest in comics and superheroes and the service had ensured that they allocated them a key worker who shared the

same interests. This had resulted in them accompanying each other to the cinema to watch films they enjoyed and spending time together enjoying their shared interest. Further examples included staff organising a trip to a motocross event for someone and another person kept a budgie that they were supported to care for.

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed by the management of the service. One person told us, "I'd definitely make a complaint. I have and it was dealt with". The complaints procedure was displayed and records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. Staff told us they would support people to complain. One member of staff told us, "I'd help somebody to complain, that's fine".

Good

Is the service well-led?

Our findings

At the last inspection on 17 August 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns that the provider had not ensured that effective systems and processes were in place to assess, monitor and improve the quality and safety of the service. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to premises and equipment. Improvements had been made and the provider was now meeting the legal requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had introduced a range of quality assurance audits to help ensure a good level of quality was maintained. They showed us audit activity which included health and safety, medication, the analysis of accidents and incidents and infection control. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to improve the quality of the care delivered. We were given examples of improvements made since the previous inspection, such as improvements to the systems of managing medicines, the analysis of accidents and incidents, and improvements to care practice in light of people's feedback.

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. Satisfaction surveys were carried out, providing the management of the service with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was analysed and suggestions were acted upon. For example, in light of feedback from people the service had implemented more group meetings and had developed a newsletter to provide people with updates and information about the service.

People and staff were actively involved in developing the service. We were told that people gave feedback about staff and the service, and that 'house' meetings regularly took place. We saw that people had been involved in choosing food options, activities and organising fundraising events. One person told us, "I go to the house meetings". We also saw examples whereby from feedback from staff, information boards were being used to show people which staff had specific roles in the service.

People and staff spoke highly of the management and felt the service was well-led. One person told us, "[Registered manager] is excellent". Another person said, "[Registered manager] runs the place well". A member of staff added, "[Registered manager] has made this home really good, she's really turned things around". We discussed the culture and ethos of the service with people and staff. One person told us, "It's a family run place and it's run jolly well. It's homely". The registered manager said, "We are always trying to achieve the best for the individuals who live here. We look at individual choices and personal achievements and goals, which can be as big or small as they choose". A member of staff added, "It's like a family here, it doesn't feel like I'm coming to work. The residents are happy. It doesn't feel like a care home, it's not a house, it's a home. We make everyone feel comfortable".

Staff said they felt well supported within their roles and described an 'open door' management approach.

One said, "[Registered manager's] door is always open and she is open to our ideas. She is fun and listens and doesn't put you on edge. She's really supportive". Another said, "I can approach [registered manager], she is appreciative of all we do". The registered manager added, "The door to my office is never shut. The office used to be upstairs, but I moved it downstairs to be with the staff. I'm with them doing the work as well". Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. The registered manager told us, "The staff understand what is expected of them and the consequences. They can approach me with any concerns. It's a very good team, a close team". A member of staff added, "We are a good team. It's the best team we've had for five years. We work really well together". Another member of staff said, "It's challenging here, but we are given the support we need and are encouraged to improve". Staff told us that meetings took place regularly and they were confident to discuss ideas and raise issues, both with the registered manager individually and at staff meetings. One member of staff told us, "We always have handover and staff meetings. The notes get written up and we can refer to them".

Management was visible within the service and took a hands on approach. The registered manager told us, "I'm a hands on manager, I'm part of the team. Staff contact me all the time which is nice". There was a strong emphasis on team work and communication sharing. Information sharing was thorough and staff had time to discuss matters relating to the previous shift. One member of staff said, "Communication is good and we use a communication book to record things". Staff commented that they all worked together and approached concerns as a team. One member of staff said, "We bounce ideas around between us and work well together".

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. Up to date sector specific information was also made available for staff, and the registered manager received updates from the Royal Association of Deaf People (RAD) and Sense (a charity for people who are deafblind, have sensory impairments, or complex needs). We saw that the service also liaised with the Local Authority in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.