

## Selborne Care Limited

# The D O V E Project

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 11 and 12 November 2015 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

The D.O.V.E Project is a Domiciliary care agency providing personal care and support to people with a learning disability who live in their own homes. On the day of the inspection twelve people were supported by The D.O.V.E Project with their personal care needs.

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

# Summary of findings

On the day of the inspection staff within the office were relaxed, there was a calm and friendly atmosphere. Everybody had a clear role within the service. Information we requested was supplied promptly, records were clear, easy to follow and comprehensive.

People spoke highly about the care and support they received, one person said, “Staff are all really lovely and caring”. Care records were personalised and gave people control over all aspects of their lives. Staff responded quickly to people’s change in needs. People or where appropriate those who mattered to them, were involved in regularly reviewing their needs and how they would like to be supported. People’s preferences were identified and respected.

Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people. Strong relationships had been developed and practice was person focused and not task led. Staff had full appreciation of how to respect people’s individual needs around their privacy and dignity.

People’s risks were managed well and monitored. People were promoted to live full and active lives. Staff were highly motivated, creative in finding ways to overcome obstacles that restricted people’s independence.

People medicines were managed safely. People received their medicines as prescribed, on time and understood what they were for. People were supported to maintain good health through regular access to health and social care professionals, such as GPs, social workers, occupational therapists and physiotherapists.

People told us they felt safe. Comments included, “I definitely feel safe” and “I feel very safe and secure”. All staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were supported by staff who confidently made use of their knowledge of the Mental Capacity Act (2005), to make sure people were involved in decisions about their care and their human and legal rights were respected.

People were supported by staff teams who had received a comprehensive induction programme, and tailored training that reflected their individual needs. A health care professional commented, staff were very effective at carrying out what they had learnt, and followed advice with skill and enthusiasm.

People were protected by the service’s safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

The service had a policy and procedure in place for dealing with any concerns or complaints.

No written complaints had been made to the service in the past twelve months.

Staff described the management to be supportive and approachable. Staff talked positively about their jobs. Comments included, “I love my job, it’s both challenging and rewarding and I love it”, “It’s different every day, I get so much enjoyment from making a difference. I know what I need to do and I have the right tools to do it, I love my job” and, “It is a real family atmosphere here, everyone is motivated to do well for the people and each other”.

There were effective quality assurance systems in place. Incidents of concern were appropriately recorded and analysed. Learning from incidents and concerns raised were used to help drive improvement and ensure positive progress was made in the delivery of care and support provided by the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff who had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

People were supported by staff who managed medicines consistently and safely.

Good



### Is the service effective?

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People were supported by staff who had received training in the Mental Capacity Act (2005). Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet and supported to access health professionals to ensure their health needs were met.

Good



### Is the service caring?

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

Good



### Is the service responsive?

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

People were supported to have as much control and independence as possible.

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

The service had a policy and procedure in place for dealing with any concerns or complaints.

Good



### Is the service well-led?

The service was well-led. There was an open culture. The management team were approachable and defined by a clear structure.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care.

Good



# The D O V E Project

## 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 was undertaken by one inspector, took place on 11 and 12 November 2015 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager, two care co-ordinators, one team leader and four members of staff. We spoke with three relatives, and two healthcare professionals, a physiotherapist, and an occupational therapist who had supported people who had received personal care from the service. We also visited three people in their own home, and spoke with other person who used the service.

We looked at four records related to people's individual care needs. These included support plans, risk assessments and daily monitoring records. We also looked at records related to the administration of medicine, seven staff recruitment files and records associated with the management of the service, including quality audits.

# Is the service safe?

## Our findings

People told us they knew what keeping safe meant and felt safe whilst being supported in their own home. Comments included, “I feel safe because my carers always do the right thing” and “I definitely feel safe, staff are here during the night, in an emergency I can call them and get help”.

Relative comments included, “I know [...] is safe, her carers have supported her from between five to ten years and know her well” and “I definitely feel [...] is safe, and I know she feels safe and secure too”. A healthcare professional commented that they had never seen any practice by staff, that would lead them to feel people would not be safe.

People were supported by staff who had received training in safeguarding, and could recognise signs of potential abuse. Staff confirmed reported signs of suspected abuse were taken seriously, investigated thoroughly, and appropriate alerts had been made to protect people. For example, one staff member had made an alert following a disclosure of historic information, from a person they supported. They reported their concerns to the registered manager, who promptly made a referral to the local safeguarding team, to help protect the person from avoidable harm. The staff member was supported and kept informed throughout the whole process.

People were supported by suitable staff. Robust recruitment practices were in place and records showed checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. One member of staff said, “All my checks were done, my DBS took a long time to come back, so I spent time in the office completing further bits of training, now it's back I'm able to support the person independently”.

People were supported by sufficient numbers of staff to keep them safe. The registered manager confirmed, staff were specifically matched to support people on an individual basis and therefore had the right skills, knowledge and experience to meet their unique needs. The registered manager regularly reviewed the staffing levels, so that people received reliable and consistent care and to help ensure staff could be flexible around people's needs. For example, one staff member had their annual leave rescheduled at short notice. This was because it would have meant the person they supported, would have been

left supported by staff they did not know well. A staff member said, “The staff retention we have here speaks volumes, people get the support they need from people they know and trust”.

Staff were knowledgeable about people who had behaviour that may challenge others. Specialist advice was sought from behavioural advisors. Care records, contained risk assessments regarding people's behaviour that may put themselves or others at risk. This enabled staff to receive personalised guidance on how to best meet an individual's need and helped keep people safe. Staff sought to understand the cause of behaviour that distressed people. Incidents were recorded and used to identify patterns. The results were analysed and used to change practice and reduce the causes of behaviour that put people at risk. For example, one incident highlighted where miss-communication had led to a person becoming anxious. All staff were reminded what meaning the person attributed to certain words and what action they should take when the person said key phrases. It was common practice to note and share positive actions amongst staff, that had been successful in de-escalating situations and reducing incidents. A social care professional commented that staff appropriately sought advice regarding behavioural management for individuals. They were open to suggestions, and bought their own ideas to the table for discussion. They felt staff were confident at putting the advice into practice and took action to help keep people safe.

People were supported by staff who understood and managed risk effectively. Risk management plans recorded concerns and noted actions required to address risk and maintain people's independence. People confirmed they were involved in decisions around the risks they took and staff confirmed they followed risk management plans to ensure restrictions on people's freedom and choice were minimised. For example, it was important for a person to maintain their independence in drinking. When performing this task, many spillages occurred. The risk assessment highlighted the importance to staff on maintaining the person's environment. Staff confirmed they cleared up any spillages immediately, to reduce the risk of the person slipping and falling. A staff member said, “Risk assessments are really good, they are clear and personalised to the individual and a specific task”. A health care professional stated, staff had the right balance between managing risks

## Is the service safe?

for people, and maintaining and encouraging independence. A person told us, “Staff promote my independence in the right way; they listen to what I want and make sure I’m safe when doing it”.

Some people required assistance from staff to take their medicines. People told us staff managed their medicines consistently and safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. We looked at medicines administration records (MAR), we noted all had been correctly completed. The service had a clear medicines policy, which stated what staff could and could

not do in relation to administering medicines. People’s individual support plans described in detail the medicines they had prescribed and the level of assistance required from staff. These guidelines also included information about people’s medical history and how they chose and preferred to be supported with medicines. Any risks in relation to medicines had been assessed and any specific arrangements, such as safe storage in the person’s home, had been considered with the person and their relatives. A relative told us, “I have no concerns with how staff manage [...]’s medication needs. They keep on top of everything and reviews take place as they should”.

# Is the service effective?

## Our findings

People felt supported by well trained staff who effectively met their needs. Comments included: “The staff here are great and definitely meet my needs, this is very comforting for me” and “The staff must be trained well as they do everything right”. A relative said, “The carers are all very good and must be well trained, I wouldn’t change them for the world”.

Staff received a thorough induction programme and on-going training to develop their knowledge and skills. They told us this gave them confidence in their role and helped enable them to follow best practice and effectively meet people’s needs. Newly appointed staff, where necessary, completed the new care certificate recommended following the ‘Cavendish Review’ for staff new to care. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers received in social care settings. Staff also shadowed other experienced members of staff until they and the management felt they were competent in their role. The registered manager confirmed that during the shadowing period, staff would cover all aspects of the person’s daily life. This gave staff the chance to get to know the individual, their likes and dislikes, and become familiar with the person’s routine. Staff comments included, “My induction was really good, I got to know the person really well and they got to know me. It gave me a lot of confidence” and, “It was good to shadow alongside others who knew the person well, this helped the person accept me more, and helped me to establish a good relationship with them right from the start”.

People were supported by a staff team that received tailored training that reflected how they wanted and needed to receive their care. For example, one person had specific needs around how staff were required to use their hoist in order to transfer them from one location to another. Staff received training from a physiotherapist alongside the individual themselves, in the person’s own home using the person’s own equipment. This helped ensure they had the precise knowledge and skills to effectively carry out their role. Ongoing training was then planned to support staffs’ continued learning and was updated when required. Staff felt this enabled them to confidently and consistently provide personalised support. A healthcare professional commented that they had

observed staff carry out their duties, and witnessed no skills deficit in their abilities to confidently perform the tasks required. They added, staff requested and received training specific to a person’s needs and followed advice enthusiastically and correctly.

Staff were supported to achieve nationally recognised qualifications. The registered manager sourced support from and had established links with an external agency that provided funding on behalf of their staff. This enabled staff to take part in training designed to help them improve their knowledge and help provide a higher level of care to people. It also helped staff to develop a clear understanding of their specific role and responsibilities and have their achievements acknowledged. Staff confirmed they had been supported by the management to increase their skills and obtain qualifications. Comments included, “I’m doing my level 3 at the moment, everything was sorted out for me” and, “I’ve only just started working here and already I have talked about what I would like to achieve in the future”. The registered manager confirmed there were currently six members of staff completing their diplomas at various levels.

Supervision was up to date for all staff. The care co-ordinator confirmed staff received a form to complete prior to their supervision. This provided them an opportunity to highlight areas they wished to discuss and focus on. Staff confirmed they felt supervision was beneficial, provided a platform for them to discuss good practice alongside areas of concern, and motivated them to continually improve. Comments included, “You get to talk about areas of training you feel could enhance your skills and help you in your role” and “I like supervision, I get a chance to discuss the person I’m supporting, but also about what is going on in my life, things that may affect my ability to perform my job, you get listened to and supported”.

People, when appropriate, were assessed in line with the Mental Capacity Act 2005 (MCA). The 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. Staff displayed an understanding of the requirements of the act, which had

## Is the service effective?

been followed in practice. Care records evidenced where the service had been involved in and supported best interests decisions that had been made. The decisions had been clearly recorded to inform staff. For example, one care plan highlighted where staff from the service had been involved in a best interests decision regarding whether a person should move into a home of their own. The record clearly stated what staff needed to do to help make the transition as smooth as possible and helped ensure they provided effective support that reflected the decision that had been made.

People where appropriate were supported to have sufficient amounts to eat and drink. Staff commented how they monitored people's food and fluid intake and communicated with each other to help ensure people maintained a healthy balanced diet. For example, one staff member told us how they supported a person who had diabetes to manage their diet. They explained how they worked alongside the person to create meals that were low in fat, full of vitamins, and yet were still filling and reflective of what the person enjoyed. They said "I really built up a trust with the person, which encouraged them to engage with me and together we made meal times fun and enjoyable, but also healthy to take into account their

diabetes". A person told us, "I produced a menu to mirror my diabetic needs and make sure I had the right food to manage my health condition better". If it was felt a person was not having sufficient amounts to eat and drink, despite staff intervention, then referrals would be made to relevant healthcare professionals to seek advice and additional support. A relative commented, "[...] is being encouraged by staff to eat a healthier diet, I know they have tied up with a dietician to help with this. She is enjoying eating things she never would when she was with us".

Records showed how staff either made a referral or advised people to seek relevant healthcare services when changes to health or wellbeing had been identified. Communication diaries evidenced where health and social care professionals had been contacted when people had expressed feelings of being unwell or a change in a person's physical appearance had been noticed. For example, one member of staff raised a referral to a physiotherapist when they felt a person needed their mobility needs reassessed. A relative told us, "Staff raised a concern to the physio when they noted a change. This led to a new assessment and an increase in funding, to allow additional staff support".

# Is the service caring?

## Our findings

People were well cared for by staff who had a caring attitude and treated them with kindness and compassion. People commented, “Staff are lovely and caring”, “Staff are very caring, which with the job they do, they need to be” and “All of the staff are lovely, I have been able to form a bond with them that’s special”. Relatives said, “[...] has a very caring supportive team of girls” and, “All the staff are friendly, caring, and try to do their best by [...]”. A health care professional stated that they felt staff had a very sincere caring nature.

Staff had genuine concern for people’s wellbeing. Staff commented that they felt passionate about the support they gave, and explained the importance of adopting a caring approach and making people feel they matter. Comments included, “Getting to hang out with some pretty cool people, and help them to make some amazing changes in the lives that they want to achieve, feels pretty special”, “Sometimes it doesn’t feel like a job. Seeing people fulfil dreams is great, it feels wrong getting paid to help make it happen” and, “I love seeing people make memories and feel privileged to be part of them”.

People confirmed their privacy and dignity were respected, and they were encouraged to be as independent as possible. One person commented, “When I want to be left in private staff respect this, I’m left alone until I say otherwise”. Staff responded to people’s needs in a caring way, and promoted people to be as independent as they wanted to be. For example, staff commented how one person currently needs help with all transfers and this impacted on staffs ability to give the person total respect with regards their privacy and dignity needs. They understood how important it was for the person to regain control in this area, and develop the strength needed to self-transfer. The person told us, “Staff are very respectful but I need their support and that restricts the privacy I can have at times. I want to be able to self-transfer, and staff are helping me to achieve this”. A relative said, “[...] receives very dignified care from staff who respect her privacy”.

People were proactively supported to express their views. Staff gave people time, and were skilled at giving people explanations and the information they needed to make decisions. Once decisions had been made, staff acted upon them to help ensure people’s views were listened too and respected. One person told us, “I am regularly being asked

my view and supported to voice my opinions, and I do. I was recently asked what could make things better for me, and I said how I would like a male carer to support me and that’s exactly what I got. They added, “I also said I would like to start swimming again, this has been really difficult to fit in around my college, but they are supporting me to achieve this”. A member of staff said, “I love the fact that the whole ethos of DOVE is that people decide how they receive their support. We create the relaxed environment and give people the time and space they need, to be able to have as much involvement as possible in making those decisions. It is all about what they want”.

People were supported by staff who knew their individual communication skills, preferences and abilities. Staff were skilled at responding to people appropriately no matter how complex the person’s needs were to help ensure people felt they mattered, and had control. For example, one person used their eyes and their expressions to communicate. A relative commented, “Staff are fully tuned in to [...]’s communication needs. They each know what different emotional expressions mean and the importance of following [...]’s gaze. For example, if [...] looks at a cup, it indicates she wants a drink”. A staff member talked us through various effective methods they used to assist people to communicate. For example, one person who had good verbal communication reverts to using picture cards when they feel anxious. Staff respect this, take time to sit with the person and calmly use the cards to ascertain what caused the anxiety, so they can help support them to feel better.

People received care and support from a consistent staff team who understood their personal histories and preferences. Staff were matched with people based on shared interests. Staff had formed close bonds and understanding relationships with people. One person told us, “I enjoy doing art, it makes me feel better. The staff know how much art means to me, they also enjoy art, we have formed quite a bond”. A relative commented, “Staff know [...] really well and that relationship has been instrumental in helping [...] to achieve his goals and objectives”. A health care professional stated, staff had been very proactive and positive in helping a person gain the independent living skills they desired. They added, staff had been given the time to spend with the person and understand how important obtaining those skills were for them.

# Is the service responsive?

## Our findings

People received consistent personalised care, treatment and support. Once The D.O.V.E project agreed to support a person, an initial assessment took place. Staff made every effort to empower the person to be actively involved in the whole process. Evidence was gathered of the person's life story to date, their skills and their aspirations for their life ahead. One person told us, "I'm totally involved with how my care is provided. I'm outspoken and tell people what I want". When a person was unable to contribute to the assessment themselves, staff involved family members or professionals in decisions that needed to be made. A relative said, "[...]s care plan was written with full involvement from her family, based on our knowledge of what [...] has enjoyed over her life, and what we feel would be best for her".

The registered manager told us how people were involved when recruiting staff. People and where appropriate their families took part in the second stage of the interview process, they interacted with the perspective employee, asked questions to the applicant and helped to decide if they would be successful. The registered manager explained people were included in a meaningful way. They said, "It is the person's decision who they want supporting them so it is a very important part of the process. Recently I thought after an initial interview that a person would be perfect to support [...]. When they met, [...] did not feel that way, so the person was not employed".

People had full choice and control over who provided their ongoing personal care and support. People were empowered to be involved as much as possible in deciding whether or not existing or new staff members met their needs. For example, two people felt a member of staff was too domineering and no longer fitted in with the dynamics of the house. One person said, "They were over powering and we did not want them in our home". The care co-ordinator took on board their comments and concerns, and promptly arranged for the current member of staff to stop their support. The people were then involved in selecting a new staff member to take over the role.

People and their families, where appropriate, were involved in planning their ongoing care and making regular daily decisions about how their needs were met. Staff were skilled in supporting people to do this and assessing people's needs. Staff told us how they discussed ideas

about what would make a positive difference in people's daily lives and supported them to achieve their aims. Staff struck the right balance between empowering people and including healthcare professionals and family in treatment and support plans. A healthcare professional commented that staff involved people in decisions and were confident to try new things. They added, staff were very aware of their limitations, and were open and honest about what they could and couldn't do, and when they needed input from professionals.

Each person had a care plan that reflected their needs, choices and preferences, and gave detailed guidance to staff on how to make sure personalised care was provided. People's changes in care needs were identified promptly and with the involvement of the individual were reviewed and put into practice by staff. Meetings were then held with the individual's staff team, and the changes were discussed so that each member of staff fully understood the up to date needs of the person. For example, one person explained how their needs were constantly changing as they were becoming more independent. They said, "I tell staff and they straight away update my care plan. All staff read this when they come in so they are aware and then I go through it with them to make sure they fully understand".

People were protected from the risk of social isolation and staff recognised the importance of companionship and keeping relationships with those who matter to them. People were enabled to take part in personalised activities and encouraged to maintain hobbies and interests. For example, one person went to work, but when they arrived home, their house was often empty, which had a negative impact on their well-being. They mentioned their concern to staff. Staff liaised with the registered manager, who arranged for staff shift times to change, so somebody would always be present in the house, when they returned from work. The person said, "I feel much better now, I like to have people around me and now I feel less isolated". Other people were supported to attend a whole range of community based activities which included wheelchair tennis, football and college.

The service had a policy and procedure in place for dealing with any concerns or complaints. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. People and relatives, who had raised concerns, had their issues dealt with

## Is the service responsive?

straight away. One person commented, “If I mention anything I am not happy with, then it gets sorted straight away”. A health care professional stated, they had never

had any concerns or reason to complain but felt the management would act appropriately if they did. There had been no written complaints received by the service in the last twelve months.

# Is the service well-led?

## Our findings

The registered manager took an active role within the running of the service and had good knowledge of the staff and the people who were supported by The D.O.V.E Project with their personal care needs. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People, visitors and staff all described the management of the home to be approachable, open and supportive. One person said, “[...] is a good listener, I can tell them anything”. Relative comments included, “I go in and see the management regularly, they are very easy to talk to” and “[...] is really approachable and more importantly he listens to what I actually say”. Staff told us, “[...] provides hands on management. He goes out of his way to help, approachable and really supportive” and “All of the management are really helpful and supportive, this sets this place apart from other places I have worked”.

There was a positive culture within the service. The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared by the whole staff team. Staff talked about personalised care and promoting independence and had a clear aim about improving people’s lives and opportunities. One staff member commented, “Everybody is signed up to providing person centred support, and would fight kicking and screaming to maintain this high ethos. It is all about the people we support and making sure they live the best life possible”.

The registered manager told us they were proud to have an open and transparent service. The provider sought feedback from people and those who mattered to them, and staff, in order to enhance their service. Questionnaires had been distributed that encouraged people to be involved and raise ideas that could be implemented into practice. For example, staff had suggested that communication could be improved with regards to notifying care staff who was on leave at any given time. Weekly checklists were implemented to remind office staff to communicate this, and progress was discussed at team meetings, to ensure it had achieved the desired outcome for staff.

The registered manager told us staff were encouraged and challenged to find creative ways to enhance the service they provided. Staff told us they felt empowered to have a voice and share their opinions and ideas they had. For example, one staff member talked us through an idea they had, that had been implemented successfully into practice. The said, “I had an idea for staff to wear a lanyard whilst supporting people in the community, which clearly identified them and their role. This was so members of the public understood why we were involved if an incident occurred. With the consent of all people involved, it was trialled for a six month period, before being put into practice fully. It has been really helpful in many aspects”.

The service worked in partnership with key organisations to support care provision. Health and social care professionals who had involvement with the service confirmed to us, communication was good. They told us the staff worked alongside them, were open and honest about what they could and could not do, followed advice and provided good support. This reflected on the Duty of Candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. A health care professional told us, the staff were honest, open and respectful at all times, all working towards a common goal of providing good person centred support to people.

The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, “I love my job, it’s both challenging and rewarding and I love it”, “It’s different every day, I get so much enjoyment from making a difference. I know what I need to do and I have the right tools to do it, I love my job” and “It is a real family atmosphere here, everyone is motivated to do well for the people and each other”.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately. One member of staff commented, “I’ve never had to report a colleague, but if I did I would have no hesitation in doing so and I know I would be supported without doubt”.

## Is the service well-led?

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised.