Royal Mencap Society

Royal Mencap Society - 27 Larchwood Close

Inspection report

27 Larchwood Close, Banstead,
Surrey. SM7 1HE.
Tel: 01737 370115
Website: www.mencap.org.uk

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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

Royal Mencap Society (RMS) 27 Larchwood Close is a large, detached house that can provide accommodation for up to seven adults with learning disabilities. It is situated in a residential area of Banstead, Surrey. At the time of inspection, there were six people living at the home.

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 home was light and airy. Good adaptations had been made for people with mobility needs, such as rails on stairs. The manager and staff worked well to keep the environment clean and feeling homely for people, although the décor of the building looked tired. People

Summary of findings

were positive about their experiences at the home. One person said, "It's nice and cosy and staff are friendly." A relative said, "It's as close to a normal home life as you can get." Staff said, "I'm so privileged to do this job."

The inspection took place on 01 December 2015 and was unannounced. At our previous inspection in December 2013 we had identified no concerns at the home.

There was positive feedback about the home and caring nature of staff from people and their relatives. One person said, "Staff are good, they help me and I like them." When asked if anything could be improved they said, "No, I think they are doing all right." A relative said, "Staff are caring and they get on well with people. They are attentive and keep us informed."

People were safe at Royal Mencap Society – 27 Larchwood Close. There were sufficient staff deployed to meet the needs and preferences of the people that lived there. One person said, "They are always here when I need them."

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks, without restricting people's freedom. One person said, "Staff explained to me how I could keep myself safe." Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building. Each person had a plan which detailed the support they needed to get safely out of the building in an emergency.

The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received a comprehensive induction and ongoing training so they had the skills needed to support the individual needs of people.

People received their medicines when they needed them. Staff managed the medicines in a safe way and were trained in the safe administration of medicines. The registered manager carried out regular checks of staff's competency when they gave medicine to people.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. People told us that staff did ask their permission before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had enough to eat and drink, and received support from staff where a need had been identified. One person said, "The food is nice here. It's different every day. People's special dietary needs were clearly documented and staff ensured these needs were met.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. One person said, "I tell them if I don't feel well, they listen to me and help make me better." When people's health deteriorated staff responded quickly to help people and made sure they received appropriate treatment. People's health was seen to improve due to the care and support staff gave, for example improvements in mobility after an operation.

The staff were kind and caring and treated people with dignity and respect. A relative said, "Staff are caring and they all (people and staff) get on really well together." Good interactions were seen throughout the day of our inspection, such as staff holding people's hands and sitting and talking with them. People could have visitors from family and friends whenever they wanted.

Care plans were based around the individual preferences of people as well as their medical needs. They gave a good level of detail for staff to reference if they needed to know what support was required. The staff knew the people they cared for as individuals. One person said, "Of course staff know who I am!" when we asked them. People's involvement in the review and generation of these plans had been recorded. People received the care and support as detailed in their care plans.

People had access to activities that met their needs. People told us about their hobbies and interests and how these were supported by the staff. A wide range of

Summary of findings

activities were on offer, most of them based in the community. Activities were based around people's interests and to promote their independence and confidence.

People knew how to make a complaint, and said they had never felt the need to complain. The registered manager explained that complaints (if received) would be discussed with staff to improve the service for everyone.

Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. Records for checks on health and safety, infection control, and internal medicines audits were all up to date. Accident and incident records were kept, and were analysed and used to improve the care provided to people.

People had the opportunity to be involved in how the home was managed. Meetings and surveys were completed and the feedback was reviewed, and used to improve 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?

Good

The service was safe.

There were enough staff to meet the needs of the people.

Staff understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

People felt safe living at the home. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Is the service effective?

Good

The service was effective.

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had enough to eat and drink and had specialist diets where a need had been identified. People were involved in choosing the food they ate.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Is the service caring?

Good

The service was caring.

People told us the staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals; People told us that they could understand staff, and staff were able to understand the people they supported.

People were supported to be independent and make their own decisions about their lives. They could have visits from friends and family whenever they wanted.

Is the service responsive?

Good

The service was responsive to the needs of people.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

Summary of findings

People had access to a range of activities that matched their interests. People had active social lives and good access to the local community.

People knew how to make a complaint. There was a clear complaints procedure in place. No complaints had been made since our last inspection, but staff understood their responsibilities should one be received.

Is the service well-led?

Good

The service was well- led.

Quality assurance records were up to date and used to improve the service.

People and staff were involved in improving the service. Feedback was sought from people via an annual survey.

People were complimentary about the friendliness of the staff. Staff felt supported and able to discuss any issues with the manager.

The registered manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Royal Mencap Society - 27 Larchwood Close

Detailed findings

Background to this inspection

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

This inspection took place on 01 December 2015 and was unannounced.

The inspection team consisted of two inspectors who were experienced in care and support for people with Learning Disabilities.

Before the inspection we gathered information about the home by contacting the local authority safeguarding and quality assurance team. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We also reviewed the 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.

During our inspection we spoke with three people, one relative, and four staff which included the manager. We observed how staff cared for people, and worked together. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also reviewed care and other records within the home. These included two care plans and associated records, four medicine administration records, two staff recruitment files, and the records of quality assurance checks carried out by the staff.

At our previous inspection in December 2013 we had not identified any concerns at the home.

Good

Is the service safe?

Our findings

People told us that they felt safe living at 27 Larchwood Close. One person told us, "I am safe because staff explain things to me and we have banisters so I don't fall down." Another person gave us a clear 'thumbs up' sign when asked if they felt safe. A relative said, "Staff are very attentive to people."

There were sufficient staffing levels to keep people safe and support the health and welfare needs of people living at the home. One person said, "If I press the call button someone always comes. I am surprised at how quick they come." A relative said, "They lay on extra staff when my family members increased care needs meant they could not go out while they recovered."

People were safe because there was a clear plan to ensure there were enough staff deployed to meet people's needs. People's care needs had been assessed and a staffing level to meet those needs had been set by the registered manager. Levels of staff seen during the day of our inspection matched with the level identified by the registered manager as being required to meet people's needs. Staffing rotas also confirmed that the appropriate number of staff had been in the home to support people for the previous month. People were supported by staff to attend activities and appointments. While this took place there were enough staff left at the home to care for the people who stayed in.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed. People said they had been involved in the risk management of their needs. One person said, "I had a little fall on the stairs and staff went through with me what I could do to stop it happening again." They explained about using the support bannisters that were in place and not rushing. They were seen to do this during the day of our inspection, showing they had understood and knew how to minimise the risk to themselves. This had a positive impact and improved the situation for the person and they had not had any falls since.

People were kept safe because the risk of harm from their health and support needs had been assessed. Assessments had been carried out in areas such as nutrition and hydration, mobility, and behaviour management. Measures had been put in place to reduce these risks, such as specialist equipment to help prevent falls had been installed, and clear guidelines for staff to support people's behaviour. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

People were protected from the risk of abuse. Staff had a clear understanding of their responsibilities in relation to safeguarding people. Staff were able to describe the correct safeguarding procedures should they suspect abuse, and that a referral to an agency, such as the local Adult Services Safeguarding Team or police should be made. Staff understood the process of whistleblowing and felt confident they would be supported by the provider.

People were cared for in a clean and safe environment. The home was well maintained however the décor looked very tired across the home, and some of the communal furniture was worn. The risk of trips and falls was reduced as carpets were in good condition. Cleaning plans were in place and staff did a good job at keeping the home clean and fresh. Staff followed best practice when providing care, or carrying out cleaning duties, such as washing their hands. Staff also encouraged people to wash their hands before they helped prepare food, or clean the home.

Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, fire safety and clinical waste disposal. Staff worked within the guidelines set out in these assessments. Equipment, such as walking frames, used to support people were regularly checked to make sure they were safe to use. Fire safety equipment was regularly checked to ensure it would activate and be effective in the event of a fire.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, were clearly displayed around the home. People's individual support needs in the event of an emergency had been identified and recorded by staff in fire evacuation plan. These gave clear instructions on what staff were required to do to ensure people were kept safe. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely.

Good

Is the service safe?

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed and given safely. People were involved in the process. One person knew when it was time for their medicines, and counted them out with staff. Staff completed medicine administration records to show when medicine had been given. Records were complete, legible and with no gaps which showed people had the right medicines, at the right time and in the right amount. People had their medicines reviewed with the GP, and where changes had been made, staff had updated the care records to ensure they reflected any change.

Staff that administered medicines received appropriate training, which was regularly updated. Their competency was also checked annually by the registered manager to ensure they followed best practice, this included observations of their practice and answering questions. Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it.

The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use. Risks from people storing their own medicines in their bedrooms were managed well. Medicine given on an 'as needed' basis was managed in a safe and effective way and staff understood the purpose of the medicines they administered.

Good

Is the service effective?

Our findings

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their best interests were effectively followed. Detailed assessments of people's mental capacity for specific decisions such as not being able to go out on their own had been completed. Where people did not have capacity, relatives with a Power of Attorney confirmed they were consulted by staff and involved in making decisions for their family member.

Staff had a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. When asked if staff sought their permission before doing things, one person said, "Oh yes." Another person gave a clear 'thumbs up' sign. Training records confirmed that staff had completed training in this area. During the inspection staff were heard to ask people for their permission before they carried out tasks, such as supporting them to sit down, or when giving people their medicines.

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 are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

People and relatives told us that care staff had sufficient knowledge and skills to enable them to care for people. People told us they thought staff knew how to take care of them. Staff were very positive about the training which enabled them to do their jobs effectively. One staff member said, "When it comes to training I think Mencap are top notch."

Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they had the skills to support people effectively. New staff initially shadowed more experienced staff for a minimum of two weeks to learn about the home and the people that live there. At the end of the two weeks the registered manager went through a comprehensive check list with the new staff to highlight any areas they may need further support or training with before they worked independently. The registered manager also completed observations of the capability of the new staff to ensure that people were receiving a good standard of care. Staff received regular ongoing training to ensure their skills were kept up to date.

Staff were effectively supported to do their job. Staff told us that they felt supported in their work, one said, "I feel very supported here." A relative said, "Staff all get on well with each other and with us." Staff had regular supervisions (individual one to one meetings with their line manager) and appraisals. These gave staff the chance to discuss any concerns and training and development needs. Staff told us they could approach management anytime with concerns.

People had enough to eat and drink to keep them healthy and were happy with the quality, quantity and choice of food and drinks available to them. One person said, "The food is nice here. It's different every day. I choose what I want and can go out shopping for it."

Lunch was observed to be a quiet and dignified event. People were able to choose where they would like to eat. People ate independently or were supported by staff when needed, such as cutting up food so the person was then able to eat without further support. Staff had friendly interaction with people during the meal and showed an interest in what people said.

People's special dietary needs were met. People's preferences for food were identified in their support plans. Where a specific need had been identified, such as certain

Good

Is the service effective?

food groups that could have a negative impact on people's health these were clearly displayed in the kitchen for staff to reference. Staff were able to tell us about people's diets and preferences. Menu plans, and food stored in the kitchen matched with people's preferences and dietary needs and showed they had the food they needed. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy.

People received support to keep them healthy. People said they were able to see the doctor whenever they needed to, or go to hospital if necessary. One person signed to us that they had been for a check-up at the GP that morning, and gave a 'thumbs-up' to show staff helped him to keep healthy. Another person said, "I tell them if I don't feel well, they listen to me and help make me better." Care files demonstrated that people had regular access to external health care professionals. People also went out to regular appointments to dentists, chiropodists, and opticians.

Where people's health had changed appropriate referrals were made to specialists to help them get better. A relative talked about how staff had supported their family member when they became ill. Staff had taken effective action, such as prompt referrals to health care professionals to help the person's health and mobility improve.

Good

Is the service caring?

Our findings

We had positive feedback from people about the caring nature of the staff. People told us that staff were kind and caring. One person said, "It's nice and cosy here, I like the staff." Another person broke out into a big grin and gave a 'thumbs up' sign when we asked if staff were nice to them. A relative said, "Staff are caring and they all (people and staff) get on really well together."

People looked well cared for, with clean clothes, tidy hair and appropriately dressed. The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner.

Staff were very caring, attentive and had good interactions with people. They knew the people they looked after. Many positive, friendly and caring interactions were seen between people and staff around the home. Staff took time to talk with people about their day, what they had planned, and showed an interest in what people had to say.

Staff were knowledgeable about people and their past histories. One person said, "Of course staff know who I am!" A relative told us staff knew their family member well enough to be able to support them with their care needs. Care records recorded personal histories, likes and dislikes. Throughout the home it was evident the staff knew people well. A relative said staff were friendly and polite when they visited; staff kept them updated about their family member's care needs. Staff were able to tell us about people's hobbies and interests, as well as their family life. This information was confirmed when we spoke with people, or when they showed us their bedrooms, as decorations and items matched with what staff had said.

Staff communicated effectively with people, and listened to what they said. When providing support staff checked with the person to see what they wanted. One staff member asked a person if they were ready for a shower. When the person said no, staff respected this and said they would come back a little later (which they did). When people's primary method of communication was non-verbal staff were able to understand what they wanted to say, such as understanding sign language or facial and body gestures. Where a staff member did not fully understand (there was one specific part of the conversation they could not grasp), they immediately went with the person to another member of staff who then explained what that person was saying. Staff apologised to the person for not picking up on what they were saying, and the person was happy with the interactions. Staff spoke to people in a manner and pace which was appropriate to their levels of understanding and communication.

People's dignity and privacy were respected by staff. One person said, "They look after me here." Staff ensured people's permission was sought, and given, before going in their bedrooms. Staff explained how they protected people's privacy and gave examples such as ensuring people were covered when they were provided personal care and curtains and doors were closed. Staff demonstrated how they respected people's dignity when a person had some food in their hair after lunch. They gently pointed it out to the person and asked if they would like help to remove it. This was done so the person had not been left to be embarrassed by other people seeing it. Staff treated people with dignity and respect when supporting them to move, such as getting up from or sitting down in chairs in the dining room. Staff were very caring and attentive throughout the process, and involved the person.

People were given information about their care and support in a manner they could understand. When asked if they felt they were involved in decisions about their care one person said, "Yes, I have a support plan and staff go through it with me." Information was available to people around the home. It covered areas such as local events, newsletters from the provider and which staff would be on shift. Information was presented using pictures and easy to understand text, for example the staff on shift used staff pictures, so everyone could see who would be supporting them in their home. Information such as staff on shift, calendars, menus and activity planners were all current and up to date, so gave good and correct information to people.

People's rooms were personalised with family photographs, ornaments and furniture. This made the room individual to the person that lived there. People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services in the community so they could practice their faith. Relatives told us they were free to visit when they chose to.

Good

Is the service responsive?

Our findings

People were positive about how the service met their needs. One person said, “Staff are good, they help me and are very friendly.” A relative said, “I am very happy with the home and the staff.” People’s care and treatment was planned and delivered to reflect their individual support plan. The records were legible and up to date.

People’s needs had been assessed before they moved into the home to ensure that their needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility.

People were involved in their care and support planning. People confirmed that they had been involved in completing their support plans. These plans were signed by the person to show they had been involved. Where people could not be involved themselves relatives were involved. A relative confirmed they, or other family members were always invited to reviews of care meetings. Relatives were very pleased with the care and support given.

People's choices and preferences were documented and those needs were seen to be met. There was detailed information concerning people’s likes and dislikes and the delivery of care. A good summary of each person was at the front of their support plan. This gave a clear and detailed overview of the person, their life, preferences and support needs, so a staff member could very quickly understand what people needed. Support plans were written in a positive way, and guidance given to staff to encourage people to participate in activities and assist them in lifestyle choices. Care plans were comprehensive and were person-centred, focused on the individual needs of people.

Care plans addressed areas such as communication, keeping safe in the environment, personal care, pain management, sleeping patterns, mobility support needs, and behaviour and emotional needs. The information matched with that recorded in the initial assessments, giving staff the information to be able to care for people. The care plans contained detailed information about the delivery of care that the staff would need to provide. Care planning and individual risk assessments were regularly reviewed with the person to make sure they met people’s needs.

People had access to a wide range of activities, most of them based in the community. Activities were based around people’s interests and to promote their independence and confidence. One person talked about their love of football and how they were supported to watch games. Another person signed to us that they were able to go to the local church to practice their faith. People had access to day centres and further education, so they could meet friends and interact with people outside of the home. Activities inside the home met people’s interests. Games, puzzles, DVDs were available to everyone, and people that had particular hobbies, such as knitting were also supported. Some people had an interest in art, and their pictures were prominently displayed around the home.

People’s independence was promoted by staff. Each person had a number of responsibilities around the home allocated to them. These included being involved in cleaning, preparing food, shopping and laundry. One person took great pride in showing us the ‘responsibility board’ in the kitchen and took us through all the things they do around the home. Staff were good at giving people encouragement and praise when tasks were completed. People were given the skills to carry out tasks to keep themselves in a safe, clean home.

People were supported by staff that listened to and responded to complaints. People and relatives knew how to raise a concern or make a complaint. One person said, “I know what to do, but I have never needed to.” People and a relative told us they would feel comfortable making a complaint if they needed to and were confident that any concerns they raised would be addressed.

There was a complaints policy in place. The policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. A relative confirmed they knew how to make a complaint, but have never felt the need to.

Good

Is the service responsive?

There had been no complaints received at the home since our last visit. The registered manager and staff explained that complaints were welcomed and would be used as a tool to improve the service for everyone.

Good

Is the service well-led?

Our findings

There was a positive culture within the home between the people that lived here, the staff and the registered manager. One person said, “It’s nice and happy here,” One staff member said, “I’m so privileged to do this job, and love working here.” Another staff member said, “I am really happy working here.” They told us the values of the organisation were to support people in a caring way and to promote people’s independence. This was what we saw happen during our inspection.

Records management was good and showed the home was well managed. Records of care, support given and safety checks around the home were clear. Our observations over the course of the inspection matched with what staff had recorded in these checks, such as medicines administered, safety checks around the home and the care given to people all matched with what had been written by staff.

Senior managers were involved in the home. A representative from the provider carried out regular monthly visits. These visits included talking with people, staff, an inspection of the premises and reviewing care records. An action plan was generated, which was then reviewed at each visit to ensure actions had been completed.

Regular checks on the quality of service provision took place and results were actioned consistently to improve the service people received. The manager and other senior staff regularly checked to ensure a good quality of care was being provided to people. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. Where issues had been identified action had been taken to put things right. An area of concern highlighted by one of these checks was the storage of unwanted or broken items in the garage of the property. The registered manager acknowledged the concern and detailed the actions the staff would take to reduce any identified risk to people such as fire, rodent or accident from accessing the area where the inappropriate storage was. This action had been completed within the provider’s agreed time scale. Another area highlighted was the internal decoration of the service especially that of the kitchen area. An effort been made to improve the decoration by staff but actions had not yet been actioned by the landlords. The registered manger explained that more assistance would be needed from the regional office of Mencap to liaise with the landlords to complete the redecoration of the home.

People and relatives were included in how the service was managed. One person said, “We have house meetings every Thursday. It’s done on this day so that everyone can attend.” Feedback was acted on, for example activities people wanted, changes in menu and agreeing tasks that people would be involved in around the home.

Staff felt supported and able to raise any concerns with the registered manager, or senior management within the provider. One staff member said, “If I had any concerns I would have no issues with talking to my manager about them.” Another said, “I feel supported by the manager.” Staff confirmed to us the manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. Staff understood what whistle blowing was and that this needed to be reported. They knew how to raise concerns they may have about their colleague’s practices. Staff told us they had not needed to do this, but felt confident to do so.

Staff were involved in how the service was run and improving it. One staff member said, “Staff meetings are seriously interactive here.” These discussed any issues or updates that might have been received to improve care practice. Staff were also asked for their feedback and suggestions about the home during these meetings.

The manager was visible around the home on the day of our inspection. This gave them an opportunity to observe the care and support that staff gave to people, to ensure it was of a good standard. The registered manager also carried out spot checks day and night to ensure people were happy and safe. The manager was available to people and relatives if they wished to speak to them. The manager had a good rapport with the people that lived here and knew them as individuals.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that

Good

Is the service well-led?

appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know how to respond if they had concerns they could not raise directly with the registered manager.