HF Trust Limited

Rowde

Inspection report

Furlong Close
Rowde
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Wiltshire
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Tel: 01380725455

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Rowde offers personal care and accommodation for up to 36 people with a learning disability. People who use the service reside in bungalows on a central site. On the day of our inspection we visited five bungalows. The service is run by Hft which a national charity is providing services for people with a learning disability. Hft had a 'Fusion' model of support which was a statement of their intent. This ensured there was a clear set of values which included choice, specialist skills, person centred active support, health safety and well-being and involvement of families and other partnerships.

The inspection took place on 16 February 2016. This was an unannounced inspection carried out by three inspectors. During our last inspection in May 2014 we found the provider satisfied the legal requirements in the areas that we looked at.

A registered manager was 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.

Care plans contained information on people's preferred routines, likes, dislikes and medical histories. We looked at six care plans and found that some guidance had not always been updated to identify how care and support should be provided when people's care needs had changed. This meant that people were at risk of not receiving the care and support they needed.

People received care and support from staff who knew them well. Staff showed concern for people's wellbeing in a caring and meaningful way and responded promptly to requests for assistance. Throughout our visit we saw people were treated in a kind and caring way and staff were friendly, polite and respectful when providing care and support to people.

People were protected from harm and potential abuse. Staff we spoke with knew what to do if they were concerned about the well-being of any of the people using the service. Risk assessments were in place to support people to be as independent as possible.

Staff were supported to carry out their role through supervisions, team meetings and training. People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles.

Records relating to the recruitment of staff showed relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service (DBS) checks. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

People had access to food and drink throughout the day and were encouraged to eat healthily and to maintain a balanced diet. People had access to a varied diet which included fruit and vegetables, healthy snacks and eating out in the community.

Medicines were managed safely and administered by trained staff. People received their medicines as prescribed and in their preferred manner. People were supported to access health care services and maintain good health.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. People were able to make their own choices and decisions about the care and support they wished to receive.

The registered manager had quality assurance systems in place to regularly monitor the quality of the service. Where internal audits had identified shortfalls an action plan to address these areas had been put in place. The registered manager had notified CQC about significant events which had occurred in the service. We use this information to monitor and ensure the registered manager responds appropriately to keep people safe.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safe in their homes and staff knew what to do should they have any concerns about people's well-being.

If people were at risk in any areas of their lives assessments were undertaken and measures put in place in order to maximise their safety.

There were enough people on duty to keep people safe and meet their needs.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained to enable them to care for and support people effectively.

Staff followed the principles of the Mental Capacity Act 2005 (MCA) and understood and promoted people's rights and choices in relation to their care and support.

People were involved in planning their menus and were encouraged to eat healthy and maintain a balanced diet. □

Is the service caring?

Good

The service was caring.

Staff were caring in their approach and had a good understanding of people's needs and how best to support them.

People were involved in making choices about their daily living and how they wished to receive care and support.

Staff understood how to respect people's privacy and dignity, protect their human rights and provide care their met their needs. □

Is the service responsive?

Requires Improvement

The service was not always responsive.

We looked at six care plans and found that some guidance had not always been updated on how care and support should be provided when people's needs change. This meant that people were at risk of not receiving the care and support they needed.

People were supported to take part in activities of their choice both within their homes and the local community.

Staff ensured people using the service knew who to go to if they had any concerns.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who was responsible for the day to day running of the service.

The registered manager carried out audits and checks to ensure improvements were identified and acted upon.

Staff told us they understood and worked within the values of the provider. This included keeping people safe, promoting their independence and ensuring people received care which met their needs.

Rowde

Detailed findings

Background to this inspection

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

The inspection took place on 16 February 2016. This was an unannounced inspection The inspection was carried out by three inspectors. During our last inspection in May 2014 we found the provider satisfied the legal requirements in the areas that we looked at.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR) from the service. 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 used a number of different methods to help us understand the experiences of people who use the service. This included talking with 12 people about their views on the quality of the care and support being provided. We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included six care and support plans, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed how staff supported and interacted with people who use the service for part of the day.

We spoke with the registered manager, a senior support worker and eight care staff.

Good

Is the service safe?

Our findings

Comments from people who we spoke with about what is was like living at Rowde included "We all get on and we don't shout", "We're all friends here" and "We all know each other and get on reasonably well". On person said about staff "They're alright more or less; all kind". They said they felt safe with staff.

Staff told us they had received training in how to protect people from abuse and avoidable harm. Through conversations with staff they demonstrated their knowledge and understanding of safeguarding people from abuse, including how to recognise signs of abuse and to report them. One staff member said "There's no abuse. I am happy with what happens here." Any concerns about the safety or wellbeing of a person were reported to the registered manager who investigated the concerns and reported them to the local authority safeguarding team as required. Information regarding safeguarding procedures and who to contact was available in all homes.

Medicines were safely stored and managed in the homes and administered by trained staff. A national pharmacy provided the majority of medicines in a monitored dosage system (MDS). This is a storage system designed to simplify the administration of solid, oral dose medicines. The medicines were dispensed into the MDS by a pharmacist, which reduced the risk of errors. Staff removed the medicines from the dosage system and gave them to the person at the required time.

We reviewed a selection of medicine administration records (MAR) and found them to be completed satisfactorily, indicating people received their medicines safely as prescribed or "when required." In all but one case, people's photographs were attached to their MAR sheets to aid identification and any medicine allergies were recorded. The photograph for the one person was attached to their MAR sheet by the registered manger on the day of inspection. Any handwritten transcriptions or amendments were signed and witnessed by two staff members. The registered manager said there were no people currently using the service who received their medicines covertly; this is when medicines are disguised within food or fluids. The providers' operational procedures regarding supporting people with their medicines contained guidance relating to covert administration should this be required.

The registered manager said people's medicines were reviewed and managed by their general practitioner, either during appointments or during their annual health checks. Individual protocols for the use of 'when required' (PRN) medicines were kept with all but one person's MAR sheets. These protocols direct staff as to when, how often and for how long the medication can be used and improves monitoring of effects and reduces the risk of misuse.

People spoken with who were supported with their medicines, confirmed they got them on time. One said "They don't forget them." There were some people self-administering their medicines in the service. Where this was the case, initial risk assessments relating to their ability to administer their medicines were kept in people's support plans. However, there was no clear protocol available as to how frequently people's ability to self-medicate should be reassessed. This was discussed with the registered manager who agreed to address this.

The registered manager said that some non-prescription medicines were used, such as cough and cold preparations or ear drops. It was suggested to the registered manager that approval for the use of non-prescription medicines was sought from peoples GP's to ensure they did not conflict with any of the person's current medicines.

Support workers were responsible for the administration of medicines following appropriate training and supervision. Their competency to administer medicines was checked annually or more frequently if required. Annual refresher training was provided. We spoke with two support workers who confirmed the training they had received and that competency assessments were carried out. We observed a support worker administer medicine and saw that safe practice was carried out.

Fridges were available to store those medicines that required it and the temperature was checked and recorded daily. The temperature of the medicine storage room in one bungalow was not being monitored at present; the manager had made arrangements for this to commence by the end of our visit.

The registered manager said medicine management was reviewed during spot checks and we saw some medicine error reports relating to staff not signing MAR sheets following administration. Records demonstrated errors had been investigated and appropriate action had been taken.

The registered provider had produced operational standards relating to supporting people with their medicines and the service had a local policy relating to safe handling and administration of medicines. Both documents were in date and due for review in April 2016.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. There was a range of risks assessments in people's care records and areas such as personal care, accessing the community and managing finances had been planned for. Where, due to the level of independence, staff were not always present in one of the homes, people were provided with alarm pendants to wear around their necks so they could summon assistance at any time from the home next door. One staff member told us of a person who had fallen during the night. They said the person had used their alarm to summon help from the house next door. One person had a bed sensor in place which alerted staff if they were out of bed for a significant time at night. This meant staff would then go and check the person was alright.

There were systems in place to ensure people's finances were managed safely. People's money and valuables were kept in locked safes. People's cash was kept individually and systems were in place to record transactions. Receipts were kept and two staff signed all transactions. Financial management audits had been undertaken.

Staffing levels were assessed and monitored by the registered manager to ensure there were sufficient staff available to meet people's needs at all times. Day to day staffing levels were varied and set to meet people's needs. Due to the level of independence of the people living in Rowde some homes did not always have staff present. Staff attended the homes at various times during the day and evening to provide support with meals, housework and medicines. There were enough staff on duty to ensure people's needs were met and they were supported to take part in planned activities either within the home or the community. Staff we spoke with confirmed they thought there were enough staff to meet people's needs. Staff carried communication equipment which allowed them to contact other homes on the site should they require assistance.

People were protected from the risk of being cared for by unsuitable staff. There were safe recruitment and selection processes in place to protect people receiving a service. All staff were subject to a formal interview

in line with the provider's recruitment policy. We looked at four staff files to ensure the appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. Staff were subject to a Disclosure and Barring Service (DBS) check before new staff started working. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults

There were measures in place to maintain standards of cleanliness and hygiene in the homes. For example, there was a cleaning schedule which all staff followed to ensure all areas of the home were appropriately cleaned. People were also involved in maintaining the cleanliness of the home. They were responsible for cleaning their own rooms and other communal areas. We saw people undertaking cleaning tasks during our visit with the support of members of staff. A monthly audit of infection control was carried out as part of the overall management monitoring system. Staff could explain the procedures they would follow to minimise the spread of infection. We found bedrooms and communal areas were clean, tidy and free from unpleasant odours. The service had adequate stocks of personal protective equipment such as gloves and aprons for staff to use to prevent the spread of infection.

Good

Is the service effective?

Our findings

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. A system was in place to provide staff with core training required by the provider. This ensured they had the correct skills and knowledge to carry out their role. Core training included the safeguarding of vulnerable adults, safe medicines management, moving and handling and Mental Capacity Act 2005 (MCA). One staff member told us about the training they had received in the past year. They said it had included dementia awareness, first aid, moving and handling, health and safety and medicine management. They said they were currently undertaking a level 2 diploma in health and social care. We looked at the training matrix, which showed the training staff had undertaken and highlighted when refresher training was due.

Training needs were monitored by line managers through individual support and development meetings with staff. These were scheduled to take place every four to six weeks. Staff told us they could approach their line manager or registered manager at any time to discuss suggestions or to raise any issues. During these meetings staff discussed the support and care they provided to people and any difficulties or concerns they had. Staff attended team meetings at which information was shared and people's needs were discussed. One member of staff confirmed they had supervision meetings with their line manager, which they described as "Really good; they're easy to talk to." They told us staff meetings were held every month and said "We are able to say what we want. There's one due next Tuesday".

New members of staff received a thorough three week induction which included reading policies and procedures and accessing core training. Staff had a period of time shadowing an experienced member of staff whilst they got to know people's needs. One support worker described the training and support they had received when they had first started working at the service. They said they had two weeks induction training and had worked alongside a more senior staff member for three weeks. They said they felt they had received enough support during this period saying "I could go to the (registered) manager or the person I was shadowing to ask anything. There was absolutely enough training".

People we spoke with said they had enough to eat and drink and were involved in the planning of menus. One person told us "We have a say in what we have". Another person said "The food is very good". Staff explained they would meet with people to discuss the meals they would like to see on the menu. They said there were always alternatives available should people not fancy what was on the menu. People were supported to eat and drink well and were weighed regularly to monitor their health. Drinks and snacks were available throughout the day. Staff members had a good knowledge of people's nutritional needs and knew personal likes and dislikes. People who were at risk of choking had been referred to appropriate health professionals such as the speech and language therapy (SALT) for guidance and support. One person who was prone to choking whilst eating had been seen by a speech and language therapist who produced guidelines on maintaining their safety whilst eating.

People had access to healthcare services to keep them in good health. People spoken with confirmed that staff supported them to see their doctor when they felt unwell. One person told us they had seen the doctor

recently to have a blood test. Another person said they had gone to the dentist recently. Records contained details of appointments attended. People had health action plans which helped support people to maintain good health. These records confirmed a variety of
local health professionals supported people who lived in Rowde including dentist, podiatrists and specialist consultants.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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).

During the inspection, the registered manager told us, whilst some applications had been submitted, they were currently in the process of reviewing people who needed applications for DoLS authorisations to be made. They showed us the format they were using to review who required a DoLS. Applications would then be submitted by the provider to the local authority for a response.

Staff had received training in the Mental Capacity Act and demonstrated a good understanding of supporting people to make choices and decisions about their daily living. There were support plans in place which detailed people's preferences and how they could be involved in decision making. Staff said people were always offered the choice of when they wanted to get up or go to bed, what they wanted to eat and drink and how they wanted to spend their day.

Records seen indicated that people's consent was sought in relation to supporting them with their medicines and copies of consent forms, signed by them were held in their Person Centred Planning (PCP) file. One person's PCP contained a statement about their capacity to make decisions for themselves, which had been signed by them. They had signed consent documents relating to care by staff of the opposite sex, access to their room, medicine support and sharing of information. Another person's PCP file contained records of regular visits from a Court of Protection Deputy for finances. There were records of a previous best interest decision that had been made regarding an admission to hospital for a medical procedure. A specific mental capacity assessment had been carried out in relation to this.

Good

Is the service caring?

Our findings

Hft had a 'Fusion' model of support which was a statement of their intent. This ensured there was a clear set of values which included choice, specialist skills, person centred active support, health safety and well-being and involvement of families and other partnerships. The model was a holistic approach putting the person at the centre of everything they did.

People spoke positively about the care and support provided by staff. Comments included "They (staff) are very helpful. If you want anything you just ask and they are here if you need them" and "They are good fun really, all friendly, caring and happy". One person said of the service "I wouldn't change a thing".

People received care and support from staff who had got to know them well. Staff knew about people's preferences, likes, dislikes and personal histories which had been recorded in people's support plans. This helped them to offer care and support to people in ways that were important to them.

The homes were spacious and allowed people to spend time on their own if they wished. When we arrived at one bungalow one person was sitting in their room watching the television whilst having a drink and a snack. Another person had chosen to watch the television in the communal lounge.

We saw people were totally at ease with staff and their surroundings. People moved freely around the homes and did not hesitate to ask for support and assistance from staff when required. One person was happy to show us around the home. There was a picture board which showed people which staff would be on duty during the day and night. We observed genuine affection between staff and people using the service. For example, one person approached a staff member whilst we were talking with them and gave them a hug, this was responded to in a caring manner.

Staff had supported people to personalise their bedrooms. One person who was happy to show us their bedroom had posters and pictures of their favourite television programmes and films on their walls. The person was very happy about this and smiled when we asked about the pictures and told us they had a new chair coming for their room. A staff member told us how people living in one bungalow had asked for the decoration to be improved and that this had happened. They said they were involved in choosing the colour scheme.

People were assisted to make decisions about their daily lives where this was possible. One staff member told us "People have lots of choice; they have a list of daily activities they can choose from". Staff told us that unless people had an appointment or a planned activity it was their choice when they got up. Staff told us people were encouraged to be as independent as possible. One person told us they liked to go to the village shop "On my own". Another person had the responsibility of delivering people's magazines to their bungalows. When we asked if they enjoyed doing this they replied "Yes, very much". People were encouraged to take part in household chores and keep their home clean. One person told us they didn't like cooking. They said "Staff do the cooking; they help me all the time". This was also noted in the person's care plan.

Staff showed concerns for people's wellbeing in a caring and meaningful way, and responded to their requests for assistance promptly. For example, one person was anxious as they could not remember where they had put their money. Staff took the time to explain to the person that they were wearing different clothes when they had been given the money. They supported them to check the pockets of their previous clothing to see if the money was there.

One staff member explained about a person who was experiencing some "Bad Dreams". They said to support this person they had suggested it might be helpful if they wrote down what the person was thinking and feeling about these dreams. Together they had turned this information in to a book which the person proudly shared with us

Respecting people's diversity and equality was part of staff's induction and was then monitored through further training and supervision sessions. People's care plans reflected people's individual's needs and promoted how people should be treated with dignity and respect. People had monthly meetings with staff to discuss the service and their care needs. We saw records of these meetings in people' care plans.

People had access to personalised technology to support them with being independent. The registered manager explained they carried out initial assessments on all the people they supported. The provider's personalised Technology (PT) team assessed each individual and recommended equipment that would support people in their lives. For example, they support a gentleman with a visual impairment, who was finding the corridors in the home very dark at night, as another person living within the same bungalow constantly turned off the lights. The PT assessor recommended motion sensor lights to guide the way; these have been put in place outside the person's bedroom and other areas within the home which allowed the person freedom to move around. Since these have been put in place the person said they feel more comfortable moving around their bungalow.

Another person they support lives in one of the flats on the site and also has a very little vision. In order for them to live more independently and cook their own meals it was recommended by the PT team they have a specialised cooker. This cooker has been installed and has special features such as when the pan is removed from the heat it instantly goes cold so if the person was to touch it by accident they would not burn themselves.

Requires Improvement

Is the service responsive?

Our findings

During our inspection we looked at six people's care and support plans and identified people's records were not always accurate and did not always reflect their current needs. For example, in one person's care plan we saw it was noted the person liked to walk to the local shop independently. Staff told us due to a recent illness this person was currently unable to do this. They said they were supporting the person with travel training to be able to do this again. However, the care plan had not been updated to reflect this. In another person's care plan it noted they had recently been assessed by a representative of the local authority learning disability service. They had recommended the person had a support plan for mobilising in the community due to deterioration in their mobility. We noted the support plan had yet to be put in place.

One person's care plan included goals the person wished to achieve in the coming year. This was dated March 2015. One of the goals was for the person to travel independently to a local town. There was no plan in place to say how this goal was to be achieved and no updates to say if this had been achieved.

One person had an agreement in their care plan relating to their snacks and the support required managing their health. The person had signed to say they agreed with agreement in 2013. There was no evidence this had been reviewed with the person to ensure they were still in agreement.

A 'Disability Distress Assessment Tool' dated September 2014 had been completed for one person who had been diagnosed with dementia. It stated in the document that this assessment was to record the baseline appearance of a person when they were content. In the guidance on how to use this document it stated that "reassessment is essential as the needs may change due to an improvement or deterioration". As a re-assessment had not taken place since September 2014 there was no evidence that this is still accurate.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had 'Essential Lifestyle Plans' (ELP) which contained information on their routines, likes and dislikes, personal care needs, communication styles, domestic support and social activities. A sheet at the front of people's folders indicated information within plans was being reviewed at regular intervals between three and six monthly depending on the information document or assessment. There was evidence people were involved in developing their care plans. For example, in one person's care plan they had signed to say they agreed with the contents of the ELP.

People were supported to follow their interests and take part in social activities, education and work opportunities. Each home had a list of activities people could access during the week. Comments from people using the service included "There's plenty to do", "I go for a cup of coffee in Hawthorne and sing in a choir" and "I go horse riding Mondays and Tuesdays I go to lunch club in Devizes." One person said "It's good; we can catch a bus and go shopping in Devizes." Another person told us "We go out quite a lot. Go to the pub to eat, or skittles. Gateway club once a fortnight". People went to a gardening club held in the community during the afternoon of our visit and some were due to go to a pantomime in the evening.

One staff member spoke of the activities that people undertook. They said "Some go to day courses. (Name) has a bicycle and a member of staff goes out with her. There are trips monthly or every two months. Coffee mornings, bingo, music nights, pub trips; five people here go to church. One person works in the local ice-cream parlour". Other social activities included going to the cinema, bowling and swimming. The staff member added "They have a lot of independence and freedom." Two minibuses were available and people made a contribution to the transport costs.

There was a clear complaints procedure in place. Individuals were encouraged to make complaints using the 'Making Things Better" form which was in an accessible format. We saw recent complaints raised by four people living in one of the homes relating to their living arrangements. There were pictures people could tick to explain how they felt and what actions they wanted to happen. There were records of meetings held with people to discuss their concerns and the outcomes noted. Staff also checked with people if they were happy with the outcome of their complaint. Information relating to local advocacy services was available to people.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by two senior support workers. People we spoke with were able to tell us who the registered manager was and confirmed that she came to see them. One person said "She asks how I am." Another said "(registered manager) and (senior support worker) check on us and see if we are alright."

People's views on the care and support they received were sought. People using the service attended weekly house meetings where they could discuss activities they wished to take part in and any suggestions or concerns they wished to raise. Hft trust had developed 'Voices to be heard' forum which gave people the opportunity to be involved with aiding the development of Hft. Representatives from Rowde were part of this forum.

The provider had systems in place to monitor the quality of the service. This included a quarterly audit carried out by the registered manager. This audit covered the five domains as identified by the Care Quality Commission (CQC) and included areas such as infection control, care plans, the safe management of medicines and health and safety. The audit had a traffic light colour coded system to identify when things had been completed (green), partially completed (amber) or needed completing (red). Where required actions had been identified and a plan completed to address them. This action plan was shared with the regional manager who monitored the outcomes of actions identified alongside the registered manager.

Staff members' training was monitored by the registered manager and senior support workers to ensure their knowledge and skills were up to date. There was a training record of when staff had received training and when refresher training was required. This was available for all staff to be able to see when they needed to attend training. Staff told us they received the correct training to assist them to carry out their roles and responsibilities.

The registered manager said that regular spot checks were carried out in order to monitor things like medicine management, health and safety, and record keeping; however these checks were not currently being documented. One staff member confirmed that spot checks were carried out saying about medicine practice "They don't tell you they are watching you, but they are." They also confirmed the service was visited by district and regional managers.

There was evidence of learning from incidents and appropriate changes were implemented. For example, where mobility issues had been identified through incidents, this had resulted in the person being referred to an occupational therapist to seek guidance and support. As a result of this referral a walking frame had been put in place to support the individual with remaining mobile. An electronic web form was used to record all accidents and incidents. The system would also prompt the registered manager if it felt the incident/accident warranted a safeguarding referral.

Staff were supported to question the practice of other staff members. Staff had access to the company's whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside

agencies when they are concerned about other staff's care practice. Staff we spoke with confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities. Staff attended team meetings which they told us they felt were useful. They said they were able to discuss the people they were supporting and share working practices.

In the Provider Information Return (PIR) the registered manager talked about staff being nominated for 'Going the Extra Mile' awards (GEM). We asked the registered manager to explain what these were. Love to shop high street gift vouchers are issued to staff if they have gone the extra mile' this could be the work put in to help set up a new service, flexibility during low staffing times, supporting a person using the service to achieve a specific task, organising social events. Staff can nominate each other (this can be verbal or recommendation) for a GEM award if they feel the staff member has worked hard. The provider had found these tokens of appreciation make the staff feel good about themselves and promote a hard working culture. The registered manager said they had issued over 40 GEM awards to staff working at Rowde.

To keep up with best practice the registered manager attended local forums where they could meet other providers and share ideas and best practice. They kept up to date with new legislation or guidance affecting their service by reading a variety of publications. They attended any training required of their role and kept up to date with refresher training for those courses already completed. They had recently started a level five diploma in health and social care and management.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care We looked at six care plans and found that some guidance had not always been updated on how care and support should be provided when people's needs change. This meant that people were at risk of not receiving the care and support they needed.