HC-One Limited

Aldergrove Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

Our inspection took place on 6 and 7 January 2016 and was unannounced. At our last inspection on 3 and 6 February 2015 we identified the provider needed to take action to improve the safe handling of medicines, ensuring safeguards were in place to protect people who did not have capacity from deprivation and protect people's health when they had fragile skin. We found that the provider had made improvements in these areas and was now meeting the regulations.

Aldergrove Manor accommodates up to 70 people and caters for older people (Nightingale unit), older people with dementia (Haven unit) and people who have a physical disability (Phoenix unit) within three separate units. The service provides nursing care with nursing staff available 24 hours a day in Nightingale unit. There were 46 people living at the service at the time of the inspection.

Summary of findings

The service had a manager, that while not registered had experience of managing care services. They had not applied for registration as a change of provider for Aldergrove was imminent at the time of the inspection. 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.

We found people's medicines were not always well managed and there were limited occasions when people may not have received their medicines as needed; the manager did take action to address these issues during the inspection.

People told us they felt safe although they had mixed views about whether there was always enough staff available to meet their needs at some times of day. The manager and staff demonstrated awareness of what could constitute abuse and that matters of abuse should be reported in order to keep people safe. The provider had safe systems in place for the recruitment of staff.

People were supported to make their own decisions and choices by staff who understood and promoted people's rights and worked in their best interests. People told us they experienced positive outcomes regarding their health, although there had been some occasions where the risks to people living with diabetes could have been responded to on a timelier basis. People said they received a choice of food and drink and we saw people were offered this choice, and were supported to eat and drink when required.

People who used the service and other people who had contact with the service said staff were kind and caring. We saw staff promoted people's dignity, independence and gave them choice.

People told us, and we saw that they were not always able to access meaningful pastimes on a daily basis, although some said they were able to fill their time with activities that were enjoyable to them. Some people told us that they, or their families where this was their choice, were able to have involvement in how their care was provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided.

The provider gathered people's views in a number of ways, for example through the use of surveys, meetings and face to face discussion. We saw the provider had a complaints procedure that enabled people to raise concerns with these had been responded to appropriately. Staff had mixed views about the support they received some feeling they were not supported by the provider, although the majority were positive about how they were helped to do their jobs and the training they received.

People told us they were asked for their views and the provider responded to these. Regular audits were carried out by the provider. We saw that some issues identified by these were addressed.

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 not always safe.

People had mixed views as to whether there was sufficient staff to meet all their needs, but said they felt safe. People said they received their medicines when needed, but some areas of medicines management that were not always safe. Staff understood and recognised what potential abuse looked like. Systems in place for recruitment of staff were safe. We saw risks to people were identified by the service, and staff were aware of these, although there had been a delay in response to some identified risks for people living with diabetes.

Requires improvement

Is the service effective?
The service was effective.

The provider had ensured that people's rights were promoted, and their best interests considered. The majority of people told us that they had confidence in staff who they felt were skilled and competent. People had a choice of, and enjoyed the food and drinks that were available to them. People's health care needs were promoted.

Good

Is the service caring?
The service was caring

People told us staff were kind and caring. People's privacy was promoted during personal care. We saw staff spent time explaining people's care at the point it was provided. People's independence was promoted.

Good

Is the service responsive?
The service was not always responsive

People were involved in the care and support they received. Staff were knowledgeable about people's needs and preferences. People were not always able to follow their chosen interests and lifestyles as staff did not always have time to support them with these. People felt able to complain and were confident any issues they raised would be addressed to their satisfaction.

Requires improvement

Is the service well-led?
The service was well led

People were able to approach the manager, who was knowledgeable about people and the service. Systems were in place to capture and review people's experiences and to monitor the quality of the service, although some audits had not always been effective. People felt able to approach the manager and share their views or concerns and were confident these would be listened to and changes made if needed. Most staff felt well supported.

Good

Aldergrove Manor Nursing Home

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 6 and 7 January 2016 and was unannounced. The inspection was undertaken by two inspectors, one a pharmacy inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We contacted the local authority and local commissioners as part of our inspection to discuss information that had been shared with them about the service. We also looked at information we received from the service after our last inspection in February 2015, for example statutory notifications. These are events that the provider is required to tell us about by law in respect of certain types of incidents that may occur like serious injuries to people who live at the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 people who used the service, eight visitors and two visiting health care professionals. We also spoke with the manager, two nurses, two senior care staff, four staff and one cook. We observed how staff interacted with the people who used the service throughout the inspection. We also observed a manager's handover meeting.

The Pharmacist inspector reviewed the management of medicines including the Medicine Administration Record (MAR) charts for fourteen people. We also observed a nurse complete a medication round for six residents.

We looked at four people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We looked at four staff recruitment records. We also looked at records relating to the management of the service. These included minutes of meetings with people, service improvement plans, complaints records, stakeholder survey records and the provider's self-audit records.

Requires improvement

Is the service safe?

Our findings

At our previous inspection in February 2015 we found the provider had not met the regulations as they had not ensured people's medicines were managed safely. The provider sent us an action plan after the inspection telling us about improvements they planned to make. We found at this inspection the provider had made some improvements in accordance with their action plan. While we found that some medicines were not always managed safely, this presented little risk to people and the provider had addressed the breach of the regulation. There was however scope for improvement in the management of medicines.

People told us they received their medicines on time and staff were able to tell us how people received medicines when needed. We saw medicines were kept securely and at the correct temperatures, this including controlled drugs which are medicines that require special storage and recording. We found six people's Medicine Administration Records (MAR) were not accurate, which meant we could not be certain these people had received their medicines as prescribed or recorded. We spoke to four members of staff who were unable to explain why some people had more medicine in stock than they should, and why other people had some medicine missing. Staff were however able to tell us how they reported medicine errors and how they would protect people from harm if these occurred. The manager took steps during the inspection to investigate the issues we raised. We found there were clear directions for staff as to when to give people 'as required' medicines. Medicine disposal records showed unwanted medicines were disposed of safely, but these were not always countersigned in accordance with the provider's medicines policy. We found where people needed their medicines administered covertly in food or drink the provider had not always involved other professionals for advice. However, all the other necessary safeguards were in place to make sure that these medicines were being given safely.

We saw staff tested their blood glucose on a weekly or daily basis when people were living with diabetes. We saw there was guidance to tell staff when a reading was unsafe, but no protocol to tell staff what to do about this. One person using insulin had tests that showed they had high blood sugar levels for three weeks, which may have impacted on their health. This was not escalated to the person's G.P, in this period. A visiting health care professional confirmed this concern had now been brought to their attention however. We found other people did not have their blood glucose check on the day planned and there were no systems in place to ensure they were re-offered the test before the following week. Staff were aware of the signs that indicated a person's blood sugars were unsafe, but this did mean systems may not identify potential risks to the health of people living with diabetes.

People had mixed views as to whether there was enough staff on duty to promote their safety. One relative said staff were, "Busy at times and [person's name] has to wait for them to come and help" another saying, "Sometimes, they're dashing up and down and really busy; you think they could do with a few more". One relative said, 'I think they need more carers, sometimes in the morning but especially at mealtimes". A second relative said, 'Sometimes, [person's name] buzzes for the toilet and no-one comes". Other people said staff responded to their needs, with one person saying, "There is sometimes a five minute wait when I ring the buzzer but I don't mind". Another person said, "I can get hold of staff fairly quickly" and a visiting health care professional told us, "There is always staff in the lounge". We saw there was sufficient staff in some areas of the service to ensure people's needs were met promptly, although this was not consistent, for example staff on Nightingale unit, while certain they kept people safe, said they were only able to meet people's basic needs. We found there was planned intervention to ensure the assessed high risk needs of people were addressed, for example people were repositioned to protect them from pressure ulcers. We did however find other elements of people's care were not consistently addressed, for example people's finger nails were not always clean, people spoke of having to ask for a shave, and one person said staff did not find time to assist them with the fitting of an arm support on a daily basis. These specific issues were addressed when we raised them with the manager. This showed that while people may be safe there was not always enough staff to ensure all important areas of people's care were consistently addressed.

People told us they felt safe and staff treated them well. One person told us, "In the [x] years I have lived here, I am always treated fairly" and another said they were safe and, "I am supervised when off-site". A relative told us, "They're quite nice here. [Person's name] is safe" with a second

Requires improvement

Is the service safe?

relative saying, “Yes I do feel X is safe”. We did see some occasions where staff did carry out unsafe practices on Nightingale, for example we saw a person transferred using an inappropriate lifting sling, which was not the one identified in the person’s care plan. Another person was left sitting at a table with their foot rests left up. These issues, and others raised by a relative were raised with the manager who said they would be resolved. We saw risks to people due to their health or choices had been identified, assessed and recorded in their care records. An example of this was where people were at risk of fragile skin, steps to reduce the risk were identified within risk assessments. Staff we spoke with understood these risk assessments and we saw equipment identified was in place. Staff were able to tell us what they needed to look for to identify changes in people’s health and whether this presented an increased risk. An example of this was where people may be at risk of falls and what action staff needed to do to minimise risks.

Staff were able to describe what potential abuse may look like and were confident in describing how they would escalate their concerns to ensure people were kept safe. The manager was well informed as to how to report potential abuse.

We looked at the systems in place for recruitment of staff and found these were robust and made sure that the staff were suitable to work at the service. We saw that checks, for example Disclosure and Barring checks (DBS), were carried out before staff began work at the service. DBS checks include criminal record and baring list checks for persons whose role is to provide any form of care or supervision.

Good

Is the service effective?

Our findings

At our previous inspection in February 2015 we found the provider had not met the regulations as they were not acting in accordance with the provisions of the Mental Capacity Act 2005 (MCA). In addition the provider had not always taken appropriate steps to monitor and promote the health of people's fragile skin. The provider sent us an action plan following the inspection telling us about improvements they planned to make to address these breaches of regulations. We found at this inspection the provider had made improvements in accordance with their action plan and was now meeting the regulations.

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. The manager demonstrated a good understanding of the MCA and staff understood how the MCA set out how they should promote people's rights. We saw that people's capacity was assessed and where there was possible restriction and the person had capacity, their consent was sought, for example people were asked before bedrails were used. We saw staff sought people's consent before providing care, for example we saw staff ask people if they were happy to wear clothes protectors before lunch. One person told us, "I like to get up early" and said they could as there was, "No restriction at all". Other people we spoke with told us staff sought their consent. A relative told us, "Staff do talk to [people] and ask choices".

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). We did find that the provider had referred some people to the local authority where they felt they were restricting people who did not have capacity. We saw that conditions on authorisations to deprive a person of their liberty, when agreed by the managing local authority, were being met by the service.

We saw a number of people were assessed as needing frequent repositioning to relieve pressure on their skin. We did find improvements had been made to ensure that risk to people of skin breakdown were minimised, and appropriate action was taken to ensure any pressure ulcers were avoided. We saw that contact had been made with health professionals when there was concern about people's skin and care plans were in place to ensure appropriate care was provided. We looked at people's repositioning charts and saw that people were moved to ease pressure on their skin at appropriate intervals and equipment need to relieve pressure was available.

Most people told us they experienced positive outcomes regarding their health. People told us that they saw their GP when they needed to. A relative told us that staff, "Soon get on to the doctor" when this was needed and said the person had a hearing assessment when needed. Another relative told us a person had regular input from various health care professionals, although when the person wanted a dentist one never came. We discussed this with the manager who said they were trying to source a dentist for domiciliary visits. We spoke with two visiting health care professionals who confirmed that staff did seek their advice, so they were able to offer more effective care. Staff were able to tell us how they would escalate any concerns about people's health, and had a good understanding of what to be aware of. We looked at people's records and these showed us people's health was assessed, monitored and reviewed on a regular basis. We also saw that people had regular routine health care checks with for example opticians and chiropodists. This showed that people's heath was promoted in partnership with community healthcare professionals.

We found staff were well trained, for example staff we spoke with were knowledgeable about people's individual needs and we saw this informed their approach when providing people with care and support. Staff told us they felt well supported with the training they received and said that updates were programmed in by the provider so their knowledge and skills were kept up to date. Some staff told us that they had discussed training they felt they needed with their line manager and they were looking to source this for them. A member of staff told us that they received a suitable induction when they commenced work at the service, and that they received good support from the other staff and the manager. We saw that the provider had a training schedule that they used to ensure that staff were

Good

Is the service effective?

kept up to date with core skills, and the training they needed, for example in health and safety. This showed that staff had the necessary skills and knowledge to offer people effective care.

People said they received a choice of good food and drink. One person told us, “I get plenty of drinks, they encourage them down you” and that the food was good with them getting what they liked. Other people we spoke with said they were happy with the food choices. A relative told us, “The food is good” and said they had sampled it. A second relative told us the person, “Gets enough to eat and drink, they are satisfied with what they get”. We saw people enjoying their choice of lunch, with options provided when requested. One person who had pre-ordered one choice changed their mind at the meal time and staff provided an alternative. We saw the meal times were relaxed and unhurried and a choice of drinks was available, as they were throughout the inspection. This showed people received a choice of food and drink and were offered support to eat and drink when required.

Risks to people’s health due to weight loss were monitored, with staff recording people’s weight, diet and fluid intake. We saw evidence that referrals were made to the person’s doctor if necessary. We spoke with the cook who was able to tell us how they were kept informed of people’s individual requirements so these could be prepared for people, this including soft diets or appropriate culturally sensitive alternatives.

Good

Is the service caring?

Our findings

People who used the service and other people who had contact with the service were positive about the caring attitude of the staff. One person told us the staff, “They are decent people” and they were, “Comfortable talking to staff”. Relatives told us that most staff were caring, one telling us, “You’ve got good and bad haven’t you. I mean, there’s some excellent care – especially [name of carer] – [the person’s] really taken to her”. Another relative said, “Amazing how caring they [staff] are” a third stating the staff, “‘They’re kind. They try their best”. We saw numerous occasions where people smiled as they were approached by staff, even though they were not always able to verbally express themselves. We saw a member of staff take time to communicate with one person when asking them their views and the person smiled and laughed with the staff member. We saw staff were caring in their approach towards people, for example, one person said they felt cold and staff quickly fetched them a jumper, but checked they liked the jumper before helping them to put it on, and then complimented the person on how smart they looked. This showed staff were caring and kind.

We saw that people were consistently given choices by staff, for example; we saw staff helped people to make choices by providing them with appropriate information with observation of how people responded and indicated their understanding. Some people’s first language was not English and staff were available who were able to converse with people in their first language.

We found good relationships between staff and people that received support. We saw that staff promoted people’s dignity and showed them respect when they provided people with care and support. We found the atmosphere within the home was relaxed and people presented as being comfortable with the staff. We saw staff approach people in a way that consistently showed respect for them, for example they positioned themselves at the same level as people, speaking to them in a friendly and open manner. We saw staff made sure they addressed people by their preferred name. We saw staff had a good rapport with people.

We saw staff promoted people’s privacy. Some people we spoke with told us they liked to spend time in their rooms but could choose to sit in the communal areas if wished and we saw this happened during our inspection. We saw there was space available for people to sit in private when they wished and staff supported people with this privacy when requested. We saw people’s bedroom doors were closed unless the person expressed a preference to have the door open. We saw that when people were given personal care in their room staff ensured they used notices on the person’s door that would ensure other staff and visitors were aware, this so people’s dignity was not compromised.

People’s independence was promoted. One person told us, "I can go shopping independently”. Another person said “I shower myself”, which reflected their wish for independence. We saw staff promoted people’s independence, for example where people were able to feed themselves staff encouraged them to do so. We saw people had freedom of movement. Where there were risks to people, for example from falls, we saw steps had been taken to minimise the risks without unduly restricting people’s independence or choice.

People and their relatives told us they were able to visit at most times although there were plans to introduce protected meal times on Haven unit where relatives were to be asked to visit outside of meal times. Staff told us that this change was to ensure people living with dementia had privacy when eating, although if there was a particular wish for a relative to be present at this time this could be discussed with them. People told us their relatives were made welcome and they were able to maintain relationships. One person told us, “I can ring my [relative] and meet him whenever possible”. Another person shared with us how they went out on their own to meet friends. A relative told us, “It was really lovely to have Christmas dinner with [the person] here". This showed people were able to maintain important relationships

We saw that some people’s bedrooms were personalised and had items on display that people told us were of personal significance and important to them. People told us they liked their rooms the way they were and they reflected their personal preferences. People we spoke with told us they were comfortable with their rooms.

Requires improvement

Is the service responsive?

Our findings

We heard mixed views from people about how they spent their time, some telling us they were able to do what they wished, others saying they did not always have much to do. One person said, "The biggest thing is boredom". Relatives we spoke with felt there could be more stimulation for people on Haven and Nightingale units one telling us, 'It's a pity [person's name] doesn't get out more although, to be fair, I don't think [the person] lets them". Another relative spoke of the staff not always having the time to spend with people, for example the activity co-ordinator who, "Has to share her time between the two units" which impacted on their ability to spend time with people. Staff we spoke with said people's 'basic needs' were met but they did not always have the time to spend talking with people and encouraging daily pastimes. We saw staff would try to encourage people when they had time, for example one staff member was playing a one-to-one game with a person. However there were occasions where people were not offered activities and we saw that items of interest for people for example newspapers and books were not always visible around some parts of the service. People on Phoenix unit were more positive about how they spent their time, one saying, "I have participated in trips to West Park and the Black Country Museum". Others told us that went out independently or with friends. One relative also told us the staff, "Did a lot over Christmas "in respect of activities for people. They also told us they were able to take part in day to day jobs, for example one person told us how they enjoyed doing the washing up. Some people said trips out in the service's minibus were limited due to the lack of available drivers. The manager confirmed that there were limited staff that could drive the service's minibus and this limited trips out. This showed people did not consistently receive support to allow them to pursue their chosen daily routines.

People were involved in developing their care, support and treatment plans and staff had the skills to assess people's needs. We met a person who was considering moving into the service. We saw they spent time talking to people, staff and having a look at the accommodation. They were accompanied by their relatives and a senior carer spent time with them to explain the service and answer any questions they may have and get to know the person. Staff told us that the person would have the opportunity to stop at the service for a trial period to see if they liked it. The manager and nurses were aware of the need for balance when involving family, friends or advocates in decisions about the care provided, so that the views of the person receiving the care were known, respected and acted on. A person told us about changes that had been needed to how their care was provided and we saw the person's records reflected these. A relative told us they had been asked for involvement in the person care plan and was asked to, "Give (person's) story" and that the person's needs were appropriately assessed when admitted. A visiting health professional also confirmed that staff did seek advice about people's care, and did look to check their own knowledge was correct so that people received the correct care and support.

Care plans were seen by the manager as essential to providing good person centred care. We found people's care plans and assessments reflected people's needs, choices and preferences. People's changing care needs were identified with monthly reviews by a senior or nurse. We saw there were robust systems to ensure changes to care plans were communicated to staff. The manager held daily meetings with senior staff where any issues in respect of people's day to day care were raised and discussed. Decisions were then made as to what response staff should take. We saw occasions where staff responded to people in a way that showed they knew people's preferences, for example a member of staff helped a person get ready to go out and showed they knew what the person needed by the guidance then provided to them. We also saw staff provided appropriate cutlery and aids for people at meal times that were appropriate to their specific needs. Staff based on Nightingale unit did express some concern that the care they provided was, "Task driven" however. They also said they had, "Not much time to look at care plans", although staff we spoke we did demonstrate a good understanding of people's needs. People told us the care was good but staff did not always have time to respond to some aspects of care. One relative said "Generally the care is quite good" but the staff, "They don't have time to do everything". We were told about some aspects of care where people did not feel the care was responsive, for example one person told us staff had not always assisted with fitting an occupational aid they required, and a relative told us they had to remind staff to clean a person's nails.

People told us there were a number of ways they were able to feedback their views about the care they received. We

Requires improvement

Is the service responsive?

saw people's views were sought through a variety of methods including surveys and meetings. There were also annual surveys of people and relatives to gain their views of the service, which some relatives said they had been asked to complete. The results of these presented an overall positive view of a service that people thought had improved. One comment received by the provider said, "You worked so hard to ensure all the residents are looked after". People we spoke with knew how to complain and we saw there was information about complaints available within the service. One person told us they were able to talk to staff if they had concerns and they said their relative had complained and, "They did do something about it". A relative told us about some concerns they had and said, "We raised a complaint with the manager and since then, fine". Another relative told us they had raised concerns and improvements had been made as result. A third relative raised concerns during the inspection and we saw that the manager made themselves available to listen to the person and suggest changes to address the concerns. We found that complaints the service received were documented, monitored and follow up action recorded, with feedback given to the complainant. This showed that that people knew how to complain and the service did respond to concerns raised.

Good

Is the service well-led?

Our findings

The service did not have a registered manager at the time of the inspection. However the provider had ensured there was a manager in place until the day to day running was taken over by a new provider. They told us they had not applied to be the registered manager for Aldergrove as the change of the service's ownership was imminent, and they would not have been time to complete their registration before this happened. The manager told us they did however have experience of managing care homes. The manager had a good understanding of their responsibilities in terms of the law. They also told us about training they were undertaking to develop their own skills and knowledge. They told us how they kept up to date with changes which impacted on the service; this included updates on national developments in the care sector.

We saw that the manager was visible to people using the service throughout the inspection. People and visitors told us they knew who the manager was and we saw they had a good relationship with people who lived at the service. People told us they regularly saw them around the service. One relative said, "I have complained and was told (by the manager) to come in and see her at any time". Another relative told us they knew the manager but also spoke of one of the nurses who they said, "She is great, such a star". The manager confirmed they had an 'open door' approach and said they tried to ensure they were always available to people and visitors and said they had support from the provider who visited on a regular basis.

We found the provider had listened to, and made some changes based on what people told them. One relative told us they had attended relatives' meetings where people had raised concerns and made suggestions. They told us that suggested changes to the kitchen in part of the service had been addressed quickly. They said, "All our comments were taken on board and [the Manager] acted on the suggestions".

We saw a range of internal quality audits were undertaken to monitor the service. There was a system in place to identify, assess and manage risks to the health, safety and welfare of the people using the service and others. We saw there was a monthly monitoring visit carried out by the provider where they spoke with people, observed what was happening in the service and checked records. We looked at some other audits, for example those carried out to check the safety of the building and we saw that actions identified as needing action had been carried out in accordance with the provider's action plans.

We observed one of the daily heads of department meetings. This was chaired by the manager and they heard feedback from department leads, which included the unit managers, the cook and housekeeper so they could discuss issues and receive direction from the manager. Staff told us they understood their role and what was expected of them, although we heard some mixed views. The majority of staff expressed confidence in the way the service was managed but some staff that worked on Nightingale unit said they felt pressured and did not always feel well supported. However one member of staff said, "Nurses are more approachable and part of the team" of late. They expressed concerns about staff team work which was in contrast to the comments staff on Phoenix unit and Haven unit made. One member of staff said, "Best unit manager, very supportive", another that, "This is the best job I have ever had". Staff said they had one to one meetings with their unit manager (supervision), but there was mixed views expressed as to how staff were supported by these. Some staff had the view that supervision was where they would be told about things they had not done. Other staff told us supervision was, "Very supportive and constructive" with team meetings an opportunity to share knowledge and learn from each other. This indicated that most, but not all staff felt well supported by management.

Staff told us they felt able to raise concerns and said they would feel able to contact the provider or external agencies and 'whistle blow' if needed. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organisation that is either private or public.

We found the provider had met their legal obligations around submitting notifications to CQC and the local safeguarding authority. The provider was aware they were required to notify us and the local authority of certain significant events by law, and had done so. We also saw that the provider had ensured information about the service's inspection rating was displayed prominently as required by the law.