Care Quality Commission

Care Management Group Limited

Care Management Group - Longdown Road

Inspection report

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Date of inspection visit:
23 March 2016

Date of publication:
13 May 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

CMG Longdown Road is a residential care home which provides personal care to nine adults with complex physical and learning disabilities. There were nine people living here at the time of our inspection.

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 well decorated and adapted to meet people's needs. Flooring was smooth and uncluttered to aid with people's mobility needs. The home had an airy and homely feel and reflected the interests and lives of the people who lived there.

The inspection took place on 23 March 2016 and was unannounced.

There was positive and caring interaction between people and staff. People gave clear indications to us that they were happy living here, such as smiling or giving positive hand gestures when we spoke with them.

People were safe at CMG Longdown Road because there were sufficient numbers of staff who were appropriately trained to meet the needs of the people who live here.

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. 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. Staff were aware of the home's contingency plan, if events occurred that stopped the service running. The premises provided were safe to use for their intended purpose.

Staff recruitment procedures were robust to ensure staff were suitable to support people in the home. The provider had carried out appropriate recruitment checks before staff commenced employment.

Staff received regular support in the form of annual appraisals and formal supervision to ensure they gave a good standard of safe care and support. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported.

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. All medicines were administered and disposed of in a

safe way.

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. Staff were heard to ask people for 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. People had access to drinks and snacks at any time during the day and people were able to have a cup of tea during the night if they asked.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. 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.

The staff were kind and caring and treated people with dignity and respect. Good interactions were seen throughout the day of our inspection, such as staff talking with them and showing interest in what people were doing, such as helping people to write letters to family and loved ones. People looked relaxed and happy with the staff. People could have visitors from family and friends whenever they wanted. The staff knew the people they cared for as individuals, and had supported them for many years, giving a family feel to the home.

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. People received the care and support as detailed in their care plans. Details such as favourite foods in the care plans matched with what we saw on the day of our inspection. People had access to activities that met their needs.

People knew how to make a complaint. The policy was in an easy to read format to help people and relatives know how to make a complaint if they wished. No complaints had been received since our last inspection. Staff knew how to respond to a complaint should one be received.

Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. The registered manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained. 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. The senior management from the provider regularly visited the home to give people and staff an opportunity to talk to them, and to ensure a good standard of care was being provided to people.

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. There were times when staffing levels were low due to illness, but this had not impacted on people's care.

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 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.

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. Communication was good as staff were able to understand the people they supported.

People could have visits from friends and family whenever they wanted.

Is the service responsive?

Good

The service was responsive.

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

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

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint 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.

Staff felt supported and able to discuss any issues with the manager. Senior managers regularly visited to speak to people and staff to make sure they were happy.

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

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

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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 23 March 2016 and was unannounced. Due to the small size of this home the inspection team consisted of two inspectors who were experienced in care and support for people with Learning Difficulties.

Before the inspection 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.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the home.

Two people declined to speak with us when we asked. Due to the other people's communication needs during our inspection we were unable to get detailed responses from people about their experience of living here. We sat with people and engaged with them. 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 contacted two relatives to ask for their opinions on the care and support given at this home, but did not receive a response. We spoke with three staff which included the registered manager. The local authority and safeguarding team did not identify any concerns about the home.

We also reviewed care and other records within the home. These included three care plans and associated records, three medicine administration records, three staff recruitment files, and the records of quality assurance checks carried out by the staff.

At our previous inspection in April 2014 we had not identified any concerns at the home.

Good

Is the service safe?

Our findings

People were safe living at CMG Longdown Road. Two people nodded when we asked if they felt safe living here.

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 signs that abuse may be taking place, such as bruising or a change in a person's behaviour. They understood that all suspicions of abuse must be reported to the registered manager, or person in charge. Staff understood that a referral to an agency, such as the local Adult Services Safeguarding Team or police should be made, and that they could do this themselves if the need arose. Information about abuse and what to do if it was suspected was also clearly displayed in the dining room for people and visitors to see, so they would know what to do if they had concerns.

There were sufficient staffing levels deployed to keep people safe and support the health and welfare needs of people living at the home. However when we first arrived the staff levels were below that identified by the registered manager as being adequate. This was because two staff had phoned in sick that morning. The situation was quickly rectified by the registered manager as they had already arranged for alternative staff to work. Peoples care and support had not been affected. Staffing rotas showed that levels of staff on shift over the past four weeks matched with the calculated support levels of the people that lived here.

Staffing levels were calculated on the needs of the people who lived at the home. The provider carried out an assessment of people's support needs prior to them coming into the home to calculate how much one to one support was needed. This was reviewed annually, or if a person's needs changed (such as illness) to ensure people's needs were met.

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 manager to look for patterns that may suggest a person's support needs had changed. Staff were also kept up to date with hazards identified at other services run by the provider, and what they would need to do to support people if it happened here. The provider had issued guidelines around the risk to people from scalding, this information had been discussed in staff meetings, and staff knew about the issues, and how to minimise the risk to people. Work was also carried out to check and fix the hot water systems in the home, to further minimise the risk of scalding.

People were kept safe because the risk of harm from their health and support needs had been assessed. People were not restricted from doing things they liked because it was too 'risky'. A staff member said, "It's about being there when they are doing anything with a risk factor to it, so we can support, and follow the risk assessments." 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 people mobilise around the home, or reduce the risk of infection, for a person who chose to move around on the floor. Risk assessments had been regularly reviewed to ensure that they continued to reflect

people's needs.

People were cared for in a clean and safe environment. The home was well maintained. The risk of trips and falls was reduced as flooring was in good condition. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, and fire safety. The registered manager had regularly reviewed the needs of people to ensure the environment met those needs. Although most people were currently independently mobile she had identified that this could change in the near future and had begun to look at the possibility of installing a stair lift. This would enable people to stay in their room upstairs should their mobility deteriorate and maintain independence as they would not be reliant on staff helping them up and down the stairs.

Staff understood their responsibilities around keeping a safe environment for people. A staff member said, "We observe them when they eat, to check if they need help; Before moving people we check the hoist has been tested, so it is safe to use; We follow care plan guidelines around keeping individuals safe." Fire safety equipment and alarms were regularly checked to ensure they 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. 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.

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 their medicines, for example staff gave people choices of where they would like to take their medicine. Staff that administered medicines to people received appropriate training, which was regularly updated. Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it. For 'as required' medicine, such as paracetamol, there are guidelines in place which told staff when and how to administer the pain relief in a safe way.

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. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use.

Good

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people.

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 would have the skills to support people effectively. Induction included shadowing more experienced staff to find out about the people that they cared for and safe working practices. A staff member said, "I had to do a big induction book, I also came to observe how staff worked and was shown how the house is run." The induction book covered the areas such as health and safety, food preparation, safeguarding, and managing behaviour that may challenge. Staff received ongoing training to ensure they were kept up to date with current best practice.

Staff were effectively supported. Staff told us that they felt supported in their work. Staff had regular one to one meetings (sometimes called supervisions) with the registered manager, as well as annual appraisals. This enabled them to discuss any training needs and obtain feedback about how well they were doing their job and supporting people. One staff member said, "I have supervision every 6 weeks, we talk about, training, what I'm good at, and service users, how I get on with staff, do I need any help with anything." Staff told us they could approach management anytime with concerns.

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 bests 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. People also had access to advocacy services. These offer help to people who may not have anyone else who can help them with decision making, and make sure they are supported and cared for in the person's best interest.

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. They were able to demonstrate how it had been used to ensure a person's human rights were not ignored. One staff member said, "The MCA is about someone's ability to make decisions around their life." Another said, "Some people do not have the capacity to make decisions. We need to review this as capacity can come back, or fluctuate." Staff were seen to ask for people's consent before giving care throughout the inspection.

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). CQC is required by law to monitor the operation of the DoLS, and to report on what we find. 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 had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. Lunch was observed to be a quiet and dignified event. People were able to choose where they would like to eat. People were involved in laying out the table, choosing the food they would like, and supported by staff when needed. Staff had friendly interaction with people during the meal and made it an interactive and positive experience for everyone involved. People were involved in preparing their own food and drinks were ever possible. For example some people were able to help make their own drinks, others were able to take their plates and cups back to the kitchen. Staff encouraged people to do as much as they were able.

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 food presented in a particular way to aid swallowing this was done. This had also involved a dietician to ensure the food was based on healthy eating, so in addition to snacks such as biscuits staff also offered people fruits such as tangerines and yellow plums. 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. One person had their food and fluid intake monitored as they were identified at risk of malnutrition. Staff involved the person in this by asking them what they had eaten and drunk, and discussed with the person if they needed to eat or drink anymore at that time.

People received support to keep them healthy. Each person had a health action plan in place. This detailed when they had check-ups, and how often these should be done. Information about the outcome of the appointments and any action needed by staff were also clearly recorded and followed. Where people's health had changed appropriate referrals were made to specialists to help them get better. One person had recently been identified at risk of malnutrition. The actions taken by staff to support them, such as referrals to health care professionals and following a diet plan, had bought about an improvement in the person's health.

Good

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. People smiled or gave us a thumbs up sign when they were asked about how well they staff cared for them. Staff were very focused on supporting people in a caring and friendly way. A staff member said, "The best thing about working here is the relationships between staff and clients."

The atmosphere in the home was generally calm and relaxed and staff spoke to people in a caring and respectful manner. When people became agitated staff spoke calmly to them and defused the situation, so others were not affected. People looked well cared for, with clean clothes, tidy hair and appropriately dressed for the activities they were doing.

Staff were very caring and attentive with people. They knew the people they looked after. Throughout our inspection staff had positive, warm and professional interactions with people. All the care staff were seen to talk to people, asking their opinions and involving them in what was happening around the home. Staff were knowledgeable about people and their past histories, such as past jobs, hobbies, and their family life. Care records recorded personal histories, likes and dislikes, and these matched with what staff had told us. Throughout the inspection it was evident the staff knew the people they supported well.

Staff communicated effectively with people. When providing support staff checked with the person to see what they wanted. Staff spoke to people in a manner and pace which was appropriate to their levels of understanding and communication. People were involved in their day to day care and support needs. Staff discussed shopping trips out that they may like to take part in, and supported people to make presents and cards to celebrate a family special occasion. Staff also changed their plans to fit in with a person's preferences, showing people were involved in their care. One person usually went shopping on a particular day. When they suggested they may want to go out with the others on a different day, staff supported the person to do this.

Staff treated people with dignity and respect. Staff were very caring and attentive throughout the inspection, and involved people in their support. Examples such as asking people for permission before they were moved in their chairs were seen throughout the inspection from all staff. When giving personal care staff ensured doors and curtains were closed to protect the person's dignity and privacy. Where an item of clothing had become out of place, staff discreetly bought this to the person's attention and helped them to cover up so their dignity was maintained. Treating people with respect was also shown by other staff from the provider who visited the home, as well as staff who worked at the home. Before a maintenance person from the provider entered people's rooms to check on their hot water supply, they asked people's permission before entering. They also asked if the person would like to watch what they were doing, recognising that the room was owned by the person.

When people were involved in household chores, staff were heard to encourage and congratulate people on a job well done. People responded positively to this, and looked pleased that staff had noticed the good job they had done.

People were given information about their care and support in a manner they could understand. 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, which provided up to date information to people.

People's rooms were personalised which made it 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.

Family members were able to keep in regular contact and visit whenever they liked. People also spent time going to visit their relatives, for example spending a weekend away with them.

Good

Is the service responsive?

Our findings

People's needs had been assessed before they moved into the service 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 and relatives were involved in their care and support planning. Where people could not be involved themselves relatives, or advocates were involved. Care plans were based on what people wanted from their care and support. They were written with the person by the registered manager or key worker. A key worker is a member of staff identified to be the main point of contact for a person who uses the service. Staff explained how they sat with each person, and/or their family and asked what supported they wanted, and what their personal preferences were. Health or social care professionals were also involved to ensure that the person's choices and support were covered for all aspects of their life. Reviews of the care plans were completed regularly with people so they reflected the person's current support needs. A staff member confirmed this when they said, "We have 121 sessions with people where we ask, 'are you happy with this? Is there a better way?"

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. The files were well organised so information about people and their support needs were easy to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs. Care plans were comprehensive and were person-centred, focused on the individual needs of people. People received support that matched with the preferences record in their care file.

Care plans addressed areas such as how people communicated, and what staff needed to know to communicate with them. Guidance was given around what each individual's signs or particular ways of communicating meant (such as gestures they may make), and what staff would need to do to support them in response. Other areas covered included keeping safe in the environment, personal care, mobility support needs, 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.

People had access to a wide range of activities, many of them based in the local community. Activities were based around people's interests and to promote their independence and confidence. People had access to day centres, social clubs and holidays abroad. During the inspection people were going out on activities throughout the day, and those that stayed home had activities such as colouring books and painting, listening and dancing to music and watching programmes on the television. They also had visits from external agencies who gave one to one activities for people.

Independence was supported and encouraged by staff. People were involved in daily duties around the home, such as cleaning, going out shopping for personal items, helping prepare meals, or helping with their laundry.

People were supported by staff that listened to and responded to complaints or comments. There was a complaints policy in place. The policy included clear guidelines, in an easy to read format, 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.

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 manager. Staff felt supported working at the home, and enjoyed their job. One staff member said, "It's like a big family here, everyone knows everyone, it's like a home away from home." Staff had a good understanding of the values of the home, one staff member said, "We make sure our service users have a worthy life to live, and the home revolves around them and has to be person centred. I think we achieve that here." Another staff member said, "To help everyone become more independent. Live a good life. Take them places they want to go. Be someone they can talk too." We saw this happen during our inspection.

Records management was good and showed the home and staff practice was regularly checked to ensure it was of a good standard. However we did note that due to a faulty filing cabinet, staff files were stored off site, in a way that may not be totally secure. The registered manager said she would address this issue.

Senior managers were involved in the home because a representative from the provider carried out regular visits to check on the quality of service being provided to people. These visits included an inspection of the premises and reviewing care records. An action plan was generated, which detailed who was responsible for completing the action and by when. This was then reviewed at each visit to ensure actions had been completed. The registered manager also completed a monthly management report to keep the senior managers within the organisation up to date on what had happened at the home, and to monitor that a good standard of care and support where being given. Staff told us that the senior managers were, "Very supportive."

Records demonstrated that where actions had been identified, the registered manager had taken action to correct the issue, for example competency assessments of staff had been identified as being out of date. The registered manager had completed these in the timescale set out by the senior manager. In addition the chief executive officer (CEO) of the provider visited regularly without warning. The visits could take place at any time, such as early morning or in the evening. Staff explained how this gave people, and them, the opportunity to feedback and talk with him about how the home was running. It also gave the CEO an opportunity to see how the home ran, and check this was in line with the values of the organisation.

Regular monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. In addition the registered manager also carried out unannounced spot checks to see that people received a good standard of care at all times, for example their last check was carried out at 2am to check on night staffs practice. All of these audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion.

People and relatives were included in how the service was managed. The registered manager ensured that various groups of people were consulted for feedback to see if the service had met people's needs. This was done annually by the use of a questionnaire. All the responses from the last survey were positive about the

home and staff.

Staff felt supported and able to raise any concerns with the manager, or senior management within the provider. One staff member said, "We work as a team in a friendly, caring, loving environment. Every time you are stuck with something there is always someone to help advise you." 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. Staff meetings discussed any issues or updates that might have been received to improve care practice. The last meeting had discussed lessons learned from other homes managed by the provider, such as results of CQC inspections, and the actions staff could take here, either learning from good practice that had been identified, or from areas that needed to be improved. Further work was being carried out by the provider to encourage staff to be more involved in the meetings and how the home was managed.

The registered manager was visible around the home on the day of our inspection, supporting staff and talking with people to make sure they were happy. The registered manager was very 'hands on', and helped around the home. This made them accessible to people and staff, and enabled her to observe care and practice to ensure it met the home's high standards. The registered 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. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns.