Modus Care Limited

The Rowans

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The Rowans is a residential care home for up to five adults with an Autistic Spectrum Disorder with or without associated learning disability. At the time of inspection, there were four people living at the home.

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

The home was well decorated and adapted to meet people's needs. Flooring was smooth and uncluttered to aid with people's mobility. People had been involved in the decoration of the home, and especially in their bedrooms. The home had a homely feel and reflected the interests and lives of the people who lived there.

The inspection took place on 26 January 2016 and was unannounced. At our previous inspection in September 2013 we had identified no concerns at the home.

There was positive feedback about the home and caring nature of staff from people and relatives. One person said, "I like it here very much." A relative said, ""Staff are excellent, they have some really lovely people here."

People were safe at The Rowans. A relative said, "Yes, I do think there are enough staff." There were enough staff deployed to meet the needs and preferences of the people that lived there. Where people required one to one support from staff, the registered manager ensured staffing levels were sufficient so that other people's activities were not affected.

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, and keep people safe if they could not return. Each person had a plan which detailed the support they needed to get safely out of the building in an emergency.

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

People received their medicines when they needed them. Medicines were managed in a safe way and staff

were trained in the safe administration of medicines. People were encouraged and supported to manage their own medicines where possible to promote their independence.

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 could choose what they wanted to eat. Some people were supported to help prepare their own meals and drinks. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. When changes in people's health were identified by staff, they responded quickly and made sure they received appropriate treatment.

The staff were kind and caring and treated people with dignity and respect. A relative said, ""Staff here are very good." People looked relaxed and happy with the staff. People could have visitors from family and friends whenever they wanted. Staff knew the people they supported, and took time to sit and talk, or play games with them. When asked what was they enjoyed most about working here, a staff member said, "Supporting the guys, they are my priority, it's like a family here."

Care plans were based around the individual preferences of people. People and their relatives were involved in making the care plans, and reviewing the care and support given. Care plans 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, interests, or allergies recorded in the care plans matched with what we saw on the day of our inspection.

People had access to activities that met their needs. A large proportion of the activities were based in the community, giving people access to friends and meeting new people. Staff listened to people and relatives and tried out new activities to see if people wanted to do them. People were encouraged to go out, but always had the choice to stay indoors if they wished.

There was a clear complaints system in place. Relatives said they knew how to make a complaint but had never felt the need to. Where a complaint had been received the registered manager had responded quickly to resolve the issue to the complainant's satisfaction.

The provider and the registered manager ensured that people received a good standard of care and support. 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 senior management from the provider regularly visited the home to give people and staff an opportunity to talk to them about their experiences. Feedback from people and professionals was used to improve the home for the people that live here.

People and relatives had the opportunity to be involved in how the home was managed. Surveys were completed and the feedback was reviewed, and used to improve the service. A relative said, "They ask us for

feedback once or twice a year."

Summing up the home, a relative said, "They provide a safe environment for people. My family member feels confident that The Rowans is his home, so he feels safe here."

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 people's needs.

Staff understood their responsibilities around protecting people from abuse, and minimising the risk of harm to people.

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 registered 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 respected. 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.

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

Is the service responsive?

Good

The service was responsive.

Detailed assessments of people's needs were completed, to ensure the home and staff could meet those needs.

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 active social lives and 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.

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

People were supported by staff who were happy in their roles, and who felt able to raise any concerns with the registered manager.

Quality assurance checks were completed on all aspects of the home. These were used to ensure people received a good standard of care, and to improve the home.

The registered manager understood their responsibilities around reporting incidents to the CQC.

The Rowans

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 26 January 2016 and was unannounced.

Due to the very small size of the service one inspector who was experienced in care and support for people with learning disabilities carried out this inspection.

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.

We spoke with one person who lived at the home, two relatives and five staff, including the registered manager. Due to people's communication needs we were unable to get detailed responses from all the people about their experience of living at the home. 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 also reviewed care and other records within the home. These included two care plans and associated records, two medicine administration records, two staff recruitment files, and the records of quality assurance checks carried out by the staff.

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

Good

Is the service safe?

Our findings

People were safe living at The Rowans. One person nodded and gave a 'thumbs up sign' when we asked if they felt safe living there. A relative said, "They provide a safe environment for people. My family member feels confident that The Rowans is his home, so he feels safe here."

There were sufficient numbers of staff to keep people safe and support the health and welfare needs of people living at the home. A relative said, "Yes, I do think there are enough staff." Over the course of the day staffing numbers matched the identified needs of the people who lived there. When people went out on activities others who chose to stay in were still supported by staff. For example one person was on one to one staff support, and this did not impact other people's activities. Staff rotas were clear and recorded that the correct number of staff had been on shift to meet people's needs, as well as who each staff member was to support each day.

People were protected from the risk of abuse. Staff had a clear understanding of their responsibilities in relation to safeguarding people. One staff member said, "I have to report any suspicion to my manager. The manager then has to tell social services or the police." Staff were able to describe the types of abuse and the signs that it may be taking place, such as bruising or a change in a person's behaviour. Staff knew about whistleblowing and felt confident they would be supported by the provider. Information about abuse and what to do if it was suspected was also clearly displayed, so people and staff would know what to do if they had concerns.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed. Where a risk had been identified, such as when a person's behaviour had changed due to illness the registered manager had taken appropriate action. A relative said, "The manager came in to help overnight, and they explained to us what had happened, and what they had done to keep our family member safe and calm."

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'. 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 identifying foods that people were allergic to, and giving guidelines for staff on how to manage this. Staff were able to identify allergies people had, which showed they understood the guidelines and knew how to keep people safe. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs. Another idea implemented to manage risk, without restricting freedom, was to give one person the registered manager's work mobile telephone number. That way when they were out independently and wanted advice they knew they could speak to someone. This happened during the inspection and showed the system worked well.

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. Staff worked within the guidelines set out in these

assessments. Equipment such fire safety equipment was regularly checked to ensure it would activate and be effective in the event of a fire.

Risk assessments were well designed and guided staff in how to complete a thorough assessment of hazards to keep people safe. They looked at what the hazard was, who could be affected, the likelihood of the issue happening, the potential severity of the issue, the level (score) of the risk and how this should be managed.

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. Staff had a good understanding of looking for potential hazards around the home, so that these could be managed to keep people safe. One staff member said, "We have to make sure it is safe for people by looking for dangers such as leads on the floor that they could trip on. We have to keep things like cleaning products in the right place so people can't hurt themselves. If we spot any hazards we have to tell the manager, and she puts things right." The home felt homely and individualised to the people that lived there, for example an extra lounge area had been created upstairs to give people more communal space if they did not want to go downstairs.

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 the fire evacuation plan. These gave clear instructions on what staff were required to do to ensure people were kept safe. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. The home also had a 'Business Continuity Plan' in place. This identified how people would be cared for if the home could not be used after an emergency, such as flooding, or severe weather.

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 and relatives were involved in the process. People had the opportunity to store their own medicines securely in their bedrooms, and manage them themselves. Assessments of the risk had been completed. People were also able to change their minds and have staff help them if they wished. For 'as required' medicine, such as paracetamol, there were guidelines in place which told staff when and how to administer the pain relief in a safe way.
Staff who administered medicines to people received appropriate training, which was regularly updated. One staff member said, "We have to have medicines training before we can give medicine to people. This is regularly refreshed and the manager observes our practice to make sure we are competent." Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it, they were also able to describe people's allergies to certain medicines.
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 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. The temperature of where the medicines were stored was recorded, to ensure the medicines' effectiveness was not affected by extremes of temperature. The local pharmacy carried out annual checks on how the staff managed people's medicines. The last visit had identified no major issues, so confirmed that people's medicines were well managed.

Good

Is the service effective?

Our findings

People were supported by well trained staff that had sufficient knowledge and skills to enable them to care for people. A relative said, "Yes, I think without exception they all seem to suit my family member's personality. They are all mature (in their behaviour) and gentle."

Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they had the skills to support people effectively. This included shadowing more experienced staff to find out about the people that they cared for and safe working practices. Staff were trained before they started to support people and received regular ongoing training to ensure their skills where kept up to date. Training was given based on the support needs of the people that lived at the home, for example Autism and Asperger's to ensure staff had the necessary skills to do this safely and effectively.

Staff were effectively supported so that they could care for the people who lived at the home. Staff told us that they felt supported in their work. One staff member said, "I'm supported, the manager is brilliant, I have regular supervisions with her." This enabled them to discuss any training needs and get feedback about how well they were doing their job supporting people. Staff told us they could approach management at any time 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.

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. One staff member said, "We need to explain in a way that people understand, so they know what is happening and try to get them to give a sign that they understand and agree. If they don't understand the first time we have to try again in a different way. We can't make decisions for them without the family and professionals like the GP being involved and making a best interests decision for the person." 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). 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. The registered manager had the expiry date of each DoLS recorded so they would be prompted when it was due to expire. This would ensure that the restriction on the person would be reviewed to check if it was still necessary to keep the person safe.

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. People gave us a 'thumbs up sign' when we asked if they enjoyed the food. The menu was varied and people could have the food they enjoyed. People were given choice at meal times as to what they would like to eat and drink. Staff showed people pictures or the actual meals to help them understand, and if they refused the first choice other choices were offered.

People's individual dietary needs were met. People's preferences for food were identified in their support plans. Where a specific need had been identified, such as certain food groups that could have a negative impact on people's health, these were clearly displayed in the kitchen for staff to reference.

Staff were able to tell us about people's diets and preferences. Menu plans, and food stored in the kitchen, matched with people's preferences and dietary needs and showed they had the food they needed. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. A staff member said, "We try to encourage people to help make their own food and drinks."

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. Where people's health had changed, appropriate referrals were made to specialists to help them get better. Staff gave an example of where they had noticed a change in a person's mobility. This prompted a visit to the GP where the person's medicine was reviewed and altered to help with the condition.

Good

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. A person said, "I like it here very much." A relative said, "Staff here are very good." Another said, "Staff are excellent, they have some really lovely people here." When asked what they enjoyed most about working at the home, a staff member said, "Supporting the guys, they are my priority, it's like a family here."

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

Throughout our inspection staff had positive, warm and professional interactions with people. A relative said, "My family member doesn't like strong voices and staff are sensitive to this. They have the knack to know his moods." Staff took time to sit, talk and play games with people. People responded well to this interaction, and it showed that staff had shown an interest in them. 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. Care records recorded personal histories, likes and dislikes. Staff showed detailed knowledge of the people they cared for. This covered areas such as music taste, favourite foods, hobbies as well as support needs. This information was confirmed when we spoke with relatives, or when people showed us their bedrooms, as decorations and items matched with what staff had said.

Staff communicated effectively with people. A relative said, "They are introducing a visual timetable for my family member as he likes a routine." When providing support, staff checked with the person to see what they wanted. Staff spoke to people in a manner and at a pace which was appropriate to their levels of understanding and communication. Where people were not able to verbally communicate, staff understood what people's facial expressions or sounds they made meant. Staff's interpretation matched with the information recorded in the person's care plan on how they communicated.

Staff treated people with dignity and respect. One person had a sign on their bedroom door asking staff to carry out certain tasks before they entered the room. Staff respected this and were seen to follow the person's wishes. A staff member said, "I give people privacy in the bathroom, if he calls or asks for help, I go to him. I don't go in unless he asks." They went on to say, "I also respect the choices he makes, and do what he wants, not what I want." Staff were very caring and attentive throughout the inspection, and involved people in their support. When giving personal care staff ensured doors and curtains were closed to protect the person's dignity and privacy.

People were given information about their care and support in a manner they could understand. Tools such as visual picture boards were seen to be used by staff, so that people could communicate what activities they would like to do 'now' and 'next'. Information was available to people around the home. It covered areas such as local events, and newsletters from the provider. Information was presented using pictures and

easy to understand text. Information such as calendars, menus and activity planners were all current and up to date, so gave good and correct information to people.

People's rooms were personalised which made it individual to the person that lived there. One person was keen to show us their bedroom and pointed out all the things that were important to them. They were especially proud of a mural they had painted on their wall with the help of staff. People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services in the community so they could practice their faith. Relatives told us they were free to visit when they chose to.

Good

Is the service responsive?

Our findings

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

When people moved into the home staff had everything in place to make them feel welcome and knew their needs. Staff had obtained favourite pictures and objects for one person, and had them in their bedroom before they moved in. This lessened the impact of a new environment as the person could see familiar objects. Staff also had detailed notes about the person's support needs so that training and equipment were in place. The training and equipment were in use at the time of the inspection, which gave the person a good standard of care as detailed in their care plan.

People and relatives were involved in their care and support planning. Where people could not be involved themselves, relatives or advocates were involved. A relative said, "We do get shown the care plan." A member of staff said, "The care plans show us what people like. We ask them questions and when we do reviews we see if anything has changed. The parents and care managers are involved." Relatives were very pleased with the care and support given. The reviews of the care plans were completed using simple language so that the person could understand them. Staff responded quickly to support people when needed, for example staff excused themselves when talking with us when they saw a person indicated they wanted something, such as making a particular noise or facial expression.

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 was 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 recorded in their care file.

Care plans addressed areas such as communication, keeping safe in the environment, personal care, pain management, sleeping patterns, mobility support needs, and behaviour and emotional needs. Care planning and individual risk assessments were regularly reviewed with the person to make sure they met people's needs. The registered manager was in the process of transferring the care plans to an electronic format, used by the provider in all their care homes. This meant that some really good documents made by people to show staff their likes and dislikes may get lost and forgotten.

People had access to a wide range of activities, most of them based in the community. Activities were based around people's interests and to promote their independence and confidence. People had access to day centres and social clubs. During the inspection people were going out on activities throughout the day, and those that stayed home had activities such as listening to music and watching their favourite films on the television.

Independence was supported, as people were encouraged to help around the home, such as vacuuming, or helping prepare their lunch. People were also encouraged to try new things, such as going out to different venues for activities, but if they did not want to go, staff respected this and did not make them. One person was struggling to return to college. When the college had sent photographs to try to help the person remember the good time they had, staff had printed these off and showed them to the person. Staff had responded to the change in the person's behaviour, and supported them to try to continue with an activity they used to enjoy.

People were supported by staff that listened to and responded to complaints. There was a complaints policy in place. The policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. Relatives confirmed they knew how to make a complaint, but had never felt the need to. One relative said, "We would take our complaint straight to the manager or the head office. I have no fear that any complaint we made would not rebound onto the care our family member received."

The registered manager and staff explained that complaints were welcomed and would be used as a tool to improve the service for everyone. Where complaints had been received the registered manager had taken appropriate action to address the issues raised.

Good

Is the service well-led?

Our findings

There was a positive culture within the home between the people that lived there, the staff and the registered manager. A relative said the atmosphere of the home, "Had been wonderful for the past few months." One staff member said, "I love my job. We have a very friendly team, and I feel very supported by the manager." They were able to tell us about the values of the home which were, "To enable people to have a fulfilling and purposeful life." This was what we saw happen during our inspection.

Senior managers were involved in monitoring the home. 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 a review of 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. Examples of the actions identified included DoLS authorisations being printed off and added to each person's files. This identified action had been completed at the time of our inspection, showing that the registered manager used the results of audits to improve the service. Staff described how the managing director from the provider regularly visited the home. He took time to talk with people and staff to see if they were happy. A staff member said, "He inspects everything and makes sure we are doing things properly. He feeds back what he has found to the manager and then she feeds back to us."

Regular monthly and weekly 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 cleanliness and infection control, health and safety, and medicines. These audits generated improvement plans which recorded the action needed, by whom and by when.

People and relatives were included in how the service was managed. A relative said, "They ask us for feedback once or twice a year." Due to the size of the service, the support needs of people, formal house meetings were not held with people or relatives. The relatives we spoke with all felt involved in how the home was run, and felt they could request improvements for their family member or friend if they felt these were needed. However they said that sometimes they felt the communication from the provider could be better, such keeping them informed of what was going on within the organisation which may have an impact on this home. The 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. Feedback from these questionnaires was all positive about the quality of care people received.

Staff felt supported and able to raise any concerns with the registered manager, or senior management within the provider. One staff member said, "I would have no problems talking to the manager if I needed to raise issues." 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. Staff were also asked for their feedback

and suggestions about the home during these meetings.

The registered manager was visible around the home on the day of our inspection, as was the deputy manager. The registered manager was available to people and relatives if they wished to speak to them. 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 agencies. We had received notifications from the registered manager in line with the regulations. 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. Records management was good. People's care and support plans were regularly reviewed and updated as people's needs changed. Health and safety documentation, such as recording of safety checks were also complete and reviewed, showing that the registered manager made sure people lived in a safe and well managed home.