Care Management Group Limited

Chandon

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

Overall summary

Chandon is a supported living service for up to four adults with who require nursing or personal care. It is situated in a residential area of Ashted, Surrey. At the time of inspection, there were four people living at the home. Extensive alterations had been made to the home to assist with peoples mobility support needs. People who live here had a high level of communication and mobility support needs.

There was not 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 new manager had started in October 2015, and had begun the application process to become the registered manager for the home.

The home was well decorated and adapted to meet people's needs. Flooring was smooth and uncluttered to aid with people's mobility needs. Mobility equipment such as ceiling hoists were in place, as were wide doorways to make it easy for people who used wheelchairs to get through. Even with all the adaptations the home still retained a homely feel and reflected the interests and lives of the people who lived there.

Summary of findings

The inspection took place on 10 December 2015 and was unannounced. At our previous inspection in March 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 gave a wide smile when we asked if they liked living here. A relative said, "It's the caring, they really do care for people in everything they do." An advocate said, "The continuity of care is good here, they know my friend and their needs."

People were safe at Chandon. There were sufficient staff deployed to meet the needs and preferences of the people that lived there; Although on the morning of our visit there was a short period of time when there were less staff on site than there should have been, due to staff sickness. A relative said, "There are always at least two staff whenever we visit, and we have never had any issues with our family members needs not being met."

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. A relative said, "They go out of their way to make life as pleasant as possible." An advocate said, "I think they manage risk well here, they do have health and safety in mind, but they put what they enjoy doing at the top." Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

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

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

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. An advocate said, "They do home cooking here, and my friend looks well on it." Specialist diets to meet medical or religious or cultural needs were provided where necessary.

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. A relative said, "They are very friendly and caring; very welcoming when we visit." Good interactions were seen throughout the day of our inspection, such as staff holding people's hands and sitting and talking with them, even though the people may not have been able to talk back. People looked relaxed and happy with the staff. People could have visitors from family and friends whenever they wanted.

Care plans were based around the individual preferences of people as well as their medical needs. They gave a good level of detail for staff to reference if they needed to know what support was required. People received the care and support as detailed in their care plans. Details such as favourite foods, or choice of toiletries 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. An advocate said, "My friend has a range of activities and has been on holiday abroad twice this year. They actively look for things they enjoy to do." A large proportion of the activities were based in the community giving people access to friends and meeting new people. The staff knew the people they cared for as individuals.

Summary of findings

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. 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.

People 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, “I really can’t speak more highly of them; I can’t think of anything they could do better.”

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 safe.

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

Staff understood their responsibilities around protecting people from harm.

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

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

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

Good

Is the service effective?
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.

Good

Is the service caring?
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.

Good

Is the service responsive?
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 active social lives and good access to the local community.

Good

Summary of findings

There was a clear complaints procedure in place. No complaints had been made since our last inspection. 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.

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

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.

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

Chandon

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 10 December 2015 and was unannounced.

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.

We had not asked the provider to complete 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. We had brought this inspection forward as the registered manager had recently left and we wanted to ensure the provider had put in adequate management support.

Due to peoples 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 spoke with one relative and an advocate (this is someone who helps a person make decisions where they may not have any family that can help them), and three staff which included the manager. We also reviewed care and other records within the home. These included two care plans and associated records, four medicine administration records, two staff recruitment files, and the records of quality assurance checks carried out by the staff.

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

Good

Is the service safe?

Our findings

People told us that they felt safe living at Chandon. One person nodded when we asked if they felt safe living here. A relative said, "Oh I do think my family member is safe there, we had a few incidents when she first moved in, and staff came through with flying colours with how they managed them." An advocate said, "Staff are very aware of her needs and how to keep her safe."

There were generally sufficient staffing levels to keep people safe and support the health and welfare needs of people living at the home. A relative said, "As far as I can tell they have enough staff. Whenever we pop in there are always two staff there, we have never had any issues with care needs not being met." An advocate said, "Sometimes they are a little short of staff but my friend is safe and quite happy in her chair." At the start of our visit the staffing levels were below that specified by the provider to meet the needs of people. There was only one member of staff in the house when there should have been a minimum of two. The second staff member had taken a person out to their activity. The new manager arrived soon after we did, as did the second member of staff. Only two people were up in the house, the third was still asleep in bed, so the risk to people was low. Analysis of the staffing rotas showed that this had been a one off incident due to sudden staff sickness.

People were protected from the risk of abuse. Staff had a clear understanding of their responsibilities in relation to safeguarding people. One staff said, ""I would report to the team leader, manager and the senior manager if I had concerns." Staff were able to describe the signs that abuse may be taking place, such as bruising or a change in a person's behaviour. Staff understood that a referral to an agency, such as the local Adult Services Safeguarding Team or police should be made. 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 in the kitchen for people and visitors to see, so they 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 manager to look for patterns that may suggest a person's support needs had changed.

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 relative said, "Staff go out of their way to make her life as pleasant as possible." An advocate said, "I think they manage risk well here, they put what she enjoys doing at the top and work around that." A staff member said, "We have detailed risk assessments in place as people are unable to communicate verbally; staff need to know how to care for people." Assessments had been carried out in areas such as nutrition and hydration, mobility, and behaviour management. Measures had been put in place to reduce these risks, such as specialist equipment to help prevent falls had been installed, and clear guidelines for staff to support people people's behaviour. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

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

People 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. The home had been well adapted to meet people's mobility needs, with smooth flooring and wide door ways. Although adaptations had been made around the home, it still felt homely and individualised to the people that lived here. Adaptations had also been made in the bathrooms and bedrooms to reduce the risk of falls. For example by the use of height adjustable sinks, a wet room and a hi-lo bath with integral bath seat, and ceiling hoists.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, were clearly displayed around the home. People's individual support needs in the event of an emergency had been identified and recorded by staff in fire evacuation plan. These gave clear instructions on what

Good

Is the service safe?

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.

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. A relative said, "Staff get in touch if any changes are needed and explain the changes to us." An advocate also confirmed they were involved in what medicines the person took, to make sure they were in the person's best interest. 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.

Staff that administered medicines to people received appropriate training, which was regularly updated. This was via E-learning initially then the manager observed them three times administering medication before they were signed off. Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it.

The ordering, storage, recording and disposal of medicines were safe and well managed. There were very few gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. The manager was working on staff not always recording in the MAR. Medicines were stored in locked cabinets to keep them safe when not in use. An external provider managed the delivery and disposal of medicines and records confirmed this had been carried out in line with the provider's medicine policy. 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 well trained staff that had sufficient knowledge and skills to enable them to care for people. A relative said, "I do think staff are well trained, and the new ones have to learn the ropes. The deputy manager knows my family members needs backwards." An advocate said, "Care Management Group are very good with training, even with a high staff turnover at the home, they won't leave inexperienced staff on their own."

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 live here. Training for PEG feeding / medication administration has been delivered by the Nutrition Nurse, to ensure staff had the necessary skills to do this safely and effectively.

Staff were effectively supported. Staff told us that they felt supported in their work. One staff member told us they had regular one to one meetings (sometimes called supervisions) with the manager. They had also had an appraisal when they had finished their six month probation. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. 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. Where people did not have capacity, relatives with a Power of Attorney confirmed they were consulted by staff and involved in making decisions for their family member, or advocate. A staff member said, ""A person was having long term difficulty in eating and drinking, as they found it hard to swallow. So we had a best interest meeting with the GP, parents, SALT (Speech and Language Therapist), Dietician and the manager to decide the least restrictive option."

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, "MCA is for people who are unable to make a decision regarding their money or medication, but they may be able to make a decision about their food and drink and what to wear." Staff were seen to ask for peoples consent before giving care throughout the inspection. A staff member asked a person's consent before beginning with massage. They checked all the way through that the person was comfortable continuing with it.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. A relative said, "The food is good here. They know my family members requirements around food, and make sure these are met." An advocate said, "She (the person) loves everything they cook there. They do lots of home cooking there, she looks well on it."

Lunch was observed to be a quiet and dignified event. People were able to choose where they would like to eat. People were supported by staff when needed and staff had

Good

Is the service effective?

friendly interaction with people during the meal and made it an interactive and positive experience. A staff member sat at a good angle to a person and asked for their consent. They fed her slowly, whilst talking to them throughout and giving the person plenty of time to eat at their own pace.

People were given choice at meal times as to what they would like to eat and drink. Pictures were used to help them understand the options, and if they refuse the first choice other choices were offered.

People's special dietary needs were met. People's preferences for food were identified in their support plans. Where a specific need had been identified, such as certain food groups that could have a negative impact on people's health these were clearly displayed in the kitchen for staff to reference. A staff member said, "When we have new staff starting I show them how to make the drinks as they need to see the consistency and how much thickener to use." Another said, "We blend the food separately and plate it up so it looks nice for the person." This reduced the risk of the person choking.

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 get people involved in cooking as much as possible."

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. An advocate said, "My friend had a SaLT assessment due to staff spotting she had a problem swallowing. She has also had mobility referrals when she had falls to make sure she was getting the correct support. She has regular check-ups as well."

People's health was seen to improve due to the effective care given by staff. One person had moved into Chandon as their health had deteriorated at their last home. Their keyworker and a night staff member transferred from the old home. Since they had been at Chandon their health had improved, as they can now weight bear and walk a few steps (which they had stopped doing at their last home).

Good

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. A relative said, "The best thing is the caring, they really do care for people in everything they do." An advocate said, "There is a good continuity of care, they knew her and her needs, they are quiet person centred here." A staff member said, "We see people as individuals, people are unique and we celebrate them."

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

Staff were very caring and attentive with people. They knew the people they looked after. Throughout our inspection staff had positive, warm and professional interactions with people. Staff took time to sit and talk with people. People responded well to this interaction, and it showed that staff had shown an interest in them. One staff member was seen to massage people's feet. They began sitting in an armchair, and when they moved to the next foot, or person who was out of reach, they moved themselves rather than moving the people who were sat in wheelchairs. All three 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. An advocate said, "I think they do know my friend as an individual person, the staff are easy to get on with, and they interact well with her." Care records recorded personal histories, likes and dislikes. Throughout the inspection it was evident the staff knew the residents well. A relative said, "Staff are very friendly and caring to my family member." Staff were able to tell us about peoples hobbies and interests, as well as their family life. This information was confirmed when we spoke with relatives, or when they showed us their bedrooms, as decorations and items matched with what staff had said.

Staff communicated effectively with people. An advocate said, "My friend loves people talking to her." A relative said, "Oh yes, they communicate really well with her." 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.

Staff treated people with dignity and respect. People had a choice of who provided their personal care. A male staff member said, "I respect people's privacy; I will use a towel to cover them up. I will only support men with their personal care." 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 also had their own toiletries in the bathroom, clearly labelled so that they did not have to use the same as everyone else.

People were given information about their care and support in a manner they could understand. A staff member said, "we support people to make daily choices about what they wear what clothes and items to buy in the shops; I will show them the item. I l know people, they communicate through facial expressions, body language or noises." Information was available to people around the home. It covered areas such as local events, newsletters from the provider and which staff would be on shift. Information was presented using pictures and easy to understand text, for example the staff on shift used staff pictures, so everyone could see who would be supporting them in their home. Information such as staff on shift, calendars, menus and activity planners were all current and up to date, so gave good and correct information to people.

People's rooms were personalised 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. 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 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. Staff responded quickly to support people when needed. When a person had a seizure, staff quickly attended to the person. They re-assured them, spoke with her gently and held her hand. Staff timed the seizure, and stayed with them until the person came to, and then continued to re-assure them. The action taken and support given matched with the guidance in the persons care plan, to keep them safe and healthy.

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 written by the manager, but involved keyworkers, family members, and health / social care professionals were ever possible. A relative confirmed they, or other family members were always invited to reviews of care meetings. They said, "We have regular reviews, and we go through where things are at. We also informed of any changes in the care, or support." Relatives were very pleased with the care and support given. The reviews of the care plans were completed using simple language and pictures so that the person could understand them.

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. Documents such as 'how I like to live my life' gave good information on peoples individual preferences such as having a lay in in the mornings, and preferences around personal care and clothing. People received support that matched with the preferences record 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. The information matched with that recorded in the initial assessments, giving staff the information to be able to care for people. The care plans contained detailed information about the delivery of care that the staff would need to provide. Care planning and individual risk assessments were regularly reviewed with the person to make sure they met people's needs.

People had access to a wide range of activities, most of them based in the community. An advocate said, "They are very good on activities; people are always going out to do individual activities." A staff member said, "I am proud of the service we provide to people, we really support people to be involved in their local community." Another staff member said, "The best thing about this service is people can go and do whatever they want." 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 carol singing, listening to music and storytelling.

Independence was supported and people's achievements celebrated. A relative told us about award ceremonies that were held by the provider. These gave awards to people celebrating progress towards life and independence goals, as well as to staff for achieving qualifications and carrying out good work to support people.

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. A relative confirmed they knew how to make a complaint, but have never felt the need to. The complaints policy was in an easy to read format so it was suited to the needs of the people that live here.

There had been no complaints received at the home since our last visit. The 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. A relative said the atmosphere of the home was, "Good, friendly and warm." An advocate said, "I always feel welcome, the home is calm and quiet." One staff member said, "I'm really happy working here." They were able to tell us about the values of the home which were, "To provide a service of excellence, to maintain people's health needs and to improve people's quality of life." This was what we saw happen during our inspection.

Records management was generally good. We did identify a few minor issues with completion of records. The manager had already identified some of these issues and was working to correct them.

Senior managers were involved in the home. 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. In addition the regional manager visited and also carried out checks, such as auditing the staff files to ensure all the relevant information was present. The chief executive 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 very much likes to be a part of what is going on, he checks that staff know the values of the Care Management Group, and tries to make sure he is approachable."

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. These audits generated improvement plans which recorded the action needed, by whom and by when. Actions were being completed, for example management reports to the head office had not been regularly completed by the previous manager, had now been started by the new manager.

People and relatives were included in how the service was managed. Due to the size of the service, the support needs of people and the fact that only two people had relatives, formal meetings were not held with relatives. However the relative and advocate 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. They told us they received a regular bulletin from the provider keeping them informed of what was going on within the organisation and the 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.

Staff felt supported and able to raise any concerns with the manager, or senior management within the provider. 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 manager was visible around the home on the day of our inspection, as was the deputy manager. An advocate said, "The deputy is on top of everything there. I am aware of the new manager as she has telephoned and introduced herself. The both seem very proactive." This gave them opportunity to observe the care and support that staff gave to people, to ensure it was of a good standard. A staff member said, "The chief executive also takes time to share best practice to staff so we could learn from what had not gone so well in other homes, and what could be put into place here. The manager was available to people and relatives if they wished to speak to them. The manager had a good rapport with the people that lived here and knew them as individuals.

The manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the 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.