Mrs Hazel Teresa Boam

Masson House

Inspection report

86 Derby Road
Matlock Bath
Matlock
Derbyshire
DE4 3PY

Tel: 01629258010

Date of inspection visit:
22 November 2017

Date of publication:
11 January 2018

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 22 November 2017 and was unannounced.

This was the first comprehensive inspection carried out at Masson House.

Masson House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 17 people in one adapted building. On the day of our visit, there were 13 people using the service.

The service had a registered manager. 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 and associated Regulations about how the service is run.

The registered manager told us that they had recently implemented various new initiatives in relation to care planning, infection control and staffing. However, these needed time to become embedded in staff practice to demonstrate how effective they were at driving improvement at the service.

People were kept safe at the service. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. The premises were appropriately maintained to support people to stay safe. Effective recruitment processes were in place and followed by the service and there were enough staff to meet people's needs. People received their medicines safely and as prescribed.

Systems were in place to ensure the premises was kept clean and hygienic so that people were protected by the prevention and control of infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with best practice and met their diverse needs. There were sufficient numbers of staff, with the correct skill mix to support people with their care. Staff received an induction process when they first commenced work at the service and in addition also received on-going training to ensure they were able to provide care based on current practice when supporting people.

People received enough to eat and drink and staff gave support when required. People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. People were supported to access health appointments when required, including

opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People's diverse needs were met by the adaptation, design and decoration of premises and they were involved in decisions about the environment. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care.

People developed positive relationships with the staff who were caring and treated people with respect, kindness and courtesy. The culture was open and honest and focused on each person as an individual. People were encouraged to make decisions about how their care was provided staff had a good understanding of people's needs and preferences.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Care plans were person centred and reflected how people's needs were to be met. Records showed that people and their relatives were involved in the care planning process and the on-going reviews of their care. They were supported to take part in activities which they wanted to do, within the service and the local community. There was a complaints procedure in place to enable people to raise complaints about the service.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt they were well trained and supported by the registered manager. Staff attended regular meetings, which gave them an opportunity to share ideas, and exchange information about possible areas for improvements. The registered manager was aware of their responsibility to report events that occurred within the service to CQC and external agencies.

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

This service was safe.

Staff had received safeguarding training and had a good understanding of the different types of abuse and how they would report it.

People had risk assessments in place to keep them safe.

There was sufficient staff to meet people's needs and keep them safe. Thorough recruitment procedures reduced the risks of unsuitable people working with people using the service.

Systems were in place for the safe management of medicines.

People were protected by the prevention and control of infection.

Staff understood their responsibilities to raise concerns and report them.

Is the service effective?

Good

This service was effective.

People's needs and choices were assessed holistically to ensure their support achieved effective outcomes.

Staff were provided with on-going training, support and supervision to ensure they always delivered good care.

People were provided with a choice of meals which met their personal preferences and supported them to maintain a balanced diet and adequate hydration.

The service had good working relationships with other professionals to ensure that people received consistent, timely and co-ordinated care. People were supported to maintain good health and attend health appointments.

People's individual needs were met by the adaption design and decoration of the premises.

People's consent to care and treatment was sought and people were involved in decisions about their care so that their human and legal rights were sustained.

Is the service caring?

Good

This service was caring.

People were treated with kindness and compassion and were given emotional support when needed.

Staff supported people to express their views and be actively involved in making decisions about their care.

People's privacy, dignity and independence needs were understood and respected by staff.

Is the service responsive?

Good

This service was responsive.

People received person centred in response to their individual needs.

There was a varied range of activities on offer at the service.

People were comfortable to raise any concerns they might have and there was a complaints procedure in place so that people knew how to make a complaints.

Is the service well-led?

Requires Improvement

This service was not always well-led.

New initiatives had been introduced to improve the quality of the service provided. However these needed time to become embedded in staff practice to demonstrate how effective they were at driving improvement at the service.

There were clear visions and values at the service which staff promoted in how they supported people. Staff felt well supported by the registered manager.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

Masson House

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 checked 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 22 November 2017 and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding team.

As part of this inspection we spent time with people who used the service talking with them and observing support, this helped us understand their experience of using the service. We observed how staff interacted and engaged with people who used the service during individual tasks and activities. 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 seven people who used the service, one relative and a visiting health care professional. In addition, we spoke with six staff members and this included the registered manager, the chef and four care and support workers.

We reviewed the care records of three people who used the service to ensure they were reflective of people's current needs. We also examined two staff files, the medication administration records for all people receiving support with their medicines and four weeks of the staff rota. We also examined other records relating to the management of the service, such as staff training records and quality auditing records.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "Yes it's great. I feel very safe." Another told us, "I feel safe living here. I don't feel frighten or afraid because the staff look after me." A relative also told us they felt their family member was safe at the service. They commented, "[Name of relative] is calm and peaceful. I know that's because they feel safe and secure here." Staff told us and records confirmed they had been provided with safeguarding training. They were able to explain how they would recognise and report abuse. One staff member explained, "I absolutely would go the manager if I was worried about anyone."

Information about how to report safeguarding alerts and whistleblowing concerns was displayed and accessible to all staff. We saw evidence that the provider had submitted safeguarding alerts to the local safeguarding team as required.

People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. They covered a variety of subjects including, moving and handling and tissue viability. A staff member said, "We have risk assessments in place so we know what to do to keep people as safe as possible." We saw that people's risk assessments were reviewed monthly or as and when their needs changed.

People were protected against the risks associated with unsafe or unsuitable premises. Records confirmed that equipment used to support people to stay safe, such as hoists, were serviced regularly to ensure they were safe to use. The building was appropriately maintained and there were certificates to confirm it complied with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire. For example, an up to date fire risk assessment and regular checks of fire equipment and the fire alarm system. We saw emergency evacuation plans had been written for each person. These documented the support and any equipment people needed in the event of emergency situations. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately.

There were enough staff to support people safely. One person told us, "There always seems to be lots of staff around." Another said, "If I press my [call] bell I don't have to wait for too long." Staff told us there were sufficient numbers of staff to provide care and they did not feel under pressure or rushed when carrying out their roles. One said, "Yes, we have enough staff. We do all work well together as a team." A second told us, "It's one of the best things about working here. We have a good staff team and we rarely use agency staff. We would all rather work the shift ourselves rather than use agency staff." On the day of our inspection visit we observed there were sufficient numbers of staff to support people and rotas showed that staffing was consistent.

People were safeguarded against the risk of being cared for by unsuitable staff. We looked at the recruitment files for two staff newest to the service. They contained evidence that the necessary employments checks had been completed before staff commenced work at the service. For example, Disclosure and Barring Service (DBS) checks, employment histories, references, proof of ID and medical questionnaires to show that staff were suitable to work with vulnerable people. Staff also confirmed that

these checks had taken place before they commenced work at the service.

People told us that they received their medicines when they expected them. One person told us, "I do get my tablets from the staff. I would forget to take it otherwise." A relative said, "They [staff] have discussed [name of relative] medicines with me. I know what they have and why." A staff member commented, "I have had training about how to give people their medicines. I feel confident; the training was good."

We observed the administration of some of the morning and afternoon medicines. This was undertaken in a person centred way, with each person being asked if they were ready for their medicines and how they wished to take it. Medicines to be administered on an 'as needed' basis were administered safely by staff who followed clear protocols. There was a medicines policy which gave guidance to staff on the safe management of medicines.

Medicines were stored safely. Some items needed storage in a medicines fridge; the fridge temperatures were checked daily to ensure medicines were stored at the correct temperatures in line with best practice. Records demonstrated that medicines were checked and accounted for regularly. There was a system for recording the receipt and disposal of medicines to ensure staff knew what medicine was in the service at any one time. This helped to ensure that any discrepancies were identified and rectified quickly. Records showed that people had regular reviews of their medicines to ensure they remained appropriate to meet their needs.

People were protected by the prevention and control of infection. A relative told us, "The home is always clean and tidy." The registered manager had introduced a new cleaning regime that involved using different cleaning products for different areas of the service. There were new cleaning schedules in place but these had not always been completed. There was also an Infection Control champion. They told us, "As part of my role as Infection Control champion I have been promoting good hand hygiene, both for staff and residents. It's all new at the moment but it seems to be working well." During our inspection visit we saw that housekeeping staff were vacuuming and cleaning the communal areas and we observed the service to be clean and hygienic. Relevant staff training in infection control and food hygiene had taken place, and the service had a five star food hygiene rating from the local authority. Five is the highest rating awarded by the Food Standards Agency (FSA). This showed that the service demonstrated very good hygiene standards.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accidents and incidents were recorded and monitored by the registered manager to ensure they had been managed appropriately and lessons learned. For example, we saw that one person fell when they missed their chair while attempting to sit down. We saw that that the person's risk assessment had been reviewed and their care plan updated to include new information about increased observations as a lessons learned action. The registered manager told us, "We have reviews every month of what's happened and we agree on actions to make improvements." This demonstrated that the provider made improvements and looked at what lessons could be learned when things went wrong.

Good

Is the service effective?

Our findings

People's care was assessed to identify the support they required. Each person received a pre-assessment of their needs before moving in, to enable the service to support them effectively. The registered manager informed us that the philosophy of the service had been mainly based on care for older people. However the service was regularly receiving referrals for younger people and felt that the admission documentation needed to look at ways of supporting people with differing and diverse needs. For example the service now took into account whether people wanted access to computers, rooms with Wi-Fi, mobile phone use and community support. This meant that people received a holistic assessment of their needs to ensure their diverse needs could be met.

People received care from staff that had the knowledge and skills they needed to carry out their roles and responsibilities. One person said, "When I came here I was poorly. The staff helped me get better." A relative told us, "The staff have been very good with [name of relative], especially [name of registered manager]. I have peace of mind." Staff told us they received the right training to carry out their roles, including support to achieve national health and social care qualifications. One member of staff said, "The training is good; it helps give us the knowledge to do the job." Another staff member told us about their induction training. They said they had shadowed a more experienced member of staff, to support them in gaining the right skills and knowledge to meet the needs of the people using the service.

The service had a programme of staff training that included a host of mandatory courses including; moving and handling, first aid, fire safety, safeguarding and various health and safety topics. In addition staff had also had opportunities to access specialist training in areas such as music and exercises, nutrition and fluids and equality and diversity. Staff told us and records confirmed that staff had been provided with an induction before they commenced working at the services and on-going training there- after.

There were systems in place to provide on-going support to staff and they confirmed they received regular formal supervision. One staff member said, "The supervision is very helpful. You can talk about anything. It's good to know if you're doing the job well or not." Staff confirmed that in addition to supervisions, the registered manager was always around to speak to or provide advice. One staff member said, "The manager will listen and help; their door is always open."

People were supported to eat and drink enough to maintain a balanced diet. They complimented the quality of the food provided and everyone we spoke with told us that they always had a choice. People said that their dietary needs and preferences were always respected and catered for. For example, one person told us that they enjoyed certain foods. They said that the chef spoke with them regularly to check they were happy with the menu choices. Another person told us, "The food is fantastic. I couldn't say a bad word about it."

Staff told us that they encouraged people to make healthy choices and supported them to have a balanced and nutritious diet that was in accordance with their individual needs. We spoke with the chef who displayed a good understanding about people's dietary need and people's likes and dislikes. They said, "I

know every one very well. I always visit them and talk with them about the foods they like." People's weights were regularly monitored to ensure they remained within a healthy range. Where indicated referrals to dieticians had been made for further assessment.

People were supported to maintain good health and had access to external healthcare support as necessary. One person said, "My [relative] will take me to the hospital if I need to go, but I know that staff will take me if I need their help." Relatives said the healthcare support provided to their family members was good and commented that staff were very quick to respond to any health issues or concerns. One relative commented, "If anything ever happens or if [name of relative] is not feeling well they call me straight away."

Staff worked together within the service and with external agencies to provide effective care. A visiting healthcare professional told us, "I have come to do an assessment today. The staff are always very helpful and I'm impressed how they think out of the box to make sure they can meet people's needs. We all work well together." Staff told us about the information they provided when people needed to go into hospital. This included information about their next of kin, GP, religion and preferred name, together with their preferred routine of how they liked to be supported. A copy of their medicine chart was also taken. This helped to promote good communications resulting in consistent, timely and coordinated care for people.

People's diverse needs were met by the adaptation, design and decoration of premises. We saw that the service had made a suite out of two rooms for one person with specific needs. This was because they wanted to remain independent and have their own living space. There were arrangements in place to ensure people had access to appropriate space to receive visitors to the service and to spend time alone if they required. The environment was personalised to the tastes and requirements of the people living there.

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 less restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Our observations showed that people were encouraged to make decisions about their care and their day to day routines and preferences. The registered manager and staff understood their roles in assessing people's capacity to make decisions and people told us they were always asked about consent to care and treatment.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. One person told us, "The staff are lovely. Every one of them." Another person said, "I only have good things to say about the staff. They are really caring." Relatives were satisfied and pleased with how staff cared for their family members. One relative said, "When I first came here I knew it was the right place. [Name of relative] has never been more contented and well looked after. I can stop worrying for the first time."

We looked at a selection of compliments that the service had received from people. One read, "Thank you for the care you have given over the years. [Name of relative] felt safe and wanted. They considered Masson House to be their home." Another compliment read, "Thank you so much for everything you did for [name of relative]. They couldn't have been better looked after."

Staff were knowledgeable about the people they were caring for. One staff member told us, "I like working here because of the residents. Each person is very different and has a different story to tell. I find it very rewarding." Another member of staff commented, "I like to walk out of here knowing that I've made a difference."

People looked happy and contented in the company of staff and we saw they took care to ask permission before assisting people. One person told us, "They always ask me what I want." Another commented, "They are very kind and ask me how they can help me." We observed that staff treated people with warmth and took an interest in them. We saw two staff supporting a person to walk and they were laughing and joking together. We saw another staff member ask a person where they would like to sit. They walked with them to a chair in the lounge, talking to and reassuring them all the time. The member of staff then made sure the person was comfortable before they left.

There was a person centred approach to everything the service offered and how the service was run. People were supported to make decisions and express their views about their care. They could have access to an advocate if they felt they needed support to make decisions, or if they felt they were being discriminated against under the Equality Act, when making care and support choices. One person told us, "I attend meetings about the care I get with my family. I can't remember how regular they are though. My family ask all the questions."

Relatives told us staff understood the importance of including relatives and close friends in people's care planning. Relatives and visitors were encouraged to visit the service and there were no restrictions on visiting. A relative said that they were able to call in at any time and were always made to feel welcome. One person told us, "My family visit me a lot. They will be coming today and I always look forward to seeing them."

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People were able to comment about their care and the support they received through regular residents and

relatives meetings, reviews and surveys sent out by the provider.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance and staff were provided with training about the importance of confidentiality. Information about people was shared on a need to know basis. We saw that people's files were kept secure in filing cabinets and computers were password protected to ensure that information about people complied with the Data Protection Act. Handovers of information took place in private and staff spoke about people in a respectful manner.

People told us that staff were always respectful towards them and took steps to promote their privacy and dignity. One person commented, "They [staff] do everything right and it's always done in private." Another person commented, "They [staff] always knock on my door and treat me as they should." On several occasions we noticed that staff approached people to offer personal care and each time this was done discreetly without others noticing. A relative confirmed, "I visit my [relative] and we see the staff treating people with respect all the time."

Staff gave us examples' of how they maintained people's dignity and respected their wishes. One staff member said, "I always knock before entering people's rooms. I always cover people with a towel to stop them feeling embarrassed." A second member of staff commented, "I close the curtains and talk to people politely. It's all about having good manners."

Good

Is the service responsive?

Our findings

People received individualised and person centred care that met their needs. One person said, "I get the help I need. It's alright here." Another person told us, "I like my freedom and my independence. The staff respect that." A relative explained, "[Name of relative] has been in several care settings and this one is the best. [Name of relative] is calm, relaxed and able to do the things they enjoy."

A visiting healthcare professional told us about one person using the service whose previous living arrangements had put them at risk. They said that this person was very independent and had not wanted to go into a care setting. They praised the registered manager and the staff team for their flexible approach towards the situation and said they had "gone out of their way" to help the person remain independent'. They continued, "If it wasn't for Masson House [name of person] would still be at risk."

Staff had a good understanding about person-centred care. One member of staff said, "Person-centred care is when you put the resident in the centre, consider their needs, wants and choices." Another staff member explained, "All the residents have different needs and you give care the way they want it." Staff said it was important to know people's likes, dislikes and preferences. One member of staff told us about the preferred routine for one person and we saw this being carried out in line with the person's wishes.

The assessment and care planning process considered people's values, beliefs, hobbies and interests along with their goals for the future. People, and where appropriate their relatives were involved in developing their care plans. We saw that these were person centred, identifying people's background, preferences, communication and support needs. One staff member told us, "The care plans are good; however we are changing over to a new electronic system which is quicker and better. We are using it at the moment, not officially, but just getting used to it so when we do start we will know the system well." Following lunch we saw staff inputting data onto the new system which only took a few minutes.

Care plans we looked at had been reviewed regularly; to ensure the care and support being provided to people was still appropriate for them. Daily records were being maintained to demonstrate the care provided to people. This showed care plans were followed and remained appropriate to meet people's needs.

Staff understood the need to meet people's social and cultural diversities, values and beliefs. The service had a programme of activities and people told us that there was always something for them to do if they wanted to. One person commented, "I like to write in my book." We saw they had been provided with a pencil case, pens and a note book. Another informed us, "We had a quiz this morning. I like the quizzes."

There was a notice board in the dining room that displayed the day's activities. Group activities on offer were appropriate to people and their interests. These included bingo, quizzes, sing a longs, chair exercises and some staff had recently completed a course in Thai Chi which they were implementing into the activity programme.

We observed activities taking place throughout the day - some planned and some not. We noted that the use of the television was kept to a minimum, and people were encouraged to participate in activities that were meaningful for them. We also saw evidence to suggest that the service had organised themed events to celebrate key dates and holidays such as Christmas and Easter.

People were supported to develop and maintain relationships with those who were important to them. For example, some people had their own lap tops or tablets and there was a computer in a quiet area of the service that people had access to. This meant they could email or skype family members. One person told us this was very important to them because their closest relation lived in another country. The service had free wireless connection for people to use the Internet.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Everyone we spoke with told us they knew how to make a complaint or raise a concern. They told us they felt the staff team were approachable and that they would feel comfortable speaking with a member of staff if the need arose. One person said, "I have no complaints at all but if I did I would talk with [name of registered manager]." Another person added, "I don't have any complaints about anything." A relative explained, "[Name of registered manager] is easy to talk to and always around. I would go to them with any concerns. I have in the past and it's dealt with quickly."

We saw clear information had been developed for people outlining the process they should follow if they had any concerns. There was also a suggestion box in the hallway for people to make any comments about the service. If required, people had access to advocacy support to support them to make a complaint. There were procedures in place to deal with complaints effectively and records were fully completed.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager. The provider for the service was also the registered manager. They told us that they had recently implemented various new initiatives in relation to care planning infection control and staffing. However, these needed time to become embedded in staff practice to demonstrate how effective they were at driving improvement at the service. For example we saw that a new regime in relation to infection control and effective cleaning of the service had been introduced. Records had not been fully completed when cleaning had taken place. We also saw an infection control risk assessment that was out of date.

The registered manager demonstrated that they were committed to improving the service they provided and had introduced a number of initiatives to help make improvements. These included introducing champions within the care team for a variety of relevant subjects such as dignity in care, infection control, activities and health and well-being. This was still in the early stages of development and had not yet been fully implemented. The registered manager told us that some staff were undertaking further training to provide them with the skills they needed to stand in for the registered manager in their absence. This was still in the process of being implemented but the registered manager said this would mean there would be more senior staff to undertake management tasks.

Quality assurance systems were in place to help drive improvements at the service. These included a number of internal checks and audits. These helped to highlight areas where the service was performing well and the areas which required development. Some of these had been newly implemented and needed to become part of staff practice to show how effective they were at driving improvement. A new electronic care planning system was in the process of being introduced to the service. This was being used by staff at the time of our visit but had not yet been formally applied. The registered manager told us they wanted staff to become familiar with the system before it was fully implemented.

We received positive feedback about how the service was managed. One person told us, "The manager is brilliant. She is always there for us." Another person said, "Its lovely here, the care is great." A relative commented, "[Name of registered manager] doesn't do this for the money. You know it's because they really care and want to make it better for people. It's not just a job."

A visiting professional told us, "The manager is committed to the role. I came to do an assessment today and all the questions I asked they knew without having to look at the care plan. They know people really well."

We also received positive feedback from the staff about the registered manager. A staff member told us, "I love working here. We all work well together as a team and the manager is always available to support us." A second member of staff said, "I can talk with the manager. I feel well supported by [name of registered manager]; they are very approachable and supportive." They continued to tell us about a course some staff had recently attended. They said that the registered manager had taken them to the training course and picked them up after the training had finished. They said, "[Name of registered manager] is very kind and

values the staff team."

Staff felt they were well trained and supported and were committed to the care and development of the people the service supported. They felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "I would be more than comfortable raising any concerns." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

We saw information around the service for people, staff and visitors regarding the complaints process, safeguarding arrangements, activities and fire safety arrangements. Clear information had also been developed for prospective users of the service, setting out what they could expect from the service.

The provider used annual questionnaires and house meetings to gather people's views. Where comments had been made, the provider had responded to them and the actions taken had been recorded. For example, changes to the menus and activities had been implemented following feedback from people. This demonstrated that people's views were listened to and acted upon, ensuring people had a voice.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and their 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was familiar with this requirement and was able to explain their legal obligations in the duty of candour process.

There were internal systems in place to report accidents and incidents and we saw a record of these. There was evidence that the registered manager and staff investigated and reviewed incidents and accidents. We saw that the registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise. We looked at a folder that contained reports of incidents that had been reported to the relevant authorities.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.