MCCH

151 Tunbury Avenue

Inspection report

151 Tunbury Avenue
Chatham
Kent
ME5 9HY

Tel: 01634671768
Website: www.mcch.co.uk

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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 inspection took place on 3 January 2018 and was unannounced.

151 Tunbury Avenue is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides support for up to four adults with a learning disability. There were three people living at the service at the time of our inspection including people with autism, physical and sensory disabilities.

The service was run by a registered manager who was present on the day of our visit. They were registered to manage this service and another small service in the local area which is registered with the same provider. 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.

At the last Care Quality Commission (CQC) inspection in November 2015, the service was rated 'Good' in the areas with the exception of Well-led which was rated as 'Requires Improvement'. Audits had not been undertaken in line with the provider's quality assurance policy.

At this inspection, in January 2018 internal and external audits were in place and systems were effective in identifying any shortfalls in service delivery.

Staff had received training about protecting people from abuse and knew how to follow the provider's safeguarding procedures to raise concerns.

Staffing levels had been maintained to ensure there were enough staff available to meet people's physical, social and emotional needs. Staff continued to be recruited safely and had been through a selection process that ensured they were fit to work with people who needed safeguarding.

People continued to have their needs assessed and their care was planned to maintain their safety, health and wellbeing. Risks were assessed and staff guidance in place about how these risks could be minimised. There were effective systems in place to monitor incidents, accidents and near misses.

Medicines were managed, stored, disposed of and administered safely. People received their medicines when they needed them and as prescribed.

Staff had received training in infection control and followed this guidance to help minimise the spread of any infection.

Staff continued to receive the training they needed for their roles and to be supported through regular supervision and an annual appraisal.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made to ensure that people were only deprived of their liberty, when it had been assessed as lawful to do so. Staff understood the Mental Capacity Act 2005 and how to support people's best interest if they lacked capacity.

People's health, social and physical needs were assessed and clear guidance was in place to ensure they were effectively monitored. Care plans included information about people's personal history and what was important to them so staff could meet their needs and individual preferences.

People continued to experience care that was caring and compassionate. People's likes and dislikes and non-verbal signs were taken into consideration when making decisions about their care and treatment. Staff respected and valued people's contributions and understood how to communicate with people in a way they understood.

There were policies in place that ensured people would be listened to and treated fairly if they complained about the service.

The registered manager was approachable and the atmosphere in the service was relaxed and informal. They were supported by a staff team who understood the aims of the service and were motivated to support people according to their choices and preferences.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service was well led

Improvements had been made to ensure systems to assess and monitor the quality of the service were completed and actioned.

The management team were approachable and there was effective communication within the staff team.

Staff had a clear understanding of the values of the service and how to put them into practice.

151 Tunbury Avenue

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 3 January 2018 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service. We also 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. The provider returned a PIR within the set time scale.

People did not use verbal communication and instead used a mixture of sounds, gestures and signs to make their needs known. We observed interactions between people and staff throughout the day and joined people for lunch. We also obtained positive feedback from two relatives and an aromotherapist.

We spoke with the registered manager and four care staff. We looked at a selection of record including three care plans and daily records, three staff files, staff training programme, staff rota, medicines records, environment and health and safety records and quality assurance documents. We also viewed the safeguarding, medicines and complaints policies.

Good

Is the service safe?

Our findings

People received support from staff in a way that ensured their safety. People's body language and facial expressions indicated they felt safe and trusted staff. There was a calm and relaxed atmosphere at the service and staff understood the importance of this to help people feel safe.
Relatives and professionals told us there were enough staff available to meet people's needs, to keep them safe and protect them from avoidable harm. "Yes, my relative is safe here. There are always staff around", a relative told us.

The registered manager and provider continued to understand how to protect people by reporting concerns to the local authority safeguarding team and acting on their advice. The service had a comprehensive safeguarding policy which set out the definitions of different types of abuse, staff's responsibilities and how to report any concerns. Staff had received training in how to recognise and respond to the signs of abuse and this knowledge was reinforced through discussions at supervision. Staff understood that providing care that was personalised reduced the risk of poor and neglectful care practices. They knew to report any concerns to the registered manager and felt confident they would act on them. The contact details of the local authority safeguarding team and national helpline to raise concerns in adult social care were available to staff so action could be taken in a timely manner to keep people safe.

Behaviour support plans were in place which gave clear guidance for staff about how to support people who may present behaviours that could harm them or other people. The specific behaviours that the person may show were identified together with any triggers. Staff guidance detailed the most effective ways staff should respond. Staff made a record of what had occurred before, during and after the incident to identify any specific triggers and how effective their actions were in effectively managing the person's behaviour. Staff demonstrated they knew how to follow this guidance in people's care plans to support people appropriately and safely.

Assessments of potential risks to people's safety were consistently reviewed when people's needs changed, to ensure that they contained up to date guidance. Each person's care plan contained individual risk assessments in which risks to their safety in their daily lives were identified. This included the risks in relation to slips trips and falls, eating and drinking, the management of medicines and people's finances. Each assessment identified the seriousness and likelihood of harm occurring to the person together with a plan of action to make the person safe and reduce the potential impact of harm. For one person it had been identified that they found it difficult to eat certain foods as they had no teeth. Guidance for staff was to cut up foods into small pieces and to add a sauce to any dry foods to make them easier to digest. Staff followed these guidelines at the inspection.

A programme of regular environmental and health and safety checks continued to take place to ensure that the environment was safe and that equipment was fit for use. These included making sure that fire equipment was in working order, that electrical and gas appliances at the service were safe and that water was delivered at a safe temperature. A member of staff walked around the service each week to ensure the environment and equipment was safe and any concerns were reported to maintenance staff to action in a

timely manner. During the inspection, both fire and maintenance persons attended the service in response to requests from the service. Staff had received training in how to evacuate people safely in the event of a fire and took part in a programme of fire drills. Each person had a personal emergency evacuation plan (PEEP), which set out the specific requirements that each person had to ensure that they were safely evacuated from the service in the event of a fire.

There were systems in place to report any accidents, incidents or near misses. A near miss is an event that might have resulted in harm to a person but the problem did not occur because of timely intervention. Reports included details of what had occurred and the action taken in response to the situation. The registered manager investigated and monitored all events to see if there were any patterns or lessons that could be learned. For example, when medication errors had been identified, an individual programme had been put in place for staff. This was to ensure staff had the necessary skills and competency to give people their medicines before they were able to undertake this role independently. Information of significant events was also monitored by the provider to ensure that the registered manager had taken the appropriate action to help keep people safe. This ensured that risks were minimised and that safe working practices were followed by staff.

There continued to be enough staff to care for people safely and meet their needs. There were two staff on duty during the day and one waking night staff. In addition, the registered manager was present at the service for part of the week to provide additional support. During the inspection, staff had time to support people with their daily living needs on a one to one basis and in a way that was directed by the person so they were able to go at their own pace. People were not rushed and staff had time to interact with people and respond to their requests. People had opportunities for one to one support in the community. For example, during the inspection one person went for a walk with a member of staff. A new electronic rostering system had been introduced. This identified people's support needs at specific times of the day and days of the week. This was used to match staff to support people's individual needs to help ensure consistency of care. There were a team of bank staff to cover any staff vacancies or staff sickness.

Staff recruitment practices remained robust in protecting people from the risk of receiving care from unsuitable staff. Appropriate checks were carried out which included obtaining a person's work references, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Staff were informed of disciplinary procedures which included the expected standards of staff performance and behaviours and what performance and behaviour may lead to disciplinary action. The service had followed these procedures to ensure that staff working at the service were of good character and had the necessary skills and knowledge to carry out their duties.

The provider had revised its medicines training for staff. Staff competency in administrating medicines continued to be assessed yearly by a qualified assessor. Staff undertook face to face medicines training every three years and e-learning training each year. The medicines policy included guidance on how to order and administer medicines; what to do if a medicine was spoilt and could not be administered; and what to do when people spent time away from the service such as at day services, on a trip out or with relatives.

People's medicines were stored securely and kept at the correct temperature to make sure they were safe to use. Medicines with a short shelf life, such as creams, were routinely dated on opening to make sure they were given before they became unsuitable to administer. Body charts were in place to direct staff as to the

correct part of a person's body to apply a prescribed cream. Medication administration records (MAR) were clearly and accurately completed which meant that people received their medicines at the right time, as directed by their GP. Each person had a medicines profile which stated their personal preferences in relation to how they wished to receive their medicines, any allergies and the reason why a person was prescribed each medicine. Guidance was in place for people who took medicines prescribed 'as and when required' (PRN) so they were safely administered according to people's individual needs. Medicines checks were carried out in line with the provider's policy to ensure there was a clear audit of all medicines entering and leaving the service.

Staff undertook training in infection control. Personal protective equipment was available such as gloves and aprons and appropriately used during the inspection. Staff were responsible for keeping the service clean and a cleaning schedule was in place so that each area of the service were attended to on a regular basis. Relatives and professionals told us the service was cleaned to a good standard and the service was clean on the day of the inspection. A spillage took place during the inspection and action was taken in a timely manner to make sure the floor was mopped so it was not slippery under foot. The washing machine and laundry area was situated next to cupboards containing food in an area off the kitchen. To minimise the risk of infection staff ensured that dirty laundry was bagged and that all food was kept in cupboards.

Good

Is the service effective?

Our findings

People's consent was sought before supporting them with their care and treatment. Staff checked if people agreed to take their medicines and people indicated their agreement by putting out their hand and taking their tablets. Staff checked if it was alright with people before helping them throughout the day, such as before moving in their chair at the dining table or escorting them to the toilet. Relatives and professionals said that staff had the right skills and knowledge to support people effectively.

The provider had maintained a comprehensive induction programme at head office for new staff which included information about people with disabilities, the provider's aims and values and training in essential areas for their role. Staff shadowed experienced staff to gain practical experience and knowledge about their role. Staff said this gave them the knowledge and skills they needed and an understanding of each person's individual needs. In addition, new staff completed the Care Certificate. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. The majority of staff had completed a Diploma/Qualification and Credit Framework (QCF) in health and social care level two. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard.

There was a rolling programme of training to ensure staff's knowledge was refreshing and that they had the skills they needed to carry out their role. Details of staff training was held on a training matrix which was colour coded to indicate if staff training was up to date or due to be refreshed. Although the registered manager had reviewed this record and discussed training that was due with each staff member, it showed that around half the staff team's training was overdue. The registered manager confirmed after the inspection that 75% of staff were up to date with training that was essential to their role and that training was arranged for staff who needed it. Training was provided face to face and by e-learning and included health and safety, first aid, moving and handling and food handling. Training in equality, diversity and human rights was undertaken by all staff. The registered manager gave examples of how they and their staff team had supported the rights of people with disabilities to be treated the same as non-disabled people. Staff had received specialist training in learning disability and autism.

Support for staff continued to be achieved through individual supervision sessions and an annual appraisal. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development. At these formal meetings staff development and goals were discussed and staff were asked about what had gone well with their role, what they had enjoyed and also to discuss any challenges. Staff said they could approach the registered manager at any time if they needed support in addition to the formal supervision sessions available.

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 the best interests and as least restrictive as possible. When they lack mental capacity to take a particular decision, any made on their behalf must be in

their best interests and as least restrictive as possible. Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and understood that when people did not have the capacity to everyday decisions they should act in their best interests using their knowledge of people's likes, dislikes and preferences. People's mental capacity had been taken into consideration when planning their care needs, such as a person's understanding when assessing their ability to take their own medicines and in using their monies. When people had been assessed as not having the capacity to make a decision, meeting had been held with relevant professionals so a decision could be made on a their behalf and in their best interests. For example, one person had some monies to spend a meeting had been held to ensure it was spent on items from which they would benefit Relatives told us they were always involved in meetings about how to act in their family member's best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legal authorised under the Mental Capacity Act. The service was working within the principles of the MCA. It had made applications for everyone at the service as they required constant supervision in the community and these had been granted. These applications were made to ensure the service was acting in people's best interests when restricting their liberty, in order to keep them safe.

People's social, physical and mental health needs continued to be monitored, assessed and developed into a care plan. Health needs included details of people's skin care, eye care, mobility and medicines. Guidance for staff about how to meet people's health and medical conditions was available. For people who had epilepsy, guidance was in place about the type of seizures the person had, how to recognise when a seizure may occur and what to do when a seizure occurred including when to seek medical treatment. Staff demonstrated they had followed this guidance and made a record of any episodes which could be shared with relevant medical practitioners. People received an annual health check with their doctor and regular appointment with the chiropodist, optician and dentist. People were also supported to attend appointments with consultants as necessary. A record was made of all health care appointments including the reason for the visit, the outcome and any recommendations. People had been supported to remain as healthy as possible and any changes in people's health were acted on quickly. For example, staff had been concerned about a person's cough and their doctor had been contacted. Each person had a "Hospital Passport" which was given to hospital staff if a person was admitted to hospital. This provided essential information to hospital staff in a single document about each person's communication, personal support, disability, medicines and medical history.

People were supported to eat and drink enough and to have a balanced diet. People's individual needs in relation to their diet were assessed. Some people had specific dietary needs which were also available in the kitchen area so they were accessible to staff. Staff demonstrated they took these needs into consideration when preparing meals. A menu was planned which took into consideration people's likes and dislikes. People had access to the kitchen at all times and some people enjoyed spending time in the kitchen making their own drinks and helping staff. Mealtimes were social occasions when people came together in the dining room. People were supported to eat at their own pace. Staff observed people's reactions to eating and drinking to ensure they supported them to eat at the correct speed. Staff showed patience towards people who took time to eat their meals and people's facial expressions indicated that it was a positive experience.

Good

Is the service caring?

Our findings

People indicated they were well looked after and treated with kindness and compassion in their day to day lives. They had developed good relationships with staff and responded positively to staff contact. Relatives and professionals told us staff were consistently patient and caring. One relative told us, "My relative is very well cared for. Staff don't just do their job: they care and are very patient. There is always a lovely calm atmosphere here". A professional said, "People always look smart and well-presented. There is always a relaxed and very chilled atmosphere here which works well for the people".

People continued to be treated with kindness and their contributions valued. One person who had limited mobility walked independently around the lounge and staff praised them for their achievement. When another person was being supported to eat their lunch, staff praised them when they used their spoon independently to feed themselves. People's independence was encouraged and staff understood that it was small achievements that were important. One person was being supported to hold their own cup when they had a drink. This person was now able to hold their cup by its handle and do so by themselves for the majority of time it took them to drink their drink. People and their representatives had been asked about their choices and preferences for a male or female care staff and these were respected.

Care plans included information about people's likes and dislikes including what other people liked about them. This showed that staff appreciated people's individual personality. Staff introduced one person as 'cheeky' and their relative said this was a good description of their personality and nature. Staff continued to talk about and value people who had passed away since our last visit to the service. They described them with affection, explained how they had been a valuable part of the service and links had been maintained with their relatives.

People were not able to express their views and needs verbally. Care plans contained detailed information to guide staff about how people communicated their needs through body language, facial expressions, and physical actions. For example, one person clapped their hands and laughed when they were happy and showed they were unhappy by crying, flapping their hands or moving away from or a reluctance to join in with an activity. Staff described how they read these non-verbal signs in order to understand if a person was feeling unhappy, excited, content or distressed. Staff explained to people how they were going to support them before doing so, to involve them as much as possible in their care. One person was shown what they were going to eat for lunch to check that this was their preference. The person remained in the kitchen and started to verbalise some sounds. Staff explained that the person was complaining that it was taking time to cook their lunch as they wanted to eat it straight away.

People's care records contained information about people who were important to them such as members of their family and friends and important dates and events. People were encouraged and supported to develop and maintain relationships with people that mattered to them. Special occasions were celebrated such as birthdays and Christmas. People's bedrooms had been decorated to their own tastes and personalised with pictures, photographs and items of furniture that were important to them. A range of sensory equipment was being ordered for one person to be used in their bedroom as this had been

identified as of a particular benefit to their well-being.

Good

Is the service responsive?

Our findings

Relatives and professionals said the service was responsive to people's needs. One relative said, "A lot of staff have been here a long time and so they know my relative well. Although he has his off days, he is always cheerful when we visit and that says something. They take him out for lunch and also to the cinema". Relatives also told us the service kept them up to date with any changes in their family member's care. "One relative told us, "They let us know if my family member is unwell, if they are not themselves or anything else that is important to us". A professional told us, "I have known people here for many years. They have really come out of themselves and their characters have developed as a result of the care they have received here".

Care plans contained detailed guidance for staff about the support people required in relation to their daily living, social and health needs. Moving and handling plans were detailed and included what they person could do for themselves and they type of support they required such as prompts or hand over hand support. Staff followed this guidance when supporting people during the inspection to ensure their safety. Care plans were personalised and each person's individual needs were identified, together with the level of staff support that was required to assist them. There was information with regards to people's personal histories such as where they were born, any special places that held an important memory, favourite possessions and family and friends. People's daily routines were detailed and included people's personal preferences. For example, one person did not like water on their face and staff guidance indicated to wring out this person's flannel as tightly as possible before washing their face. Staff were knowledgeable about people's preferences and demonstrated they were considered in all aspects of each person's care and support. Each person had a one page profile which included a summary of their needs and preferences. This meant essential information about each person was easily accessible to staff to enable to support them.

Care plans were updated and reviewed regularly including their long and short term goals, hopes and wishes. In these reviews consideration was given to things that were working well and things that were not so working so well with regards to people's care. Each person had an activity planner which included sensory activities, aromatherapy and music. People also received support to go out. Although people were able to use public transport, two people had their own mobility cars which made it easier for them to access the community. People were also supported to support their religious beliefs. One person attended a local church on a regular basis.

Staff made a daily record of how each person was feeling, how they spent their time, and details of any health care appointments. Staff read this information when they came on shift and there was also a handover. This was to ensure important information was shared and that people received consistency in how they were supported.

One staff member was learning about 'Intensive Interaction'. Intensive Interaction helps a person with learning difficulties and the person they are communicating with, such as a staff member, to relate better and to develop their communication abilities. This staff member was using a variety of approaches with one person who had no verbal communication. This included responding to the person's body movements,

taking their actions as a way of communicating and 'tuning in' to the person's actions and expressions to help them understand their meaning.

Relatives and professions said they did not have any concerns about the care and treatment of people but felt confident to raise any concerns with the registered manager. "One relative told us, "If we had any concerns we would ring the manager. We have not had to, but we know she would listen to us and sort anything we raised out". The complaints procedure set out how to make a complaint together with the details of what people could expect in relation to the provider investigating and feeding back the outcome to the complainant. The policy also gave the details of the local authority, and Local Government Ombudsman that people could contact if they were not satisfied with how the service had responded to their complaint. Complaints leaflets were given to people and their relatives when they first started to use the service and a copy was kept in their room. The complaints information was written using pictures or symbols of people's emotions such as if they are of unhappy, frightened or angry, to help people understand its content.

The service had supported people at the end of their lives to have a comfortable, dignified and pain-free death. Relatives and professionals were very complimentary about the responsiveness of the service in providing this care. A professional described the care given as, "More than amazing". The service worked in partnership with other professionals such as community nurses and the local hospice to make sure people's needs were met and regularly reviewed. This including making sure people had any anticipatory medicines to manage symptoms such as pain at the time it was needed. The registered manager clearly described how the staff team had supported and responded to people's needs on an individual basis and how this differed depending on the person's needs and wishes. They ensured that staff's strengths were utilised in providing constant support for the person at the end of their life and balanced this with making sure other people at the service received the care they required.

People and their family members were asked about any future decisions and choices with regards to their care. Advance care plans set out what is important to a person in the future, when they may be unable to make their views known. These plans included if they had any religious or spiritual beliefs, choices about how and where they wanted to be cared and by whom, who they wanted to be present at or informed of their death and any funeral arrangements.

Good

Is the service well-led?

Our findings

People knew the registered manager and were relaxed and at ease in their company. The registered manager led by example, treated people with dignity and respect and knew their individual needs and preferences. Relatives and professionals said the service was well-led. A relative told us, "The registered manager is approachable and is very on the ball". A professional told us, "The registered manager is easy to talk to and they have made a real difference to people's lives. People have come out of themselves more since they have been here".

At the last inspection in November 2015, external audits by the senior operations manager had not been completed on a quarterly basis in line with the provider's policy. At this inspection in January 2018, these audits were completed monthly, in line with the provider's policy. Monthly audits and compliance checks were carried out in a range of areas such as health and safety, medicines, care planning and risk assessment and staff training and supervision. These checks identified any actions that were required to improve the service and were developed into an improvement plan. It had been noted that staff training was only partially met and the registered manager had contacted relevant staff to ensure their training was up to date. A housing audit April 2017 had assessed the internal and external condition of the property and highlighted that areas of the service such as the dining room and kitchen were in need of decoration. This shortfall with regards to redecoration of the service had been added to the service's action plan which was accessible on the provider's computer system. The registered manager was able to monitor progress with regards to the expected start date of works to ensure they took place in a timely manner.

The registered manager understood their responsibilities and had submitted notifications to the Commission about important incidents and events that had taken place at the service in a timely manner. They kept up to date with current practice through internal meetings with other registered managers in the company and the region where they were able to share good practice. Information was also available to them through the company's newsletter and website.

The registered manager was responsible for managing this service and another small service owned by the provider which was situated close by. They divided their time between the two services. The registered manager was supported by an assistant manager who worked full time at the service and was undertaking level three Diploma in leadership and management. Staff said the management team gave effective support as they were available when they needed them and listened and acted on their views. Staff said there was good communication within the team and that handovers between shifts highlighted any changes in people's health and care needs. In addition, staff meetings took place to discuss training opportunities, best practice recommendations and to discuss consistency in how to support people. The registered manager and staff team were clear about the aims of the service and the mission of the provider to put people at the centre when planning and delivering care. Staff demonstrated they enjoyed their roles and their focus was on making sure people were at ease in their surroundings.

The views of people who used the service were sought on a daily basis when providing care through people's experiences. For example, the registered manager explained that an activity was started with one

person as they had had enjoyed it in the past. Although the person appeared to enjoy the activity the first time it was introduced, they did not the second or third time and this was given as an indication that they no longer wanted to take part. Satisfaction surveys were given to family and friends yearly to gain people's views and how the service can improve. The results for November 2017 were very positive about the level of support provided. Comments included, "The support my relative has been given is excellent. The staff have been more than just carers. They have and still are the best I've known"; and "Friendly environment". Relatives said that due to the quality of care provided they would definitely recommend the service to others.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures were regularly reviewed by the provider and staff were alerted to read these updates so they were knowledgeable about current practices. The provider was committed to reviewing care documentation and policies to ensure that the service met people's equality, diversity and human rights.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. Staff told us that they had confidence in the registered manager taking appropriate action such as informing the local authority and CQC. Effective procedures were in place to keep people safe from abuse and mistreatment. The provider's whistleblowing procedure listed the details of who staff should call if they wanted to report poor practice.

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 judgements. We found the provider had conspicuously displayed their rating in the dining room area and on their website.