

Ms Catherine Blyth

Feng Shui House (Blackburn)

Inspection report

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Date of inspection visit:
19 February 2018

Date of publication:
21 March 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?

Good ●

Summary of findings

Overall summary

This inspection was carried out on the 19 February 2018 and was unannounced. At the last inspection in February 2017 we identified two breaches of regulation. We found the registered provider did not have effective systems to protect the rights of people who were unable to consent to their care and recruitment processes were not sufficiently robust to protect people from the risk of unsuitable staff.

After the inspection in February 2017, the registered provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of regulation. They provided us with an action plan which indicated legal requirements would be met by June 2017.

During this inspection carried out on the 19 February 2018 we found improvements had been made and the registered provider was meeting the requirements of the regulations. We saw applications were made to ensure that where people's rights were restricted, this was done so lawfully. We saw evidence people's mental capacity was assessed and people were asked to consent to their care whenever possible. We looked at two recruitment files. We found appropriate recruitment checks were carried out and there was a full employment history on both files. This helped ensure suitable people were employed to work at the home.

Feng Shui House (Blackburn) 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 is a detached building on the outskirts of Blackburn and accommodates up to 16 people in one adapted building. On the day of our inspection visit there were 11 people living at the home.

The registered provider was an individual who also managed the home on a day to day basis. Registered providers 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. As the registered provider was also responsible for managing another care home, they were supported in the day to day running of the home by a deputy manager. On the day we inspected the registered provider was unavailable however, the deputy manager was present.

At this inspection people told us staff were caring towards them. We observed positive interactions between staff and people who lived at Feng Shui House (Blackburn). There was a culture of promoting dignity and respect towards people. Staff we spoke with understood the importance of high standards of care to give people meaningful lives. One person told us, "I feel quite relaxed and comfortable here, so I am happy where I am."

We found there were sufficient staff during our inspection visit. They were trained and able to deliver care in a compassionate and patient manner. One person commented, "I don't use the call bells as there is always a

staff member about."

We checked staff records and noted employees received training appropriate to their roles. One staff member told us, "I had an induction. It was good, I enjoyed it."

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

The registered provider had processes and practices to safeguard people from abuse. Staff had received suitable training and when we spoke with them were able to identify types of abuse and how to react to abusive actions should they occur. Systems were in place to ensure people who lived at the home and required restrictive practices were lawfully deprived of their liberty.

We looked around the home and found it had been maintained and was a clean, safe place for people to live. For example, we found equipment had been serviced and maintained as required.

Medication care plans and medicine risk assessments provided staff with a good understanding about specific requirements of each person who lived at Feng Shui House (Blackburn). Staff had relevant training to assist them in the safe administration of medicines.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available for staff to use when required, such as hand gels.

People were supported to have maximum choice and control of their lives and staff helped them in the least restrictive way possible; the policies and systems in the service supported this practice.

We received positive comments about the quality of meals provided. We spoke with the chef who told us, "Whatever people want they can have. It's their home at the end of the day." We observed lunch time service and noted people had their meal in the dining room. People told us it was their choice where they ate their meal.

People who lived at the home and their visitors told us they were happy with the activities on offer. We observed people enjoying activities in the afternoon. We observed people choosing not to take part, and staff respected their decision.

There was a complaints procedure which was made available to people and their relatives. People we spoke with told us they were happy and had no complaints.

End of life care had been discussed with some people and their relatives. Staff told us they had the skills, experience and links with local health care professionals to promote a dignified and pain free death.

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff meetings and daily discussions with people who lived at the home to seek their views about the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Recruitment procedures the service followed were safe.

People who lived at the home and relatives told us people were safe.

Staff were trained in the administration of medicines. Observations during our visit and records looked at indicated people received their medicines safely.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were identified and staff were aware of how to reduce potential harm to people. Suitable staffing levels and structured staff deployment indicated people were safe and the registered provider was able to meet their needs.

There were enough staff available to meet people's needs safely.

Is the service effective?

Good ●

The service was effective.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

Staff had the appropriate training to meet people's needs.

People were protected against the risks of dehydration and malnutrition. We observed people were supported to eat and drink and enjoyed their meal time experience.

By speaking with visiting health professionals and reading documentation we saw evidence that people received timely ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

We observed people being supported by staff with kindness and compassion in their day-to-day care.

Staff had developed positive caring relationships and spoke about people in a warm compassionate manner.

People and their relatives were involved in making decisions about their care and support they received.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider organised activities and events to stimulate and maintain people's social health.

People we spoke with told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Staff at Feng Shui House (Blackburn) were proud of how they supported people with their end of life care. They provided dignified and pain free care with the support of community health professionals.

Is the service well-led?

Good ●

The service was well-led.

The provider had clear lines of responsibility and accountability.

The management team had a visible presence within the service. People and staff felt the management team were supportive and approachable.

The management team had oversight of and acted upon the quality of the service provided. There was a range of quality audits, policies and procedures.

Feng Shui House (Blackburn)

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 visit took place on 19 February 2018 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert-by-experience. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background supporting older people.

Before our inspection visit we contacted the commissioning department at Blackburn with Darwen Council. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. 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 also contacted the local funding authority and asked them their views on the service provided. We used all information gained to help plan our inspection.

During the visit we spoke with a range of people about the service. They included six people who lived at the home and one relative. We also spoke with the deputy manager, one supervisor, three care staff and the cook. We also took the opportunity to speak with a visiting health professional. We observed care practices and how staff helped and spoke with people in their care. We reviewed staffing levels, observed how staff were deployed throughout the home and monitored response times when call bells were activated. This helped us understand the experience of people who could not talk with us. After the inspection site visit we spoke with the nominated individual who was also the manager and owner of the home.

We looked at care and medicine records of five people and staff training and recruitment records of two staff. We also looked at records related to the management of the home. We watched the nurse on duty as they administered medicines and looked at the storage and administration of medicines. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

At the inspection carried out in February 2017 we found recruitment processes were not sufficiently robust to protect people from the risk of unsuitable staff. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Fit and proper persons.) During this inspection in February 2018 we found improvements had been made and the registered provider was meeting the requirements of the regulation.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people who may be vulnerable. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at two staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. All the staff we spoke with told us they did not start work until they had received their DBS check.

People we spoke with told us they felt comfortable and safe as there was always a member of staff to help when needed. Observations made during the inspection visit showed people were very relaxed in the company of staff who supported them. We noted when people were upset they sought the company of staff to calm them and make them feel safe.

The registered provider had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. We questioned staff on their knowledge should they witness bad or abusive practices. Staff we spoke with were aware of the service's policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them. One staff member told us, "I would report anyone if they were abusive, they shouldn't do it."

Care plans seen had information to manage ongoing health conditions and lessen the risk of accidents. For example, after having a fall, one person now had a sensor mat that alerted staff when they stood and walked round their home. We saw personal emergency evacuation plans (PEEPs) for staff to follow should there be an emergency. These provided guidance for staff to follow in events such as fire or flood, where people would need to be evacuated from the home. This showed the registered provider had systems and processes so people's safety is monitored and managed.

The registered provider monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed.

During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home. We saw staff members were present in the communal areas to provide supervision and support people with social activities. One person told us, "I don't use the call bells as there is always a staff member about." We pressed the call bells twice during our inspection and noted staff responded quickly both times.

We looked at how medicines were prepared and administered. Medicines had been given as prescribed and stored and disposed of correctly. We observed one staff member administering medicines at breakfast. We saw the medicine trolley was locked securely whilst attending each person. People we spoke with told us there were no issues with their medicines. One person told us, "She [staff member] is very good with the tablets."

People were sensitively assisted as required and we observed consent was gained from each person before having their medicine administered. The medicine administration recording form was then signed. At the time of our inspection there were no controlled drugs at the home. However, we noted systems were in place so they could be stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the provider had systems to protect people from the unsafe storage and administration of medicines.

We looked at how the service recorded and analysed accidents and incidents. The registered provider showed us their systems which recorded details of such events, along with details of any investigations they had carried out. We saw the emphasis was on learning from any untoward incidents, in order to reduce the risk of recurrence. For example, in response to one incident the registered provider had made changes to how the person was supported.

We looked around the home and noted it was clean, tidy and well maintained. We observed staff made appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff carrying out their duties.

We reviewed documentation which indicated electrical and lifting equipment was checked to ensure its safety. We noted the temperature of the water was monitored to ensure the risk of scalds had been minimised. We saw ongoing legionella checks by an outside contractor were carried out. This meant the registered provider and staff were protecting people who lived in the home and themselves from potential infection.

Is the service effective?

Our findings

At the inspection carried out in February 2017 we found the registered provider did not have effective systems to protect the rights of people who were unable to consent to their care. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Consent.) Following the inspection we received an action plan from the registered provider telling us how they would comply with the regulations.

At this inspection carried out in February 2018, we found improvements had been made and the registered provider was meeting the requirements of the regulations.

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.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

From records viewed, we saw that consent was sought in line with legislation and guidance. We spoke with the deputy manager to assess their understanding of their responsibilities regarding making appropriate applications. The deputy manager demonstrated an understanding of the MCA and DoLS. We reviewed documentation which evidenced mental capacity assessments were carried out and DoLS applications were made to the supervisory authority if these were required.

We saw and people told us, they were asked to consent to care and support before this was delivered. For example, we observed people being asked if they wanted help to mobilise or receive their prescribed medicines. We saw documentation which evidenced people consented to the sharing of information and photographs being taken and displayed. People we spoke with told us they were offered choices in all aspects of their lives. For example, we observed meals choices and one person was offered several clothing choices throughout the day after they had indicated they wished to get changed.

People who lived at Feng Shui House (Blackburn) told us staff looked after them well. Each person had a pre-admission assessment, to identify their needs and establish that Feng Shui House was able to meet their needs. All new staff worked alongside experienced staff and were assessed for their suitability and competency during their probation period. One person told us, "They [staff] look after us very well." A second person commented, "I am happy here and very well looked after."

We looked at how the staff had the skills to do their role effectively. One staff member told us, "I had an induction. It was good, I enjoyed it." A second staff member told us they had enjoyed their induction and

there was a lot of ongoing training. They commented, "I feel like I learn something every day."

We spoke with the deputy manager about training and they told us, "We are proud of what we do; staff have done training after training after training." Staff received a mixture of computer based and face to face training. They said for moving and handling face to face training is essential. They told us, "I think it is better staff see and do moving and handling procedures. They need to feel what it is like being in a hoist."

About computer based training staff told us they had booklets to accompany the training and had to answer questions at the end to assess their knowledge. One staff member told us, "I did not get all the questions right the first time and had to complete the course again, but I did it in the end which made me understand it." This showed the registered provider had systems to ensure staff had the skills and knowledge to provide effective care.

We were able to establish through our observations people received care which was meeting their needs and protected their rights. For example, one person was distressed and tearful during our visit. They sought comfort from different staff at different times of the morning. Each staff member was able to effectively meet the person's desired needs at the time. When talking with staff they had a good understanding of people's assessed needs which was similarly recorded in people's care plans. This meant people received consistent effective care from established and trained staff that had the right competencies and knowledge.

We asked staff if they were supported and guided by the manager and area manager to keep their knowledge and professional practice updated, in line with best practice. Staff told us they had supervision. Supervision was a one-to-one support meeting between individual staff and their manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. Staff also said the management team were very supportive and they felt they could speak to anyone at any time should they need to. About the registered manager one staff member told us, "She is approachable." A second staff member commented, "You know where you are with her. You know when you have done something wrong but you also know when you have done something right. I like that."

We noted people had three options at lunchtime and a hot and cold option at tea time. Staff responsible for preparing meals had information about people's dietary requirements and preferences. For example, the chef and staff were aware of people who required food at certain consistencies in order that they could eat safely. We observed snacks and drinks were offered to people in between meals, including hot drinks, cold drinks, cakes and biscuits.

We asked people about the meals at Feng Shui House (Blackburn). One person told us, "I always eat my main meal in the dining room and, so far, I have always enjoyed my meals." We observed lunch service at the home. The food served was well presented and people enjoyed it. We observed staff were patient and encouraging at lunchtime, they effectively supported people who required assistance with their meals. The atmosphere was relaxed and people were able to enjoy their chosen meals at their own pace. This showed, when required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration.

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

As part of our inspection we had a walk around the home. We noted some bedrooms had photographs of

the occupant on the outside. These were accompanied by a drawing completed by the person. We observed not all doors had photographs and asked the deputy manager about this. They told us the photographs helped people who may get confused to recognise their room. The bedrooms without photographs belonged to people who had capacity and did not want their photograph on display. This showed the registered provider had reviewed the home environment to meet the needs and preferences of people who lived there.

We spoke with a visiting health professional during our inspection site visit. They told us they believed the staff were very attentive in managing people's ongoing health conditions. We saw evidence of input from G.P's, district nurses and specialist service. The deputy manager told us, "The support we have had from [behaviour management team] in managing [person's] behaviours has been excellent." They further commented, "No matter how many times we ring them, they still come." This showed the service worked with healthcare professionals to ensure people's on-going needs were met effectively.

Is the service caring?

Our findings

Every person we spoke with told us they found the staff caring and felt they knew them and knew what their preferences were. One person told us, "I feel quite relaxed and comfortable here, so I am happy where I am." A second person said, "I find it very good here and I see the owner regularly and get on well with her. She is very good as are all the staff, very caring and committed."

Observations during our inspection showed there was a caring and compassionate culture at Feng Shui House (Blackburn). One person was agitated and distressed and unsure what they wanted. We saw them seek support from different staff at different times of the day. Each staff member was respectful in their interactions and we noted kisses and cuddles were shared throughout the day to comfort the person. We spoke with staff and found them knowledgeable on the needs of the person who was distressed. For example, they were able to share distraction techniques such as using doll therapy and their favourite cakes. The person's care plan reflected the information staff had relayed. This showed staff had up to date knowledge that allowed them to offer appropriate compassionate support to people.

We discussed with staff their role in relation to providing emotional support to people. Every staff member told us they had time to care for people. One staff member stated, "This is what we are here for, to look after people. We become part of their families." A second staff member said, "We make time to talk to people. If they are happy we are happy." A third staff member commented, "It's our duty of care to make sure people are happy." We spoke with the deputy manager who told us they encouraged staff to make time to sit and chat with people. This showed the registered provider promoted positive relationships that supported people's wellbeing.

Staff were friendly and sensitive when providing care and support to people. We saw staff knocked on doors and waited for a response before entering. We saw people being spoken with discreetly about personal care issues so as to not cause any embarrassment. People told us they were happy with the help they received with their personal care and one person was happy that staff supported them to be independent. One staff member told us, "You treat people how you want to be treated, yourself."

We noted care plans had a 'This is me' section which held personal information and past histories of the person. The deputy manager told us this was useful for all staff especially new staff as it gave them a better understanding of the person. Information included, 'I enjoy listening to Frank Sinatra.' And, 'I enjoy cuddling a teddy bear.'

The care plans were reviewed monthly and signed as agreed by the person if they had mental capacity or a family member. People told us they or their relatives had been involved in their care planning. One relative told us, "Staff know [relative] very well and were 100% on the ball regarding personal care."

The care plans guided staff on offering people choices and working together to meet their care needs. For example, 'Please encourage [person] to make choices about the clothes she wears and gain consent.' During the day we observed one person make several choices regarding their clothes. We overheard a staff

member say, "It took us three cardigans till we found the right one, but we got there in the end."

We spoke with the deputy manager about access to advocacy services should people require their guidance and support. They were aware of how to access advocacy support should it be required. We observed information related to the local advocacy group was advertised in the hallway of the home. This showed the registered provider was knowledgeable on how people may get support to have their views and wishes considered when decisions were being made about their lives.

Is the service responsive?

Our findings

During our inspection visit we observed people were included, listened to and valued by staff at Feng Shui House (Blackburn). People were supported by staff that were experienced, trained and knew people well. For example, staff understood how to respond to people living with dementia. One staff member said, "We go into their world." One person commented, "They look after us very well." This indicated people received personalised care and were valued and supported to maintain their self-esteem and dignity.

We looked at care plans to see if they held information on people's needs and had been regularly reviewed to ensure they were up to date. The deputy manager told us they were in the process of reviewing the plans with relatives. The information held within the care plans were reviewed by staff on a monthly basis. When we asked people if they had been involved in their care planning we had a range of answers which included, "Yes." "Cannot remember." And, "My [relatives] deals with that." Staff told us care plans had recently been transferred on an electronic system and they could access information anytime to guide or refresh their knowledge on the care and support people required.

The care plans had information related to all areas of a person's care needs. These included information on skin care, personal care, oral hygiene, what support the person needed to dress and care at night. Care records also included a personal history and life story. This provided important information to help staff better understand the people they cared for.

We looked at what arrangements the registered provider had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. The registered provider had included in care plans guidance for staff on how to communicate with people using person centred methods. For example, one care plan informed staff to be aware of facial expressions and a change in mood as an indicator something may be wrong. A second care plan guided staff to use plain language and to repeat sentences to combat the person's confusion and short term memory. The deputy manager told us they waiting till one person had had treatment on their ears before finalising their care plan. This would allow maximum participation in the decision making around their preferences and wishes. This showed the registered provider had guided staff to share information in a way that would be received and understood.

We looked at activities at Feng Shui House (Blackburn) to ensure people were offered appropriate stimulation throughout the day. We saw a timetable of activities which included, singalongs, crafts and 'sit me fit'. In one person's care plan it stated they enjoyed baking. We spoke to them about activities, they told us, "Years ago I used to work with my mum in a confectioners where I enjoyed baking and I still enjoy it when we do baking here. It is probably my favourite out of the activities here and I recently made a Christmas cake." Other people we spoke with also told us they enjoyed baking, bingo and singalongs. We observed people enjoyed the scheduled activities and also took pleasure from staff sitting with them chatting or sharing a joke as they passed.

We saw records that indicated ministers visited people to offer spiritual support. Staff also shared examples

of trips organised locally and further afield. For example, people were supported to go for walks along the canal or visit local charity shops. We were told of an organised coach trip which people had agreed to attend. On the day of the trip, people decided not to take part in the excursion resulting in the trip being cancelled. The staff shared this as an example of the service being responsive to people's views. This also showed the registered provider recognised activities were essential and provided appropriate support to stimulate and maintain people's social health and meet their spiritual needs.

At the time of our inspection there was nobody receiving end of life care. The deputy manager told us they had received training on end of life care. We asked what the training had taught them and how this had impacted on the support they delivered. They were able to talk about dignity and respect being part of death. They commented, "I love the whole aspect of a dignified ending. Being the best we can be and it being as personal and dignified as possible." The deputy manager and senior carer also shared that death was, "Part of life." They shared when people had died they had followed their wishes and made sure favourite possessions were in the coffin with the person. About this a staff member commented, "What people ask for, we do it." They told us when people had died and were leaving the home; staff walked them to the door as part of their goodbye. This showed the registered provider guided staff the importance of providing positive end of life support.

The registered provider had a complaints procedure which was visible in the hallway along with a suggestion box. The suggestion box was for people to have an alternative way of sharing ideas to raise people's quality of life. Everyone we spoke with said if they needed to make a complaint they would feel comfortable doing so without fear of reprisals and believed their concerns would be acted upon. One relative told us, "I have raised a concern in the past and felt it was managed well." At the time of our inspection there were no current complaints being investigated.

Is the service well-led?

Our findings

We asked people and their relatives if they were happy with the way Feng Shui House (Blackburn) was managed. All five people we spoke with told us they felt the home to be organised and well managed. One person told us, "There is a good atmosphere, everyone on the staff is easy to talk to and we have confidence in the management." One relative commented, "The staff and management were 100% approachable, clearly understood their responsibilities and managed the home very well."

Feng Shui House (Blackburn) was not required to have a registered manager in place as the registered provider and owner was responsible for supervising the management of the regulated activity provided.

We found the service had clear lines of responsibility and accountability. The deputy manager worked closely with the registered provider in the running of the home. Senior carers planned how support was delivered. They allocated tasks during the daily handover meeting in the morning. One staff member told us, "This is the best home I have worked in, management wise. They listen to you."

The service had procedures to monitor the quality of the service provided. Regular audits had been completed; these included reviewing accidents and incidents. The deputy manager told us, "We look at what we can do. Do we need to refer to a specialist?" We noted there was a monthly referral list identifying who had been referred to a specialist due to concerns raised. We saw evidence of technology being used to lessen risks around people falling based on information gathered.

There were further ongoing audits which included the environment, medication, window security, infection control, care plans and hoists. We also found the home's safety requirements were up-to-date, monitored and recorded. These included fire, water, gas and electrical safety. This showed the registered provider had systems to monitor, manage and review risks that could impact on safety and the quality of care people received.

We looked at the minutes of a recent residents meeting. We saw carol singers had been requested. People told us they had had carol singers at Christmas visit them. We also noted people wanted a Christmas cake and an organised excursion; both of which had been arranged. We looked at staff meeting minutes, topics included, infection prevention, training and staff were praised based on comments received. One staff member told us about staff meetings, "They [management] listen to our concerns and sort things out." A second staff member commented, "If we have any problems we get to air our views."

We found the registered provider and deputy manager knew and understood the requirements for notifying CQC of all incidents of concern and safeguarding alerts as is required within the law. We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included local behaviour management teams, healthcare professionals including GPs and district nurses. The registered provider was an active member of health care forums and safeguarding committees. We asked about the impact this had on people they supported. They told they were made aware of new good practice guidance and any changes in current guidance and how this impacted on care and support delivered. They also told us they had the opportunity to share experiences with other providers in the health and social care field.

The latest CQC rating was on display in the home and also on the website to ensure that people had access to this information.