Care Management Group Limited

Care Management Group - Tuscany House

Inspection report

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Dorking
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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

Tuscany House is owned by Care Management Group. It provides accommodation for six adults with learning Disabilities and specialises in autism. At the time of the inspection five adults were resident at the service. Whilst not everyone was able to take part in full discussions, we were able to speak with some people and observe how they interacted with staff.

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

The inspection took place on 30 June 2016 and was unannounced.

The service had sufficient staff on duty to meet the needs of the people who used the service. The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home.

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. These were reviewed regularly to ensure they were up to date and current. In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building. Each person had a plan which detailed the support they needed to get safely out of the building in an emergency

People received their medicines when they needed them. Staff managed medicines in a safe way and were trained in the safe administration of them. Medicines were stored securely and disposed of appropriately.

We talked to staff who demonstrated that they understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team, police and CQC.

Staff told us that they received a comprehensive induction program and ongoing training, tailored to the needs of the people they supported. Staff appeared knowledgeable and knew how to support people appropriately.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Staff asked people for their permission before they provided care for them. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had a good choice of food and drink available to them. People received support from staff where a

need had been identified. People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them.

There was positive feedback about the home and caring nature of staff from people and relatives. The staff were kind and caring and treated people with dignity and respect.

Good interactions were seen throughout the day of our inspection, such as staff sitting and encouraging people in activities of their choice. There was positive feedback about the home and caring nature of staff from people and relatives.

People looked relaxed and happy with the staff, people could have visitors from family and friends whenever they wanted . There was a strong emphasis on key principles of care such as compassion, respect and dignity. We observed that the people who used the service were treated with kindness and that their privacy and dignity was always respected.

Care plans were based around the individual preferences of people as well as their medical needs. People were not always involved in their care plans due to their complex conditions. The manager used other ways to gain information about people and their preferences by using a keyworker system of staff who knew them well or by consulting with relatives and health and social care professionals.
Care plans gave a good level of detail for staff to reference if they needed to know what support was required. Feedback from a healthcare professional was positive about the actual care given to people.

People had access to a range of activities that met their needs. The staff assisted people to fully participate in activities that had meaning to them. Some activities were based in the local community giving people access to experience things in a safe and supportive way.

A complaints policy was available to help people and relatives know how to make a complaint if they wished. We looked at the complaints log and saw none had been made in the last 12 months. The manager told us that if a complaint was raised they would take action to minimise or rectify the situation as soon as possible.

Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. Records for checks on health and safety, infection control, and internal medicines audits were all up to date. Accident and incident records were kept, and would be analysed and used to improve the care provided to people should they happen.

People had the opportunity to be involved in how the home was managed and were supported to have some input in house meetings to give people a chance to have their say.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There was enough staff to meet the needs of the people. Appropriate checks were completed to ensure staff were safe to work with the people who lived at the service.

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

Staff understood their responsibilities around protecting people from harm and abuse.

Risks to people's health and safety were identified, and put guidelines for staff were in place to minimise the risk.

People had their medicines when they needed them. People's medicines were stored, administered and managed safely.

Is the service effective?

Good

The service was effective

Staff were well trained and supported to ensure people's needs were met.

People's rights under the Mental Capacity Act were met.

Assessments of people's capacity to understand important decisions had been recorded. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had good access to all health care professionals.

People had a good choice of food available to them. They had enough to eat and drink.

Is the service caring?

Good

The service was caring.

People and relatives were positive about the staff who they felt

they were caring and supportive.

Staff were seen to be caring and friendly. We saw good interactions between staff and people that showed great respect and care.

Staff knew the people they cared for as individuals and communicated effectively in a way that people understood.

People could have visits from friends and family whenever they wanted.

Is the service responsive?

Good

The service was responsive.

Care plans involved people and relatives and were being updated and reviewed regularly.

People had access to a wide range of activities that matched their interests and offered them a meaningful purposes.

There was a clear complaints procedure in place. The manager and staff would respond effectively to complaints.
Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good

The service was well- led.

The manager ensured that the visions and values of the service were known and followed by staff to ensure people received a good level of care.

Staff were supported and able to discuss any issues with the manager. This made a staff team who enjoyed working with and supporting people.

People and their relatives were supported by staff to become involved in improving the service.

Quality assurance records were up to date and used to improve the service.

Care Management Group - Tuscany 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 June 2016 and was unannounced.

Due to the complex needs of the people who lived at Tuscany House and the small size of the service the inspection was undertaken by one inspector.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Whilst most people were unable to take part in full discussions, we were able to speak with some people and observe how all the people interacted with staff. We observed how staff cared for people and worked together throughout the day to gain an understanding of the care provided.

We spoke to one person during our inspection to find out about their experiences of living at the service. Other people used non-verbal forms of communication. We observed how staff cared for people, and worked together. We spoke with three relatives and four members of staff. We also reviewed care and other records within the service. These included four care plans and associated records, four medicine administration records, four staff recruitment files, the records of quality assurance checks carried out by the staff, provider and the surveys sent to family members, health and Social Care processionals

After the inspection we contacted a health care professional for feedback on their view of the care provided

at the service.
The service was last inspected on 12 September 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

People told us that there were enough staff working to help keep them safe. We asked one person if they thought there was enough staff on duty at the home they said "Yes." One family member told us that "The service always appears to have plenty of staff on duty to help everyone and that certainly when we visit there are enough staff around." Another family member said, "I come in at all times and days and I don't always tell them whenever I come in there are always plenty of staff and they seem to be busy with the residents." Staffing levels were calculated on the dependency needs of people living at Tuscany House. During our inspection we observed staff supporting people and ensuring their social needs were being respected and their personal care was completed in the way they wanted and in a timely way. Staffing levels were reviewed regularly, we saw from staff rotas that staffing levels were maintained appropriately. On the day of the inspection there were four support workers and the manager on duty.

We looked at the employment file of four members of staff. We saw that appropriate checks were carried out to ensure only suitable staff were employed to work at the home. The provider checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We saw that the files contained a full and detailed employment history of staff.

People were protected from the risk of abuse. Staff had a good strong understanding of their responsibilities in relation to safeguarding people. The provider ensured that the staff had access to and received regular training updates in current safeguarding procedures. Staff were able to describe to us the signs that abuse may be taking place, such as a change in a person's behaviour, becoming withdrawn, or more aggressive. Staff told us that they understood the referral process and to which agency they should contact, such as the local Adult Services Safeguarding Team, The police or CQC. We reviewed the safeguarding records and saw that they had been correctly sent to the relevant agencies for action.

Staff knew about whistleblowing and felt confident that they would be supported by the provider if they had to challenge someone over care or their actions in respect to the service or one of the people living there. One staff member said, "I have never had a concern or worried about any of my colleagues but I know if I did my manager would listen." They also felt that their colleagues all felt the "Same they were all very committed to the care and safety" of the people who live at Tuscany House.

Accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information would be reviewed by the key worker, manager and if need be it would be escalated if issues were identified then outside help from other healthcare professionals would be sought. The manager told that any patterns that may suggest a person's support needs had changed. We saw how the escalation of challenging behaviour of one person was analysed to establish if there was a pattern and what the service could learn in how to better support the person. As a result we saw that a de-escalation of incidents and safeguarding occurred and the persons anxiety levels were lowered. We saw that action was then taken to support this person which reduced this pattern of behaviour and further measures put in place to provide greater support to them when they needed it. The manager told us that

they had introduced further measure to support the person and staff if there were any more events in the future.

People were kept safe because the risk of harm from their health and support needs had been assessed. Where a risk had been identified, such as risk of behaviours which challenge these were addressed. People who were at risk when out in the community or at risk of injury due falls had plans in place to minimise the risk of this occurring again. We saw that the staff had ensured that appropriate action had been taken to minimise the risk of harm to the people. The risk assessments we looked at were detailed and provided a good level of instructions and actions staff should follow to keep the person safe.

Staff understood that they should look for the least restrictive way to keep them safe and only to escalate restricting someone if there were pre-agreed measure in place to protect the person or persons involved. These were all documented in people's care plans and risk assessments were in place. We looked at one care plan which clearly outlined the need for one person to have two to one staff support when they were out in the local community. The plan had been agreed with input from the care manager, health care professionals, mental health professionals and the person's family members.

Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, fire safety and waste disposal. The manager and staff told us that they worked within the guidelines set out in these assessments. Fire safety equipment was regularly checked to ensure it would activate and be effective in the event of a fire. We saw that fire safety equipment had been recently check by the provider to ensure it was still effective.

People's care and support would not be compromised in the event of an emergency. The manager and staff told us that they understood the emergency procedures and how to "Minimise the effects of the emergency on the people they support" and also to "get them out of the service quickly and safely". Information on what to do in an emergency, such as fire, flood, failure of utility supplies and staff shortages etc., was available within the service. We saw that the individual support needs of people had been identified in the event of an emergency and recorded by staff in their personal evacuation plans. These gave clear instructions on what staff were required to do to ensure people were kept safe. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely.

The service had sufficient arrangement in place to provide safe and appropriate care during foreseeable emergencies and would access the next door property for provisional support and shelter. The staff told us that because all of the people who lived at the service had significant autism they had developed story boards for the people to help reduce the stress evacuation could cause. The story boards we looked at provided a clear plan and story of what would happen if the people had to leave the service in an emergency.

People's medicines were managed and given safely. We were told by staff that people were involved in some aspects of their medicines management as much as possible within a risk assessed environment. We saw staff prepare morning medication for one person and they followed the homes guidance on safe medicines handling. We witnessed staff check that the medicines being administered was the correct ones for the person.

Staff that administered medicines to people received appropriate training, which was regularly updated. For 'as required' medicine, such as paracetamol, there were guidelines in place which told staff when and how to administer the pain relief in a safe way.

We looked at the medicines files and saw that all five people contained medicine administration records (MARs) administration guidelines and photographs of each person to ensure that the correct person received their own medicines. We also saw that there were no gaps in the MAR sheets so it was clear when people had been given their medicines.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. One health care professional told us that the staff were "Very person centred" and that they "Show extreme care and attention to their services users." Another relative told us that staff were "Very good."
One relative said they thought the staff were well trained and that they had good training to ensure that they make the all the people feel "Like valuable members of the household."

There was a robust induction process for new staff to ensure they had the skills to support people effectively. One member of staff told us that they were "Happy" with the induction they had which enabled them to "Fully support the people who lived at the service." The manager told us that new staff worked with a senior staff member before they worked unsupervised. We looked at the staff training records these demonstrated that they received regular ongoing training to ensure their skills where kept up to date and to ensure they could meet peoples specific support needs. The staff told us that they received specific training to enable them to work with the people such as training in behaviour that challenged, autism and epilepsy.

Staff received training to help ensure that they were trained and had sufficient knowledge and skills to enable them to care for people. One member of staff said, "We get all the training we need" and that the manager has an "Open door policy". They encouraged staff to ask if there were issues or worries to make sure they supported people appropriately. Another staff member told us "they could approach manager or the area manager at any time with their concerns. They also told us that they hold regular team meetings to discuss people's needs and any updates on their care.

Staff told us they were effectively supported and had regular one to one supervisions meetings with their manager. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. One member of staff told us that supervision with the manager was "I look forward to my one to ones with my manager, I can talk about things I want to talk about." Supervision was recorded regularly and were up to date. From the records we could see the meetings were supportive, challenged staff practices, identified learning gaps and how the organisation could support staff in their future development. As a result of one supervision meeting further support was provide to one member of staff who had taken on extra responsibilities with the care and support of one person.

Where people could not make decisions for themselves the processes to ensure decisions were made in their best's interests followed legal requirements. This was completed under the Mental Capacity Act 2005 (MCA) which provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We saw that assessments of people's mental capacity had been completed. There was information to show how decisions had been reached when people lacked capacity to make a particular decision. We saw that the manager had completed an assessment on the capacity of one person to consent to medical treatment

and the agreement that it was in their best interest to have the necessary treatment.

Staff were seen to ask for peoples consent before giving them support or care throughout the inspection. We were only able to ask one person if the staff asked them if it was okay to help them they confirmed that they always spoke to them before they supported them with their care by nodding their head and said "Yes they did." One relative told us that when they have been at Tuscany House they saw that the staff "Always asked the permission of (their family member) before carrying out care or providing some support."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the manager had made DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible. For a person lacking capacity, a deprivation of liberty may only exist if the person concerned is subject to continuous supervision and control and is not free to leave. Staff understood the MCA and DoLS process and were able to describe what they meant and how they ensured that peoples consent was obtained.

People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. People were involved in choosing and making the food they ate. We saw one person working with a member of staff to make the pictorial menu for the lunches being offered on the day of the inspection. We asked one person if they liked the food they indicated that they did by nodding their head and saying "Yes."

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. One relative told us that the service had introduced a healthy eating program for their relative. They said that their meals had been developed by the staff with the support of a dietician in order to maintain this person weight and to encourage a healthier lifestyle.

During our inspection lunch was observed being prepared and served. The process of making the meal and setting the tables was a dignified event for the people living at Tuscany House. The staff told us that people were able to choose where they would like to eat and were supported by them when needed. We observed staff holding friendly conversations with people during the meals and made them an interactive and positive experience.

We were told by one health care professional that they had no concerns about the health and welfare of the people who lived at Tuscany House. They told us that the service had developed a "Health action zone" where the health and fitness of people residents were displayed. People had been fully assessed to enable staff to provide the correct level of care for each person. During our inspection we saw that the people living at the service received the correct levels of support and care to keep them healthy and in line of their plans. We read in the individual care plans that people had regular visits to their GP's, and other health and mental health professionals. One r elative told us that after a visit to the service they mentioned to staff that they thought there was "Something not right" about their family member and asked if they could make an appointment for them to see their GP. The action the staff took resulted in a medicine review with changes made to improve their physical health.

Good

Is the service caring?

Our findings

Staff were caring and attentive with people. One relative told us the staff were "Friendly and helpful" and that the staff care about supporting their family member to take ownership of their space." Another relative told us that they considered Tuscany House to be the "Best care home that their family member had been in." They also said that the staff were "Always welcoming and nothing is too much they just care." We were told by a health care professional that the staff at Tuscany House were "Very person centred, they show extreme care and attention to the people who live there." They also told us that the staff "Show enthusiasm at the progress" and had "Pride in caring for them."

People experienced kind and caring support on the day of our inspection. We asked one person if they liked the staff they smiled nodded their head and said that they did. People looked well cared for, with clean clothes, tidy hair and appropriately dressed for the activity that they were undertaking. The atmosphere in the service was calm and relaxed. We observed staff speaking to people in a caring, respectful and friendly manner throughout the inspection.

Care staff were respectful of people's privacy and maintained their dignity. One member of staff told us they always gave people privacy if they undertook any personal care. They told us that they "Always ensured they were nearby" in order to maintain the person's safety, for example if they were at risk of falls or epileptic seizures. The staff member said that whenever they supported someone directly with their personal care, they always made "Made sure that their privacy was maintained by ensuring curtains are were closed, people were covered and doors were shut. They explained that one person became worried and can become challenging when they are not sure of the situation that they find themselves in. In order to alleviate the stress and apprehension this person felt they had introduced clear guidelines for staff to follow. The manager ensured that only staff the person is was comfortable with supported them during these times. The registered manager also told us that this person prefers to be only supported by male staff in the service. We were told that in order to support them the service has a core team of male staff in place to meet their needs.

People's independence was promoted by staff. Staff supported people to access all areas of the service, without any hindrance and were very knowledgeable about the people they supported. The staff were able to tell us about people's diverse interests, as well as their family connections. This information was confirmed when we spoke with relatives.

The service had developed an area in the hallway for visual displays to further support peoples communication and to reinforce their goals. At the time of our inspection the service had set goals improve and promote healthy living. The display contained individual goals and activities that the people could join or were already engaged in. Peoples achievements were celebrated throughout the home. This was evident on a visual display board, which was titled 'Goals Achieved.' People were supported to set monthly goals and receive certificates with photos of their achievements. The achievements are also shared with the families in the monthly key worker reports were sent to them and discussed during review meetings with families, care mangers and other professionals.

Staff were able to describe how to support people in line with the persons care plan. They knew how people liked to have their personal care or any specialist assistance they may need to participate in the service and access the local community. For example one person liked to be smartly dressed to go shopping with staff in the local shops. During our inspection we spoke to this person who was very smartly dressed. They told us that they "Liked" their new jacket and tie." Staff also told us that people had their religious and cultural needs maintained.

Another relative told us that they, "Felt that the staff have done a great deal" to get their family member engaged in all aspects of the service "Both inside and outside in the community."

Good

Is the service responsive?

Our findings

Care and support plans demonstrated people's care and treatment was planned and delivered to reflect their individual needs. People had some involvement in care planning because of their disabilities however relatives were also involved in their care and support planning. One relative told us that they knew about their family members care plan and had participated in the most recent review at the service.

The manager explained how people's needs were assessed before they moved into the service to ensure that their needs could be met. They also told us that the assessment process was continual to ensure that if people's needs changed the service could still provide the correct levels of care and support they required. The assessment covered all their care, support and social needs of individuals and contained detailed information about people's care and support needs. Each person had an assessment that included eating and drinking, sight, hearing, speech, communication, medication, challenging behaviour, their mobility and social activities. The manager told us that the staff from the home who were trained to make assessments would do so, and that they would seek further guidance from GP's, mental health and social care professionals to help make an appropriate assessment.

Care plans addressed areas such as communication, keeping safe in the environment, personal care, sleeping patterns, mobility support needs, behaviour and emotional needs. The information matched with that recorded in the initial assessments, giving staff the information needed to be able to care for people. The care plans contained detailed information about the delivery of care that the staff would need to provide. Care planning and individual risk assessments were regularly reviewed by the staff to make sure they met people's needs. This was done monthly or more frequently if needs changed.

Staff told us they were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. Staff also confirmed they were kept fully informed about the changes if any about the support people required. They said that the manager kept them informed about any changes in people needs either at handover times or in people's care plans and daily logs. One staff member of staff told us because the team was "So tight we all keep each other up to speed" about any changes to the people they support.

We saw in one care plan that the person enjoyed a 30 minute jog every morning or very long walks in the local area. The manager completed a set of risk assessments and developed a strategy to allow this person to continue to engage in an activity that gave them great enjoyment while maintaining their safety. The manger and staff told us that they were all involved in ensuring that this person was able to complete their chosen activities every day. In order to achieve this the manager ensured that a member of staff was on duty to accompany the person on their jogs or walks. During our inspection we saw the person return from their jog which they had clearly enjoyed. We saw that another person was supported by staff to cook and had successfully taken part in an competition organised by the provider and had come first.

The manager and staff told us that whenever there were planned changes occurring in the service or to the people who lived there they developed a "Social story" to explain what was happening. The manager said

that by telling the people this "Social story" it has the effect of minimising the stress people could feel by changes. We saw in the minutes of a house meeting the manager introduced a "Social story" about some of the planned maintenance work that was to be carried out at the service. As a result the result of the discussion about the maintenance work one person was having the work carried out which successfully managed the impact into their personal space. The service also put together "Social stories" for all new or potential staff to enable the people to feel more relaxed and less fearful about changes that were going to occur.

At the time of our inspection the people and staff at Tuscany House accessed their bedrooms and offices by use of an electronic key pad system using their own pass codes. The manager told us that this had been reviewed because one person had the ability to gain access to rooms as they recognised patterns and codes. The provider was planning to fit biometric key pads throughout the home that could be activated by people who lived in the bedroom and by staff. This was to ensure that people's privacy was maintained and that their rooms remained private to them.

One member of staff told us that because they knew the people so well they could understand if something was causing them concern or distress. A member of staff told us that they could identify an issue relatively quickly because changes in people's behaviour or actions. The manager told us that one person's behaviour could become very challenging if they were upset that something or someone was "stressing them out." They said that the staff team all understood the signals and always attempted to deescalate the situation quickly and discreetly to minimise the situation for both the person and the others who live at the service.

The registered manager told us that the service was developing an "Identifying and managing emotions display in the communal areas to further support people. The registered manager subsequently contacted CQC to inform us that this had been fully introduced and was being used by the staff to support people. They confirmed that one person was being supported by staff to use visual aids, a talking board and a Now & Next system to reduce their behaviours that can challenge.

There was a complaints policy in place. The policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission and Social Services. We were told by one relative that they were aware of the formal complaint procedure and that they were confident that the manager, staff or the provider would address concerns if they had any. They continued to say that, "We know how to complain, and they gave us the information about it." The manager told us that they not received any complaints in the last 12 months but the policy of the provider was to view all concerns and complaints as part of to process that drives improvement.

Good

Is the service well-led?

Our findings

There was a positive culture within the home between the people that lived here, the staff and the manager. One relative told us that they "Had nothing but praise for the home its very happy place and they keep me in the loop in respect of (X) and anything that they are doing at the home we are invited and made to feel welcome." One staff member said, "I feel extremely well supported by not only my manager but by my colleagues and the residents are a great and working with them is very enjoyable." They also told us they were supported and felt appreciated by the provider.

Staff also told us that their team meeting were also an opportunity to be supported by the manager. They felt that the manager made sure that the visions and values of the service were known and followed by staff to ensure people received a good level of care and reinforced these concepts during team meetings and one to one supervisions. One member of staff said that it "was great to be able to discuss thing openly during the meetings especially after an incident of an escalation of challenging behaviour." They told us that they felt very supported by the team during these discussions.

One relative told us that they are invited to, "Meetings and to provider led workshops where we can raise good things about the home or even complaints or any worry we may have about their" family members care.

One member of staff told us how important it was to raise concerns they may have about their "Colleague's practices and any issues they have with the manager or provider." Another member of staff said, "Thankfully I have never had to do this but I know what to do and why it is so important to raise concerns." Information for staff and others on whistle blowing was available in the home. A new member of staff told us that during their induction the "concept of whistle blowing was brought up several times to make sure they were comfortable with it."

Regular monthly and weekly checks and audits on the quality of service provision, medication and the environment of the service took place. We saw that these had been effective at identifying areas for improvement around the service and that the service was keeping up to date with current best practice. As a result of the environmental audit areas had been identified within the service for redecoration. One relative told us that they had taken part in the survey about the quality of the care and the environment that their family member lived in. They told us that they are "Frequently asked how things were going" when they visited the service and if they felt anything could be done to improve Tuscany House.

Representatives from the provider regularly visited the home to see how it ran and give people and staff the opportunity to talk with them. This provided an opportunity for people to raise concerns that they might have with someone other than the manager or for good practices to be commended.
The manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the manager in line with the regulations. This meant we could check that appropriate action had been taken.