Runwood Homes Limited

Westwood

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We carried out this unannounced inspection on 30 and 31 August 2016. Westwood Care Home is run and managed by Runwood Homes Ltd. The service provides accommodation and personal care for up to 78 people. On the day of our inspection 74 people were using the service, which is split into four units over two floors.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. People were not always supported by sufficient numbers of staff. There were times when the number of staff the provider had identified were required to meet the needs of the people who used the service were not met. As a result people received care that was either rushed or they had to wait for long periods of time before staff could assist them. This meant the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) regulations 2014. We have asked the provider to report on actions they plan to take to meet this regulation.
People were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The registered manager had shared information with the local authority when needed. Appropriate risk assessments were in place for both individuals and the environment. People received their medicines as prescribed and the management of medicines was safe.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. The service had acted in accordance with the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if needed and people's health needs were well managed.

People, who used the service, or their representatives, were encouraged to contribute to the planning of their care. They were treated in a caring and respectful manner and were encouraged to take part in a range of social activities both in and outside the service.

People, who used the service, or their representatives, were encouraged to be involved in the running of the service and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were not always enough staff to meet people's needs which impacted on staff's ability to respond to people's needs in a timely manner.

People were safe as the provider had systems in place to recognise and respond to allegations of abuse.

Risks to people's safety were appropriately assessed.

People received their medicines as prescribed and these were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain their nutrition and fluid intake and their health needs were effectively monitored.

Is the service caring?

Good

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Good

People, or those acting on their behalf, were involved in the planning of their care when able and staff had the necessary information to promote people's well-being.

People were supported to take part in range of social activities within the service and the broader community.

People were supported to make complaints and raise concerns to the management team.

Is the service well-led?

Good

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

Westwood

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 and 31 August 2016 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

Before the inspection, the provider completed 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.

During the inspection we spoke with 18 people who lived at the service and 11 people who were visiting their relations. We spoke with seven members of care staff, one housekeeper, one of the chefs, the deputy manager and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records of five people who used the service, five staff files, as well as a range of records relating to the running of the service which included audits carried out by the registered manager.

Requires Improvement

Is the service safe?

Our findings

There were not always sufficient numbers of staff to meet the needs of the people who lived at the service. People and their relatives told us there was not enough staff to respond to people's needs in a timely way, people felt the staff worked hard but they were always busy. One person said, "Sometimes it takes a long time for them to come to me, they are always busy, don't seem enough of them." A large number of relatives reported that lots of staff had left and there was new staff often from agencies one relative told us, "Some of the [agency] staff don't seem know [name's] needs very well." Another relative said, "Some of the newer ones struggle as there is not enough staff for them to shadow, some staff look a bit lost." One person told us they had not had their bedroom cleaned over the weekend. The registered manager confirmed the housekeeper who had training in care had assisted the care staff over the weekend as the staff levels had been low.

Staff we spoke with told us there was not always enough staff to meet people's needs. One member of staff we spoke with told us that, "Today is good, wish everyday was like today, but it isn't." A second member of staff agreed with this and said, "Some days we have a full staff rota and others, especially at weekends, we are short of staff." We asked the member of staff how often they were short of staff at weekends and they told us more than 50% of the time. A third member of staff we spoke with told us, "I have worked in busy environments but not this busy." They told us sometimes there was only eight care staff on duty over the four units and there were a number of people who required two carers to meet their care needs. This impacted on the availability of staff to provide care and support for other people on their unit. The member of staff told us this had happened a number of times when they had been on shift, they went on to say, "Things [for people] are needed to be done quickly and there is no time for conversation." This evidence was reinforced by the selection of staff rosters we viewed from April 2016 to August 2016 which confirmed staffing levels at weekends did not reach the levels the service had assessed as sufficient to meet the needs of people using the service.

Staff also told us the use of agency staff impacted on their ability to give good care, One member of staff said, "The agency staff don't always know what to do; they don't know the residents and this impacts on our time." Another member of staff told us, "We are not able to give good care [feels like] rushing residents." Following our inspection we had had some information from relating to the period just prior to our inspection. Concerns were raised about the support staff received when working at the service and how the lack of staff impacted on the care for people using the service. We raised these issues with the registered manager who told us they would address the issues raised.

Our observations supported the information we received regarding staffing and examination of the call bell system showed that people had waited between ten and twenty minutes at times for staff to respond to their calls. All of the above information meant the provider was failing to provide enough trained staff to support the needs of the people who used the service.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) regulations 2014.

People we spoke with told us they felt safe from abuse living at the service. One person said, "I feel very safe here." Another person told us, "I never have to lock my door or window." Some people we spoke with told us they did lock their doors as in some areas of the service people did sometimes walk into their rooms. Some people who spent a lot of time in their rooms had decided to have stairgates fitted so they could have the door open but prevent people from coming into their room uninvited, this made them feel safer and was recorded in their care plans.

A relative we spoke with told us, "From what I have seen and [name] tells us [name] is safe." Another relative said, "[Name] is never frightened and when they were in hospital they were." People told us if they were concerned about safety they would know who to speak to. They told us they would be happy to go to the registered manager or deputy manager if they had any concerns. Relatives we spoke with also told us they knew who to speak to if they had concerns about safety.

Staff showed a good understanding of the different types of abuse and how to recognise and respond to possible abuse. One staff member told us they had not observed any inappropriate attitudes or care from other staff. They told if they saw anything they would report it to senior staff. The staff we spoke with understood what their role was in ensuring the safety of the people who lived in the service and told us they had received appropriate training on safeguarding adults. One senior member of staff said, "Yes staff would come to me and you always keep watching out." The staff member told us they had been involved with a safeguarding incident. They told us everything was handled well and the proper processes were followed leading to a good outcome for the person involved. Another staff member told us they had confidence the registered manager would deal with any allegations of abuse, but if not they knew who to go to. They said, "If need be I would come to the CQC." Other staff we spoke with were confident the registered manager would respond to any concerns raised to them with regard to possible abuse.

The registered manager told us on their provider information return (PIR) that risks to individuals were assessed when they were admitted to the service and reviewed regularly to ensure their safety. This was supported by our observations and the views of people and their relatives. One relative we spoke with told us, "[Name] is safe now after their fall." The relative told us staff had reacted quickly after their relative's fall the person's care plan had been reviewed and measures were put in place to try and prevent further falls. They told us that measures such as a sensor mat had been put in the person's room by their bed, the bed was kept on the lowest height and the bathroom light was always left on at night. The relative told us they felt their relation was protected from harm.

Staff we spoke with were aware of how to manage risks to people's safety. One staff member told us, "Risk assessments are used to assess people's needs." The care records we viewed contained risk assessments for people including the risk of pressure ulcers, malnutrition, and falls. The deputy manager told us the care plans were reviewed monthly and they audited a certain number each week to ensure they reflected people's needs. Each person had a Personal Emergency Evacuation Plan in place providing information of their care and support needs in the event of the emergency evacuation of the building.

Staff said they had the equipment they needed to provide safe and effective care. If equipment required repair it was reported and repair was arranged as soon as possible. We saw several people being assisted with their mobility and noted staff used the equipment safely. We spoke with members of the housekeeping team who told us they always used signs to show cleaning was in progress and chose times when there was reduced numbers of people walking about to clean corridors. One staff member told us they took their cleaning trolley into bedrooms when they cleaned and counted cleaning bottles to ensure the correct number was on the trolley when in use.

People could be assured the environment they lived in was safe. The registered manager and regional manager undertook regular environmental audits. We saw records of the audits with action plans relating to issues that had been raised and subsequently addressed. Throughout the inspection we saw there were no obvious trip hazards and corridors were clean and clutter free.

When recruiting staff the registered manager had taken steps to protect people from staff who may not be fit and safe to support them. Such as obtaining two references for staff including one from the staff member's last employer and requesting a criminal records check through the Disclosure and Barring Service (DBS). These checks assist employers in making safer recruitment decisions.

People could be assured they would receive their medicines safely. People we spoke with who lived in the service told us they received their medicines on time. One relative we spoke with told us they didn't think there were any problems and that their relation got their medicines when they needed them.

We looked at the Medication Administration Record (MAR) for someone with a medical condition where the timely administration of their medicine was particularly important. We found their medicines had been administered in a timely manner. Where a person was receiving covert medication we saw the appropriate assessments had been undertaken with advice from relevant health professionals including a pharmacist.

People's medicines were stored safely and correctly. Appropriate checks were carried out on fridges that stored medicines to ensure the temperatures were within a safe range. We talked with a care team leader about the ordering and supply of medicines to the service. We found there was a process in place to ensure the timely ordering and supply of people's medicines and records showed people had their medicines as required. People had their medicines administered by staff who had been appropriately trained in the safe handling of medicines.

Good

Is the service effective?

Our findings

People told us they felt the staff who had worked in the service longer had the right training for their jobs. However, they did not always have confidence in the training and experience of newer and temporary staff who provided their care. One person told us, "It's difficult to know what training they have but they have staffing problems at the minute." The registered manager confirmed it was not always possible to have the same agency staff in place, but they endeavoured to achieve this. They told us they always asked for profiles of the care workers coming from the agency to ensure they had the correct training for the job. Another relative we spoke with said, "I think the training is quite good for staff."
Staff we spoke with told us they completed regular training relevant to their roles which they felt helped them to provide effective care. They told us the training was a mixture of e-learning and face to face training and included moving and handling, first aid, health and safety, dementia care, fire training and tissue viability. We saw training records which showed the provider had an up to date training programme in place. This was monitored regularly to ensure staff working in the service received the training they required for their roles.

Some staff we spoke with raised concerns about the induction process for new staff. One member of staff told us, "We have one new member of staff who started a week ago and is now part of the numbers." Another member of staff told us, "I think starting here can be overwhelming because you are put in at the deep end." A newer member of staff told us, "The induction was good; it was over a few days." They went on to say that although more experienced staff tried to support them there were a number of new staff who started together and they had to support one another. We discussed the concerns about induction with the registered manager who told us they had the option of extending a staff member's induction period if they felt they required more support and they would not hesitate to do this if necessary to ensure people received safe care. Our observations on the day of inspection showed staff undertook care confidently when they gave support to people in a variety of settings.

Staff told us they were supported with regular supervision, and care team leaders told us they had received training to provide supervision to their designated group of staff. We were told by staff the supervision sessions were very useful, one member of staff said, "I have supervision about every eight weeks, it's helpful, I am able to discuss things with my boss." We saw up to date records of supervisions which showed what support staff had been offered in their role.

People could be assured they would be supported to make independent decisions about their care and support. One person told us, "Yes they [staff] come in and ask me if I want a wash, and I like to choose my own clothes." Staff told us they understood the need to gain consent before providing care to people. One member of staff said, "I always ask if it's alright for me to do things." They went on to say "We should always ask, it's a person's right." We spoke to a member of the housekeeping team who told us, "I do see staff asking people before they give care."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw documentation in people's care plans to show when these decisions for people who lacked mental capacity had been taken. This had been done appropriately and in the person's best interest. People's relatives and relevant health professionals were consulted to ensure a positive outcome for people.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA).Staff we spoke with showed a good knowledge of the MCA and an understanding of the relevance to people in their care. One member of staff said, "It's there to protect people." The member of staff told us they would start from a point of assuming a person had capacity. They went on to say, "If someone struggles with decisions I would tailor the way I asked questions, keep things simple so they could make a decision themselves."

One care plan we viewed had a number of mental capacity assessments relating to the different areas of their care. For example the person was refusing essential medicine, the care plan showed a best interests meeting had taken place with the person's GP and Community Psychiatric Nurse as the person was assessed as not having the capacity to make this decision. We saw that this resulted in an appropriate best interest decision being made on behalf of the person.

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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that appropriate applications had been made to the local authority and for those applications which had been granted the conditions of the authorisation were being met

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The service was meeting people's individual nutritional needs and people were supported to eat enough. Where people required help with eating this was given and the meal times were arranged so the times on each floor were staggered. This allowed the kitchen staff to support the care staff at mealtimes and we saw the registered manager, deputy manager and activities co-ordinator all assisting with the meal. People we spoke with told us they liked the food they were served. One person told us. "The food is good and staff say I can have other things if I want them." A relative we spoke with told us that low fat options were available if people wanted it.

We spoke to the chef who told us they worked with the care team leaders to ensure people received appropriate diets. They told they had a folder and notice board in the kitchen that showed the different grades of soft diets people required and any other specialist diets. Other staff we spoke with showed a good knowledge of people's diets and told us the care team leaders were quick to refer people to a dietitian or the speech and language team (SALT) if this was required. One member of staff said, "We weigh people regularly and if they were losing weight we would refer to their GP and the dietitian."

People's health needs were managed and they had access to appropriate health care professionals. People told us staff sought the advice of the appropriate health professional to support them with their health care needs when required. One person told us, "Yes they [staff] get the doctor if I need them." One relative we spoke with told us when their relation had been acutely ill the staff had acted very quickly, they also told us their relative had a recurring health problem and staff always picked up on issues early and ensured the person received the required treatment. The relative told us, "The team leaders are very good and react well if there are problems."

Staff we spoke with were aware of the processes for referring people to health professionals and told us the care team leaders managed this and were proactive in dealing with health issues. The registered manager told us there were regular visits from an optician and the chiropodist visited every six weeks. They told us the service was well supported by the local GP surgeries and GP's came and undertook regular clinics for their patients.

Good

Is the service caring?

Our findings

People who lived at the service felt the staff were caring and compassionate. One person told us, "Oh yes they are nice, always talk nicely to me." Another person told us, "I can't fault the staff they are great, they are always passing my door and walking up and down the corridors." Relatives we spoke with were complimentary about the staff's attitude towards their loved ones they felt the staff were kind to their relations. One relative said, "The staff are kind they are patient with [name] and they are always busy." Another told us, "Staff attitude is good and it's a busy hard job."

Staff we spoke with told us they felt there was a caring attitude among staff, one member of staff told us, "Staff are caring to people, the staff I work with are caring by nature." Another member of staff told us they mentored a lot of new staff and always tried to instil into them to be proud they worked at the service and do a good job for the people they cared for.

Staff we spoke with had a good knowledge of people's preferences and needs and were able to discuss different people's routines with us. They told us they had developed positive relationships with people and their families. Staff were aware of who preferred to stay in their rooms and who enjoyed mixing with other people.

Our observations supported what people, their relatives and staff had told us. The staff interactions throughout the inspection were seen to be caring and supportive. The verbal exchanges were kind and respectful. We saw staff sat in the communal lounge areas to complete their daily update of records so they could interact with people.

People were encouraged to form friendships with each other and we saw people chatting with each other during the coffee morning that took place during the inspection. Their interactions showed they spent time in each other's company. People asked each other how they were and at lunch time we saw people sitting together and talking, they told us they had a choice of who they sat with. People were supported to have their relatives and friends visit. There were a number of areas for people to have private conversations and the service had a kitchen dining area on each unit where people who lived at the service and their visitors could make themselves drinks and sit and chat.

People who lived at the service were supported to make decisions about their care. They told us they or their relative had been given the opportunity to contribute to their care plans. One person told us, "My daughter did this, I get mixed up and I prefer her to do it." A relative we spoke with told us they had been involved with planning their relation's care on their behalf. Another relative said, "We were involved in the care planning from the beginning, the staff know [name] well." Staff told us the care plans were reviewed every three months with the individual or their relatives where appropriate.

People told us they were encouraged to express their views and felt their opinions were valued and respected. One person we spoke with told us, "The staff do listen to me." People were encouraged to bring items into the service to personalise their rooms and we saw memory boxes on the wall outside people's

rooms with items that were of interest to that person. Staff we spoke with told us they felt it was important for people to make their own decisions and they told us they always gave people options and choices about the care they offered.

People's diverse needs and wishes were assessed when they moved into the service, including their cultural and religious preferences. We saw people were supported to follow their chosen faith, and religious services were held in the service for people who wanted to attend them. The people who lived at the service also had access to advocacy services. An advocate is a trained professional who supports, enables and empowers people to speak up. The registered manager told us no one at the service used the service at present.

People we spoke with told us that staff respected their privacy and dignity, one person said, "Oh yes they keep the door shut when they wash me and keep me covered so I'm not cold." A relative we spoke with told us they felt their relation's privacy and dignity was respected. They told us staff assisted their relative to the toilet regularly and always asked discreetly. They told us staff spoke to the relation respectfully. Staff we spoke with were appreciative of the importance of maintaining people's privacy. A care team leader we spoke with told us that maintaining people's privacy and dignity was part of their training and told us they would always close doors and curtains when giving care. They said they would be discreet about people's needs around personal care and they understood the importance of supporting people but still ensuring they had privacy when receiving personal care.

Good

Is the service responsive?

Our findings

People we spoke with felt their individual preferences were known by staff. One person said, "Yes they do things the way I want, and make sure I have my things around me." We saw information in the care plans which supported this and discussions with staff showed their knowledge of the people they cared for. We found information in the care records that showed people's individual needs had been assessed, reviewed and updated regularly. Any risks to their safety were addressed and there had been appropriate referrals to support agencies. There was also information about what was important to the person and a life history.

Each person had a range of assessments and care plans for their care and support needs. These were written from the person's perspective and had information about their personal preferences. Care plans had been reviewed and updated monthly. We checked whether the care and equipment needs identified within the care plans were in place and found they were. For example, pressure relieving equipment was being used if required and records of regular checks and re-positioning were being carried out for people at risk of pressure ulcers.

Staff told us effective communication systems were in place to ensure they were aware of people's individual preferences and needs as soon as they were admitted to the service so person centred care could be provided. One member of staff told us, "Yes it's in the care plans, they aren't all the same they have the things people need in them." Staff told us they were able to read the care plans when they wrote up their daily notes and the team leaders would inform them of any changes at handovers. Another member of staff told us, "People do get person centred care; care plans do show the care people need." The member of staff went on to discuss how they had gone through a care plan with a new member of staff. They told us the new member of staff had felt the care plan gave them the information they needed to give individualised care for this person.

The staff worked to ensure there were a range of activities on offer to stimulate and meet the needs of people who lived in the service. People told us they and their relatives were encouraged to take part in a number of activities including quizzes, painting, bingo and coffee mornings. The service employed two activities co-ordinators over five days per week. We saw there were records of each person's interests in the activity files the activities co-ordinator kept so activities could be tailored to suit people's needs.

We spoke to two people who joined in the coffee morning who told us they had enjoyed the event. The service had a large café area which lead out on to an enclosed court yard and we saw people used this area to enjoy time with their relatives. Relatives told us this area was well used as it gave the impression of going out and there were a number of areas for private conversation. During the inspection we saw people were able to move around the units safely as they wished. This meant people retained a sense of independence.

People felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff and believed their concerns would be responded to in an appropriate way. One person told us they knew the care team leader and would go to them if they had any concerns. A relative we spoke with also had confidence that any concerns would be addressed by the registered manager and said, "If I

ask a question or have a concern they are sorted quickly, the deputy and manager do listen." Another relative we spoke with said, "The reception staff are terrific and respond to queries immediately."

The organisations complaints procedure was on display in the service. The staff we spoke with were able to describe the process for handling a complaint. They said they would listen and try and rectify the issue if they could and would document it. They said they would encourage the person to complete a complaints form or if they could not do it themselves they would provide help to complete it. Staff felt confident that, should a concern be raised with them, they could discuss it with the management team who would respond appropriately to this. We saw records that showed that when complaints had been received they had been recorded in the complaints log and managed in accordance with the organisation's policies and procedures.

Part of the registered managers on going responsibilities included regular meetings between people who lived at the service and their relatives. We saw minutes of meetings which showed a variety of subjects were discussed, and suggestions and comments made to help identify recurring or underlying problems, and potential improvements. The registered manager also stated on the PIR form that they held a regular Wednesday afternoon open door session for people and their relatives. We saw this advertised during the inspection and although the registered manager told us it was utilised by people, should a person have a problem they would not need to wait for this to speak to the registered manager or deputy manager about issues of concern.

Good

Is the service well-led?

Our findings

People we spoke with told us the registered manager and deputy manager were a visible presence in the service and they often saw them walking the corridors. People and their relatives knew the registered manager and the deputy manager's names they told us they were both approachable and friendly. One relative when talking about the registered manager said, "[Name] is brilliant."

Staff we spoke with told us the registered manager was supportive, they told us the registered manager was open and inclusive and operated an open door policy. A number of staff told us they felt able to discuss issues with both the deputy and registered manager. Staff told us the registered manager and deputy manager not only undertook daily walk rounds but also assisted with mealtimes. One member of staff told us, "Yes I am supported by the manager and deputy; they are often out on the floor." The staff member went on to say, "If I am struggling and I ask for help they both come."

The registered manager, her deputy and the care team leaders used regular supervisions with staff and observed practice to ensure staff understood the responsibilities of their roles. The registered manager stated on their PIR form, they wanted to lead by example by offering good support to their staff. They valued their staff asking for ideas and their opinions on how the service could be improved. The registered manager stated they felt this approach helped ensure people were well cared for by staff.

The registered manager was supported by their regional manager. They told us they benefited from attending regular manager's meetings both with other home managers within their company and local authority meetings with other care home managers in the district. These meetings helped to keep them up dated with company policies and current issues in healthcare.

We found staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures and told us they felt the management team would act appropriately should they raise concerns. One member of staff told us, "Yes I would have no problem [whistle blowing] and if I had concerns they would be listened to." They went on to say that the registered manager, deputy manager and care team leaders observed confidentiality and this gave them confidence in raising issues to them.

People who lived at the service and their relatives were supported to attend resident meetings. Records showed that topics of conversation included discussions on meal choices and what social activities could be offered to people. We saw a number of suggestions made at the meetings had been carried out. People and their relatives were given the opportunity to give their opinion of the service via the annual home survey which covered a wide range of questions including their care, meal choices and the management of the home.

The registered manager was aware of their responsibilities in reporting events in the service to the CQC. It is a condition of their registration for the provider to have a registered manager in post to manage the service who is aware of their responsibility for reporting significant events to the Care Quality Commission (CQC).

During the inspection we viewed the auditing process the registered manager and their deputy had undertaken. Internal systems were in place to monitor the quality of the service provided. Systems were in place to record and analyse adverse incidents, such as falls and accidents with the aim of identifying strategies for minimising the risks. Auditing systems were in place that monitored people's care plans to ensure they were up to date and pertinent to people's individual needs. Medicine management was also audited, as was the environment, to ensure any shortfalls could be identified. Any action plans put in place following the audits were dated and reviewed to show actions had been completed. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing the service was not providing sufficient numbers of staff to meet the needs of the service users