Healthcare Homes Group Limited

Home Meadow

Inspection report

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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

Home Meadow is registered to provide accommodation and personal care for up to 49 people, some of whom live with dementia. The home, which is on one level and located in a south Cambridgeshire village, offers short and long term stays. When we visited there were 43 people living at the home.

The inspection took place on 18 April 2016 and was unannounced and carried out by one inspector.

A registered manager was in post when we inspected the home and had been registered since 18 February 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were safe living at the home as staff were knowledgeable about reporting any harm. There were a sufficient number of staff employed and recruitment procedures ensured that only suitable staff were employed. Arrangements were in place to ensure that people were protected with the safe management of their medicines.

The CQC is required by law to monitor MCA and the Deprivation of Liberty Safeguards [DoLS] and to report on what we find. The provider was acting in accordance with the requirements of the MCA so that people had their rights protected by the law. Assessments were in place to determine if people had the capacity to make decisions in relation to their care. When people were assessed to lack capacity, their care was provided in their best interests. Furthermore, some of the people were subject to authorised DoLS applications and the conditions of these in date, authorised DoLS were being followed.

Staff were supported and trained to do their job and demonstrated how their training was applied to their practice.

People were supported to access a range of health care professionals. Health risk assessments were in place to ensure that people were supported to maintain their health. People were provided with adequate amounts of food and drink to meet their individual likes and nutritional and hydration needs.

People's privacy and dignity were respected and their care was provided in a caring and attentive way.

People's hobbies and interests had been identified and a range of activities supported people with these. People's care records and risk assessments were kept up-to-date. A complaints procedure was in place and this was followed by staff. People knew who they would speak with if they needed to raise a complaint. Complaints were responded to the satisfaction of the complainant.

The provider had quality assurance processes and procedures in place to improve the quality and safety of

people's support and care. Since our last unannounced comprehensive inspection of 15 April 2015 improvements had been made in relation to the management of staff; the management of people's medicines; the standard of recreational activities and the maintenance of people's care records.

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.

People's medicines were safely managed.

People were looked after by enough suitably recruited staff.

Safeguarding procedures were in place to minimise people's risk of harm.

Is the service effective?

Good

The service was effective.

People were looked after by staff who were supported and trained to look after them.

The provider was following the principles of the Mental Capacity Act to ensure that people's rights were protected.

People's health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People were looked after by kind and caring staff.

Staff respected people's choices and preferences in how they wanted to be looked after.

People's rights to privacy and dignity were valued and respected.

Is the service responsive?

Good

The service was responsive.

People's individual needs were met.

People's social needs were met by the provision of a range of social and recreational hobbies and interests.

People knew how to use the complaints procedure. Complaints and concerns were responded to and people were satisfied with the outcome.

Is the service well-led?

Good

The service was well-led.

People and staff were enabled to contribute in the running of the home.

Quality assurance systems were in place to ensure that people received safe care.

People were supported to have links with the local community.

Home Meadow

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 18 April 2016 and was unannounced. It was carried out by one inspector.

Before the inspection we received information from a local contracts and placement monitoring officer; two social workers; a GP practice manager and a local authority monitoring officer. We also looked at all of the information that we had about the home. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. 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 six people who used the service, two relatives and a GP. We also spoke with the registered manager; one team leader; two senior carers; three care staff; one cook; two domestic staff; one laundry assistant and the activities co-ordinator.

We looked at four people's care records and records in relation to the management of the service and the management of staff. We observed people's care to assist us in our understanding of the quality of care people received.

Good

Is the service safe?

Our findings

People told us that they felt safe because they were treated well. One relative said that they felt their family member was safer living at the home than when they previously lived in their own home in the community.

One social worker told us that a member of staff had "contacted us in a timely manner and reported their concerns to us". This was following an incident occurring in the home which posed a risk of harm to some of the people. The social worker added that they were satisfied with the measures taken to reduce the risk of a similar occurrence. The provider had submitted notifications to us and we were satisfied with the actions and measures that were taken to minimise the risk of a similar occurrence. The actions included, for example, the provision of refresher training for staff in reporting safeguarding concerns. The registered manager told us of other actions that they had taken; this included the involvement of mental health professionals to assess and treat any person who had an increased occurrence of behaviours that challenged others.

Staff were trained and were aware of their roles and responsibilities in keeping people safe from the risk of harm. They were able to demonstrate their knowledge in the types of harm that people could experience and the correct safeguarding reporting procedures they would follow. Staff were also knowledgeable in what signs to look out for in the event of a person being harmed. One carer said, "If they didn't act like their normal self. For example, being frightened, becoming quieter. They might have bruising." One senior member of care staff and the team leader also gave similar responses in detecting signs and symptoms in people being harmed.

People's risks were assessed and measures were in place to manage the risks. People's care records demonstrated that risks included those associated with falls, choking and developing pressure ulcers. Measures taken included staff training in using safe moving and handling techniques; offering people drinks and food as advised by a speech and language therapist; providing people with pressure relieving aids and encouraging people to be mobile to reduce the risk of harmful pressure to their skin.

Staff members were aware of people's individual risks and how these were managed. We saw one member of care staff walk with a person and ensuring that they had their walking aid to reduce the risk of falling. Another member of care staff said, "Risk assessments tell you if they [people] are at a choking risk; risk of falling." They told us that they measured out thickening agents to drinks for people who were assessed at risk of choking. They also added, "We tend to carry out 15 or 30 minute checks [on people] depending on how high the risk [of falls] is." One senior member of care staff said, "[Risk assessments] are all about keeping people safe. Anticipating dangers and to prevent it before harm happens. For example, a person might not need bedrails because they could climb over them and fall." We saw special equipment was in use to monitor a person's whereabouts as they were assessed to be at high risk of falling.

The GP and social workers told us that there was always enough staff when they visited the home. One social worker said, "There was a quite a number of staff to support people." A local authority monitoring officer advised us that the registered manager used a dependency tool; this was updated monthly to

determine people's needs and match these against the staffing numbers required. The registered manager told us about how staffing numbers were calculated and said, "We have increased night staff [numbers] depending on the numbers of people and their dependency levels. I do pre-admission assessments and this has the dependency assessment on it. I need to look at dependency levels and match these against the staffing levels and their qualifications."

Members of staff said that they had enough staff on duty to meet people's needs. We saw that people were looked after by unhurried staff who had time to talk to people. They also had time to help people in a calm and unhurried way, which included assistance with eating and drinking and taking their prescribed medicines.

People's calls for assistance were attended to in a timely manner. There was a call system in place which monitored staff response times to people's calls; most of these were within less than two minutes. The registered manager advised us that the person in charge of the home monitored each day the records of staff response times; no concerns had been found in relation to their findings. Measures were in place to cover staff vacancies or absences. One member of care staff said, "We always try and get cover, or one of our seniors [member of care staff] to cover us." The staff roster showed evidence that there was enough staff who were experienced and suitably qualified to cover shifts during every 24 –hours. This told us that people's needs were being met by sufficient staffing numbers.

The provider told us in their PIR that there was a recruitment procedure in place that was carried out to ensure that only suitable staff were allowed to work at Home Meadow. The PIR read, "All staff that are employed by the home undergo a thorough recruitment process. Staff are only employed after all the essential pre-employment checks had been satisfactorily completed." One member of care staff recalled their experience of when they were applying for their job. They said, "I had a DBS [Disclosure and Barring Service] check. I gave in my C.V. [curriculum vitae] and they [provider] took a copy of my ID [identification]. There were two written references; one from my previous employer." They told us that they attended a face-to-face interview and all the checks were carried out before they were allowed to work at the home. One senior care staff member gave a similar account when they told us about how they were recruited into their job. They, too, told us that the checks were carried out before they were able to start their new job and said, "These things were carried out all before I started [working]."

We heard one senior member of care staff ask a person if they wanted any prescribed medicines to relieve their pain. We also saw people were given a drink and time to safely swallow their tablets. People told us that they were satisfied with how they were helped to take their prescribed medicines. One person described how staff installed their prescribed ear drops and said that this was done, "At least twice/three times a day." They also said, "I get my medicines when I need them." People's medicine administration records [MARs] demonstrated that people were given their medicines as prescribed.

We saw two medicines trained senior members of care staff supporting a person with their prescribed pain relief. However, they failed to check the person's MARs against another record; we prompted them to check the person's MARs before continuing with the medicines procedure. Satisfactory systems were in place for the storage and security of people's prescribed medicines.

One relative said that they were satisfied with how their family member's prescribed medicines were managed. They described an occasion when their family member was not given their prescribed medicines and the action taken in response to this. The registered manager advised us that disciplinary proceedings were taken when individual staff members were not working to the provider's expected standard. The GP told us that they had seen an improvement in how people's prescribed medicines were ordered and also

said, "They [staff] let us know if a person has not had their medicines or is refusing to take them."

The provider told us in their PIR that there was always a sufficient number of staff who were trained to help people with their prescribed medication. Staff rosters showed that there was at least one member of staff on duty, days and nights, who was trained and assessed to be competent in managing people's prescribed medicines. One member of senior care staff said that they had attended training in medicines management and their competencies were assessed, "only yesterday" by a senior member of staff. Arrangements were in place for staff to have their medicines competencies re-assessed and these were to be carried out before 30 April 2016.

Good

Is the service effective?

Our findings

People told us that they were satisfied with how they were looked after because staff knew what they were doing. One person told us how staff helped them with their moving and handling needs by means of a hoist; they said, "I'm quite happy with how they do it."

Staff new to the home attended induction training. One member of care staff told us that more senior and experienced staff were supporting them through their induction training. Another member of care staff told us about their induction; they said, "When I [first] came to work here, I 'shadowed' [observed] a few more experienced staff." They told us that they were supervised when they started to directly look after people. The provider told us in their PIR how they made sure staff respected people's privacy; the PIR read, "Staff are aware that they must knock on doors and speak to service users respectfully at all times this is incorporated in their induction training."

The provider's PIR gave us information about the training of staff. We were informed that staff had attended a range of topics which included looking after people living with dementia and diabetes.

Staff told us that they had attended a range of training which included safeguarding people at risk; fire safety; food hygiene and dementia care. One senior member of staff told us that the dementia care training had improved their understanding of looking after people living with dementia. They said, "[The training] has helped me understand them [people living with dementia] more. It helps me to look after them better; when they are getting distressed. A lot of the time it's using distraction [techniques]. You listen to them, trying to understand why they are upset. Sometimes a cup of tea works wonders." We saw different grades of staff talk to people and engaged with them and their reality which showed an understanding of looking after people living with dementia.

Staff told us that, since the change of management of the home, staff morale had improved. Staff said that they felt better supported. They attributed this to a number of reasons: staff were now supervised and had attended an appraisal to review their work and career progression. A local authority monitoring officer also told us that all of the staff had received an appraisal and were attending arranged supervision to support them with their work.

The reduction of staff turnover and more stability of staff had fostered the spirit of team work and improved staff morale. The cook said, "The home is much better than it was; better communication and stabilised staff with more team work." The laundry assistance told us that when they needed extra help, other domestic staff helped them. One senior member of care staff said, "We're really quite happy at the moment. Things are a lot better; the atmosphere; staff morale." The GP said, "It strikes me that there is more stability in the staff team."

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. 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.

One social worker told us that one of the people they were responsible for had an authorised Deprivation of Liberty safeguard [DoLS] in place since July 2015. Following July 2015, the provider had submitted DoLS applications to the appropriate authorities to consider. Those authorised DoLS applications were in date and any conditions were being followed.

The provider told us in their PIR that people's mental capacity was assessed and staff had attended training in the application of the MCA. Staff demonstrated an awareness of the application of the MCA. The team leader said, "The resident [person] has full [mental] capacity and you have full documentation if you think they don't have [mental] capacity, to prove it [that the person lacks mental capacity]. However, just because they can't make big decisions, they can still make choices, for example eating and drinking and personal care." One member of senior care staff said, "It's [MCA] put in place to protect people's rights." Some people had legal representation by an appointee to make decisions on their behalf.

People told us that they had a choice of what they wanted to eat and they had enough to eat and drink. One person said, "That is something you can't fault." They said that the quality of the fish pie had improved as it was more moist than the last fish pie they had eaten. They also said, "The carrots are always small and very nice." Another person, after eating their mid-afternoon piece of cake said, "That was very nice." One social worker also told us that people were provided with sufficient amounts to eat and drink.

The cook told us that people who had unintentional weight loss were provided with nutritional supplements which included milk shakes; we saw two jugs of these were prepared and ready for people to drink before lunch. 'Finger' foods and snacks were also available for people to help themselves to. We saw people were encouraged to eat and drink and some were encouraged to eat more if they lost concentration in eating their food. Choices of hot and cold drinks were made available throughout the day and placed so that people were able to help themselves.

One relative told us that since their family member had moved into the home, they were eating an improved amount of food and drink than when they lived at home. They said, "There is always a choice [of menu] for lunch and tea. [Family member] has put on weight since [family member] has been here." People's weight records demonstrated that people who were assessed to be at nutritional risk, had stabilised or increased their weight; this was due to the effective nutritional measures taken, which included the provision of 'fortified' food.

Before the inspection the provider told us how people's different dietary and nutritional needs were catered for. These included the provision of 'healthy' diets for people living with diabetes. A local authority monitoring officer told us that other specialist diets were also catered for, which included gluten free foods. The cook said, "We do gluten free and lactose free diets and we also have people with diabetes [to cater for]." Staff had this information, about people's dietary needs, available in people's care records and on white boards placed in kitchen areas where staff served people with their food.

Before the inspection a GP practice manager said, "The care is good and the GP would have raised any concerns if there were any." Another GP, who was visiting some of the people at the home, told us that they were satisfied with how people's health needs were met. They said, "There is a general awareness of staff

and their knowledge is better [than before]. It is really helpful as they [staff] have a good understanding why I have come in. They [staff] make appropriate calls [GP referrals]." People's care records showed that people had access to a range of other health care professionals which included district and community mental health nurses. One person said, "I get the district nurse to come and clear my ears out [of a build-up of wax]."

Good

Is the service caring?

Our findings

People said that they liked the staff and felt well cared for. One person said, "I'm being looked after very well." We saw one person being reassured in a caring way by a member of senior care staff, when they had become unsettled. We saw other occasions when patient staff took their time to listen to what people wanted to say. One relative said, "The staff are very, very kind." Another relative told us, "This is home from home. It's like walking into your own front room." One social worker told us that one member of staff was "very helpful" and "went above and beyond" the expectations of their job. They also said that the person who was living at Home Meadow, and who they had a responsibility for their placement, was described as being "very settled and happy." Another social worker told us that they had seen people being treated well by kind staff.

One person said that they had a choice of when they wanted to get up and go to bed. They said, "I am late going to bed. It's because I like to stay up, chatting [to friends]." One social worker told us that people's choices about when they wanted to get up and go to bed were valued and respected.

People were looked after in a way that they wanted. One person said that they preferred to have a female member of care staff to help them with their personal care and this was respected. One relative also told us that their family member's request to have their personal care provided by a female member of staff was respected. People were also enabled to make choices of where they wanted to sit. One person told us that they liked to sit in a quiet place to think and reflect. Another person's care records showed that the person preferred to eat in their room. The provider told us in their PIR that people were given opportunities to say how they wanted to be looked after; this was part of their involvement in planning their care.

People's privacy and dignity were respected. We saw staff knocked on people's doors but did not always wait for permission before entering. We raised this with the registered manager who told us that this issue would be discussed at the next staff team meeting, which was scheduled to take place before 30 April 2016.

People's independence was maintained and promoted in a number of areas: these included, for example, independence with managing their own prescribed medicines, eating and drinking and personal care. Equipment and aids and adaptions were provided to enable people to remain independent with walking: these included grab rails and rails in corridors for people to hold onto.

There was no restrictions of when people were able to receive their guests. In addition to this, one relative told us that they were allowed to bring in their pet dog. They described this as being part of "normality." Some of the people also had made friends with each other and enjoyed each other's company. One person said, "There's three or four [people] here. We all get along." One relative said that their family member "stayed up in the evening, chatting with their friends."

Members of staff were aware of the principles of care. One member of care staff said, "I love my job, interacting with people. They all have different personalities. I like making sure they are happy and well-looked after." The team leader said, "[The care] is about treating people with respect and dignity and treat

them as a person." The activities co-ordinator added, "My role is, I believe, meeting their [people's] social and mental health needs."

The premises maximised people's privacy and dignity as all bedrooms were for single use only; toilets and bathing facilities were provided with lockable doors. People were able to have a key to their own door, if they so wished, to enhance the privacy of their own room. Communal rooms and quiet lounges were available, as well as their bedrooms, for people to receive their guests.

The registered manager advised us that people were enabled to be supported with making decisions by independent advocates working on behalf of a named charitable organisation. Advocates are people who are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

People said that they felt the staff knew them as individuals and how to meet their individual needs. One relative also told us that staff knew their family member and what care they needed to meet their needs. One social worker told us that staff knew people's individual needs. They said, "The staff seemed to know the clients [people who live at the home] quite well and there was a bit of banter."

People's needs were assessed before they moved into Home Meadow; this was to ensure that the home was a suitable place and there was a sufficient number of suitably qualified staff to look after the prospective people's needs. One relative said, "[Name of registered manager] came for a visit and came to meet [family member] at home. When she came into the home [Home Meadow] there was a face that [family member] knew."

People's care records demonstrated that people's individual on-going needs were met, which included continence and mobility needs. One person told us that they were satisfied with how their continence needs were managed by means of continence aids. They also told us that they had requested a wheelchair to support their mobility needs when outside of the home. They told us, and records confirmed, that action was taken and a wheelchair was on order.

The provider told us in their PIR that work was in progress to gain information about people's life histories. The activities co-ordinator showed an example of one of the completed life histories of a person living at Home Meadow. The information was detailed about the person's work and social history and included copies of photographs of them and of people who were important to them.

To reduce a sense of boredom and promote a sense of well-being, social and recreational activities were provided. One person said, "We have singers come. One day, I watched other people make ginger snaps and scones. It was good to watch what they were doing." We saw that they were folding paper napkins for people to use and said, "It gives me something to do and it makes the evenings go much quicker." One relative said, "I don't think [family member] ever gets bored." The activities co-ordinator explained that activities were based on what people wanted to do, outside of the planned activities programme. They said, "We have a set pattern [programme of activities] once a week. We will do something else and ask if people want to join in."

During the morning we saw that a large number of people were given the opportunity to take part in a general knowledge quiz. Records showed that when people chose not to take part in group activities, they were provided with one-to-one sessions. The activities co-ordinator said, "I feel chatting with people [as a part of a one-to-one session] makes them feel part of the home and part of us." One relative described how the activities co-ordinator had supported them to take their family member around Toft village. They said, "We saw the chapel where [family member] got married. Gardening was also important to them and we saw people's gardens." The relative also told us that the support had helped increase their confidence to take their family member out again, without support from members of the staff team.

One social worker told us that when they reviewed one of the people's care records, they found that this

current and complete. They said, "The care plan was detailed and up-to-date and changes were made to the care plan." They also told us that the person's care records, which included risk assessments, were reviewed and up-dated in response to a change in the person's condition. Senior members of care staff told us that people's care records, which included risk assessments, were kept up-to-date and reviewed each month, if not sooner. Our review of people's care records supported what we were told.

Where possible, people were included and involved in reviewing their care plan and had signed to record their involvement and agreement. One relative told us that they were involved in the review of their family member's care plan. They said, "We looked at one of the white folders [care plan] and we sat down with [name of registered manager] and went through it." They told us that the planned care was meeting their relative's needs and nothing required changing.

There was a complaints procedure in place which people, relatives and staff knew how to use. One person said, "You can speak to [names of senior members of staff and registered manager]." One relative said that they had made a complaint and was satisfied with how this was dealt with. They said, "Things such as when [family member's] toilet leaked. The next time I came in, that was done [repaired]." Staff described what they would do if someone made a complaint. The team leader said, "I would take the person away in private and sit down and document what they were saying. If I can, I would try and sort out the problem there and then." They told us that if they were unable to fully deal with the complaint, they would then refer it to the registered manager. One senior member of care staff said, "I would listen to the [the complainant], reassure them and write everything down. I would pass this on to the team leader or [registered] manager." The record of complaints showed that there was no recurring theme for the registered manager to use as part of their quality assurance system.

Good

Is the service well-led?

Our findings

We received a number of positive comments about the registered manager. One person said, "[Registered manager] comes around and says 'good morning' and helps with the girls [staff] when they need it." The GP told us that they had seen an improvement in the overall management of the home. They said, "The last six months have been much better. [Name of registered manager] has made a number of changes." They gave examples of how staff morale, staff training and knowledge and management of people's prescribed medicines had all improved. Members of staff also told us how the management of the home had improved. One member of care staff said, "[Name of registered manager] is involved in the home. She speaks to us and is happy to help us at any time." The team leader said, "The home is improving [under the leadership of the registered manager]. For example from staff morale down to systems being out in place to make sure we are doing our job right. There's more guidance [available] in looking after people and respecting their choices."

One social worker told us that the registered manager was aware of the challenges that they faced in improving the quality of people's care. A local authority monitoring officer said that audits were carried out and these had improved, for example, the safety of people from the risk of errors in the management of their prescribed medicines. The provider monthly visit records and the registered manager's audits demonstrated that there had been a reduction in the number of errors in the management of people's prescribed medicines, with none occurring during March 2016.

People and their relatives were given opportunities to attend scheduled meetings. One person said, "We have a meeting every month. One meeting I asked for bread rolls to be served and we got them the next day." Minutes of 'residents'' and relatives' meetings showed that people's suggestions were listened to and action was taken as much as possible. For example, menus were adapted to reflect people's suggestions. This included, for example, the introduction of macaroni cheese on the menu.

Members of staff told us that they attended meetings and minutes of these were seen. Staff told us that they found the meetings informative. They also reminded staff of their roles and responsibilities in keeping people safe. This included maintaining accurate records and responding to people's calls for assistance in a timely manner. One member of care staff told us that they had made a suggestion to improve people's drink intake. They told us that this included jugs of water or juice being made more readily available in people's rooms. The team leader said that they had suggested that staff improved the standard of recording in their communication book and this had been actioned. They said that the communication book was, "To make sure we [staff] don't miss anything during handovers. For example, why I've called for a GP visit [for a person who has an increase in health needs]." The cook said, "Everyone [staff] says what needs to be changed for the better, such as re-introducing macaroni cheese and cottage pie [based on what people had suggested]."

The provider told us in their PIR how they made sure they operated an open culture; the PIR read, "At present we have Comberton Regional college [students] visiting the homes and students are getting to know our residents [people] by interviewing them and asking them" and "We feel we have strong links within our community and we open our doors up at the end of each month for a dementia awareness group, we have professionals from all backgrounds come and meet us and do specialist talks, recently we have had the

district nurse team visit."

Audits were carried out in a number of areas, which included health and safety of the premises, equipment and care records. Action plans were developed in response to any deficits found and timescales were set for the completion of the audits. Examples of these included, for example, the ordering of new or replacement wheelchairs and carrying out competency assessments on staff who were trained and responsible in managing people's prescribed medicines.

Staff were aware of the provider's whistle blowing policy and the procedure to follow if needed. They told us that they would report, without any reservation, any concerns they may have in relation to how people were being looked after.