Care Quality Commission

Heritage Care Limited

East Midlands Domiciliary Care Branch

Inspection report

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Date of inspection visit:
27 July 2017
28 July 2017

Date of publication:
29 September 2017

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

We inspected the service on 27 and 28 July 2017 and both days were announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the registered managers would be available to speak with us.

East Midlands Domiciliary Care Branch provides personal care to adults with a range of needs including people with a learning disability living in their own homes. At the time of the inspection there were 49 people using the service.

At the time of our inspection there was two registered managers in place. It is a requirement that the service has a registered manager. 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. The service had two registered managers to share the work between them.

People and their relatives told us that they felt safe while they received support from staff at East Midlands Domiciliary Care Branch. Staff understood their responsibilities to protect people from abuse and avoidable harm and to remain safe. There were procedures in place to manage incidents and accidents.

Risks associated with people's support had been assessed and reviewed. Where risks had been identified control measures were in place to protect people's health and welfare. Checks had been completed on equipment that people used and the environment to ensure they were safe.

There were enough staff to meet people's needs. They were recruited following the provider's procedures to makes sure people were supported by staff with the right skills and attributes. Staff received appropriate support through an induction and regular supervision. There was training available for staff to provide and update them on safe ways of working.

People received support with their prescribed medicines from staff who had completed training in how to administer medicines safely. Guidance was available to staff on the safe handling of people's medicines.

People were encouraged to follow a balanced diet. We saw that people chose their own meals and were involved in making them. People were supported to maintain their health and well-being. This included having access to healthcare services such as to their GP.

People were supported to make their own decisions. Staff and the registered manager had an understanding of the Mental Capacity Act 20015 and Deprivation of Liberty Safeguards. Staff told us that they sought people's consent before providing support.

People were involved in decisions about their support. They told us that staff treated them with dignity and respect. We saw that people's records were stored safely and staff spoke about people's support requirements in private.

People were supported to develop skills to maintain their independence. Support plans contained information about people, their likes, dislikes and preferences.

People were supported by staff who they knew well and who they felt listened to them. They received support that was centred on them as a person.

People and their relatives knew how to make a complaint. The complaints procedure was available so that people knew the procedure to follow should they want to make a complaint.

People and staff felt the service was well managed. The service was led by two registered managers who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009. Staff felt supported by the registered managers.

People and their relatives had opportunities to give feedback about the quality of the service that they had received. Systems and processes were in place so that checks were carried out on the quality of the service that was delivered.

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 were protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to keep safe.

There was a sufficient number of staff to meet people's support requirements. Staff had been checked for their suitability prior to starting work.

Checks had been completed on equipment and the environment to make sure it was safe.

People received their prescribed medicines from staff who were trained to administer these.

Is the service effective?

Good

The service was effective.

People received support from staff who had the necessary knowledge and skills. Staff received guidance and training.

People were asked for their consent by staff when offering their support.

People were encouraged to follow a balanced diet. They had access to healthcare services when they required them.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion by staff. Their privacy and dignity was respected.

People were involved in making decisions about how their support was delivered. They were encouraged to develop their independence.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who they felt knew them well and listened to them.

People and their relatives knew how to make a complaint.

People received support that was centred on them as an individual.

People were supported to access activities they enjoyed.

Is the service well-led?

Good

The service was well led.

Staff were supported by the registered managers and knew their responsibilities.

People, their relatives and staff had opportunities to give suggestions about how the service could improve. People, staff and relatives felt involved in developing the service.

The registered managers were aware of their responsibilities and checks were in place to monitor the quality of the service.

Care Quality Commission

East Midlands Domiciliary Care Branch

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.

The inspection visit took place on 27 and 28 July 2017 and both days were announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the registered managers would be available to speak with us.

The inspection team included an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, 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.

We reviewed information that we held about the service to plan and inform our inspection. This included information that we had received from people who used the service and from other interested parties. We also reviewed statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted the local authority who has funding responsibility for some people living at the home and Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

During our inspection visit we spoke with four people who used the service. We also spoke with seven relatives of people who used the service. We spoke with the regional manager, one registered manager, five team leaders, and four support workers.

We looked at the care records of six people who used the service. We also looked at records in relation to people's medicines, health and safety and documentation about the management of the service. These included policies and procedures, training records and quality checks that the registered managers had undertaken. We looked at four staff files to look at how the provider had recruited and supported staff members.

Good

Is the service safe?

Our findings

People told us that they felt safe when they received support from staff. One person said, "I have no worries." Another person told us, "I feel very safe. The staff always make sure I am safe." A relative told us, "[Person's name] is safe. Everything is working well."

Staff knew how to protect people from abuse and avoidable harm. One staff member told us, "If I had any concerns I would report it straight away. We have a policy that tells us what to do." Staff were able to identify different types of abuse and signs that someone may be at risk of harm. The provider had policies to keep people safe from avoidable harm and abuse that staff could describe. These reminded staff to say something if they saw something of concern and report abuse. Staff had received training in protecting people who use care services. Staff had received information on what to do should they have had concerns that people were at risk of harm.

People told us they were enabled to take risks safely and supported to reduce risks. One person said, "I am fairly savvy with social media. I can talk to the staff if I am worried about it. They have told me to be careful what I put on and what is shown in pictures." Staff knew how to reduce risks to people's health and well-being. The provider assessed and reviewed risks associated with people's support. Risk assessments were completed where there were concerns about people's well-being, for example, where a person may be at risk of opening the door to unknown visitors. There were guidelines in place for staff and people who used the service to follow. These included the person being supported to open the door by staff and being prompted to check identification. Risks associated with people's support were managed to help them to remain safe.

There was a business continuity plan that identified what measures were needed to make sure that people still received their support in the case of an emergency such as a flood or flu pandemic. Checks were carried out on the environment and equipment to minimise risks to people's health and well-being. This included checks on the safety measures in place, for example, fire alarms. The registered manager did not have copies of all the certificates for the checks available as they said the landlord of the property kept these. However, they confirmed that the checks had been completed and following the inspection provided the relevant documentation. In case of people needing to evacuate the property in the event of a fire there was an individual plan for each person. One person described in detail exactly what steps they needed to take in case of a fire showing they knew what they needed to do. They told us that the evacuation procedure was practised with them. Staff had guidance to follow in the event of an emergency to keep people safe and to continue to provide the service.

The registered managers took action when an incident or accident happened. Details of any incidents or accidents were recorded and reviewed quarterly by the senior management team. This included looking at the actions that had been taken. Where changes were needed to practices or support plans following an incident these were made. The registered managers notified other organisations where this was necessary to investigate incidents further such as the local authority. The provider took action to reduce the likelihood of future accidents and incidents.

People and their relatives told us they felt there were enough staff. One person said, "I have staff when I need them, there are enough of them. They are flexible with what I do." Staff told us they thought there was enough staff to meet people's needs. One staff member said, "There are enough staff to make sure that [person's name] can do what they want when they want to and have all their support." One of the registered managers told us that the rota was developed dependent upon the hours that were funded for each person. It was then agreed with the person what they wanted to do and when they wanted staff to support them. Some people had staff available 24 hours a day and other people had support at certain times during the day. The registered manager explained that the rota was based on the people and their needs. Where people had funding for one staff member specifically allocated to them this was clearly shown on the rota. The registered manager told us that if there were times when staffing levels were low due to sickness or absence agency staff would be used to ensure that there were enough staff available. They explained that if this happened wherever possible regular agency staff were used who knew the person and their support needs. Rotas' showed that staffing levels were appropriate to meet the needs of people who used the service.

People could be confident that staff had been recruited safely as the provider followed robust recruitment procedures. This included obtaining two references that asked for feedback about prospective staff and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. All checks had been completed prior to staff starting their employment.

People told us they received support with their medicines. One person said, "Staff help me with my tablets." Other people explained that they took their medicines without support from staff as they were able to do this. Where people took medicines themselves they had been assessed to make sure they could do this safely. Staff told us they were trained in the safe handling of people's medicines and observed administering medicines to check they were competent to do this. Training records confirmed this. One staff member said, "I did my training in medicines and then I was watched administering them a number of times to make sure I was giving them correctly." People were encouraged to be as independent as they wanted to be and could be with medicines. Staff offered people different levels of support with their medicines. One person was reminded the times to take their medicine. Other people were supported with collecting and storing their medicines. The support that each person required was documented in their support plan so staff had guidance. The service had a policy in place which covered the administration, recording and storage of medicines. Medicine Administration Record (MAR) charts has been correctly completed where people were supported with taking medicines. Where people took medicines that were as and when required there was guidance for staff to follow as to when these could be taken. Staff were supporting people to take their medicines safely in line with how they had been prescribed.

Good

Is the service effective?

Our findings

People and their relatives told us they felt that staff team had the skills and knowledge to meet their needs. One person said, "The staff know what they are doing." A relative told us, "They are definitely trained. They get regular training to keep up to date." Staff members who we spoke with told us they received training to help them to understand how to effectively offer support to people. One staff member said, "The training is good quality. We do a lot of training. They check to make sure we have understood it." Training records showed staff received training that enabled them to meet the needs of people who used the service. For example, we saw that where staff supported someone who had diabetes and required insulin staff completed training in diabetes and insulin administration. This course was reviewed annually to make sure staff's knowledge was up to date. Staff were provided with the knowledge and understanding they needed to support people who used the service.

New staff were supported through an induction into their role. Staff members described their induction into the service positively. One told us, "It included training, mentoring and shadowing." Staff described how they had been introduced to the people who used the service and said they had been given time to complete training and read support plans and policies and procedures. They also said that they had shadowed more experienced staff before working alone with people. Records we saw confirmed that this had taken place. One of the registered managers told us that they used the Care Certificate for new staff members. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker.

People were supported by staff who received guidance from a manager. One staff member told us, "We have supervisions about every six weeks. I can always contact my manager if I need them." Supervision provides the staff team with the opportunity to meet with a member of the senior team to discuss their progress within the service and how to provide effective support to meet people's needs. Records we saw confirmed supervisions had taken place. This meant staff received guidance and support on how to provide effective support to people.

People's support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 provider was working within the principles of the MCA and found that it was. The registered manager had a good understanding of the MCA and DoLS. They were able to demonstrate that people's capacity had been considered throughout their support plan and associated records. For example, each person's support plan had information included about how to enable them to make their own decisions. This included how best to give them information to help them to understand it. Where it was

believed a person did not have capacity to make a specific decision their capacity had been assessed and a decision had been made in their best interests. There was a policy in place that identified what steps were needed if a person's capacity to make a decision was in doubt. This was in line with the MCA.

People had been involved in making day to day decisions about their support. One person told us, "The staff let me choose what I want to do". Staff told us how they involved people in making their own decisions. One staff member said, "I offer [person's name] two choices. I use the objects if possible. For example, I offer two food items when choosing what to eat." Staff told us they asked people for consent and people had the right to say no. One staff member told us, "I always ask if they are happy with me helping them and listen to what the person says. If they say no I respect their wishes." People's human rights were protected by staff.

People told us they were supported to make their own food where possible. One person said, "I make all of my food. The staff help me." Another person told us, "The staff make me my favourite food." A relative commented, "[Person's name] will make things and the staff will help if necessary. It works really well." People were supported to plan a menu for the week. Each person had information in their support plan about how to involve them with preparing their own food and drinks. Records showed that people were encouraged to follow a healthy diet. Where a person had a need for a special diet, such as soft food, guidance was available for the staff. This was included in the person's support plan. Staff knew about the needs of people in relation to their diet and ensured these were met.

People were supported to maintain good health. One person said, "The staff support me to go to the doctors. They help me to make an appointment." Where people required support to access healthcare appointments this was in place. People had a record sheet for all medical appointments. Outcomes from appointments had been included so that staff knew if there were any actions required. In these ways people's healthcare needs were met.

Good

Is the service caring?

Our findings

People and their relatives told us the staff team at East Midlands Domiciliary Care Branch were kind and caring. One person said, "The staff are nice. They are kind and treat me nicely." Another person told us, "I am happy here. The staff are kind. I like them." A relative commented, "The staff are very caring. They do as much as they can and go above and beyond." People's dignity and privacy was respected. One person told us, "Staff give me privacy." Staff we spoke with told us how they promoted people's dignity and privacy. One staff member said, "I always make sure that I knock on the door before going in." Another staff member told us, "I ask people if they want me to help them. Where it is safe to do so I give people space and time in the bathroom." This showed staff were promoting people's dignity and privacy

People felt staff listened to them and knew them well. One person told us, "If I am unhappy I can talk to the staff. They help me." Another person said, "The staff know what I like." Staff knew about the people they were supporting. They told us how they got to know people including things that were important to them. One staff member said, "We spend so much time with people we get to know them well and what they like." People's support plans included details about significant life events for each person, what was important to them and how they wanted to be supported. They also included information about the person's family relationships and other people who were important to them. Staff had information about each person to enable them to support them in ways that they wanted to be supported.

People were supported to be independent. One person told us, "I do my own washing. I take it all to the machine." Another person said, "I like to get the cleaning done and out of the way. Staff help me with my bed if I ask." A relative told us, "They will go to the gym with [person's name] if he wants them to." Staff told us about how they encouraged people to be as independent as they wanted to be. One staff member said, "We always get people to do what they can for themselves and learn new things. [Person's name] has done so many new things since moving here. They make themselves a cup of tea and help make lunch." The person agreed they could now do these things. People's support plans detailed things that they could do for themselves and what they needed support with. For example, we read how one person was encouraged to take their plate to the kitchen to be washed after meals and another person was supported to manage their finances and to pay all of their own bills. In these ways people received support from staff to retain or learn new skills.

People were involved in making decisions about their support. One person told us, "I choose what I do." Another person said, "I decide who I want to support me and what I want to do." Support plans showed that people were encouraged to make decisions. For example, one person's plan stated, 'I am supported between 10 and 12. Ask me what I want to do and where I want to go.' Another person's plan guided staff to ask them who they wanted to support them to have a bath. Records showed that people had been involved in decisions about their support. For example, one person said they been involved in interviews for staff so they helped to chose who would work in their home.

Information was available for people in ways that made it easier for them to understand. For example, we saw that information about how to complain was on a noticeboard. This used simple words and pictures so

it was easier for people to read. Each person had information in their support plan about the best way to communicate with them to help them to understand. We saw staff followed the guidance when speaking with people.

People's sensitive information was kept secure to protect their right to privacy. The provider had a policy on confidentiality that staff were able to explain. People's support plans were locked away in secure cabinets when not in use. We also heard staff talk about people's care requirements in private and away from those that should not hear the information. People could be confident that their private information was handled safely.

The provider had made information on advocacy services available to people. An advocate is a trained professional who can support people to speak up for themselves. This meant people could ask for support from an independent person if they needed it.

Good

Is the service responsive?

Our findings

People had contributed to the assessment and planning of their support. One person told us, "I have written my own support plan. It tells staff what I like, what makes me happy and what makes me feel safe." The registered manager told us they spoke with the person and their relatives as part of the assessment process. They told us they asked for information about what was important to the person and how they wanted to be supported. Assessments had been completed with people before they received support and detailed support plans were developed from these.

People's support plans were centred on them as individuals and contained information about routines they liked to follow, preferences, how they wanted to be supported and what they wanted to achieve. A relative commented, "They have really got to know [person's name]." Staff knew about people's support needs and could describe information recorded in support plans. One staff member told us, "It is all about what people want to do. All they have to do is ask and we try to make it happen." People could be sure that they received support centred on their preferences.

People's needs had been reviewed six monthly as part of a support plan review. One person told us, "We talk about my support to make sure it is working for me." Relatives told us they had been involved in support plan reviews. If a person's needs had changed the support plan was updated as soon as needed. People had set objectives they were working towards. Staff explained to us how people had achieved their goals. One staff member said, "[Person's name] wants to go on a summer holiday. They have an idea on how much this will cost and are saving towards it." Progress towards goals had been reviewed and new targets had been set. People were being supported to achieve their aims and objectives.

People were supported to follow their interests and take part in social activities and work opportunities. One person told us, "I do quality checking and make sure [provider] is doing what it should." Another person said, "Tomorrow we are going to [a local club]. I am going to the day centre. I go out on Tuesday and Thursday." Each person had a weekly timetable that included activities, college and work placements. A staff member explained to us that one person had arranged a garden party for charity in the next few weeks. The person told us what had been arranged and what they were planning to do. People were supported to follow their interests. These included going to the gym, concerts, local groups and visiting family. One person explained that they were going to a pop concert in November. They explained that a certain member of staff was going with them as they enjoyed attending concerts so it was more fun with them.

People were encouraged to develop and maintain relationships with people that mattered to them. One person told us, "I visit my mum at the weekends." Another person said, "My family visit me here." Relatives told us that they could visit and were made to feel welcome. The regional manager explained that where people had developed friendships with people in other services this was encouraged and they would meet up for lunch and go out for the day. One person confirmed this happened. They told us, "[Person's name] is coming over tonight. He said he wanted to play on the computer. I am happy with them coming round."

People's views, beliefs and values were respected. For example, where people had a particular cultural belief

this was recorded in their support plan and staff would ensure the person continued to be involved in following this how they wanted to. One person's support plan identified that attending a place of worship was very important to them. They were supported to visit each week. Another person followed a faith. Information about what was important to people was in their support plans so staff were aware of this and could provide people with the support they needed.

Staff knew how to support people if they became upset or distressed. One person's support plan identified they could display behaviour that could be classed as challenging and this could expressed verbally or physically. Their support plan advised staff how to identify the triggers for the behaviour so they could prevent or de-escalate this behaviour. Staff were able to explain these to us.

People and their relatives knew how to make a complaint if they needed to. One person told us, "I complained to the staff about the slabs. They sorted it out with the housing agency for me." Relatives all confirmed that they would feel comfortable making a complaint and knew how to do so if needed. There was a complaint's procedure available for people who used the service and their relatives so they knew the process to follow if they wished to make a complaint. The registered manager told us that each person received a copy so it could be accessed if needed. Complaints that had been received were recorded and reviewed by senior managers. All complaints had been investigated and responded to within the timescales set by the provider.

Good

Is the service well-led?

Our findings

People and their relative's said they were happy with the service provided. One person told us, "I like it here. Nothing worries me. They get it right for me." Another person said, "I like it here. I am happy and have no worries." Relatives agreed with this. One relative told us, "They are doing a really good job and I don't want things to change." Another relative commented, "It is as good as it can be." Staff we spoke with told us that they felt that the service was well-led. One staff member said, "They do everything well."

People were involved in how the service was run. One person told us, "We have meetings and talk about what is happening in the house and what we want to do." The regional manager explained that where people wanted to be involved in interviewing staff this was arranged. They could be involved as part of a panel or could go for a coffee with a prospective member of staff to give their feedback. The regional manager told us that people who used the service were involved in the organisation. They explained how people were paid to carry out checks on other services run by the provider as a quality checker, they were involved in interviews for senior managers, and some people who used the service were on the board of trustees. People were offered the opportunity to be involved in these initiatives if they wanted to be more involved. The provider had a group called 'Get Connected'. This was for all people across the organisation. People attended meetings and discussed how things could be improved in the organisation. The regional manager told us a meeting had been held the day before our inspection and people had discussed how information could be made easier to understand. They told us that previously people had discussed the provider's quality assurance survey and this had been changed based on suggestions from the group.

People and their relatives spoke positively about the provider and the registered managers. One person said, "I can talk to [registered manager]." A relative told us, "The service is well managed. When we need to speak with [registered manager] we can." Staff also spoke positively about the registered managers and the provider. One staff member said, "I have regular contact with [registered manager] they are always at the end of a phone. They will come over if I need them." Another staff member told us, "[Registered manager] is very approachable. They listen to you." The registered manager who we spoke with had a good understanding about the services', people who used them and what was happening. They were available to staff to answer their questions and offer support. This showed effective leadership.

Staff received feedback, support and guidance on their work from a manager during individual supervision meetings. This helped them to understand the provider's expectations of them and to check their values. Staff described how they felt supported. One staff member told us, "I am absolutely supported in my role. We are supported with any changes, and everyone is always available if needed." Another staff member said, "We get told what is happening. Communication is very good. They [provider] write to you to make sure you know about changes in policies or training and keep us informed." Staff meetings had taken place and covered topics such as people's individual support requirements, good practice, risk assessments and training. Actions were not always recorded to ensure that it was clear to staff what actions had been taken to address any concerns. The registered manager told us they would make sure that where action had been taken this was recorded. These meetings also gave staff an opportunity to give feedback on these items and any other areas. One staff member told us, "The staff meetings are useful. We get to speak up." The regional

manager told us that staff newsletters were available on the provider's website which included information about any changes and good practice. There were opportunities available for staff members to reflect on their practice to improve outcomes for people using the service.

People and their relatives had opportunities to give feedback to the provider. One person told us, "We have questionnaires asking for our feedback." Meetings had been held with people where they shared their house with others. Minutes from these showed people had discussed the environment, what they wanted to do and if they were happy with the service. People and their relatives' had been sent a survey in 2016 to ask for their feedback on the service that had been received. The regional manager told us there had been no actions required and people were given feedback on the results.

The provider had signed up to the Driving Up Quality Code (DUQC). This was developed as a self-assessment tool for providers to review the service that is provided and to drive up quality. The results of the assessment are published on the DUQC website and are available to the public. A self-assessment had been completed for the service. The results of this were available on the DUQC website. This identified what was working well, what could be done better and actions. The regional manager told us people who used the service had been involved in the self-assessment and their feedback had been gathered as part of this.

There were systems in place to regularly monitor the quality and safety of the service being provided. A range of audits were carried out including on support plans, the numbers of supervisions that had been completed, medicines, staffing, the environment and any concerns. Actions had been identified and recorded to be completed, for example, if maintenance work was required. These were reviewed at the next audit. Where people were supported to manage their finances the records for this were audited monthly to ensure these were completed correctly. The regional manager explained that the provider's quality compliance team completed an audit on each service annually and an action plan was developed from this. The delivery of the support people received was being reviewed.

The provider had policies and procedures available for staff that detailed their responsibilities. Staff told us they had access to these and could explain to us what policies were in place. These included a whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff members described what action they would take should they have concerns that we found to be in line with the provider's whistleblowing policy. One told us, "I can report to CQC or safeguarding. We have a policy about whistleblowing that tells us what to do."

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had reported all incidents they needed to appropriately and without delay.