South West Care Homes Limited

Michaelstowe

Inspection report

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18 November 2016

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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

The inspection took place on 16 and 18 November and was unannounced. Michaelstowe is a residential home based in Plymouth that offers accommodation for up to 24 older persons. On the day of the inspection 21 people lived in the home. Michaelstowe provides care for older people, some of whom are living with dementia.

A registered manager was employed to manage the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not present during the inspection. A temporary manager, who was registered to manage another home owned by the same company, was managing the service in the absence of the registered manager.

We last inspected Michaelstowe on 29 and 30 September 2015 and breaches of legal requirements were found. We asked the provider to take action to ensure people's needs were met in relation to the risk of malnutrition, to ensure the safe management of medicines and to ensure accurate record keeping. The provider sent us an action plan detailing the improvements they would make by the end January 2016. At this inspection we found improvements had been made.

People's nutritional needs and risks were monitored and action was taken if concerns were identified. People's medicines were managed safely. New systems had been introduced and regular audits were carried out. A new care planning system had been implemented which allowed staff to easily maintain and share accurate records regarding people's needs. It also enabled the manager to have an overview of the records and care provided.

People told us they felt safe using the service. There were risk assessments in place to help reduce any risks related to people's care and support needs. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected. The recruitment process of new staff was robust. The manager was recruiting new members of staff and had increased the staffing levels to better meet people's needs.

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 took place on 16 and 18 November 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information

Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with four people. We reviewed three people's records in detail. We also spoke with five members of staff and reviewed three personnel records and the training records for all staff. Other records we reviewed included the records held to show how the registered manager reviewed the quality of the service. This included a range of audits, questionnaires to people who live at the service, minutes of meetings and policies and procedures.

Following the inspection we sought the views of a social care professional, who knows the service well. This was a care home practitioner. We also spoke with a relative of someone who lives at Michaelstowe, following the inspection.

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 managed safely.

People were kept safe by sufficient staff on duty to meet people's needs. Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with living at the service.

Is the service effective?

Good

The service was effective.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and felt confident contacting senior staff to raise concerns or ask advice.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and sought consent whenever possible.

Is the service caring?

Good

The service was caring.

People were looked after by staff who treated them with kindness and respect.

Staff spoke about the people they were looking after with fondness.

People felt in control of their care and staff listened to them.

People said staff protected their dignity and promoted their independence.

Is the service responsive?

Good

The service was responsive.

Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

Is the service well-led?

Good

The service was well led.

There was a positive culture in the service. The manager provided strong leadership and led by example.

Staff were motivated and inspired to develop and provide quality care.

People's feedback about the service was sought and their views were valued and acted upon.

Quality assurance systems drove improvement and raised standards of care.

Michaelstowe

Detailed findings

Background to this inspection

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Good

Is the service safe?

Our findings

At the last inspection, we found medicines were not being managed safely. Staff were being called away from administering medicines to complete other tasks which meant people did not always get their medicines on time. Medicines administration records (MARs) had not always been completed accurately and it was not clear that people's medicines had always been administered or stored correctly.

At this inspection we found medicines management had improved. Staff who were administering medicines ensured they were not distracted during this time and a new administration system had recently been implemented to improve medicines practices. MARs were clear and completed accurately. Medicines were also recorded on the computerised system which alerted staff when people's medicines were due and recorded when people had had their medicines administered. A staff member told us, "I feel it's improved with the new system." Staff had received training and confirmed they understood the importance of the safe administration and management of medicines.

To help ensure medicines continued to be managed safely, regular audits were carried out. The PIR stated, "Medications are audited on a monthly basis by the manager, weekly by team leaders and bi-monthly by the operations team and improvements are addressed where necessary." A staff member added, "We do a daily stock check which also helps. We're constantly on top of it."

Medicines were securely stored and, where refrigeration was required, temperatures had been logged. These had not always fallen within the guidelines that ensured quality of the medicines was maintained. The manager ensured this was reported to the pharmacist, who provided the fridge, immediately, so the fridge could be replaced or mended.

Staff were knowledgeable with regards to people's individual needs relating to medicines. However, where people had been prescribed medicines to be taken, 'as required' information for staff to guide them about when to administer the medicine, had not been recorded. The manager told us they would work with the GP and pharmacist to ensure clear guidance was provided. Staff supported one person to administer their insulin. This involved helping to prepare the insulin beforehand, however they had not received training to help ensure they were following best practice to keep the person safe. The person was competent at the process themselves, and so no errors had been made; however, the manager told us they would ensure staff received training as soon as possible.

People understood the reason and purpose for the medicines they were given. One person confirmed, "They tell you what medicines you're taking. If you're ever worried, they stop and get you the information you want."

People told us they felt safe. People felt comfortable speaking with staff and told us staff would address any concerns they had about their safety. One person told us, "My daughter doesn't worry about me now. Staff come in the night if I need them and I always have my call bell. They come as quickly as they can." Relatives also felt it was a safe place for their family member to live.

People were protected by staff who had an awareness and understanding of signs of possible abuse. The PIR stated, "We ensure staff attend training on safeguarding adults provided by the local authority and have an in house annual refresher course, discussions within staff meetings and supervisions. This ensures staff have good knowledge and awareness of abuse and know how to recognise and respond to suspected abuse or harm." Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police.

People were supported by staff who had been recruited safely. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. Comments included, "I had to wait for my checks to come back before I started."

People told us they felt there were always enough competent staff on duty to meet their needs and keep them safe. The manager told us there had been a shortfall in staffing and an increase in staff sickness. As a result, they had recruited new staff and put new procedures in place to monitor time taken off work by staff. A staff member confirmed, "The manager has taken on more staff and there are consequences now for staff who regularly miss shifts." Another staff member confirmed they felt there were now enough staff on duty and they didn't feel rushed or pressured.

The manager had also created flexible systems to ensure staffing levels were maintained at a safe level in line with people's needs. For example if there were less care staff available than were required during a shift, the domestic staff provided support with cooking and laundry duties to enable care staff to provide care and support to people when they needed it. The manager tried to maintain consistency for people living at Michaelstowe telling us, "I'd prefer to do the shift myself rather than use agency staff that people don't know."

People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks. People made their own choices about how and where they spent their time. Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. Staff members told us risk assessments contained enough information to guide them on how to help mitigate risks to people. One staff member commented, "We always have access to them, so we can check them when we need to."

Occasionally people became upset, anxious or emotional. Staff told us they knew these people well and understood how to reassure them. However, this information was not always recorded in people's care plans which meant staff may not be working with people in a consistent way, at these times. For example, one person's care plan recorded they were occasionally resistant to personal care being provided and were not easily reassured. Staff explained how they would help alleviate the person's anxiety, however, this detail was not recorded to ensure the approach was consistent. The manager told us they were in the process of adding more detail to people's care plans and would ensure this information was added.

Staff had a good understanding of how to keep people safe and of their responsibilities for reporting accidents, incidents or concerns. Records showed appropriate action had been taken when accidents or incidents had occurred and where necessary changes had been made to reduce the risk of a similar incident occurring in the future. The manager told us the organisation's operations team checked the incident forms to ensure all required actions had been taken.

Good

Is the service effective?

Our findings

At the last inspection we found people's needs relating to risks of malnutrition were not being met. Where staff had been required to monitor people's food and drink intake, this had not been done consistently. Where people had received guidance or been prescribed supplements to mitigate risks to them when eating or drinking or losing weight, these had not always been recorded accurately in people's care plan or followed by staff.

At this inspection, we found people's needs relating to the risk of malnutrition were being met. Care records highlighted where people were at risk of losing weight. If someone was at risk of weight loss, they were weighed and assessed regularly to help ensure they remained healthy. The manager told us, "If someone loses weight, it flags on the system to me and then I can refer them to the relevant professional and update care plans and risk assessments accordingly." When necessary, advice had been sought from professionals, which was then followed in practice, for example some people took prescribed dietary supplements. The manager told us they had also discussed with the cooks which people were at risk of weight loss and how to fortify food for these people. When people had smaller appetites or there were concerns about how much they ate, staff encouraged them to eat and reacted positively when they had eaten.

People were referred appropriately to the dietitian and speech and language therapists (SALT) if staff had concerns about their wellbeing. Staff had recently identified that one person had started to cough after eating and drinking. The GP was informed who made a referral to the SALT team. Staff were following guidance to provide the person with a pureed diet until the SALT team came to assess them.

The staff were all aware of people's dietary needs and preferences. The manager had ensured these were recorded for staff working in the kitchen. Staff had been asked to share any further knowledge they had of people's preferences so everyone could ensure people's wishes were respected.

People were encouraged to say what foods they wished to have made available to them and when and where they would like to eat and drink. The manager had used a meeting for people and their friends and relatives to discuss the menus and begin to update it with people's preferences. They told us they often sat with people at lunch time to see what they thought of the meals and encouraged staff to feedback if certain meals weren't popular. People confirmed their food choices were respected.

People told us they liked the food and were able to make choices about what they had to eat. At lunchtime, staff introduced the food options in a positive way telling people how tasty they looked. A staff member explained, "People choose what they eat, they choose whatever they want for a snack too. At lunchtime, we take the options to show people, so they can decide. If they don't want either, something else gets made." One person confirmed, "If I don't like it they'll bring something different. They know by now what I like and don't like. There's enough to drink and more when I need it."

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. A staff member told us, "People see healthcare

professionals as needed, the district nurse is here regularly plus any specialists people need to see." One person confirmed they trusted staff to contact their GP if they felt they needed to see them; another person commented, "If I want to see a GP or nurse, I've only got to tell the staff"; another person added, "I've never needed a GP, they look after me so well here!"

People felt supported by knowledgeable, skilled staff who effectively met their needs. People's comments included, "The staff are very good here. They're friendly and respectful", "The people who work here are really nice. Always polite and nice to speak to" and "There's nothing they could do better." Feedback received by the service included, "The staff employed at Michaelstowe are brilliant" and "Staff always seem happy."

New members of staff completed a thorough induction programme, which included being taken through all of the home's policies and procedures, and training to develop their knowledge and skills. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. During this time, they also had the opportunity to read people's care plans. A staff member told us, "The induction was useful and the shadowing helps you know what to expect. I definitely benefitted from it." They also confirmed they continued to feel supported after their induction had ended saying, "I can always ask for more information. I can talk to the manager. They're probably busy but always have time for you."

Staff confirmed on-going training was planned to support their continued learning and was updated when required. This included core training required by the service as well as specific training to meet people's individual needs, such as dementia training. Staff told us they had the training and skills they needed to meet people's needs. Comments included, "I'm always building on my knowledge daily", "The training gives the staff a lot more insight" and "We do a lot of training and I'm confident I could ask for more if I needed it." Staff we spoke with were working towards qualifications appropriate to their role. One staff member explained, "They always encourage you to improve and they're encouraging me to do my NVQ. The manager sets time aside to help me with it, even if they're busy."

People were cared for by staff who felt supported in their job role. They confirmed the manager was always available to give them time and advice when they needed it. A staff member who had taken on a more senior role confirmed they had received training initially and then support was ongoing to help them learn their new role. They confirmed, "I'm not afraid to ask for advice if I'm unsure." The manager told us they had initially prioritised working with staff and developing relationships with them but planned to start carrying out more formal one to one supervisions soon. They also explained that due to the new electronic system, they had an overview of the care each staff member provided. This enabled them to identify if there were any problems with staff member's knowledge and performance and provide extra support or training where necessary.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. Staff had attended training and had a good understanding of the MCA. One staff member explained, "It helps you understand whether people have the capacity to understand risk or make decisions. I know which people don't have capacity." When people had been assessed as lacking the capacity to make certain decisions, this had been clearly recorded. Staff told us they had good knowledge of how best to support individuals with these decisions and how to make decisions in their best interests; but this information was not always

detailed in their care plans. The manager told us this information would be added. Staff members were knowledgeable about best interests meetings that had been held, why they had been held and what the outcome was.

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). The registered manager had applied for DoLS authorisations on behalf of people appropriately.

People told us staff always asked for their consent before commencing any care tasks. We observed staff asking for people's consent and giving them time to respond at their own pace. This included administering medicines and personal care. Staff offered to come back later if the person did not want support at that time. People's consent to receive care, as described in their care plan had been recorded.

Good

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. Comments included, "All the staff are very, very nice." Staff members told us, "I like the atmosphere here and I love the residents", "I enjoy being with the residents" and "I enjoy helping other people and feeling I've made an impact on people's lives."

Staff spoke to and about people in a kind, caring way and respected them as individuals. During the inspection we heard staff singing and regularly saying kind things to people, for example, "Yellow suits you! It looks nice on you, […]." Staff also used humour and reassurance appropriately to show people they were cared for. One person told us, "The staff have a joke!"

People told us their privacy and dignity was respected. Staff informed us of various ways people were supported to have the privacy they needed. For example, always knocking on people's doors before entering their room. One staff member commented how they would place towels over laps, close curtains and doors, and do whatever they could to make the person feel comfortable. One person's care plan stated that once they had been supported into the shower, they liked to be left alone to maintain privacy.

Staff showed concern for people's wellbeing in a caring and meaningful way. The manager described how through offering them more opportunity to engage with staff and other people, two individuals' wellbeing had improved. They told us, "One person who used to spend a lot of time alone now spends some time sitting with other people; and another person who spent all their time in bed now gets up sometimes." One person told us, "The staff are always ready with a laugh, that's what I like!"

People were encouraged to be as independent as possible. The PIR stated, "Individuals are encouraged to be as independent as they can and staff to recognise their strengths and abilities." Some people set the table for meal times and there was food and equipment available in one of the dining rooms for people to prepare their own food or drinks. One staff member told us, "It's all about promoting an individual's independence by engaging them in things. Then they know they can still do things for themselves." Care plans detailed how staff could help people maintain their independence, identifying what a person could do for themselves and what they needed support with. One person, who needed minimal support from staff, confirmed staff enabled them to maintain their independence.

Staff knew the people they cared for. They were able to tell us about individual's likes and dislikes, which matched what people told us and what was recorded in individual's care records. Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. One person confirmed, "They know me well and the way I like things." Whilst we were talking to one person, a staff member came in with a blanket, explaining, "I saw this blanket in the laundry and I thought I'd bring it for you." The person was pleased that the staff member had been considerate of their needs. Another person told us, "I don't like too much fuss but they know me well."

People told us, staff listened to them and took appropriate action to respect their wishes. People's

comments included, "I would tell them if I didn't like something and they would listen." A professional fed back to the service that they felt staff's communication with people was excellent.

Good

Is the service responsive?

Our findings

At the previous inspection, we found that people's records were not always accurate, complete or up to date. Care plans did not always contain up-to-date, accurate information about people's needs. At this inspection we found that people's care records were accurate, more detailed and any changes to people's needs were recorded on their records and shared immediately with the staff team.

People's care plans had recently been transferred to an electronic system which enabled staff to have constant access to information about people's care and support needs. However, some people's care plans lacked detail about how they liked to have their needs met. For example, one person's care plan recorded that they required support with personal care but did not describe how they liked that to be provided. The manager told us they were adding more information to people's care plans so staff had clear detail about people's needs and preferences. A staff member confirmed, "The manager is hot on care plans!" People told us staff met their needs according to their preferences. Comments included, "They wash and dress me how I like. They say 'What kind of top do you want to wear today?'" and "If I need help getting dressed, they help. They just do whatever you want. It's great." Information about people's daily routines had been documented in detail and described for example when people preferred to get up, have breakfast or have a shower. One person's care plan stated, "I have my own routines I like to keep to" and described what these routines were.

Care plans included information about people's backgrounds and their life history. One staff member told us, "A couple of people struggle to communicate but I can look at their care plan and find something to talk to them about that they're interested in." When people were living with dementia, details of their experiences of this were recorded for staff to better understand their needs and the support they required. People and where appropriate, those who mattered to them, were being more actively involved in reviewing their care plans, to help ensure their views and preferences were recorded, known and respected by all staff.

People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved. Any change in needs were shared with the staff team so people's needs continued to be met. A staff member explained, "Updates are on our handheld devices. We have to confirm we've read them. It's updated through the day and we have to keep checking and signing. You can be immediately up to date. You don't have to wait for another staff member to be available to update you." The manager confirmed, "Staff have up to date information at the tips of their fingers." The manager added that they used the information staff were recording to also identify changes. They explained, "I believe if you monitor the system closely, you can pick up changes quicker." One staff member also told us, "We also have staff meetings and discuss people's changing needs. Care plans and risk assessments are then updated."

People were empowered to make choices and have as much control and independence as possible. Staff members told us, "We ask, 'Would you like to come and have some lunch?', 'Would you like to go upstairs or downstairs?'" and "People can eat, drink and do what they want, when they want." One person had requested that staff did not check on them so regularly during the night as it disturbed them. The manager had discussed this with the person and agreed staff would only check on them twice, to ensure they were

well and safe. Staff respected this. Another person told us they preferred to spend most of their time in their room and staff respected their wishes. During the inspection, we heard staff offering to put a film on for people to watch and encouraged people to say what they would like to watch.

People were supported to follow their interests. Individual preferences were taken into account to provide personalised, meaningful activities. A staff member explained people were encouraged to take part in any tasks they liked around the home saying, "[…] likes to help set the tables for lunch and [….] likes to help with the laundry." The manager was in the process of providing items which reflected people's preferences. For example, they had made carpet sweepers and cleaning equipment available for people to use whenever they liked. They had also purchased a book for someone telling us, "One person lived in Manchester and talks about it a lot, so I've got them a then and now book." The manager had also introduced, 'activity belts' for staff. Staff could fill these with interesting objects to create talking points. They were also planning to have pockets made for the home's armchairs too so items of interest could be left in them and provide entertainment for people.

There was a range of group activities for people to join in every day including entertainers, religious activities and tai chi. One person was being supported to use their own computer and the manager explained that soon the Wi-Fi would be upgraded so people could use the internet anywhere in the home. A staff member also told us, "There's always a staff member in the lounge so there's always interaction for people." One person confirmed, "If they suggest something, you don't have to do it but they'll ask you if you want to do something else. Even if I want to sit and be quiet, I can."

People were supported to maintain contact with people who were important to them. People confirmed visitors could come at any time and were made to feel welcome. If people's families and friends did not live near the service, the staff used laptops with people to support them to share letters and photos.

The service had a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in areas of the home. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. Any concerns and complaints were encouraged, investigated and responded to in good time. One person told us, "I've got nothing at all to complain about."

Good

Is the service well-led?

Our findings

The manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. People were positive about the home and the way it was run. Comments included, "I think it is a very nice home. I like it very much. I don't think you can do it better in any way." Feedback from a professional stated they felt the home was unique, interesting and dementia friendly. A staff member told us, "I think it's a lovely home."

Staff were positive about how the service was run. One member of staff told us, "The manager is full on! They're right on it. You have to be, we're dealing with people's lives. They're always trying to make things better." A staff member told us, "The manager's door is always open and they're very approachable." A social care professional also confirmed the manager was open, called for advice regularly and was proactive in making improvements to the service. The manager told us they had a constant overview of the care being provided to help ensure people's needs were being met in a timely way. They explained, "I have tight control over the system so I can make sure everyone has the best possible care."

The manager inspired staff to provide a quality service. Staff told us they were happy in their work and were motivated to provide and maintain a high standard of care. The manager told us, "I lead by example. I'm on the floor and I get people involved in activities; even if it's housekeeping tasks. I feel the staff have started to change the way they engage with people as well." Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people. Staff talked about personalised care and promoting choice and independence, and had a clear aim about improving people's lives and opportunities. One staff member confirmed, "Staff know what's expected of them. The manager has made changes and they are for the good of the residents."

Staff told us they felt empowered to have a voice and share any opinions and ideas they had. Staff meetings were regularly held to provide a forum for open communication. One staff member explained that even if they were unable to attend the meeting, they were required to read the minutes, which helped keep them up to date with any changes.

People and staff had confidence the manager would listen to their concerns and they would be received openly and dealt with appropriately. Staff members commented, "The manager is always available to us. Even when they are not at work" and "I would be happy to raise any concerns with the manager." One person also confirmed, "I'd be happy talking to the manager about any concern. We speak to them every day. They're nice."

The manager valued people's feedback. Regular meetings were held by the manager for people and their friends and relatives. These were an opportunity for the manager to gain feedback about the service and discuss any planned changes to the service. Minutes from these meetings were then left in the entrance hall so they were available for everyone to see. A comments box was also available in the entrance of the home for people, relatives and staff to make suggestions to improve the service. A questionnaire had been sent out to people and their relatives by the manager for feedback about the home. Where people had raised

concerns, the manager had acted on them but not always fed back to the person concerned. They told us they would do this immediately to ensure people knew they were being listened to. A relative told us, "I trust the manager to deal with the things I've raised."

There was an effective quality assurance system in place to drive continuous improvement within the service. An audit of care provided was submitted to the provider's operational team every month. This included any risks to people and what action had been taken. The manager told us, "We then have a monthly meeting with the operational team and are scrutinised on everything. We are given action plans to complete. Any feedback from other audits, such as the pharmacist's audit is also added to our action plan too." In addition, the operational team also visited the home every two months and audited a different aspect of it each time. The manager told us, "Having these regular visits gives you the opportunity for feedback about the service, which helps you improve."

Information was used to aid learning and drive improvement across the service. We saw accident and incident forms had been completed with detail; and the PIR stated, "We ensure we learn from all complaints and incidents within the home to develop our own practice. All complaints and incidents are reviewed and outcomes used to improve future practices." The manager confirmed feedback, complaints and incidents were discussed at a monthly meeting with the operational team to help ensure all required actions had been taken and any emerging trends identified to reduce reoccurrence of similar situations.

People benefited from staff who understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.