Ryde House Homes Ltd

Woodville

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

Woodville is a privately run care home registered to provide accommodation for up to seven people living with a learning disability. At the time of our inspection there were seven people living in the home.

The inspection was unannounced and was carried out on 08 June 2017 by one inspector.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People told us they felt the home was safe. Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

Staff knew the people they supported and were able to explain the risks relating to them and the action they would take to help reduce the risks from occurring. There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests. Healthcare professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

People were supported by staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

Staff developed caring and positive relationships with people and were sensitive to their individual communication styles, choices and treated them with dignity and respect. People were encouraged to remain as independent as possible and maintain relationships that were important to them.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people, when necessary in a patient and friendly manner.

People and when appropriate their families were involved in discussions about their care planning, which reflected their assessed needs.

There was an opportunity for people and their families to become involved in developing the service. They

were encouraged to give feedback on the service provided both informally and through 'house meetings' and an annual survey. They were also supported to raise complaints should they wish to.

People told us that they felt the home was well-led and were positive about the registered manager who understood the responsibilities of their role. The provider was fully engaged in running the home and provided regular support to the registered manager. Staff were aware of the provider's vision and values, how they related to their work and spoke positively about the culture and management of the home.

There were systems in place to monitor quality and safety of the home provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

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 felt the home was safe and staff were aware of their responsibilities to safeguard people.

The registered manager had assessed individual risks to people and taken action to minimise the likelihood of harm in the least restrictive way.

People received their medicines safely, at the right time and in the right way to meet their needs.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Is the service effective?

Good

The service was effective

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

Staff received an appropriate induction, on-going training and support to enable them to meet the needs of people using the service.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy.

People were encouraged to maintain friendships and important relationships.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's needs.

Care plans and activities were personalised and focused on individual needs and preferences.

The registered manager sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

The provider's values were clear and understood by staff. The registered manager adopted an open and inclusive style of leadership.

People, their families and staff had the opportunity to become involved in developing the service.

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

Woodville

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 checked whether the provider are 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 was unannounced and was carried out on 08 June 2017 by one inspector.

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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with two people using the service and engaged with two others, who communicated with us as far as they were able to. We also spoke with the family of one of the people living at the home. We observed care and support being delivered in communal areas of the home. We spoke with three members of the staff, the deputy manager and the registered manager. We also received feedback on the service from four health and care professionals.

We looked at care plans and associated records for four people using the service, staff duty records and other records related to the running of the service, such as, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said staff kept them safe and added staff "help me". Another person told us, "Yes it's good; nice here". A family member said their relative was "safe, we can relax knowing [my relative] is well looked after". The health and care professionals who provided feedback told us they did not have any concerns about people's safety. One said, "I have no concerns regarding the safety of the [people] with whom I work at Woodville". Another professional told us they had not seen any behaviour in their clients which suggested they felt unsafe.

People experienced care in a safe environment because staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. All of the staff and the registered manager had received appropriate training in safeguarding. All of the staff we spoke with were able to explain the actions they would take if they had a concern about people's safety. They were aware of the provider's policy and the other organisations they could report concerns to, such as the local authority and the Care Quality Commission. One member of staff said, "If I was concerned I would go straight to a supervisor to tell them and follow it up. If they did nothing I would take it up myself". Another member of staff told us they felt confident to raise a concern and said they felt management were "definitely responsive to any concerns. They are always prepared to listen".

The registered manager had assessed the risks associated with providing care and support to people. These were recorded along with the actions identified to reduce those risks. Staff were aware of the risks to people and how to manage those risks effectively to support people to be safe while helping them to retain their independence and avoid unnecessary restrictions. For example, one person who enjoyed swimming had a risk assessment in place to enable them to access the local swimming pool when they wanted to. Other risks were also managed effectively. For example, risks relating to malnutrition, being left alone in the bath to relax, accessing the community and crossing the road. The registered manager had also identified risks relating to the environment and the running of the home. These included fire safety, infection control and accessing the kitchen. They had taken action to minimise the likelihood of harm in the least restrictive way. The feedback from a care professional regarding a person they were supporting included, "The manager was well aware of the needs of the person and ensured all safeguards were in place to protect the person, other residents and members of the public when accessing the community with the appropriate support". Another professional told us, "When concerns relating to safety are identified the staffing team have the appropriate knowledge and skills to implement interventions to ensure the ongoing safety of their residents". A third professional said, "Risk assessments are recorded and when a review was due, recordings were made available".

There was a clear record made of when an incident or accident had occurred. These were recorded on the provider's electronic system, which enabled the registered manager to review all incidents, accidents and 'near misses'. The system also provided the opportunity for the provider to carry out analysis across all of their services and provided the opportunity for organisational learning and risk identification.

People received their medicines safely, from staff who had completed the appropriate training and had their

competency to administer medicines checked. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. Each person had a MAR sheet with a photograph of the person and information about any allergies. Records showed that people's medicines were consistently available for them. Staff made daily checks of the MARs to make sure people had received their medicines correctly. Staff were aware of the action to take if any mistake was found, to ensure people were protected. Staff engaged with people to check that they were happy to take their medicine. Staff supporting people to take their medicines did so in a safe and respectful way, and gave people time to take their medicines without being rushed.

Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved. There were suitable systems in place to ensure the safe storage and disposal of medicines and suitable arrangements were in place for medicines which needed additional security. A refrigerator was available for the storage of medicines which required storing at a cold temperature in accordance with the manufacturer's instructions. There was a medicine stock management system in place to ensure medicines were stored appropriately and a process for the ordering of repeat prescriptions and disposal of unwanted medicines.

People told us that there were sufficient staff to meet their needs. One person said staff were available to "take me out". Staff were also available to support people to attend medical appointments, visit the shops or go for a walk. A family member told us, "I always get the impression there is enough staff. The home has a very calm atmosphere; very lovely". The registered manager told us that staffing levels were based on the needs of the people within the home. We observed that staffing levels in the home provided an opportunity for staff to interact with the people they were supporting in a calm, relaxed and unhurried manner. There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences to be managed through the use of overtime, staff from another home owned by the provider or bank staff employed by the provider. One member of staff told us, "Staff here back each other up. We are a tight group, so help each other out".

The provider had a service wide recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. This was managed by the provider's human resource team in conjunction with the registered manager for the home. All of the appropriate checks, such as references and Disclosure and Barring Service (DBS) checks were completed for all of the staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were plans in place to deal with foreseeable emergencies. Staff had been trained to administer first aid and there was a programme of fire safety training and fire drills in place. Fire safety equipment was maintained and tested regularly. There was an emergency 'grab bag' in the foyer, which contained individual personal emergency evacuation plans. These detailed people's ability to respond in case of a fire and the support they would need if they had to be evacuated in an emergency. An incident had occurred earlier in the year, which had required the home to be evacuated. Staff were able to follow the provider's fire safety procedures and people responded appropriately and were evacuated safely from the home until the incident was resolved. A care professional in their feedback told us, "There was a fire and all residents were safely evacuated".

Good

Is the service effective?

Our findings

People told us and indicated they felt the service was effective and that staff understood their needs and had the skills to meet them. One person said, "Staff nice; very happy". Another person told us, "They [staff] know me; they are okay". A family member said, "We are very pleased with the home" and added that staff had "the right skills" to look after their relative. The health and care professionals who provided feedback told us staff were well trained and understood people's needs. One professional told us, "The service provided by Woodville is, in my opinion, effective as they are able to provide the appropriate level of support, at the appropriate times to ensure the wellbeing of their residents".

People's ability to make decisions was assessed in line with 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff had received training in respect of the Mental Capacity Act, 2005 (MCA) and were able to demonstrate an awareness of the principles and application of best interest decisions. The provider had also recently introduced a new consent, capacity assessment and best interest decision making process, 'My life, My choice'. This process provided a clear structure and guidelines to enable staff to continue to support people to make decisions either with their consent or in their best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider and the registered manager were following the necessary requirements. Staff had been trained in MCA and DoLS; where DoLS had been authorised they were aware of the people that these restrictions applied to and the support they needed as a consequence. People's families and other representatives, such as an independent mental capacity advocate (IMCA), had been consulted when decisions were made, in respect of restricting people's liberty, to ensure that they were made in people's best interests and were the least restrictive option.

People told us that staff asked for their consent when they were supporting them. We observed that one person told staff they did not want to go out to a planned event with other people but wanted to go for a walk instead. Staff accepted this and arranged for a member of staff to go out with them for a walk. We spoke with the person on their return and they told us they had had a "good time". A family member also told us, "[My relative] would let them [staff] know if [my relative] doesn't want to do something". A member of staff told us, "If [named person] doesn't want to do something, I offer [them] a choice and [they] will let me know if [they] do want to do something [I have offered]".

People were supported by staff who had received an effective induction into their role. Each member of staff had undertaken an induction programme which followed the principles of the Care Certificate. The Care

Certificate is a set of standards that health and social care workers adhere to in their daily working life. One new member staff told us that, "I love it here; the training is brilliant. I did my induction and shadowing [working alongside and observing more experienced staff]. I have now got my care certificate".

The provider had an electronic system to record the training that staff had completed and to identify when training needed to be repeated. The provider's training lead explained the new electronic system, which identified compliance with the expected training schedule, using a red, amber, green traffic light alerting system. The percentage compliance of staff within the service was one of the registered manager's performance indicators.

The training available to staff included essential training, such as medicines awareness, safeguarding adults, food hygiene, moving and handling and infection control. Staff were also supported to access specific training to support their role including: Autism awareness, dementia awareness, Mental Capacity Act and PROACT SCIP training, which provides staff with a positive range of options for crisis intervention and prevention when supporting people who occasionally displayed behaviour that staff or other people may find distressing. Staff were offered training in a variety for formats to meet their individual learning styles and subject matter. These included practical face to face workshops and individualised E-learning. One member of staff told us, "I recently used my PROACT SCIP training in the community when [the person I was supporting] tried to run into the road and was able to steer [them] to safety". Another member of staff said, "The training is very helpful. I am now doing my level 4 [vocational qualification]". A third member of staff told us, "The training is really good, very thorough. You do both E-learning and hands on". They added, "If I want specific training I can ask for it. I find them [the registered manager] very supportive".

Staff had regular supervisions and staff who had been at the service for longer than 12 months also received an annual appraisal. Supervisions provide an opportunity for management team to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Staff said they felt supported by the management team and senior staff. There was an open door policy and they could raise any concerns straight away. One member of staff told us, "I have regular supervisions, [the registered manager] does them and appraisals. They [supervisions] give you the time to sit down and have a chat. If you had a concern you can just raise it". Another member of staff said, "Supervisions are helpful. You get to discuss matters with [the registered manager]; putting across ideas with her. She takes them seriously and follows through with them".

People were supported to have enough to eat and drink. People told us they enjoyed their meals. One person said, "Food is nice and lots of it. My favourite is fish and chips". They added "I have toast for breakfast. Staff make it [for me]". Another person told us, "I like the food, it is good". They told us they just had "a sandwich, crisps and a Battenberg [cake]" for their lunch, which they enjoyed.

Mealtimes were a social event and staff engaged with people in a supportive, patient and friendly manner. Staff who prepared people's food were aware of their likes and dislikes, allergies and preferences, and offered support and encouragement when appropriate. People were offered a choice of food and some people were encouraged to actively participate in the preparation and collecting their food. One person told us, "I make get my own drink". During the inspection we observed them making a cup of tea for themselves and offering to make a drink for others.

People were supported to maintain good health and had access to appropriate healthcare services. Their records showed they had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes were recorded in detail. A health professional who provided feedback told us the registered manager had, "on three occasions,

identified behaviours that have been assessed as being the early signs of dementia-related illnesses. I was thus able to intervene appropriately with the right medications and suggested changes to the patients' activities of daily living in a timely fashion".

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. One person told us, "Staff are kind. They knock on my door and say hello". Another person said, "I can get up when I want. I tell staff and they knock on my door for me [so I know when it is time to get up]". A family member told us staff were, "Very caring; I have been impressed with the friendliness and caring of the staff". The health and care professionals who provided feedback told us staff were caring and patient when supporting people. One told us, "From my experience, the staffing team are very caring, they always appear to have the best interests of their residents as a priority". They added "It is clear that the staff genuinely care about their residents physical, emotional and psychological health, happiness and rights". Another professional said, "The staff at Woodville interact very well with my patients there and have developed close relationships with them".

People were cared for with dignity and respect. A family member told us, "I don't have any concerns about how they [staff] treat [my relative]; they are very considerate with [my relative]". Staff spoke with people with kindness and warmth and were observed laughing and joking with them. We also observed that personal care was provided in a discreet and private way. Staff knocked on people's doors and waited for a response before entering. Staff told us the action they took to ensure people's privacy and dignity was respected when supporting them with personal care. This included making sure doors and curtains were closed and people were covered as much as possible. A member of staff explained the action they took to respect peoples' privacy and dignity, "I turn my back [when supporting them with personal care] as much as possible. I ask them if they want me there. There are some who say 'no' so I give them the choice".

Staff understood the importance of respecting people's choice. They spoke with us about how they cared for people and we observed that people were offered choices in what they wanted to wear, what they preferred to eat and whether they took part in activities. Choices were offered in line with peoples' care plans and preferred communication style. Where people declined to take part in an activity or wanted an alternative this was respected.

People and where appropriate, their families were involved in discussions about developing their care plans, which were centred on the person as an individual. A family member told us, "[The registered manager] always lets us know how [my relative] is and what they have been up to". We saw that people's care plans contained information about their life history to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs and their likes and dislikes. A member of staff told us, "I read people's care plans. I find them eye opening in helping you understand people and their needs".

People were encouraged to be as independent as possible and to develop life skills. During the inspection we observed staff encouraging people, in line with their care plan, to do things for themselves. For example, one person's care plan stated 'I am capable of making a cup of tea and a sandwich'. We saw staff supporting this person at lunchtime to make their own sandwich and drink. Another care plan identified that the person would assist with household activities, such as hoovering, and loading the dishwasher. We looked at this person's records of care and saw that staff had supported the person to complete these tasks on their own.

People were supported to maintain friendships and important relationships; their care records included details of their 'informal support network', which identified people who are important to the person. All of the people we spoke with confirmed that the registered manager and staff supported them to maintain their relationships. People's bedrooms were personalised with photographs, pictures and other possessions of the person's choosing.

Information regarding confidentiality formed a key part of the induction training for all care staff. Confidential information, such as care records and only accessed by staff authorised to view it. Any information, which was kept on the computer, was also secure and password protected.

Good

Is the service responsive?

Our findings

People told us they were happy with how staff looked after them. One person said, "I pick my own things [to wear]; staff help me [if I need them]". A family member told us, "They [staff] are very good [with my relative]. I would definitely recommend the home to my family and friends". The health and care professionals who provided feedback told us staff were responsive to the changing needs of the people they supported. One professional said, "The manager and deputy have a comprehensive understanding of the individual needs of each of their clients, they also have a meaningful relationship with the residents, of what I have seen. This enables them to make clear and person focused decisions by ensuring they are 'in touch' with the actual goings on of the house". Another professional told us, "The service appeared to be person centred. The clients care plan has been adjusted by the home over a number of years; so staff are able to identify changes in level of need".

Those people with a limited ability to verbally communicate with staff, were able to demonstrate their understanding of what they were being asked and could make their wishes known. Each person's care plan contained a 'communication passport' which provided information to staff on their preferences and how they communicate their moods, such as when they were feeling happy, sad, angry or anxious. Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. Staff used plain English and repeated messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and respected that some people needed more time to respond.

People received care and treatment that was personalised and met their needs. People experienced care and support from staff who were knowledgeable about their needs and the things that were important to them in their lives. Staff's understanding of the care people required was enhanced through the use of care plans, which detailed people's preferences, backgrounds, medical conditions and behaviours. Examples of this include: 'I prefer a shower in the morning' and 'I am able to complete my own personal care in the evenings'. People's daily records of care were detailed, up to date and showed care was being provided in accordance with people's needs.

Care staff members were able to describe the care and support required by individual people. For example, one care staff member was able to describe the support a person required when going swimming in the community. This corresponded to information within the person's care plan. Handover meetings were held at the start of every shift and provided the opportunity for staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting.

Each person had an allocated keyworker, whose role was to be the focal point for that person and maintain contact with the important people in the person's circle of support. They also supported them with their shopping, managing their clothes and maintaining their room. Care plans and related risk assessments were reviewed monthly to ensure they reflected people's changing needs. In addition, the keyworker carried out a monthly review with the person of any health changes, activities they have undertaken and activities they wanted to engage in during the next month.

People were provided with appropriate mental and physical stimulation. People were supported to access activities that were important to them. People were encouraged to access the community with members of staff. Two people told us they were planning to go out into the community to play bingo at a local club. Another person said they enjoyed going bowling and "Up town". People were also supported to engage in other activities, such as attendance at day centres run by the provider called 'Willow Village', go horse riding and swimming. People were actively encouraged to develop their life skills with the opportunity to participate in daily domestic activities, such as laundry, setting tables at meal times, clearing them away and loading the dishwasher, keeping their bedrooms clean and making drinks for themselves. A health professional who provided feedback told us, "The patients I see are always well cared for and they have a full programme of activities both at home and outside on an individual and group level".

People and their relatives were encouraged to provide feedback and were supported to raise concerns if they were dissatisfied with the service provided at the home. People had access to advocates who were available to support them if they were unhappy about the service provided. The registered manager sought feedback from people and their families on an informal basis when they met with them at the home or during telephone contact. They also held resident 'house meetings' which were held on a monthly basis. We looked at the minutes of the latest meeting, which had taken place in June 2017 and included discussions about the plans for a holiday; voting in the general election; new staff; fire safety and safeguarding.

The provider also sought formal feedback about the home through the use of quality assurance questionnaire, which was sent out to people, their families, professionals and staff. The registered manager told us the results from the survey were uploaded to the providers computer system, which provided an opportunity to analyse the results from the home, and in the context of all of the provider's services. We looked at the results of the last survey from 2016 which were all positive. The registered manager told us the provider had arranged for the 2017 survey to be sent out later in the year.

The providers had a policy and arrangements in place to deal with complaints. They provided detailed information on the action people could take if they were not satisfied with the service being provided. People were initially supported by their keyworker if they had any concerns but had access to an independent advocate if they needed one. All of the people we spoke with told us they did not have any complaints. A family member said, "I don't have any concerns but if I did I would complain to [the deputy manager] and they would sort it out". The registered manager told us they dealt with minor issues straight away but they had not received a formal complaint during the previous year. They were able to explain the action that would be taken to investigate a complaint if one was received.

Good

Is the service well-led?

Our findings

People told us that they felt the service was well-led. One person said, "She [the registered manager] is nice". We observed a number of positive interactions between the people and the registered manager. People appear relaxed and comfortable when speaking with the registered manager throughout the home or entering their office to ask questions, seek support or engage in a conversation. A family member told us, "[The registered manager] is very approachable and very well organised". The health and care professionals who provided feedback told us they felt the home was well led. One professional said, "I have personally met with the manager, deputy manager and various senior carers during my work at Woodville. It is clear that the structure of their residence is adequate and appropriate". Another professional told us, "[The registered manager] was very helpful during the review. Staff and residents seemed to respond well to her and all documentation was detailed and up to date. I had no concerns to raise and the client's mother was happy with the level and standard of care that [their relative] received".

There was a clear management structure, which consisted of the directors of the company, chief executive officer (CEO) who was the provider's representative, the registered manager, the deputy manager and senior care staff. Staff were confident in their role and understood the part each person played in delivering the provider's vision of high quality care. The management team encouraged staff and people to raise issues or concerns with them, which they acted upon. One member of staff told us, "[The registered manager] is always available if we want to raise something. Her door is always open". They then gave an example of where they had made a suggestion in respect of care provision "which was taken up".

The provider were fully engaged in running the service through the CEO and their vision and values were built around providing individualised care, recognising everyone as the individual that they are. Staff were aware of the providers' vision and values and how they related to their work. One member of staff told us, "I love it here the residents' are brilliant; it is good going out and about with them, every day is different".

Regular staff meetings provided the opportunity for the registered manager to engage with staff and reinforce the providers' values and vision. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one sessions or during staff meetings and these were taken seriously and discussed. A staff member told us, "I attend staff meetings. We have all got ideas so we have to throw them around to see what people think. [The registered manager] listens; takes it on board and if there is a reason why something won't work she will tell you". Another member of staff said, "We have staff meetings every two months. We have a chance to raise things if we want".

The registered manager had an open door policy for the people, families and staff to enable and encourage open communication. People told us and indicated they were given the opportunity to provide feedback about the culture and development of the service. People all said or indicated that they were happy with the service provided.

The provider had suitable arrangements in place to support the registered manager, for example regular

meetings, which also formed part of their quality assurance process. The registered manager confirmed that support was available to them from the provider, through the CEO. They told us there were monthly meetings with the directors, CEO and the managers from the provider's other services. They could also "pop in and see" the directors, CEO, other senior managers and discuss issues and concerns at any time.

The provider had a structured approach to quality assurance and carried out annual audits of the home. They were in the process of enhancing their quality assurance processes across all of their services, which included a peer to peer quality assurance inspections involving managers from each of the provider's services inspecting another of their services. They were also developing a quality assurance oversight group, including the safeguarding lead and the training lead to assess quality across all of the provider's services.

The registered manager had established their own quality assurance checks and audits, which included infection control, the cleanliness of the home, medicine management, care plans and health and safety. There was also a system of audits in place to ensure that safety checks were made in respect of water temperatures, the medicine cupboard temperatures and fire safety. The registered manager also carried out an informal inspection of the home during a daily walk round. Where issues or concerns were identified these were uploaded to the provider's electronic management system and managed through the regular meeting processes.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. They also understood and complied with their responsibilities under duty of candour.