Progress Care and Education Limited

The Bungalow

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

We carried out an inspection of The Bungalow on 31 March and 1and 11 April 2016. We gave the service 48 hours' notice of the inspection because it is a small service and we wanted to make sure the people living there and the manager would be in.

The Bungalow provides accommodation and personal care for up to three adults with severe learning disabilities. At the time of the inspection there were three people living at the service.

Bedrooms and facilities at the home are located over one floor. There is a lounge, a kitchen dining room and a small conservatory. All rooms are single occupancy. A bathroom, shower room and appropriate toilet facilities are available. There is a secure garden to the rear of the property.

At the time of our inspection there was a registered manager at the service who had been in post since 2011. 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.

At our last inspection on 8 January 2014, the provider was compliant will all the standards reviewed at the time.

Relatives told us people living at the service received safe care. One relative said, "I have no concerns. I feel sure [my relative] is kept safe". The staff we spoke with had a good understanding of how to safeguard vulnerable adults from abuse and what action to take if they suspected abuse was taking place.

We saw evidence that staff had been recruited safely. Relatives and staff were happy with the staffing levels at the service and we found that there were sufficient staff on duty to meet people's needs. We found that staff felt well supported. They received an appropriate induction, regular supervision and could access training when they needed it.

There were appropriate policies and procedures in place for managing medicines and relatives were happy with the way people's medicines were managed. People were supported with their healthcare needs and were referred appropriately to a variety of healthcare services. A local healthcare professional who visited the service told us the service had, "A caring, thoughtful approach to looking after their clients' health care needs".

The relatives we spoke with were happy with the care provided to people living at the home. One relative told us, "The care is excellent. It couldn't be better". Relatives told us they were involved in decisions about their family member's care. We observed that people's needs were responded to in a timely manner and saw evidence that their needs were reviewed regularly. We saw staff treating people with patience, kindness

and affection. One person who lived at the service told us they liked their keyworker and the other staff at the home.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The service had taken appropriate action where people lacked the capacity to make decisions about their care. Relatives told us staff respected people's privacy and dignity and encouraged them to be independent.

Relatives were happy with the food provided at the home and a person we spoke with who lived at the home told us they liked the food. We noted that people were supported appropriately with their nutritional needs.

A variety of activities were provided within the home and people were encouraged and supported by staff to access the community on a daily basis.

We saw evidence that the registered manager requested feedback about the service from relatives and acted on the feedback received. The relatives and staff we spoke with told us they felt the service was managed well and they felt able to raise any concerns. We observed staff and the registered manager communicating with people, their visitors and each other in a polite and respectful manner. The registered manager and staff had a caring and compassionate approach towards the people living at the service and the relatives we spoke with told us they were approachable.

The service had a mission statement which focused on communication, therapy and high quality care and we saw evidence that this was promoted by the registered manager and staff. A variety of audits were completed regularly by the registered manager, which were effective in ensuring that appropriate levels of care and safety were achieved and maintained at the home.

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.

The provider followed safe recruitment practices.

Staffing levels at the service were appropriate to meet people's needs.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received an appropriate induction and effective training and were able to meet people's needs.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's mental capacity was assessed and where appropriate relatives were involved in best interests decisions.

People were supported well with nutrition and hydration and their healthcare needs were met.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and respect.

Staff respected people's privacy and dignity and encouraged them to be independent.

People were supported by staff they knew and who were familiar with their needs.

Is the service responsive?

Good

The service was responsive.

Relatives were involved in planning and reviewing people's care

and people's needs were reviewed regularly.

People were supported to take part in a variety of social activities and to visit the community regularly.

The registered manager sought feedback from people's relatives and used the feedback received to develop the service.

Is the service well-led?

Good

The service was well-led.

The service had a mission statement that was promoted by the registered manager and the staff, which focused on providing people with individualised, high quality care.

Staff felt well supported by the registered manager.

The registered manager regularly audited the service to ensure that appropriate levels of care and safety were maintained.

The Bungalow

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 took place on 31 March and 1April 2016, with a further visit on 11 April 2016 to confirm that fire safety actions had been completed. We gave the service 48 hours' notice of the inspection because it is a small service and we needed to be sure that the people living there and the manager would be in. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information we held about the service including statutory notifications received from the service and previous inspection reports. We contacted three community healthcare professionals who were involved with the service for their comments, including a GP and a hospital consultant. We received a response from one of them. We also contacted Lancashire County Council contracts team for information.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with one person who lived at the service and one relative who was visiting. We also spoke with three residential educators (support staff), the deputy manager, the registered manager and the learning and development officer. Following the inspection we contacted four relatives by telephone for their views about the service. We observed staff providing care and support to people over the two days of the inspection and reviewed in detail the care records of the three people who lived there. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of audits completed and fire safety and environmental health records.

Good

Is the service safe?

Our findings

The relatives we spoke with told us they felt people living at the service were kept safe. They said, "[My relative] is always safe. The care is fantastic" and "I have no concerns. I feel sure [my relative] is kept safe". A person living at the service told us they were never scared and that staff were always nice to them.

We looked at staff training and found that all staff had received training in safeguarding vulnerable adults from abuse. The staff we spoke with confirmed they had completed safeguarding training. They understood how to recognise abuse and were clear about what action to take if they suspected abuse was taking place. There was a safeguarding vulnerable adults policy in place which identified the different types of abuse, signs of abuse and staff responsibilities. The contact details for the local authority and the Care Quality Commission (CQC) were included. We noted that there was information on the office wall about safeguarding vulnerable adults from abuse, which included the contact details of the local safeguarding authority.

We looked at how risks to the health and wellbeing of people living at the service were managed and found that there were detailed risk assessments in place. Each person had a safety plan which included information about risks relating to their mobility, behaviour, visiting the community and public transport. Each assessment included information for staff about the nature of the risk and how it should be managed. The number of staff required to manage each risk was also included. Risk assessments were completed by the registered manager or the deputy manager and were reviewed regularly.

We saw that records were kept in relation to accidents and incidents that had taken place at the home. The records were detailed and were signed and dated by staff. Information included the nature of the incident, action taken by staff at the time and any future actions necessary, such as any changes in how staff should support people. We saw evidence that accidents and incidents were reviewed and analysed monthly by the registered manager and follow up actions, such as a referral to the person's GP were documented.

We noted that all staff had completed moving and handling training as part of their induction. The registered manager told us that refresher training had not been provided to staff as no-one living at the home required support with this. She advised that if anyone came to live at the home who required this kind of support, staff would receive the necessary training.

We looked at the recruitment records for three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and a minimum of two written references, including one from the applicant's previous employer, had been obtained. These checks helped to ensure the service provider made safe recruitment decisions.

We looked at the staffing rotas at the service and found that there were adequate staff in place to meet the

needs of the people living at the home. The registered manager informed us that staffing levels were based upon the needs and the level of dependency of the people living at the home.

The registered manager told us that agency staff were not generally used at the service as periods of annual leave or sickness were usually covered by permanent staff. However, she told us that one member of agency staff was being used at night at the time of our inspection, as the service was in the process of recruiting staff for this shift. The manager advised that the member of agency staff had worked at the home before and was familiar with the needs of the people living there. This helped to ensure that staff were able to meet people's needs.

The relatives we spoke with felt there was always enough staff on duty at the home to meet people's needs. One relative told us, "Even when [my relative] was in hospital, two staff members from the home were with them most of the time". During our visits we observed that people were well supported and even when staff were not supporting people directly, they observed people to ensure that they were safe.

We looked at whether people's medicines were managed safely. Medicines were stored securely in a locked cupboard and there were appropriate processes in place to ensure medicines were ordered, administered and disposed of safely. The service used a monitored dosage system for most medicines. This is where the medicines for different times of the day are received from the pharmacy in dated and colour coded packs, which helps to avoid error. We noted that medicines not included in the monitored dosage packs were clearly labelled.

We found that Medicines Administration Records (MARs) provided clear information for staff, including pictures and descriptions of medicines. A photograph of the person and any allergies were also recorded. Staff had signed the MAR sheets to demonstrate that medication had been administered. A medication policy was available and provided guidance for staff which included the ordering, storage, administration and disposal of medicines. We noted that all staff who administered medicines had received medicines management training.

We saw evidence that staff members' competence to administer medicines safely had been assessed and any necessary improvements had been identified. We noted that not all staff members' competence had been assessed in the previous 12 months. We discussed this with the registered manager who informed us that the necessary assessments would be completed as a priority. MARs were audited weekly and compliance levels were high.

We observed a staff member administering medicines and saw that people were given time to take their medicines without being rushed. The staff member explained to people that it was time for their medicines and sought their consent. We observed the staff member using gentle encouragement and humour when people were reluctant to take their medicines. Relatives told us they were happy with how people's medicines were managed at the home.

We looked at the arrangements for keeping the service clean. The support staff on duty each day were responsible for carrying out all domestic duties. On the first day of our inspection we found that two of the toilets at the home were not clean. We discussed this with the deputy manager who arranged for them to be cleaned immediately. We did not have any further concerns regarding the cleanliness of the home during our inspection. The relatives and staff we spoke with were happy with levels of hygiene at the home.

Infection control policies and procedures were available, including those relating to effective cleaning systems, handwashing, personal protective equipment, clinical waste and staff training. Liquid soap and

paper towels were available in bathrooms and pedal bins had been provided. This ensured that staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Protective clothing, including gloves and aprons, were available and were used by staff appropriately. There were appropriate arrangements in place for the safe disposal of waste.

We found that environmental risk assessments were in place and were reviewed regularly. This included checks for Legionella bacteria which can cause Legionnaires Disease, a severe form of pneumonia. These checks helped to ensure that the people living at the service were living in a safe environment. We noted that all staff had completed health and safety training and most had completed first aid training. In addition, all staff had completed up to date training in food hygiene. This helped to ensure that people's meals were prepared in a safe way.

We saw evidence that all staff had completed fire safety training. However, not all training had been updated in the previous 12 months. We discussed this with manager who assured us that further training would be arranged. We noted that fire drills took place fortnightly and there was evidence that fire equipment, including extinguishers, was checked weekly. We noted that a fire safety audit had been completed in August 2015 and some identified necessary improvements were still outstanding. We discussed this with the manager who arranged for the improvements to be completed quickly. We carried out a subsequent visit to the home and found that all outstanding improvements had been completed. This helped to ensure that people living at the service were kept safe in an emergency.

Records showed that equipment at the service was safe and had been serviced and portable appliances were tested yearly. Gas and electrical systems and appliances were also serviced and tested regularly. This helped to ensure that people received care in a safe environment.

Good

Is the service effective?

Our findings

All of the relatives we spoke with were very happy with the care provided at The Bungalow. They told us, "I think the staff are great. They're the best team who've cared for [my relative]", "The care is excellent. It couldn't be better" and "The staff have the skills needed to meet [my relative's] needs".

Records showed that all staff completed a two week induction programme which included training in safeguarding vulnerable adults, the Mental Capacity Act 2005, manual handling, understanding challenging behaviour, communication, learning disabilities and autism. The staff we spoke with told us they had received a thorough induction and had been given the opportunity to observe experienced staff and become familiar with people's needs before becoming responsible for providing their care. This helped to ensure that staff had the knowledge and skills to provide people with safe care. There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due.

A staff supervision and support policy was available which stated that staff supervision should take place regularly and staff should receive an annual appraisal. We saw evidence that staff received regular supervision and an annual appraisal in line with the policy. The staff we spoke with confirmed they received regular supervision which addressed their performance and any training needs. They told us they were able to raise any concerns during supervision sessions.

Staff told us that verbal and written handovers took place between staff a number of times throughout the day. We reviewed handover records and noted they included information about people's mood, behaviour, activities, trips into the community, personal care and meals. In addition, staff documented important information in a communication book. This included any accidents or incidents, health concerns and visits from relatives or professionals. This would help to ensure that all staff were aware of any changes in people's risks or needs. The staff members we spoke with told us that handovers were effective and communication between staff at the service was good. The relatives we spoke with told us staff always updated them regarding any changes in people's needs.

We looked at how the service addressed people's mental capacity. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We found that people's mental capacity had been assessed. Appropriate applications had been submitted to the local authority when it was felt that people needed to be deprived of their liberty to ensure their safety. At the time of our inspection, DoLS authorisations were in place in respect of all three people living

at the service. We saw evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted and decisions had been made in their best interests.

MCA and DoLS policies, procedures and guidance were in place. The staff we spoke with had a good understanding of the main principles of the legislation, including the importance of gaining people's consent when providing support and ensuring people were encouraged to make decisions about their care when they could.

We noted that as part of their induction and on a yearly basis, staff completed Positive Behaviour Support Training. The training provided them with the skills and techniques to support people living at the home if they displayed behaviour which could challenge the service. The course included guidance for staff on how to support people to become calm and physical interventions to be used as a last resort where there was a risk of harm to the person being supported or to others. The staff we spoke with told us the training was very helpful and they emphasised that physical interventions were only used when all other support techniques had proved ineffective. They told us that the least restrictive intervention was always adopted.

We reviewed the records of incidents that had taken place at the home and found evidence that staff adopted a variety of techniques to support people when they were unsettled or agitated, including distraction techniques. We noted that the use of physical intervention was documented clearly and included the reason for the intervention, the range of actions taken by staff prior to the physical intervention and the names of the staff involved. During our inspection we observed staff supporting people sensitively who were unsettled or confused.

During our visit we observed staff routinely asking people for their consent when providing care and treatment, for example when administering medicines or supporting people with meals. We noted that care plans were detailed and documented people's needs and how they should be met, as well as their likes and dislikes.

We looked at how people living at the service were supported with eating and drinking. A person we spoke with who lived at the service told us they liked the food. Relatives were also happy with the meals provided. One relative told us, "The food always looks good when I visit".

We reviewed the home's menus and noted that there was one planned meal at lunch time and a choice of two meals in the evening. There were also a variety of options available for breakfast and supper. Staff told us the menus were based on what they knew people liked but if people did not want what was planned, they could have something different. We observed lunch on two occasions and saw that people were supported sensitively. Adapted crockery was used to enable people to be independent. We noted that staff ate their meals with the people living at the service and the atmosphere was relaxed. Staff engaged with the people they supported and each other. On one occasion one of the people living at the service became agitated and staff sensitively guided them away from the table and gently encouraged them to become calm. We noted that people could choose to eat in their rooms if they preferred to.

We observed that some staff ate their meal standing up in the kitchen dining room as there was not enough space for everyone at the table. We discussed this with the manager who advised that she would discuss with staff the possibility of putting an additional dining table in the conservatory. This would mean that everyone could sit down for their meal and there was an additional table that people could move to if they became unsettled.

Care records included information about people's dietary preferences and the support that they needed at

mealtimes. Information was also available for staff about healthy eating. Daily records and handover information included details of what people had eaten during the day.

We looked at how people living at The Bungalow were supported with their health. Each person had a health care file which included information about their medical conditions, allergies, medicines and a record of their weight. We found that care plans and risk assessments included detailed information about people's health needs and how they should be met. We saw evidence of referrals to a variety of healthcare agencies including GPs and community nurses. We found healthcare appointments and visits were documented. This helped to ensure that people were supported appropriately with their health. The relatives we spoke with felt people's health needs were met and told us they were kept up to date with information about healthcare appointments and any changes in people's health.

In addition to the training mentioned previously, we found that most staff had completed training in managing epilepsy. This helped to ensure that staff were able to meet the health needs of the people living at the service. We received feedback about the service from a local healthcare professional. They told us that the service was always organised, kept excellent notes and was knowledgeable about the people living there. They told us the service had, "A caring, thoughtful approach to looking after their clients' health care needs".

Good

Is the service caring?

Our findings

Relatives told us the staff at The Bungalow were caring. They said, "This is one of the nicest places [my relative] has lived. The consistency of staff and care is fantastic", "The staff are extremely compassionate and caring" and "The staff know [my relative] well. New staff spend time getting to know the people who live there".

During the inspection we observed staff supporting people at various times and in various places throughout the home. We saw that staff communicated with people in a kind and caring way and were patient and respectful. The atmosphere in the home was relaxed and staff interacted with the people living there in a light hearted and friendly way. We observed staff being affectionate and tactile with people. It was clear that staff knew the people living at the service well, in terms of their needs, risks, personalities and behaviours.

We saw that the people living at the service were relaxed around the staff who supported them. We observed people smiling, laughing and singing and being playful with staff. One person who lived at the service told us they liked their keyworker and the other staff at the home.

It was clear from our observations and from the records we reviewed that people living at the home were encouraged and enabled by staff to make choices about their everyday lives. We observed staff discussing with people what they wanted to do each day and where they wanted to go on trips out. Staff were knowledgeable about the decisions people could make for themselves and the support they needed to help them make decisions.

We observed staff supporting people to move around the home and with their meals and saw that they were patient and supported people sensitively. We noted that people were encouraged to do as much as they could to maintain their mobility and independence.

We saw that staff respected people's dignity and privacy. They knocked on people's bedroom doors before entering and explained what they were doing when providing care or support, such as administering medicines. Staff ensured that doors were closed when people were being supported with personal care. Relatives told us they felt the people living at the home were supported sensitively and their dignity and privacy was respected. One relative told us, "Staff always take a change of clothes when they take [my relative] out, in case there's an accident. They're very thoughtful and organised".

During the first day of our inspection, staff gave a visiting relative a present they had made for the relative's birthday. It was a picture frame containing a variety of photographs of the relative's family member. It was clear that staff had spent time on the gift and the relative was touched by it.

The registered manager told us that friends and relatives could visit at any time and staff and visitors confirmed this to be the case.

Information about a local advocacy service was available. The registered manager told us that none of the people living at the home were using an advocacy service as they all had family or friends to represent them if they needed support. Advocacy services can be used if people do not have anyone to support them or if they want support and advice from someone other than staff, friends or family members.

Good

Is the service responsive?

Our findings

Relatives told us they felt confident people's needs were being met at the home. They said, "The staff know [my relative] very well and interpret their needs well. I'm confident [my relative) is well cared for", "The staff are very aware of [my relative's] needs, personality and moods and respond appropriately" and "The staff know [my relative] inside out".

We saw evidence that people's needs had been assessed prior to them coming to live at the home, to ensure that that the service could meet their needs. Relatives told us people's care was discussed with them and they were involved in people's care plans and reviews. This helped to ensure that staff were aware of how to meet people's needs.

Each person living at the home was allocated a key worker, which helped to ensure that the care provided was consistent and that staff remained up to date with people's needs.

Care plans and risk assessments were completed by the registered manager and were reviewed every 12 weeks. The care plans and risk assessments we reviewed were detailed, individual to the person and explained people's likes and dislikes as well as their needs and how they should be met. Care plans provided detailed information for staff about any behaviours people displayed which could challenge the service and ways that staff should support the person to manage those behaviours.

During our inspection we observed that staff provided support to people where and when they needed it and a person living at the service told us staff always came when they needed them. People seemed comfortable and relaxed in the home environment and could move around the home freely. People could choose whether they spent time in their room, the lounge or the garden. With support from staff people decided where they went on trips into the community.

We saw that staff were able to communicate effectively with the people living at the home. People were given the time they needed to make decisions and respond to questions. When people were unsettled or confused staff reassured them sensitively. Interaction between staff and people living at the home was often light hearted and playful. It was clear from our observations that staff knew the people they were supporting well and were familiar with their needs and how best to support them.

Each person living at The Bungalow had a weekly planner which included information about their routines and daily activities. People's daily activities included music, games and puzzles, games consoles, DVDs and art. People were also supported to complete domestic tasks and assist with making meals. The planner included daily trips into the community to local parks, cafes, shops, garden centres and a local disco. People's planners advised that people should be able to choose an outing each day and we observed staff discussing with people where they wanted to go.

During both days of our inspection, all three people living at the service were supported to go out into the community and staff told us people were supported to go out every day unless there was a problem, such as

severe weather conditions. The relatives we spoke with told us people were supported to go out almost every day and they were happy with the activities available at the home.

A person we spoke with who lived at the home told us they often went out with staff and they liked this, especially visiting local cafes.

One relative told us their family member came home regularly and staff always accompanied them and stayed overnight. The relative also told us that two staff always accompanied them when they took their family member on holiday. They told us the service was very flexible and this support was very much appreciated.

During our inspection we saw that people's bedrooms had been personalised with pictures, photographs, ornaments and keepsakes. Each person's room was decorated differently with different curtains and bed linen and staff told us people had been involved in choosing how their room looked.

A complaints and compliments policy was available and included timescales for investigation and providing a response. Contact details for the CQC were included. We noted that no complaints had been recorded in the previous 12 months and the registered manager informed us that no complaints had been received. This reflected what relatives had told us and the information we held about the service. The registered manager showed us a collection of thank you cards and emails received by the service.

The relatives we spoke with told us they felt able to raise concerns and they would speak to the staff, the deputy manager or the registered manager if they were unhappy about anything. Relatives also told us they would feel able to make a complaint or raise a concern. Two relatives told us they had raised minor issues in the past and these had been dealt with very quickly and to their satisfaction.

We looked at how the service sought feedback about the care being provided to the people living there. The registered manager told us that satisfaction questionnaires were given to relatives yearly to gain their views. We reviewed the questionnaires recently received from relatives and noted that they expressed a high level of satisfaction with the quality of care provided at the home. One relative had asked for more telephone calls when their family member had enjoyed a trip out and the registered manager told us this had been arranged. None of the relatives who had completed the questionnaires had expressed any concerns about the service or the care being provided.

Good

Is the service well-led?

Our findings

Everyone we spoke with felt The Bungalow was well managed and the staff and management were approachable. Relatives told us, "The service is well managed. It's organised and things are as they should be" and "The manager and deputy manager are very approachable".

The provider's mission statement was 'To provide an individualised integrated service within which communication, therapy and high quality care combine to reduce challenging behaviour and reinforce and maintain positive changes'. We saw evidence during our inspection that this mission statement was promoted by the registered manager and the staff at the service.

The registered manager informed us she felt well supported by the service provider and felt the necessary resources were made available to achieve and maintain appropriate standards of care and safety at the home.

We noted that the registered manager held regular meetings with staff at the service. The meetings were used to address issues relating to the care provided at the home, updates about the people living there and any staff issues. We noted that training updates were sometimes included as part of the meetings. The staff we spoke with confirmed that regular staff meetings took place and that they were able to raise any concerns during the meetings. The staff members we spoke with told us they felt well supported by the registered manager and the deputy manager.

A whistleblowing (reporting poor practice) policy was in place and staff told us they felt confident they would be protected if they informed the registered manager or the deputy manager of concerns about the actions of another member of staff. This demonstrated the staff and registered manager's commitment to ensuring that the standard of care provided at the service remained high. We noted that there was also a poster in the office asking staff to report any concerns about poor practice to the provider.

During our inspection we observed that people and their visitors felt able to approach the registered manager directly and she communicated with them in a friendly, affectionate and caring way. We observed staff approaching the registered manager for advice or assistance and noted that she was supportive and respectful towards them.

We noted that the registered manager and the deputy manager audited different aspects of the service regularly. These included checks on infection control, the Medication Administration Records, the daily records of care, accidents and incidents records and people's care plans. We saw evidence that the audits being completed were effective in ensuring that appropriate standards of care and safety were being achieved and maintained at the home.

Our records showed that the service had submitted statutory notifications to the CQC about people living at the service, in line with the current regulations. A notification is information about important events which the service is required to send us by law.

The service had a major incident contingency plan in place which provided information about action to be taken if the service experienced disruption as a result of fire, loss amenities such as gas or electricity, severe weather conditions or a serious outbreak of infection. This would help to ensure that people's needs were met if the service experienced difficulties that could cause disruption.

The registered manager told us the provider planned to make a number of improvements to the service over the next 12 months. Planned improvements included sending questionnaires to community professionals for feedback about the service and ensuring that all staff completed the Care Certificate as part of their training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.