Cognithan Limited

Stuart House

Inspection report

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Tel: 01634574284

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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 inspected this home on 28 March 2017. This was an unannounced inspection.

Stuart house describe itself as a rehabilitation home. Rehabilitation of people with disabilities is a process aimed at enabling them to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels. Rehabilitation provides disabled people with the tools they need to attain independence and self-determination. Stuart House is registered to provide accommodation and personal care for up to 11 people with mental health needs who do not require nursing care. The people who used the service lived with mental health disorders and learning disabilities and needed support to understand their particular conditions; identify triggers for relapse; and learn coping strategies. At the time of our inspection, three people lived in the home.

There was a registered manager at the home. 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 and associated Regulations about how the service is run.

People were protected against the risk of abuse; they felt safe and staff recognised the signs of abuse or neglect and what to look out for. They understood their role and responsibilities to report any concerns and were confident in doing so.

The home had risk assessments in place to identify and reduce risks that may be involved when meeting people's needs. There were risk assessments related to people's mental health and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety. Staff had been provided with relevant training and they attended regular supervision and team meetings. Staff were aware of their roles and responsibilities and the lines of accountability within the home.

The registered manager followed safe recruitment practices to help ensure staff were suitable for their job role. Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs.

We observed that staff had developed very positive relationships with the people who used the service. Staff were kind and respectful, we saw that they were aware of how to respect people's privacy and dignity. People told us that they made their own choices and decisions, which were respected by staff but they found staff provided really helpful advice.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood the requirements of the Mental Capacity

Act 2005 and Deprivation of Liberty safeguards and the home complied with these requirements.

The systems for the management of medicines were followed by staff and we found that people received their medicines safely. People had good access to health and social care professionals when required.

People were involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

People were always motivated, encouraged and supported to be actively engaged in activities inside and outside of the home. For example, people went out to their local community for shopping regularly.

Health action plans were in place and people had their physical and mental health needs regularly monitored. Regular reviews were held and people were supported to attend appointments with various health and social care professionals, to ensure they received treatment and support as required.

Staff meetings took place on a regular basis. Minutes were taken and any actions required were recorded and acted on. People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with the commission.

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 had taken necessary steps to protect people from abuse. Risks to people's safety and welfare were assessed and managed effectively.

The provider operated safe recruitment procedures and there were enough staff to meet people's needs.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

Staff understood the requirements of the Mental Health Act 1983 (amended 2007), Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, which they put into practice.

People were supported to have enough to eat and drink.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good

The service was caring.

People were supported by staff that respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were treated with respect and helped to maintain their independence. People actively made decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were produced identifying how support needed to be provided. These plans were tailored to meet each individual requirement and reviewed on a regular basis.

People were involved in a wide range of everyday activities. People were encouraged and supported to develop the skills needed to live independently.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

Is the service well-led?

Good

The service was well led.

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

Staff told us they found their registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

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

Stuart House

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 March 2017. This was Stuart House first rated inspection since it was registered with us in 2015 and was unannounced.

Our inspection team consisted of one inspector and one expert-by-experience who carried out interviews with people using the service. Our expert by experience had experience of using mental health services including hospital inpatient and outpatient clinics, specialised clinic as well as community based services.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection, we spoke with two people, one support worker, one senior support worker and the registered manager who is also the operations manager. We also contacted other health and social care professionals who provided health and social care services to people. These included community nurses, doctors, Kent and Medway Partnership Trust (KMPT), local authority care managers and commissioners of services.

We observed people's care and support in communal areas throughout our visit, to help us to understand the experiences people had. We looked at the provider's records. These included two people's records, care plans, mental health care notes, risk assessments and daily care records. We looked at two staff files, a sample of audits, staff rotas, and policies and procedures. We also looked around the care home and the outside spaces available to people.

We asked the registered manager to send additional information after the inspection visit, including training records, annual survey report, other audits and minutes of staff meeting. The information we requested was sent to us in a timely manner.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe here". Another person said, "I like it here". We observed that people were relaxed around the staff and in their own home.

A healthcare professional commented, 'I have one service user at Stuart House and have had no concerns about the care he receives being unsafe in any way. He has been well looked after there and has not come to any harm in the year that he has been there'.

Staff told us that they had received safeguarding training at induction and we saw that all staff had completed safeguarding training in the last year. A senior support worker had a level three safeguarding training, which meant that they have the experience of being a designated safeguarding lead who could be in charge of information sharing, confidentiality, consent, prevent and radicalisation. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond appropriately to any concerns. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had up to date safeguarding and whistleblowing policies in place that were reviewed annually. We saw that these policies clearly detailed the information and action staff should take, which was in line with expectations.

People were protected from avoidable harm. Staff had a good understanding of their mental health needs and people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with staff, we found they knew people well, and could inform us of how to deal with difficult situations such as behaviour that challenges them. As well as having a good understanding of people's mental health behaviour, staff had also identified other risks relating to people's care needs. People were supported in accordance with their risk management plans. Staff demonstrated that they knew the support needs of the people at the home, and we observed support being delivered as planned.

People had individual care plans that contained risk assessments which identified risk to people's health, well-being and safety. Risk assessments were regularly reviewed and updated in line with people's changing circumstances. Staff had assessed risks to each person's safety and records of these assessments had been regularly reviewed. Risk assessments had been personalised to each individual and covered areas such as risk of violence to others, risk of deliberate self-harm, risk of severe neglect and risk related to physical conditions. This ensured staff had all the guidance they needed to help people to remain safe. Staff discussed the risk assessments with us and outlined how and why measures were in place. The plans assisted individual's to consider the consequences of actions and the action they could take to keep safe.

Staff maintained an up to date record of each person's incidents or referrals, so any trends in health and behaviour could be recognised and addressed. For example, a record of each referral to the crisis team was maintained, and used to build up a pattern of behaviour which allowed for earlier intervention by staff. We spoke with two members of staff who told us that they monitored people and checked their support plans regularly, to ensure that the support provided was relevant to the person's needs. The staff members were

able to describe the needs of people at the home in detail, and we found evidence in the people's support plans to confirm this. This meant that people at the home could be confident of receiving care and support from staff who knew their needs.

There were enough staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the home and community, to plan the numbers of staff needed to support them safely. We observed when people were at home, staff were visibly present and providing appropriate support and assistance when this was needed.

Safe recruitment processes were in place. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks were undertaken. Staff we spoke with and the staff files that we viewed confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them. The provider had a disciplinary procedure and other policies relating to staff employment.

People were protected from the risks associated with the management of medicines. People were given their medicines in private to ensure confidentiality and ensure appropriate administration. The medicines were given at the appropriate times and people were fully aware of what they were taking and why they were taking their medicines. Appropriate assessments had been undertaken for one person who administered their own medicines.

Medicines were kept safe and secure at all times. They were disposed of in a timely and safe manner. A lockable cupboard was used to store medicines that were no longer required. Accurate records were kept of their disposal with a local pharmacist and signatures obtained when they were removed. A lockable trolley was situated in the medication room, where daily checks were made of the trolley to ensure the temperature of the medicines did not exceed normal room temperatures. Within the trolley was appropriate locked storage for any additional drugs, such as PRNs (whenever necessary). A book to register these medicines was also stored within the trolley and gave an accurate record of the drugs within the locked box.

Staff who administered medicines were given training and medicines were given to people safely. Staff had a good understanding of the medicines systems in place. A policy was in place to guide staff from the point of ordering, administering, storing and disposal of any unwanted medicines. Appropriate arrangements were in place in relation to obtaining medicine. Medicines were received in a monitored dosage system (MDS). This system is where all the medicines for a given time were prepared by the pharmacy. This meant that systems were in place so that prescribed medicine would be available for people.

There was a system of regular audit checks of medication administration records and regular checks of stock. The registered manager conducted a monthly audit of the medicine use. This meant the registered manager had an effective governance system in place to ensure medicines were managed and handled safely.

There was a plan staff would use in the event of an emergency. This included an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

Good

Is the service effective?

Our findings

People told us they had confidence in the staff's abilities to provide good care and believed that the staff had assisted them to make very positive changes to their lives. People told us that they felt that the staff were effective at supporting them to learn the skills they needed to be more independent.

One person said, "I am quite happy here".

Healthcare professionals commented, 'Most of the multidisciplinary input has been provided by the local authority and the service has open lines of communication with our team and alerts us if any extra input is required. However the service also appropriately involved their own assistant psychologist when necessary last year and I am confident in their ability to assess my client's needs and make referrals as necessary' and 'Regarding our clients, they appear to have responded to requests for supports to be provided and have recruited the necessary personnel, e.g. psychologist and most recently OT. I also think that they have made attempts to increase community care for my patient though there are issues re engagement'.

People told us that their consent was always obtained and they were fully involved in all aspects of planning their care. We found that the staff had a good understanding of the Mental Health Act 1983 (amended 2007) and what actions they would need to take to ensure the home adhered to the code of practice. People confirmed that staff sought their consent before they provided care and support. Consent was sought from people about a range of issues that affected them, for example, consenting to their personal care being provided by staff and the administration of medicines. People's decision making was clearly documented, even when support was declined. This meant that people were supported to make decisions in their own best interests wherever possible.

The registered manager and staff we spoke with told us that people had limited capacity to make decisions, so staff had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff that we spoke with understood the principles of the MCA, deprivation of liberty and 'best interest' decisions.

Staff had received training in the Deprivation of Liberty Safeguards (DoLS). There were procedures in place and guidance in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). A DoLS ensures a person is only deprived of their liberty in a safe and correct way, and is only done when it is in the best interests of the person and there is no other way to look after them. People in the home had mental health issues such as depression, anxiety, panic disorder and schizophrenia. Staff supported people with the least form of restrictions of their liberty. The provider had installed CCTV in communal areas of the home to keep people safe. In order to protect people's human rights, they had requested their permission for this to be in place. Electronic key pads were installed on the front and rear door to keep people safe from intruders from outside and people wandering unto the main road in front of the home. This meant that the provider

required DoLS to be put in place. We found that these had been applied for by the registered manager and we saw that one person already had an authorised DoLS in place.

Staff had received induction training, which provided them with essential information about their duties and job roles. The registered manager told us that any new staff would normally shadow experienced staff, and not work on their own until assessed as competent to do so.

From our discussions we found that staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people with mental illness. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This helped staff to deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics, which included health and safety, fire safety, safeguarding and food hygiene. One support worker told us that staff had recently attended training in safeguarding, which had been very useful.

Staff were being supported through individual one to one supervision meetings. This was to provide opportunities for staff to discuss their performance, development and training needs, which the registered manager was monitoring. The registered manager told us that they completed monthly supervision with all staff. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that annual appraisals were not due as the home recently started providing regulated activities in 2016. We saw records to confirm that supervision had taken place.

People were supported to have their nutritional needs met. Meal were prepared by the staff. People were asked during meetings what they would like to eat and this was accommodated on the menu. People were able to request alternatives to the meals on offer if they did not like what was on the menu. Staff were aware of people's dietary requirements and encouraged them to choose meals that met their needs.

Staff worked well with the mental health professionals who supported people in the home. They also supported people to make sure their other physical health needs were met. People could see a GP when they wanted. Each person's medicines had been reviewed by their healthcare professional. People were supported to maintain a healthy diet and lifestyle, at the same time accepting people's right to make decisions that may not suit them all the time. The community psychiatry team also assisted staff at the home with support plans for people assessed as requiring community support. This meant that people at the home received support from external agencies in an integrated manner.

People had health action plans in place which were written in a way that the person could understand. These plans provided advice and health awareness information which may support the person's health and wellbeing. They were updated annually and people had either just attended some health appointments or were booked in to attend.

We saw records to confirm that staff encouraged people to have regular health checks and where appropriate staff accompanied people to appointments. We saw that people were regularly seen by their treating team, such as community psychiatric nurses (CPN) and consultants. We saw that all health appointments were documented in people's care plans. This meant that the home worked closely with health and social care professionals to maintain and improve people's health and well-being.

Good

Is the service caring?

Our findings

One person told us, "like it here." We observed that staff showed kindness and compassion.

People and their relatives had been involved in planning how they wanted their care to be delivered. Relatives felt involved and had been consulted about their family member's likes and dislikes, and personal history. People said that staff knew them well and that they made choices throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. People felt they could ask any staff for help if they needed it. People were supported as required but allowed to be as independent as possible.

Staff were responsive to people's needs. People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. Staff encouraged people to make their own decisions and respected their choices. For example, people were encouraged to choose what to wear and, supported to make decisions about what they wanted to wear. Changes in care and treatment were discussed with people or their representative before they were put in place. People were included in the regular assessments and reviews of their individual needs.

Staff chatted to people when they were supporting them with walking, and when giving assistance during the mealtime. The staff seemed to know the people they were caring for well. They knew their names, nicknames and preferred names. Staff recognised and understood people's non-verbal ways of communicating with them, for example people's body language and gestures. Staff were able to understand people's wishes and offer choices. There was a relaxed atmosphere in the home and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. Staff supported people in a patient manner and treated people with respect. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people.

People told us that staff always respected their privacy and didn't disturb them if they didn't want to be. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion and interacted well with people. The environment was well-designed and supported people's privacy and dignity. People were able to personalise their bedrooms. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect for people. Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. We saw people had personalised their bedrooms according to their individual choice. For example family photos, small pieces of their own furniture and their own choice of bed linen. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person.

Good

Is the service responsive?

Our findings

People felt staff knew exactly how to support them and intervened at just the right moment.

Healthcare professionals commented, 'Generally, I have found staff responsive and willing to take on board suggestions and I am of the opinion that care is of a good level', 'Yes, I believe so. For example, primary care was arranged pretty quickly for my patient and there's been good communication overall' and 'Yes, my client was registered with a local GP as soon as we realised that he was going to be at Stuart House on a more permanent basis and he is supported by the service to attend all healthcare appointments. Staff are up to date in their knowledge of his health care needs'.

Care records contained a record of people's assessments, care preferences and reviews. Staff understood people's needs and people confirmed that they received their care in accordance with their preferences. For example, one person told us that staff supported them to go to the shops because they didn't feel confident to do this alone.

We looked at care records and found that each person had a very detailed assessment, which highlighted their needs. The assessment could be seen to have led to a range of support plans being developed. We found from our discussions with staff and individuals these met their needs. People told us they had been involved in making decisions about their care and support and developing their support plans.

We saw that people's care records were updated to reflect any changes in their needs. For example, people were discharged from regular visits to the psychiatrist. This was changed in their care plan to 'as at when necessary' visits. A staff member told us, "One person's needs changed after they visited the GP. We reflected the changes in the care plan, medicine administration records and the rota in order to meet the person's needs". This ensured that staff had access to up to date information about people's changing needs.

The provider contacted other services that might be able to support them with meeting people's mental health needs. This included the local authority's mental health team, demonstrating the provider promoted people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months, which meant that each person had a professional's input into their care on a regular basis.

We saw that people were encouraged to pursue their interests and participate in activities that were important to them. There was a weekly activities timetable displayed in people's care files and people confirmed that activities were promoted regularly based on individual's wishes. On the day we visited, one person went out to for a walk to the shops, which was his choice. A family member commented to the staff, 'The staff are also very helpful and friendly. We are very happy with all the activities that is done here i.e. go out to the local shops, the gym, swimming, Sunday church, activities at MIND and also the plan to take him to college'.

The registered manager told us that people were given a copy of the complaints procedure when they first started to receive the service and then they discussed this at resident's meetings. People told us that they were very comfortable around raising concerns and found the registered manager and staff were always open to suggestions; would actively listen to them and resolved concerns to their satisfaction.

We looked at the complaints procedure and saw it clearly informed people how and who to make a complaint to and gave people timescales for action. People told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. People told us that they had never felt the need to complain. We saw that no complaints had been made in the last 12 months. The registered manager discussed with us the process they would use for investigating complaints and we found that they had a thorough understanding of the complaints procedure.

The registered manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. People told us they were aware of how to access advocacy support. Advocacy information was on the notice board for people in the home.

Good

Is the service well-led?

Our findings

Staff were extremely complimentary about the home. They told us that they thought the home was well run and completely met people's needs. We observed that staff listened to people's views and were receptive to their suggestions on how to improve the service.

A healthcare professional commented, 'I have had a very positive experience of working with Stuart House. My client is someone with complex mental health needs alongside his learning disability who has also experienced a recent bereavement. Staff have worked closely with him in a person-centred way and really managed to help him develop his skills and communication – something that was not possible when he was living at home. I have been very impressed with their kind and caring yet professional attitudes and feel that my client has benefited greatly from the quality of care he has received at Stuart House'.

The home had a clear management structure in place led by an effective registered manager who understood the aims of the home. The management team encouraged a culture of openness and transparency as stated in their statement of purpose. Their values included 'trust, respect and dignity and reflect our responsibility to achieve health care excellence for our communities. Each Staff member's responsibilities and their personal interactions with clients are guided by our core values: passion, respect, trust, teamwork and continue improvement. Staff demonstrated these values by being complimentary about the management team. They said "We can go to them with new ideas. Excellent, accessible at all times". Staff told us that an honest culture existed and they were free to make suggestions.

We saw that people knew who the registered manager was, they felt confident and comfortable to approach her and we observed people chatting to the registered manager in a relaxed and comfortable manner.

Staff told us the morale was good and that they were kept informed about matters that affected the home. They told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the home. We looked at staff meeting records which confirmed that staff views were sought.

The registered manager and staff worked well with other agencies and services to make sure people received their care in a joined up way. We found that the provider was a member of a charitable nationwide support group for people with mental health. This organisation provides advice and support to empower anyone experiencing a mental health problem. The registered manager told us that being a member of the organisation had enabled them to improve support provided, promote and improve people's quality of life through raising standards of care and support in the home. They also worked closely with the referring authorities, including local NHS Trusts, community mental health teams, and the prison services.

Monthly meetings were held with people. At these meeting people were actively encouraged to look at what could be done better. Also we saw that surveys were completed with every person who used the service. The information from this was analysed and used to look at areas for improvement.

We found that the registered manager understood the principles of good quality assurance and used these principles to critically review the home. The registered manager, who is also the operations manager, carried out a monthly audit. We found that the provider had effective systems in place for monitoring the home, which were fully implemented. They completed monthly audits of all aspects of the home, such as medication, learning and development for staff. They used these audits to review the home. We found the audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken.

There were systems in place to manage and report accidents and incidents. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of their quality assurance system. Staff made comments such as, "We document all incidents using the contact sheet, report it to the manager who will investigate and act on it".

The provider sought people's and others views by using annual questionnaires to people, staff, health and social care professionals and relatives to gain feedback on the quality of the service. The manager told us that completed surveys were evaluated and the results were used to inform improvement plans for the development of the home.

Staff understood whistleblowing and the provider had a policy in place to support people who wished to raise concerns in this way. This is a process for staff to raise concerns about potential malpractice in the workplace. One member of staff told us; "I wouldn't worry who it might upset I would report anything that I thought wasn't right. I have done it in the past".

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.