Mr & Mrs A H Akbarally

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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

This was an announced inspection which took place on 19 October 2016.

Mr & Mrs A H Akbarally provide accommodation and support for a maximum of three adults with a learning disability. At the time of this inspection there were three people living at the home. People had varied communication needs and abilities. However all were able to hold conversations to varying degree. People who lived at the home required differing levels of support from staff based on their individual needs; however, all needed emotional support and help to access the community in which they lived.

During our inspection the registered manager was present. 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.

Robust recruitment procedures were not always followed to ensure staff were safe to work with people. We have made a recommendation about this in the main body of our report.

Medicines were managed safely and staff training in this area included observations of their practice to ensure medicines were given appropriately and with consideration for the person concerned. Written guidance about some 'as and when' medicines was not in place to help inform staff how to give this safely. We have made a recommendation about this in the main body of our report.

Checks on the environment and equipment had been completed to ensure it was safe for people to use. But remedial action was not always taken promptly. We have made a recommendation about this in the main body of our report.

Quality assurance audits and checks were completed that helped ensure quality standards were maintained and legislation complied with. Quality assurance processes included obtaining and acting on the views of people in order that their views could be used to drive improvements at the home. Although checks had been completed they had not always ensured changes were made when needed. We have made a recommendation about this in the main body of our report.

People appeared very happy and at ease in the presence of staff. Staff were aware of their responsibilities in relation to protecting people from harm and abuse.

People were supported to take control of their lives in a safe way. Risks were identified and managed that supported this. Systems were in place for responding to incidents and accidents that happened within the home in order that actions were taken to reduce, where possible reoccurrence.

Staff were available for people when they needed support in the home and in the community. Staff told us

that they had enough time to support people in a safe and timely way. Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. Training was provided during induction and then on an ongoing basis.

People consented to the care they received and were supported to understand their rights. Capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. The home followed the requirements of the Mental Capacity Act 2005 and was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People were supported to access healthcare services and to maintain good health.

People were routinely involved in the review of their care packages and regular meetings took place that helped people to express their views. People played an active role in planning their meals and had enough to eat and drink throughout the day.

Positive, caring relationships had been developed with people. Staff knew what people could do for themselves and areas where support was needed. Staff appeared very dedicated and committed.

People received personalised care that was responsive to their needs. Activities were offered both within and outside of the home and people were supported to increase their independent living skills. People were also supported to maintain contact with people who were important to them.

Staff understood the importance of supporting people to raise concerns. Information of what to do in the event of needing to make a complaint was available to people.

People spoke highly of the registered manager. Staff were motivated and told us that management of the home was good. The registered manager was aware of the attitudes, values and behaviours of staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Robust recruitment procedures were not always followed to ensure staff were safe to work with people.

Systems were in place that ensured that people received their medicines safely. Protocols were not in place for all 'as and when required' medicines so staff did not have comprehensive guidelines to ensure they gave these safely.

The environment was safe. However, checks and repairs were not always completed in a timely fashion.

People told us that they felt safe and that there were enough staff on duty to support them and meet their needs.

Potential risks were identified and managed so that people could make choices and take control of their lives.

Staff knew how to recognise and report abuse correctly.

Is the service effective?

Good

The service was effective.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life.

People consented to the care they received and the home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The home followed the requirements of the Mental Capacity Act 2005.

People played an active role in planning their meals and were supported to eat balanced diets that promoted good health.

People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

People were treated with kindness and positive, caring relationships had been developed. Staff knew the needs of people and treated them with dignity and respect.

People exercised choice in day to day activities. Systems were in place to involve people in making decisions about their care and treatment and people were supported to use these.

Is the service responsive?

Good

The service was responsive.

People received individualised care that was tailored to their needs. They were supported to access and maintain links with their local community based on their individual preferences and wishes.

Staff supported people to develop their independent living skills, relationships that were important to them and any spiritual needs.

People were listened to and their comments acted upon.

Is the service well-led?

Good

The service was well led.

People's views were sought and used to drive improvements at the service. Quality assurance systems were in place that would benefit from development to ensure good standards were maintained.

The manager was committed to providing a good service that benefited everyone. People were encouraged to be involved in developing the service. Staff were motivated and there was an open and inclusive culture that empowered people.

Mr & Mrs A H Akbarally

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.

One inspector who had knowledge and experience of supporting people with learning disabilities carried out this unannounced inspection which took place on 19 October 2016.

The provider was given 24 hours' notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in.

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 reviewed the completed PIR and we checked information that we held about the service and the service provider.

During the inspection we spoke with all three people who lived at the home. We were also sat and had lunch with people and spent time observing the care and support they received. This included how staff and management interacted with people and people's body language when they were going about their daily routines.

We spoke with the registered manager, the registered provider and two care workers. We also reviewed information that we received from a funding authority responsible for one person's care package and with their consent have included their comments in the report.

We viewed a range of records about people's care and how the home was managed. These included care records and medicine administration record (MAR) sheets for three people, and other records relating to the management of the home. These included staff training and support records and one person's employment records. We also looked at quality assurance records, minutes of meetings with people and staff, findings from questionnaires and maintenance records.

Mr & Mrs A H Akbarally was last inspected on 07 November 2013 and no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

People said that they felt safe and we observed that they appeared very happy and at ease in the presence of staff. One person told us, "Yes I feel safe. I'm happy here." Another said, "If I was scared or upset I would talk to X or X (registered manager and registered provider)."

Despite people telling us that they felt safe robust recruitment processes were not always followed. Therefore, people could not always be assured staff were safe to work at the home. There was a small, stable staff group at the home with staff having worked there between five and 20 years. The registered manager confirmed that checks or assessment of their continued safety to work at the home did not take place after their original criminal records check had been obtained. There had only been one person recruited since our last inspection. This person had previously worked at the home. There was 18 months break between their current employment and previous at the home. When they had originally been employed recruitment checks had been undertaken. These included obtaining written references and undertaking a criminal records check in 2009. No new checks had been completed when they recommenced working at the home despite the 18 months break between employment. The registered manager said the reason for this was, "I've known her for over five year."

It is recommended that the registered provider implements systems in order to have continued assurance that staff were safe to support people who live at the home.

Within 24 hours of our inspection we were supplied with evidence that a DBS check had been obtained for the member of staff.

Appropriate arrangements were in place in relation to the recording, storage and administration of medicine. A monitored dosage system was used to help ensure people received the correct amount of medicine at the right time. Staff responsible for administering medications were trained and their competency was assessed that included observations of their practice. The registered manager had also devised a questionnaire to test the knowledge staff gained from medicines training. A written protocol was in place for PRN (as and when required) pain relief medicine to ensure this was given safely. Protocols were not documented for other PRN medicines. However, there was no evidence that this had impacted on the safety of people.

It is recommended that the registered provider develops and implements' protocols based on national good practice guidelines.

Checks on the environment and equipment had been completed to ensure it was safe for people. These included gas supplies and fire safety equipment. However, remedial work had not always been undertaken promptly. Surrey Fire and Rescue services inspected the home in October 2015 and recommended that intumescent strips and seals be added to all fire doors. The registered provider had reviewed the homes fire risk assessment annually. At the time of our inspection there was one fire door that did not have the strips as recommended by the fire officer. This had not been identified in the fire risk assessment or in any check

completed by either the registered provider or registered manager.

It is recommended that the registered provider reviews the safety monitoring systems to ensure action is taken promptly to ensure a safe environment.

Within 24 hours of our inspection the registered manager arranged for the outstanding matters to be addressed.

People who lived at the home were supported to understand what to do if there was a fire. One explained, "If a fire in there (pointed to back of the home) go to the front door. If in here (lounge) go to back door. If upstairs make sure your bedroom door is shut. X (registered provider) taught me that."

People were supported by staff who understood safeguarding and protection from abuse. Staff confirmed that they had received safeguarding training and were aware of their responsibilities in relation to protecting people from harm and abuse. They were able to describe the different types of abuse, what might indicate that abuse was taking place and the reporting procedures that should be followed. One member of staff explained, "Straight away I would report it. If the manager was involved I would go higher and if necessary to the police. It's my duty." A second member of staff said, "I would report to social services, CQC and the manager if I felt they were being abused. Even if it was staff."

The registered manager was also aware of her responsibilities to safeguard people from harm. Records confirmed that the registered manager discussed safeguarding during staff meetings to ensure staff had a full understanding of protecting people from harm and abuse.

During residents meeting staff discussed with people what safe meant. People were also supported to understand risks such as talking to strangers when out in the community. One person told us, "Ignore strangers if they come near you. Don't talk to them and call for help." This showed that steps were being taken to help people to understand the concept of being safe and protection from abuse and harm.

People were supported to take control of their lives in a safe way. Risks were identified and managed that supported this. Risk assessments and care plans were in place that considered any potential risks and strategies were in place to minimize the risk. For example, one person who had capacity to make decisions wanted to go out into the community by themselves. Before living at the home they had been involved in two accidents due to not understanding risks associated with roads and traffic. The staff worked with the individual to understand road safety and as a result the person was now able to go to the local shops by themselves. The person told us, "I do road safety. I look left and right and make sure the road is clear before crossing." The registered manager and the registered provider understood the importance of allowing people to take risks.

The registered manager told us that incidents and accidents would be reviewed on an individual basis in order that actions were taken to reduce risks to people. However, there had been no incidents or accidents in over 12 months and therefore there were no records for us to examine. Staff understood the procedures that should be followed in the event of an incident or accident. One explained, "If an accident and bleeding I would put pressure on and phone ambulance. Then inform the manager and ask for help."

Staff were available for people when they needed support in the home and in the community. We observed that, on the day of our inspection, there were sufficient staff on duty to meet people's needs safely. Staff told us that they had enough time to support people in a safe and timely way.

The registered manager told us that staffing levels were based on people's needs. Their dependency levels were assessed and agreed with the relevant local authority who funded people's placements and staffing allocated according to their individual needs. Records confirmed that one member of staff was allocated during the day with an extra member of staff allocated for two hours of a morning. The registered manager explained that this additional staffing had recently been introduced due to the changes in one person's needs. This showed that staffing levels were reviewed and amended to meet changes in people's needs. Of a night a member of staff slept in at the home in case people needed assistance. In addition, the registered manager and provider were present at the home at least five days a week.

Good

Is the service effective?

Our findings

People told us that they were happy with the support they received from staff. An external professional wrote and informed us, 'X (person who lives at the home) has been residing at this home for a number of years. X (registered manager) appeared honest and genuine. Review was completed with an outcome of no change in needs. X (relative of person living at the home) is quite satisfied with the support and care provided.'

People confirmed that they consented to the care they received. We observed that the registered manager and the provider checked with people that they were happy with support being provided on a regular basis. During the afternoon a member of staff sought people's agreement before supporting them and then waited for a response before acting on their wishes. Where people declined assistance or choices offered, the member of staff respected these decisions. In relation to consent the registered manager explained, "It's important to give time and that way they can make informed decisions." A member of staff said, "They have the same rights as us. We choose what we want to do and they have that right too. We support with choices and rights."

Capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made a DoLS application for a person when needed. As part of this process mental capacity assessments had been completed and best interest meetings held and recorded. These had been arranged and completed by the authority responsible for authorising the DoLS applications.

The registered manager and staff demonstrated understanding of when best interest meetings should be held with external professionals to ensure that decisions were made that protected people's rights whilst keeping them safe. For example, these were held when one person required an operation. Mental capacity and DoLS training was included in the training programme that staff were required to participate in with all staff having completed this.

Staff were skilled and experienced to care and support people to have a good quality of life. Staff had completed an induction programme at the start of their employment that followed nationally recognised standards. The registered manager explained that as a result of the introduction of The Care Certificate all staff regardless of how long they had been employed were going to undertake elements of The Care Certificate to ensure their understanding of their roles was in line with best practice. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care.

Staff were trained in areas that included first aid, fire safety, food hygiene, infection control, medication and moving and handling. They had also completed person centred care training and catheter care in order to support people and to understand their individual needs.

Staff received support to understand their roles and responsibilities. Supervision consisted of individual one to one sessions and group staff meetings. During these they were appraised and their performance evaluated. All staff that we spoke with said that they were fully supported.

People played an active role in planning their meals and had enough to eat and drink throughout the day. People were happy with the support they received and had a balanced diet that promoted healthy eating. People were supported to help prepare and cook meals in the kitchen on a daily basis. One person told us, "I went shopping yesterday. I go every Tuesday with X (registered manager). The food is nice here. We had pasta and meatballs last night. I peel vegetables but I'm not very good a chopping." Another person said, "Food, nice." People's views on menu choices were sought daily as well as during residents meetings. For example, during the April 2016 meeting people confirmed their satisfaction and that staff always gave choices.

We were invited to have lunch with people and found this to be a relaxed and enjoyable event. Two people chose pizza, garlic bread and salad. Another person chose chicken nuggets. Everyone ate at their own pace with one person having minimal support to have items of food cut up. There was lots of chatter between people and we got the impression this was the norm.

People's needs were assessed and care and treatment was planned and delivered in line with their individual support plan. Assessments and care plans detailed how those needs were to be met. People's care plans were person centred and included details about the emotional and communication support people required.

People were supported to access healthcare services and to maintain good health. People told us that they were happy with the support they received to maintain good health. They told us that staff supported them to visit their GP, dentists and opticians. Records showed people were supported to attend annual healthcare reviews at their local surgeries and specialist appointments where required, for example diabetes and epilepsy. People had hospital passports which provided hospital staff with important information about their health if they were admitted to hospital such as medicines and dietary need.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and compassion in their day to day care. One person told us, "Nice staff here. They are very kind to us, very nice." Another person said, "I'm very happy with life. They (staff) are lovely." An external social care professional wrote, 'I have always found everyone to be friendly and helpful to the person and to me when I visit. Communication from the home is excellent.'

The registered manager told us that she got great satisfaction from "Seeing my three ladies happy. Their smiles say it all." Everyone who lived at the home had resided there for many years and it was apparent that positive, caring relationships had been developed with people. When talking about one person who lived at the home who was becoming frailer the registered manager became tearful when talking about the persons future. One person said of the other two people who lived at the home "They are my friends." A member of staff said, "It's very friendly here. The staff, service users and manager; we can all talk to each other."

We saw frequent, positive engagement with people and the registered manager and the provider. They patiently informed people of the support they offered and waited for their response before carrying out any planned interventions. The atmosphere was very relaxed with lots of informal conversations between people. We observed people smiling and choosing to spend time with the registered manager and provider who always gave people time and attention. The registered manager knew what people could do for themselves and areas where support was needed. She appeared very dedicated and committed. The registered manager and staff knew, in detail, each person's individual needs, traits and personalities. They were able to talk about these without referring to people's care records.

People were supported to express their views and to be involved in making decisions about their care and support. The registered provider told us, "Whatever we do in this home it's their choice." People were routinely involved in the review of their care packages and residents meetings took place that helped people to express their views. For example, during the April 2016 meeting people were asked if they would like to have a new sofa for the lounge and if they would like to help choosing one. People also told us that they were involved in making decisions about their care and the home. One person when showing us a bathroom explained, "I chose the tiles. I went shopping for them with X (registered manager)."

People's preferences with regards to bathing were respected. Separate bath and shower facilities were available. When being shown around the home one person took us to the shower room and explained, "I use this one more as I prefer to shower."

People's wishes with regard to funeral arrangements had been sought in order that their wishes would be acted upon when they died. These included hymns to be song, the order of service and burial or cremation.

Staff understood the importance of respecting people's privacy and dignity and of promoting independence. One person explained, "It's important never to go into bedrooms without knocking. All the ladies here need some help to read their mail but they open this themselves. One person needs help with personal care. We make sure the bathroom door is closed when doing this. They need help to wash their

hair but can get undressed by themselves so I wait outside to give privacy."

People wore clothing appropriate for the time of year and were dressed in a way that maintained their dignity. Good attention had been given to people's appearance and their personal hygiene needs had been supported. For example, people wore colour co-ordinated items of clothing and jewellery and their hair was clean and styled. The registered manager monitored that people's dignity was promoted on a regular basis. She explained, "I'm here mornings and evenings so if X and check the support staff have given to people. It is most important that people look clean, warm and happy."

An all-female staff group was employed at the home which complimented the gender of people who lived there.

Good

Is the service responsive?

Our findings

People received a responsive service that met their individual needs. One person told us, "Sometimes I have a job to walk so they got me a chair." One person had several urinary tract infections. Promptly the registered manager arranged for the person to be seen by a GP and the person then was referred to a consultant where further investigations were undertaken. When they became frailer due to age the registered manager arranged for physiotherapy. Initially external professionals suggested that the person should move to an older person's service. However, the person (who had lived at the home for many years) did not want to move and the registered manager supported them to facilitate them remaining at the home with people who they knew. Records confirmed that professionals agreed that the support of the registered manager had been appropriate and as a result the persons changing needs were being met by the home.

People that we spoke with said that they were happy with the choice and range of activities. One person told us how they enjoyed painting and we saw them doing this during our inspection. Another person went to a day centre on the afternoon and confirmed this was a regular activity that they enjoyed. Another person told us, "We went on holiday to centre parks with X and X (registered manager and registered provider). I went swimming. I was scared of the waves but enjoyed it. Last year we went to Majorca. We go to the comedy centre in town and sometimes to disco and karaoke." The same person showed us photographs in albums and on their electronic tablet of activities and holidays that they had enjoyed. These included boat trips, visits to a farm and meals out at restaurants. People confirmed that the activities offered were flexible and included both in-house and external events.

People were supported to access and maintain links with their local community. The registered manager told us that the food shopping was undertaken at local supermarkets and that people from the home always participated in this event. One person told us how they used hairdressers in the local town.

People were supported with their relationships and spiritual needs. This included friendships with people who lived in a care home operated by another provider and supporting people to visit their relatives. One person told us that their faith was important to them and that they were supported to practice this. They explained, "I go to church most Sundays, light candles." The registered provider also worked with a local charity that provided activities for people with learning disabilities. Twice a year the registered provider held a quiz and curry night to raise funds for the charity. This helped people who lived at the home access the wider community and develop relationships with other people.

People were supported to increase their independent living skills based on their individual capabilities. One person told us, "We take turns doing the washing up. Staff support me to do my washing. I'm not sure how much washing powder to put in so staff help me." One person showed us their bedroom and their items of clothing stored there. They said, "Look all tidy and folded up nicely. I do this myself. I take my time, do slowly." From the smiles on the persons face and demeanour it was evident the person was took pride in this.

Individualised care plans were in place that provided information for staff on how to deliver people's care.

Records included information about people's social backgrounds and relationships important to them. They also included people's individual characteristics, likes and dislikes, places and activities they valued. People confirmed that staff supported them in line with their wishes and the contents of their support plans. Daily records for each person were detailed and informative and also demonstrated that people received personalised care. For example, one person's records stated, 'We went shopping with X and brought some toiletries and personal items. She spent the evening playing her games on her electronic tablet. She helped in doing the washing with staff supervision. Nails polished as requested. Retired to bed after hot chocolate. Read her bible before settling down.'

People were routinely listened to and their comments acted upon. The registered manager was seen spending time with people on an informal, relaxed basis. In addition, the minutes of residents meetings confirmed that the registered manager reminded people that if they had any issues with staff or the home they should immediately speak to her or the registered provider.

Information of what to do in the event of needing to make a complaint was included in the service user guide. The complaints procedure included the contact details of other agencies that people could talk to if they had a concern. These included the CQC. The home had not received any formal complaints in over 12 months and therefore there were no records for us to examine. The registered manager actively raised concerns on behalf of people who lived at the home. Records confirmed that the registered manager had raised a complaint with medical professionals about the time it had taken for a person to receive medical attention. This had resulted in an apology on behalf of the professionals involved and an urgent referral and appointment.

Good

Is the service well-led?

Our findings

People spoke highly of the registered manager and the registered provider. Staff were motivated and told us that management at the home was good. They told us that they felt supported by the registered manager and that they received supervision and training that helped them to fulfil their roles and responsibilities. One member of staff said, "They are very nice people, very caring and professional, excellent. That's why I have stayed here for so many years. They are very helpful, give advice. I can always ring them. They never say don't call us. I have their home telephone number." A second member of staff said, "You can talk to them freely about problems, they listen and help."

Checks were completed to monitor the quality of service provided. These included reviewing policies and procedures, care plans and risk assessments annually. Also, monthly water temperature audits, monthly environment checks and annual servicing of equipment, gas and electric. As a result of these a new central heating boiler had been installed and new lighting in the kitchen and dining area. Despite the checks taken place monitoring systems had not always ensured action was taken for shortfalls. For example the health and safety check completed in March 2016 had not identified that small portable electrical items required testing and the reviewing of policies had not identified the lack of Duty of Candour guidance. Duty of candour forms part of a new regulation which came into force in April 2015. It states that providers must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. Despite there being no policy in place the registered manager demonstrated an open and transparent manner throughout our inspection.

It is recommended that the registered provider reviews the quality assurance systems in place to ensure timely actions drive improvements.

Within 24 hours of our inspection the registered manager made arrangements for the outstanding works to be actioned.

Prior to our inspection the registered manager completed and returned the PIR as we requested. The PIR was accurate and reflected the evidence gained during our inspection. We had not received any statutory notifications in over 12 months. We explored this further during our inspection. The registered manager understood her responsibilities to notify us of events and occurrences' in the home in line with her legal responsibilities but none had taken place.

People's views were obtained in the form of questionnaires. Questionnaires were last sent to people in January 2016. All confirmed that they were satisfied with the service provided and no areas for improvement were identified. Questionnaires were also sent to the relatives of people who lived at the home. These also confirmed satisfaction with the service provided. Additional comments included, 'From every aspect this home provides an outstanding service. The quality of care provided is first class. The homes service is excellent in particular their emotional support.' Another relative wrote, 'A lovely home for X (person who lived at the home). X and X (registered manager and registered provider) look after X very well. I trust them

implicitly to look after X's best interests. We are very happy to have found this home.' A third relative wrote, 'X and X (registered manager and registered provider) look after my sister very well, as well as other residents. We are welcome to visit my sister any time we wish. Staff are always welcoming.'

The registered manager was aware of the attitudes, values and behaviours of staff. They monitored these by observing practice and during staff supervisions and staff meetings. Detailed records were in place that demonstrated staff were questioned about their understanding of policies and procedures such as health and safety and mental capacity. Where they did not demonstrate sufficient knowledge they were required to read again and undertake further training. In addition, the registered manager observed staff practice to ensure it reflected the homes procedures' and the contents of peoples care plans. This showed a commitment by the registered manager to ensure the quality of staff met people's needs.

There were clear whistle blowing procedures in place which the registered manager said were discussed with staff during induction, supervision and at staff meetings. Discussions with staff confirmed this. Staff were able to explain what these were when asked. They understood how the whistleblowing procedures offered protection to people so that they could raise concerns anonymously. One member of staff explained, "This is about how we can report concerns to make sure nothing is hidden no matter who is involved."