Mr Adrian Lyttle

Mr Adrian Lyttle - Sutton Coldfield

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 11 July 2017. This was an unannounced inspection.

At the time of our last inspection in May 2016 the provider was rated as requires improvement in three out of the four areas we looked at. We found that the service was not always safe, effective or well-led because the systems and processes in place used to assess and monitor the quality and safety of the service were not always effective in identifying shortfalls within the service. For example, people were not always supported by enough members of staff and the provider had not always ensured that safe recruitment processes had been followed. Furthermore, key processes had not been followed to ensure that people were not unlawfully restricted and therefore the service was found to be in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that improvements had been made to the staffing levels and the provider was now following the appropriate processes to ensure that people were not unlawfully restricted in accordance with the Mental Capacity Act 2005. However, further improvements were required to the management oversight of the service.

The home provides accommodation and personal care for up to nine people who require specialist support relating to their learning and physical disabilities. At the time of our inspection, there were eight people living at the home.

There was a registered manager in post. 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.

Whilst the provider had some management systems in place to assess and monitor the quality of the service provided to people, these were not always effective in identifying some of the shortfalls identified during the inspection. The registered manager was receptive to our feedback and was open and honest in their communication with us throughout the inspection process. Everyone we spoke with confirmed that the registered manager was approachable, responsive and staff felt supported within their work.

People were supported by enough members of staff in order to keep them safe. However, additional staff resources were being sourced in order to support people to live more fulfilling lives and to engage in activities of interest outside of the home. The provider had improved their recruitment practices to ensure people were supported by staff that were deemed suitable to provide care to people. There was a calm and relaxed feel to the home and everyone we spoke with told us that staff were kind, caring, helpful and respectful.

People were protected from the risk of abuse and avoidable harm because staff received training and

understood different types of abuse and knew what actions were needed to keep people safe. The provider had also ensured effective systems were in place to report and investigate any concerns raised, which included working collaboratively with external agencies and reporting these to us, as required by law.

Staff had the knowledge and skills they required to care for people safely and effectively. This included the safe management of medicines so that people received their medicines as prescribed. Staff were also knowledgeable about the Mental Capacity Act 2005 and ensured that care was provided to people with their consent, as far as reasonably possible. Where people lacked the capacity to consent to their care, the provider had ensured that the appropriate processes had been followed in order to provide care to people within their best interests and in the least restrictive ways possible.

People were encouraged to be as independent as possible and were treated with dignity and respect. People had access to enough food and drink in accordance with their dietary requirements and reported to enjoy the food that was prepared for them.

People and/or their representatives were involved in the planning and review of their care, as far as reasonably possible and were aware of the complaints policy and procedure. The provider sought feedback from people who used the service and/or their representatives, as well as from visiting professionals in order to drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by enough members of staff, who had been safely recruited, to ensure that they were kept safe and their needs were met.

People were protected from the risk of abuse and avoidable harm because staff were aware of the processes they needed to follow.

People received their prescribed medicines as required.

Is the service effective?

Good

The service was effective

People's rights were protected because key processes had been followed to ensure that people were not unlawfully restricted.

People received care and support with their consent, where possible.

People received care from staff who had received adequate training and had the knowledge and skills they required to do their job effectively.

People's nutritional needs were assessed and they had food that they enjoyed.

People were supported to maintain good health because they had access to other health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind, helpful, friendly and caring.

People received the care they wanted based on their personal

preferences, likes and dislikes because staff spent time getting to know people.

People were cared for by staff who protected their privacy and dignity.

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the care and support that was provided to them, as far as reasonably possible.

Is the service responsive?

Good

The service was responsive.

People felt involved in the planning and review of their care because staff communicated with them in ways they could understand.

People were encouraged and supported to engage in activities that were meaningful to them. However, the provider recognised that additional staff resources were required to enable people to do things that they enjoyed outside of the home.

People were supported to maintain positive relationships with their friends and relatives.

People were encouraged to offer feedback on the quality of the service and knew how to complain.

Is the service well-led?

Requires Improvement

The service was not always well led.

The management team had some systems in place to assess and monitor the quality and safety of the service; however these were not always effective in identifying shortfalls within the service or used to monitor improvements made.

The management team had ensured that information that they were legally obliged to share with us and other agencies, was sent.

Staff felt supported in their work and reported the home to have an open and honest leadership culture.

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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.

This unannounced inspection took place on 11 July 2017. The inspection was conducted by one inspector.

As part of the inspection we looked at the information that we hold about the service prior to visiting the location. This included notifications from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also looked at information that the provider had sent to us in their Provider Information Return (PIR). A PIR is a questionnaire that we send to providers to help us to plan our inspection. It asks providers to give us some key information about the service, what the service does well and any improvements they plan to make. We also requested feedback from the local authority with their views about the service provided to people at Mr Adrian Lyttle Sutton Coldfield.

During our inspection, we spoke or spent time with five of the people who lived at the home, two relatives and four members of staff including the registered manager, a senior support worker and two support workers. Some of the people living at the home had complex care needs and were unable to tell us about the service they received. Therefore we carried out some general observations to see how care was provided to people. We also reviewed the care records of two people, to see how their care was planned and looked at the medicine administration processes. We looked at training records for all staff and at two staff files to check the provider's recruitment and supervision processes. We looked at records which supported the provider to monitor the quality and management of the service, including health and safety audits, accidents and incident records and compliments and complaints.

Good

Is the service safe?

Our findings

At the time of our last inspection in May 2016, we found that the service was not consistently safe because people were not always supported by enough members of staff who had been safely recruited to ensure that people were kept safe. During this inspection, we found that improvements had been made to both of these areas.

People we spoke with told us that there was always someone around to support them when they needed it. One person said, "We love it here, the staff are nice. They are always here to help us, and [registered manager's name] is here a lot too". A relative we spoke with told us, "There is always someone [staff] around here; she [person] gets a lot more interaction and engagement here". We saw that there were enough members of staff available to ensure people were kept safe within the home.

We saw that the provider had recently recruited two new members of staff. We checked their staff files to look at the provider's recruitment practices. We found that the provider had ensured that all pre-employment checks had been completed prior to the staff starting work. These included identify checks, previous employment references and criminal history checks via the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions and prevents unsuitable people from working with people who require care. Staff we spoke with confirmed that all of these checks had been completed before they had starting working with people and that they had an opportunity to shadow experienced staff before working independently. One member of staff said, "It has been a very formal process and they [provider] made sure my DBS had cleared before I could start working with people independently".

Everyone we spoke with was confident that people were protected against the risks of abuse and avoidable harm. One person said, "I am okay here, I like the staff, they look after us". Another person told us, "Staff help anyone who needs it; they look after us very well". A third person said, "The staff make sure we are safe; they lock the doors and make sure we are okay". Relatives we spoke with confirmed this and told us that they felt assured that people were kept safe living at the home. One relative said, "I have no concerns; I am happy that [person] is well looked after and is very safe. It's a wonderful place and I hope she can stay there for as long as possible, I am glad we found it!" Staff we spoke with confirmed that they had received training in safeguarding people and knew what action to take to keep people safe from the risk of abuse and avoidable harm. One member of staff told us, "We [staff] are all aware of the things to look out for if we were concerned that someone was at risk, like bruises, if people seem withdrawn or appear scared; maybe they are flinching for example when they are approached or not eating properly, or look unkempt. We would report it straight away to a senior or manager". They went on to tell us that staff had access to contact numbers for external agencies such as the local authority or CQC if they were concerned that things were not being dealt with effectively by the provider. We saw that there were posters on the walls within the home informing people, visitors and staff on how to recognise signs of abuse and how to report it. Records showed that staff had received safeguarding training. The registered manager was also aware of their roles and responsibilities in raising and reporting any safeguarding concerns. Information we hold about the provider showed us that any safeguarding concerns that had been raised had been reported to the relevant agencies and had been investigated thoroughly with appropriate action taken.

Staff we spoke with were familiar with people's individual care needs and any health related risks. For example, staff were able to tell us about who required assistance with eating and drinking because they were at risk of choking. They were also able to tell us what action they would take in an emergency situation, such as choking. One member of staff said, "We care for people with lots of different needs and risks, like choking; we know to apply back slaps to try and dislodge the blockage and if needed call for an ambulance. We know some people are at risk of having seizures and that we need to call for an ambulance straight away unless we have rescue medication in place for them; either way we would follow people's individual protocols". Another member of staff told us that one person was at risk of falls and that their care needs had changed as their mobility needs had increased. They were able to tell us about how they supported this person to reduce this risk.

Staff we spoke with knew what action to take in the event of a fire. One member of staff we spoke with said, "Some people would need assistance to evacuate, either physical assistance or verbal prompting and instruction. We do do fire drills and tests – usually on a Sunday when all the residents are here to participate". Another member of staff told us that the home had a sprinkler system which would automatically activate in the event of a fire. Records we looked at showed that since the last inspection in May 2016, the registered manager had implemented Personal Emergency Evacuation Plans (PEEP) and had begun to revise and update the fire evacuation policies and procedures within the home. This confirmed what the provider had told us in their Provider Information Return (PIR). Whilst we recognised that this was an improvement since our last inspection, we found that some of the records lacked detail and further improvements were required. The registered manager explained to us that they had contacted the local fire service to seek additional support in improving the fire safety protocols within the home. Nevertheless, in the event of a fire, the staff had sufficient knowledge and skills to keep people safe and the provider's fire safety systems (such as the fire alarms, fire extinguishers, fire doors and the sprinkler system) were serviced and monitored regularly to ensure they were in good working order.

People we spoke with told us they received their medicines as prescribed. One person said, "They [staff] always give us our medication when we need it". Staff we spoke with confirmed that all of the people living at the home required support to take their medication, but people were supported to be as independent as possible. We saw that some people chose for staff to manage the medicines but they liked to be as involved as possible. For example, one person chose for staff to store their medicines and asked staff to watch them when they took their medicines to make sure they did so safely. During the inspection we observed a senior member of staff administering medicines to people. We saw that people were offered their medications and they were supported to take them safely and effectively. We saw medications were stored appropriately and staff were aware of the disposal policy for unwanted or refused medication. Processes were in place to identify missed medication early and there was a good rapport between the provider, GP and local pharmacy to ensure people received their medication as prescribed.

Good

Is the service effective?

Our findings

At the time of our last inspection in May 2016, we found that the provider was not fulfilling their legal responsibilities in accordance with the Mental Capacity Act 2005 (MCA). They had failed to identify people who were living at the home who lacked the mental capacity to consent to the care they received and were not always providing care to people in the least restrictive ways. Since our last inspection, we found that the provider had worked with the local authority to meet their legal obligations and to ensure that the correct processes had been followed to protect people's rights.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that staff were able to tell us about people's capacity to consent to the care that they were receiving and that people were being cared for in the least restrictive ways possible. Where people were deemed to lack the mental capacity to consent, applications to deprive the person of their liberty within their best interests had been sent and one had been authorised. The registered manager had implemented a 'DoLS tracker' to enable them to keep the validity of the authorisation under review.

Observations we made within the home showed us that staff were working in accordance with the MCA and the conditions applied within the DoLs authorisations were being met. We saw staff engaged with people in a way that they understood in order to gain consent and to promote independence as much as reasonably possible. One relative we spoke with said, "They [staff] are brilliant with [person]; they will try to explain things to her, which can be difficult but they do it in a way that she can understand as much as possible".

We saw staff offered people choices about what they wanted to do, where they wanted to spend time, and what they had to eat and drink. One member of staff told us, "We support people to make choices but we know that some of the people living here do not have the capacity to make their own decisions so we speak with their families or advocates to make sure we are doing what is best for them [people]; their care plans also tell us a lot too and give direction on the care they need, but we still speak to people and let them know what we are doing; it's just courtesy and respect". We saw that some people, who were able to, were free to come and go as they pleased. For example, we saw that one person enjoyed going to the local shops and they told us that they only came back for their lunch and then planned to go out again. Staff we spoke with said, "Some people would be safe to go out on their own but they prefer staff to go with them, so we will go when we can; we wouldn't restrict people unnecessarily".

Everyone we spoke with, observations we made and records we looked at showed that staff had the

knowledge and skills they required to do their job. One person told us, "The staff are very good at their jobs". Another person said, "The staff know what they are doing". A relative we spoke with said, "The staff are all very good". One member of staff we spoke with said, "We do a lot of training". Another member of staff told us that as a new employee, the induction process prepared them with the knowledge and skills they required to care for people safely and effectively. They said, "I was given time to work alongside a senior to learn and get to know people's needs and they made sure I knew about things like safeguarding and fire practices; it's [induction] been very good". We saw that the registered manager kept a training matrix which detailed the dates when staff had completed various training as well as a rolling programme of updates that staff were registered to undertake throughout the year. The registered manager said, "Most of the training packages we do are valid for three years but we [provider] do it every 12 months on a rolling programme". This meant that the provider knew when staff were due any refresher or additional training and ensured that this was facilitated.

Staff we spoke with told us and records we looked at showed that staff had regular contact with the registered manager to discuss any training needs or concerns. Whilst this was not always recorded as formal supervision, the registered manager told us that these informal conversations allowed them to further monitor the effectiveness of the training and how staff were implementing their learning in practice.

People we spoke with told us that they had a good choice about what they ate and they enjoyed the food the staff prepared for them. One person said, "The food is nice, we have what we want; I am having quiche tonight". Another person said, "They are good cooks, we get a lot of food; sometimes it's too much but they tell us to leave what we don't want". In response to this, a third person said, "It's better than not getting enough! We are never hungry!" A relative we spoke with told us that they were pleased with the meals that were prepared for their family member. They said, "The food is very good. Meals are cooked from scratch and they use healthy ingredients; it always looks and smells nice! Meal times are social too as they all tend to eat together which is nice". As part of our inspection we joined in with one of the meal times at the home and found that it was a relaxed and social event where people sat together. However, we also found that meal times could also be flexible depending on people's daily routines. For example, we saw that one person had had a late breakfast and therefore did not eat at the same time as their peers. Staff offered support and assistance to people where required and people's specific dietary needs were catered for. For example, we saw that one person was at risk of choking and required their food cut up in to smaller pieces. We also saw that one person had not eaten much of their meal; staff recognised this and offered lots of other options for them to try. When the person declined, we saw that this was handed over to the other staff out of concern and it was agreed that this person's physical health would be monitored due to their unusually reduced appetite.

The provider told us in the Provider Information Return (PIR) that all medical appointments were recorded and people were supported to access an annual health check. People we spoke with and records we looked at confirmed this. We found that people had access to doctors and other health and social care professionals as required. One person said, "We go to the doctors, dentists and get our eyes checked". Records we looked at confirmed that people were supported to maintain good health and to attend any medical appointments they were sent. We also saw that any health care concerns were followed up in a timely manner with referrals to the relevant services. Since our last inspection we saw that the provider had introduced physical health care plans and protocols which detailed the signs and symptoms a person may present with to indicate that they were feeling unwell, if they were unable to tell staff themselves. The registered manager explained to us that these were devised in collaboration with people and their relatives, where possible. We also saw that improved daily record forms had been developed which required staff to report on people's well-being; this allowed enhanced monitoring of people's physical and mental health.

Good

Is the service caring?

Our findings

People we spoke with were consistently positive about the caring attitude of the staff and the relationships that were formed between them and the staff team. One person we spoke with told us, "I love living here, the staff help us, we all help each other". Another person we spoke with proceeded to name lots of different staff members who they 'loved' including the registered manager. Having checked the list of names against the staffing team, all staff members had been included, indicating that all staff members were well regarded. A relative said, "The staff are all very friendly and very helpful".

During our inspection we observed staff interacting with people with warmth and compassion. We saw that staff adapted their communication and interaction skills in accordance to the needs of individual people. For example, one person responded well to touch and liked to hold staffs' hands. We saw staff reciprocated people's requests for hugs appropriately and they appeared to have developed trusting relationships with people.

Staff we spoke with had a good understanding of people's needs and we found that people received their care and support from staff that took the time to get to know and understand their history, likes, preferences and needs. One person we spoke with said, "They [staff] know I love fishing and I was able to go fishing on holiday". A relative we spoke with said, "Staff took the time to ask me all about [person], their likes, dislikes and their quirks and have spent time getting to know her". Staff we spoke with talked about people with fondness and familiarity. They were able to describe people's care needs, individual personalities and it was clear that they had a passion for person-centred care. We saw examples of how staff had gone the extra mile to meet people's needs and preferences. For example, one member of staff we spoke with said, "[person] loves to have Christmas crackers; have you ever tried getting them at this time of year? It's quite a challenge! We have raided the loft and got what we can find and now we are on the lookout for more!" Records we looked at showed that people had care plans in place that were person centred and they included information about their life histories, hobbies and interests.

Everyone we spoke with told us and we saw that staff treated people with dignity and respect. One relative we spoke with said, "They [staff] are very respectful, I have never had any concerns there". Staff we spoke with told us it was important to respect people as individuals and that they promoted people's privacy and dignity. One member of staff said, "This is their [people's] home and we are essentially visitors. We know that sometimes, like anyone would, they [residents] like to have some privacy, so they will spend time in their rooms and we just check they are ok". We saw that one person had a small sofa in their bedroom and they told us that they enjoyed spending time in their room. Another person had joined them to watch television and we were told that they often sat together and enjoyed each other's company. A member of staff we spoke with said, "They spend a lot of time together but we do have to remind [person] that they must ask if it is ok for them to sit with them because they do like their own space too". Records we looked at confirmed that the provider promoted dignity and respect at all times in person-centred care planning.
We also saw that people were supported to be as independent as possible. For example, we saw people received encouragement and verbal prompting from staff to pour their own drinks at meal times and to fetch their own crisps. We also saw one person made plans to go shopping on their own. One person we

spoke with told us that staff helped them with getting washed and dressed but only if they needed it. Staff we spoke with told us that they encouraged people to be as independent as possible and that they would offer guidance, advise and supervision where necessary, but would not 'de-skill' people. One member of staff said, "It is important that we help people but a lot of them only need us to prompt them or double check that things are okay, they can do a lot for themselves and we encourage that".

We also saw that people were supported to express their individuality and staff were aware of how they could promote equality and diversity within the home. We saw that people were referred to by their preferred name, their autonomy was promoted as much as possible and they were able to express themselves as individuals, for example, through the clothes they wore, the activities that they engaged in and the way in which they personalised their bedrooms. We were told that there was no-one living at the home that had outwardly identified themselves as being gay, lesbian, bisexual or transgender. However, staff we spoke with told us that people were supported to express themselves in any way they wished and that the home was very open to all aspects of diversity.

Good

Is the service responsive?

Our findings

People we spoke with and records we looked at showed us that staff had spoken to people and/or their representatives (where required) about their care. One person told us, "We [staff] have key workers who talk to us about it [care]". A relative said, "I have been very much involved and feel very informed; it's been great actually". We also saw that care plans were regularly reviewed by staff and people and those who are important to them were invited to contribute to care reviews, even if this was on an informal basis. The registered manager acknowledged that formalising this process would be beneficial and facilitating these on a more regular basis had been identified as an area for development within the Provider Information Return (PIR).

People we spoke with and records we looked at showed that the provider asked for feedback on the quality of the service and people were given the opportunity to suggest improvements. One person told us, "The staff talk to us and ask us for our opinions because we have meetings". A relative said, "You can speak to staff and offer suggestions and [registered manager] is very good; he does listen". We were given an example of how the registered manager had responded to some recent feedback about the holidays that were arranged for people to go on. We were told that usually, the provider arranged for people to go on two summer holidays, but some relatives were concerned that this had become unaffordable. Therefore the provider had reduced the number of holidays to just one this year and that this would be kept under review. The registered manager told us that quality monitoring with regards to gaining feedback from people, relatives and visitors was done but not as frequently as they would like and this was another area that is being developed further.

Everyone we spoke with told us they knew how to complain. One person told us, "[registered manager's name] is here if we need him". A relative said, "[registered manager's name] is very good, I can go to him about anything and he will listen and do what he can; I think he gets frustrated too about some of the limitations due to cuts in funding and things, because he just wants to be able to provide the best for people". We saw there was a complaints procedure in place and everyone we spoke with were confident that any issues raised would be dealt with quickly.

On the day of our inspection we saw some people engaging in activities that they enjoyed. For example, we saw people going out to day centres and to the local shops independently. We also saw people reading and watching television. People we spoke with told us that they enjoyed going on holiday and sometimes went out to the pub. However, relatives and staff we spoke with explained that the staffing levels do not always permit staff to engage with people and to support people to go out as much as they would like to. One relative we spoke with said, "There are enough staff in the house to look after them [people], but not always enough staff for the extra things; I'd like [person] to be able to go out more, but there just isn't enough staff for that. [Registered Manager's name] is aware of it and is trying his best". We saw one person spent time alone in the lounge and one member of staff told us that they wished they could do more with the person or take them out more often. We discussed this with the registered manager at the time of our inspection. They told us that they were continuously recruiting within the home and whilst progress had been made since the last inspection to ensure people were kept safe, they still required additional staff to support people to

engage in activities of interest both within and outside of the home. This had also been identified as an area for development within the PIR. The registered manager said, "We are still recruiting, we would like to have an additional member of staff specifically for activities and to support people to go out, so we are working on it, but we want to make sure we get the right people because we need good carers and people who will stay for consistency."

Everyone we spoke with also told us that there were no restrictions on visiting times and that friends and family were always welcome. We were told that people often enjoyed going out with family and friends and some people had the opportunity to spend weekends away, staying with relatives. One person said excitedly, "I am going home [to their parents' house] this weekend".

Requires Improvement

Is the service well-led?

Our findings

The service was required to have a registered manager in place as part of the conditions of their registration. There was a registered manager in post at the time of our inspection. At the time of our last inspection, we found that improvements were required to the management and governance of the service. During this inspection, the registered manager explained to us that whilst they had made some improvements, the development of the service was on-going and they recognised that further improvements were required; this was corroborated by our findings.

We saw that there were some systems in place to monitor the quality and safety of the service including audits of the environment and safety equipment maintenance checks, fire checks and audits of care files and medicines. However, the actions taken to remedy any shortfalls identified had not always been recorded and quality monitoring processes had not always been used to identify trends or themes. The findings of repeated audits had not been analysed comparatively to check whether any of the actions taken had been effective or used to drive further improvements. For example, following our last inspection, the registered manager had introduced Personal Emergency Evacuation Plans (PEEPs) to promote people's safety in the event of a fire. We saw that whilst these were in place for each person living at the home, there was no evidence to demonstrate that the registered manager had audited the quality of the PEEPs. We saw that they had not been tailored to the reflect the service type (for example, a service designed to meet the needs of people with learning and physical disabilities) and lacked specific details relating to people's individual support needs; potentially impacting upon their efficiency in an emergency situation. We also found that weekly fire test checks had identified a system fault since 2013. A more recent fire maintenance system check identified that this was a persistent system fault and a new system was required. When we spoke to the registered manager about this, they were able to tell us what action they had taken in response to these issues; but this detail had not been recorded in the quality monitoring records as an audit trail. We were assured that the fault did not impact upon the functionality of the fire system within the home. We also saw that where feedback had been sought via questionnaires sent to friends and family members, the returned questionnaires had not been analysed to demonstrate what had been learned, where areas of improvements were required, or how they could sustain good practice. We discussed these findings with the registered manager who agreed that further improvements were still required to the monitoring of the service, despite this being identified at the last inspection.

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and how they reflected this within their practice. Everyone we spoke with confirmed that the registered manager was approachable, open and honest in their leadership style. One member of staff told us, "[Registered Manager] is approachable; I can ask anything". Another member of staff said, "We all work as a team and it's not often we have to be told by [Registered Manager] because we know our jobs and get on with it, but he is there if we need him". We found the registered manager to be open in their communication with us throughout the inspection, and information we asked for was provided to us if it was available. The

registered manager also explained how the complaints procedure ensured that where issues had been raised, the service conducted a thorough investigation and feedback was provided on any areas of service deficiency identified with acknowledgment of accountability and recommendations to improve practice. A relative we spoke with confirmed this. They said, "If ever I have raised anything with [registered manager] he has always made time to speak with me about it and explained what's going on. He does look in to things and get back to you. I have no concerns there, he is very good".

Staff we spoke with were also aware of the service having a whistle-blowing policy. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about risks to people's safety, malpractice or illegality without the fear of workplace reprisal. They may consider raising a whistle-blowing concern if they do not feel confident that the management of their organisation will deal with their concern properly, or when they have already raised a concern but the problem within the organisation or with the provider had not been resolved. One member of staff told us, "We do have a whistle-blowing policy; I know I can go to you [CQC] if I need to, but any concerns I'd report it to management first".

We found that staff felt supported in their work and that the home had a comfortable and relaxed atmosphere where people, staff and relatives felt confident and able to offer suggestions or raise concerns. The provider was receptive to the feedback that we gave and had insight in to the areas that required improvement.

Information we hold about the service showed us that the provider was meeting the registration requirements of CQC. The provider had ensured that information that they were legally obliged to tell us, and other external organisations, such as the local authority, was passed on. This included notifications about safeguarding concerns, serious injuries or deaths. We had also received a Provider Information Return (PIR). The PIR had been completed and returned within the stipulated timeframe. Whilst the PIR was not overly detailed, the information provided did reflect our findings.