

Oregon Care Limited

Redstone House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Redstone House is owned by Oregon Care Limited. It provides accommodation for four adults with learning disabilities. At the time of the inspection four adults were resident at the service. Whilst people were unable to take part in full discussions, we were able to speak with people and observe how they interacted with staff.

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.

The inspection took place on 11 March 2016 and was unannounced. At our last inspection in 24 July 2013 we raised a concern about the people who use the service could not be confident that their human rights would be upheld. This was because decisions and restrictions were being made for people without their consent and without a formal assessment of the need for them under the Mental Capacity Act. Our previous inspection highlighted risks associated with leaving fire doors wedged open, leaving windows unrestricted without assessment and leaving electrical or chemical hazardous items accessible to people. The registered provider had also not always taken steps to provide care in a home that was suitably designed and adequately maintained by not providing sufficient toilets, and by allowing staff to use communal areas as an office and cloakroom. The Statement of Purpose was not up to date or accurate and did not accurately reflect the kinds of services provided or the current range of service users' needs that those services were intended to meet. Files containing information about people were not kept securely and confidentially.

The registered provider provided us with an action plan to ensure that our concerns would be actioned and completed by September 2013. This was confirmed to have been completed within the stated timeframe set out in the action plan by the registered provider during this inspection.

There was positive feedback about the home and caring nature of staff from people and relatives. Some adaptations had been made for people with mobility needs, such as rails on stairs. The registered manager and staff worked well to keep the environment clean and feeling homely for people. The majority of people who live at the service were unable to communicate verbally with us. We therefore re non-verbal and were therefore observed their response to staff during the day and have used our observations in the report. One person who could verbally communicate said, "Staff are very nice." A relative said, "The staff are great all of them we have no problems."

A health care professional told us that "they had no concerns" over the care and welfare of the people who lived at Redstone House.

The staff were kind and caring and treated people with dignity and respect. Good interactions were seen throughout the day of our inspection, such as staff holding people's hands and sitting and talking with them. People looked relaxed and happy with the staff. We were told by one family member that they felt "People

had positive relationships with their care workers" and they also felt "Confident about the service their relative received" at Redstone House.

People could have visitors from family and friends whenever they wanted.

There was a strong emphasis on key principles of care such as compassion, respect and dignity. We observed that the people who used the service were treated with kindness and that their privacy and dignity was always respected.

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building, in a format people could understand. Each person had a plan which detailed the support they needed to get safely out of the building in an emergency.

The service had sufficient staff on duty to meet the needs of the people who used the service. The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported.

People received their medicines when they needed them. Staff managed medicines in a safe way and were trained in the safe administration of medicines.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Staff asked people for their permission before they provided care. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

Care plans were based around the individual preferences of people as well as their medical needs. People were not always involved in their care plans due to their complex conditions so the registered manager used other ways to gain information about people and their preferences by using a keyworker system of staff who knew them well or by consulting with those close to them such as relatives.

Care plans gave a good level of detail for staff to reference if they needed to know what support was required. Feedback from a healthcare professional was positive about the actual care given to people.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. People's health was seen to improve due to the care and support staff gave. Visiting healthcare professionals were complimentary about the care given at the home.

People had a good choice of food and drink available to them. People received support from staff where a need had been identified. People had access to activities that met their needs. Some activities were based in the local community giving people access to friends and meeting new people. The staff knew the people they cared for as individuals.

A complaint policy was available to help people and relatives know how to make a complaint if they wished. We looked at the complaints log and saw none had been made. The registered manager told us that if a

complaint was raised they would take action

Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. Records for checks on health and safety, infection control, and internal medicines audits were all up to date. Accident and incident records were kept, and would be analysed and used to improve the care provided to people should they happen.

People had the opportunity to be involved in how the home was managed and were supported to have some input in house meetings to give people a chance to have their say.

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 interacted well with staff and were safe living at the home.

Appropriate checks were completed to ensure staff were safe to work at the home.

There was enough staff to meet the needs of the people.

Staff understood their responsibilities around protecting people from harm and abuse.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

People's medicines were managed in a safe way. People had their medicines when they needed them.

Is the service effective?

Good ●

The service was effective

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded and where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had good access to health care professionals for routine check-ups, or if they felt unwell.

People had a good choice of food available to them. They had enough to eat and drink and had specialist diets where a need had been identified.

Is the service caring?

Good ●

The service was caring.

People and relatives were positive about the caring nature of staff who were very caring and supportive.

Staff were caring and friendly. We saw good interactions between staff and people that showed great respect and care.

Staff knew the people they cared for as individuals and communicated in a way that people understood.

People could have visits from friends and family whenever they wanted.

Is the service responsive?

Good ●

The service was responsive.

Care plans involved people and relatives and were being updated regularly.

People had access to activities that matched their interests.

There was a clear complaints procedure in place.

The registered manager and staff would respond to complaints. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good ●

The service was well- led.

The home was focussed on the needs of people that lived there. The registered manager made sure that the visions and values of the home were known and followed by staff to ensure people received a good level of care.

Staff were supported and able to discuss any issues with the registered manager. This made a staff team who enjoyed working with and supporting people.

People and their relatives were supported by staff to become involved in improving the service.

Quality assurance records were up to date and used to improve the service.

Redstone 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 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 inspection took place on 11 March 2016 and was unannounced.

Due to the complex needs of the people who lived at Redstone House and the size of the building the inspection was undertaken by one inspector who has experience of working with people with learning disabilities and challenging behaviour.

Whilst people were unable to take part in full discussions, we were able to speak with people and observe how they interacted with staff. We observed how staff cared for people and worked together throughout the day to gain an understanding of the care provided.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. After the inspection we contacted a health care professional for feedback on wound care at the home.

We were only able to speak to one person during our inspection to find out about their experiences living here. The remaining three people all used non-verbal forms of communication. We observed how staff cared for people, and worked together. We spoke with three relatives and two members of staff. We also reviewed care and other records within the home. These included four care plans and associated records, four medicine administration records, four staff recruitment files and the records of quality assurance checks carried out by the staff.

The service was last inspected on 24 July 2013 where concerns were identified in relation to how the Mental Capacity Act was applied.

Is the service safe?

Our findings

At our last inspection 24 July 2013 people who lived at the home were not always protected against the risks associated with unsafe or unsuitable premises. Fire doors had been wedged open and equipment and hazardous substances had been left where people could easily access them. There were not enough toilets communal spaces were being used by staff as an office and cloakroom. During this inspection we found that this was no longer the case, the provider had also installed another toilet.

People were protected from the risk of abuse. Staff had a clear understanding of their responsibilities in relation to safeguarding people, and received regular training updates. Staff were able to describe the signs that abuse may be taking place, such as a change in a person's behaviour, becoming withdrawn, or more aggressive. Staff understood that a referral to an agency, such as the local Adult Services Safeguarding Team or police should be made. Staff knew about whistleblowing and felt confident they would be supported by the provider. One staff member said, "If I saw something going on I would say something and report it. I would never ignore it"

Staffing levels were calculated on the dependency needs of people. There were sufficient staffing levels to keep people safe and support the health and welfare needs of people living at the home. We asked one person if they thought there was enough staff on duty at the home they nodded their head and said "Yes." One family member told us that "There is enough staff at the home and everyone gets good attention." Another family member said, "People did not have to wait to have their needs attended to." During our inspection we observed staff working with people and ensuring their social needs were being respected and their personal care was completed in a timely and dignified way.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Gaps in employment history had been followed up and reasons recorded.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information would be reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed. We saw how the escalation of challenging behaviour of one person was analysed to establish if there was a pattern. Action was then taken to support this person which reduced this pattern of behaviour. The registered manager told us that this had worked well and protocols were in place to support the person and staff if there were any more events in the future.

People were kept safe because the risk of harm from their health and support needs had been assessed. Where a risk had been identified, such as risk of falls from a bed, appropriate action had been taken to minimise the risk of harm to the person. Staff understood that they would look at the least restrictive way to keep somebody safe. These were all documented in people's care plans and risk assessments were in place. We looked at one care plan which clearly outlined the need for one person to have two to one support when

they were out in the local community. The plan had been agreed with input from the care manager, health care professionals and the persons family members.

Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, fire safety and waste disposal. Staff told us that they worked within the guidelines set out in these assessments. Fire safety equipment was regularly checked to ensure it would activate and be effective in the event of a fire. We saw that fire safety equipment had been recently check by the provider to ensure it was still effective.

People were cared for in a clean and safe environment. The home was maintained to an acceptable standard and a plan of redecoration was in place. The registered manager confirmed that the provider had plans to update the kitchen and other communal areas of the home. The risk of trips and falls was reduced in most areas as the flooring was smooth and free of clutter. However we noted that the stair and landing carpet was in a poor state of repair and had lifted in places which was a potential trip hazard. The registered manager confirmed that the carpet would be replaced with appropriate floor covering during the planned refurbishment. They also told us that appropriate systems had been put in place to ensure people remained safe during this period.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, were clearly displayed around the home. People's individual support needs in the event of an emergency had been identified and recorded by staff in a fire evacuation plan. These gave clear instructions on what staff were required to do to ensure people were kept safe. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. Staff told us that they understood the emergency procedures and how to "Get people out" safely. The service had sufficient arrangement in place to provide safe and appropriate care during foreseeable emergencies such as fire or power cuts.

People's medicines were managed and given safely. We were told by staff that people were involved in their medicines management as much as possible. We saw staff prepare morning medication for one person and followed the homes guidance on safe medicines handling.

Staff that administered medicines to people received appropriate training, which was regularly updated. For 'as required' medicine, such as paracetamol, there were guidelines in place which told staff when and how to administer the pain relief in a safe way.

The ordering, storage, recording and disposal of medicines were safe, secure and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets, and only specific authorised staff had the keys, to keep them safe when not in use. Medicines were well organised and labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use. The registered manager completed regular medication audits to ensure that the service was following safe guidelines.

Is the service effective?

Our findings

At our last inspection 24 July 2013 we found that the provider had not followed the requirements of the Mental Capacity Act (MCA) 2005. People's capacity to make decisions about their care and treatment had not always been assessed. People were subjected to decisions made for them and restrictions of their liberty which had not been carried out in accordance with the act to ensure their human rights were protected. We found that improvements had been made and the MCA was now being followed and decisions made in their best interests were in line with legal requirements.

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.

Where people could not make decisions for themselves the processes to ensure decisions were made in their best's interests followed legal requirements. Assessments of people's mental capacity had been completed. There was information to show how decisions had been reached when people lacked capacity to make a particular decision. This is important because the MCA states that 'anybody who claims that an individual lacks capacity should be able to provide proof. We saw that the registered manager had completed an assessment on the capacity of one person to consent to dental treatment and the agreement that it was in their best interest to have the necessary treatment.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible. For a person lacking capacity, a deprivation of liberty may only exist if the person concerned is subject to continuous supervision and control and is not free to leave. Staff understood the MCA and DoLS process and were able to describe what they meant and how they ensured that peoples consent was obtained.

Staff were seen to ask for peoples consent before giving care throughout the inspection. We were only able to ask one person if the staff asked them if it was okay to help them they confirmed that the staff always spoke to them before they supported them with their care. One relative told us that when they have been at Redstone House the staff "Always asked the permission of people before carrying out care. "

People received support to keep them healthy. We read in individual care plans that people had regular visits to their GP's, and other health care professionals. We were told by a health care professional that they had no concerns about the people who lived at Redstone House and when they did see them "They were always supported by a member of staff who was knowledgeable about the person and their need." One

relative told us that their family member was very well supported by staff and "Sees the doctor if they need it." They also saw other healthcare professionals such as the "optician or dentist."

People were supported by staff that were trained and had sufficient knowledge and skills to enable them to care for people. We asked one person if they thought the staff were nice and they nodded their head in agreement and said "Yes." We asked another person if they liked the staff and they signed thumbs up to indicate that they did. One relative told us that the, "Staff are very good." Another said that they did, "Feel staff are trained and know what they are doing." Another relative said that their family member, "Has a strong personality and staff know how to deal effectively with this."

The induction process for new staff was robust to ensure they had the skills to support people effectively. The registered manager told us that new staff worked with a senior staff member before they worked unsupervised. Staff received regular ongoing training to ensure their skills were kept up to date and to ensure they could meet people's specific support needs. A member of staff said, "We are provided with training and have meetings to discuss people's needs and any updates on their care." They also told us that they received specific training to enable them to work with the people who lived at the service who may have behaviour that is challenging. Other training such as effective communication and an understanding of learning disabilities was provided.

Staff were effectively supported. Staff told us that they felt supported in their work and had regular one to one meetings (sometimes called supervisions) with the registered manager or a member of the senior staff team. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. Staff told us they could approach management anytime with concerns. We looked at the supervision records of staff which were up to date and demonstrated that they challenge staff practices, were used to reflect learning gaps and to look at future development. We saw as a result of one supervision further training was organised for one staff member to support them in a key duty that they had taken on with one resident.

People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. People were involved in choosing and making the food they ate. We asked one person if they liked the food they indicated that they did by signing to us the thumbs up. One relative said that they felt, "The food is very good." Drinks were provided for people, in addition to the tea and coffee to encourage people to remain hydrated.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. One relative told us that with the support of staff at the home and a dietician meals had been arranged to help their family member lose and maintain a healthy weight.

Breakfast and lunch were observed being prepared and served during the inspection and were both dignified events. People were able to choose where they would like to eat and were supported by staff when needed. Staff had friendly conversations with people during the meals and made them an interactive and positive experience. A member of staff sat with one person and took their time and told them what was on their plate.

Is the service caring?

Our findings

Staff were caring and attentive with people. We were told by a health care professional that they thought "Positive, caring relationships had been developed between the people who lived at Redstone House and the staff." One relative told us, "The carers are always bright and cheerful and have become part of our family." They also said that staff "Seem very knowledgeable about their tasks and responsibilities and it's reassuring to know." People experienced kind and caring support on the day of our inspection.

We asked one person if they liked the staff they smiled and said that they did. Another person indicated that they did like the staff by nodding their head to say yes. A relative stated that at Redstone House, "My family member is well looked after. I visit at various times and it is always the same." They continued to say that they thought the "People were well cared for by the staff."

People looked well cared for, with clean clothes, tidy hair and appropriately dressed. The atmosphere in the home was calm and relaxed. We observed staff speaking to people in a caring and respectful manner throughout the inspection.

Care staff were respectful of people's privacy and maintained their dignity. They told us they gave people privacy whilst they undertook personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. With regard to personal care, one care staff explained, "I make sure curtains are closed, people are covered with a towel and doors are shut even to family members". They also told us that it is, "Important to talk through what you are doing. The explained that one person got very worried and can become very challenging. So we explain step by step where my hands are going and what we are going to do later, we do this every time to reassure them". When giving personal care staff ensured doors and curtains were closed to protect the persons dignity and privacy. Staff knocked on doors and waited for a response before going in.

People were treated with dignity and respect, and their independence was promoted by staff. Staff supported a person to access all areas of the home, without any hindrance. Staff were very knowledgeable about the people they support. One family member told us that the staff group "Had all been working at the home for a very long time" and because of this they "know everything about our relatives."

The staff were able to tell us about peoples interests, as well as their family life. This information was confirmed when we spoke with relatives. Staff were able to describe how to support people in line with the persons care plan. They knew how people liked to have their personal care or any specialist assistance people may need to participate in the home and access the local community. For example one person liked to be smartly dressed to go shopping with staff in the local shopping centre. Relatives and visitors told us they were free to visit when they chose to. One person told us "This is a great home the staff are all very friendly and they treat everyone as a family."

Is the service responsive?

Our findings

Care and support plans demonstrated people's care and treatment was planned and delivered to reflect their individual needs. People had some involvement in care planning because of their disabilities however relatives were involved in their care and support planning. One relative told us that they knew about their family members care plan and "Looked over it with staff last summer."

The registered manager explained how people's needs were assessed before they moved into the home, or if their needs changed. The assessment covered all their care, support and social needs. People's needs had been assessed before they moved into the home to ensure that their needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, challenging behaviour and their mobility. The registered manager told us that if it was appropriate the staff from the home who were trained to make assessments would do so, alternatively they would seek further professional help and guidance to make an appropriate assessment.

Care plans addressed areas such as communication, keeping safe in the environment, personal care, sleeping patterns, mobility support needs, behaviour and emotional needs. The information matched with that recorded in the initial assessments, giving staff the information to be able to care for people. The care plans contained detailed information about the delivery of care that the staff would need to provide. Care planning and individual risk assessments were regularly reviewed with the person to make sure they met people's needs. This was done monthly or more frequently if needs changed.

Staff told us they were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. Staff also confirmed they were kept fully informed about the changes if any about the support people required. They said that the registered manager kept them informed about any changes in people needs either at handover times or it is written in people's plans and daily logs.

There was a complaints policy in place. The policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission.

It was not possible to gain people's views because of their non-verbal communication and therefore their ability to raise formal concerns or complaints. However one member of staff told us that because they knew the people so well they could understand if something was "Not right." Staff told us that this was via changes in people's behaviour or actions. One person's behaviour could become challenging if they were upset that something was not the way they wanted it to be.

We were told by one relative that they were aware of the formal complaint procedure and that they were confident that the registered manager would address concerns if they had any. Another relative also said "I am extremely happy with the home; we have never had to complain about anything." They continued to say

that, "We know how to complain, and they gave us the information about it". The relative of another person said, "We are confident issues would be resolved, definitely. We did raise an issue once and acted immediately".

The registered manager told us that they viewed concerns and complaints as part of driving improvement. The home had not received any formal complaints in the 12 months prior to our inspection. The registered manager said that this was due to the good communication systems in place that ensured people felt comfortable to raise issues before they became complaints.

Is the service well-led?

Our findings

At our last inspection we found that the provider had failed meet the requirements of registration as they had not kept up to date a statement of purpose that accurately reflected the environment and kinds of services currently provided for the purposes of the carrying on of the regulated activity. It also did not accurately describe the current range of service users' needs which those services were intended to meet. The registered provider had provided us with and up to date statement of purpose which accurately reflected the service.

In addition we also found that people were not always protected because the provider had not kept service users care planning records securely and confidentially. During the inspection we saw that all documents such as, care planning records were now securely and confidentially stored in the registered manager office.

There was a positive culture within the home between the people that lived here, the staff and the registered manager. A staff member said, "I would not work here if it wasn't any good. I love working here, and have worked with the residents for many years." They also told us they were supported and felt appreciated by the management. Staff told us that could approach the registered manager and ask for advice or support with the home or with someone they supported. Staff also told us that their team meeting were also an opportunity to be supported by the registered manager. They felt that the registered manager made sure that the visions and values of the home were known and followed by staff to ensure people received a good level of care and reinforced these concepts during team meetings and one to one supervisions. The home was described by one relative as being well-managed and had a happy staff team.

People and relatives were included in how the service was managed. Such as relative meetings and an annual quality questionnaire. One relative said, "Oh yes, we have a meeting and can raise complaints." The registered manager was involved in the home, to ensure that people had a good standard of care. One staff member told us the registered manager was, "Willing to improve the home and the care people get," adding "She listens to us." A family member told us that the registered manager was "Great she knew all the residents very well and keeps the families all informed about their relatives and what they have done." The registered manager and other senior staff regularly checked to ensure a good quality of care was being provided to people. Audits were completed on all aspects of the home. We saw audits that covered areas such as catering, health and safety checks, infection control, and key performance indicators (a set of targets set by the provider to demonstrate how the home was running). Feedback from external agencies had also been discussed, along with recruitment, training and upcoming events. The registered manager told us that as a result of a recent environmental audit of the home the carpet on the stairs was identified as in need of replacing. The provider had arranged for the flooring to be changed in the coming month.

The records were however difficult to follow as the service had used a variety of planning and support tools when developing the care plans. We found that the files were up to date but not easy to read because of the different formats that had been used. The registered manager told us that the care plans were undergoing a process of updating at the time of the inspection and that information was spread across several documents. The registered manager told us that the update process would be completed in the next two weeks. The registered manager has received some assistance from the provider to achieve this program

and the plan is to have all not current information archived to ensure that the information the care plans contain is reflective of the people's current needs.

Staff told us that they were involved in how the service was run and improving it. Staff meetings discussed any issues or updates that might have been received to improve care practice. The last meeting was focussed on improving the home and peoples experience. One staff member told us that after the last inspection they had a meeting to discuss how the service could learn from the report and they were encouraged to put suggestions forward that could help. As a result an area was found for staff to store their belongings away from where the residents lived.

Staff felt supported and able to raise any concerns with the registered manager or the provider. Staff understood what whistle blowing was and that this needed to be reported. One said, "If I had concerns I would discuss these with the manager." They knew how to raise concerns they may have about their colleague's practices. Staff told us they had not needed to do this, but felt confident to do so. Information for staff and others on whistle blowing was available in the home.

Representatives from the provider regularly visited the home to see how it ran and give people and staff the opportunity to talk with them. This provided an opportunity for people to raise concerns that they might have with someone other than the registered manager or for good practices to be commended.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken.