Care Management Group Limited

# Care Management Group - Shardeloes

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Care Management Group (CMG) Shardeloes is a care home for up to nine adults with learning and physical disabilities. Some people were very independent and needed little support from staff, while others were essential wheelchair users, or were blind or partially sighted. At the time of our visit nine people lived here.

The premise is presented across two floors with access to the first floor via stairs. People's bedrooms are single occupancy. Communal space consists of a lounge area and dining room. There is a large private garden with a patio at the rear of the property.

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 home was well decorated and adapted to meet people's needs. Flooring was smooth and uncluttered to aid people's mobility needs. The home had a homely feel and reflected the interests and lives of the people who lived there.

The inspection took place on 16 September 2016 and was unannounced. At our last inspection in October 2015 we identified two breaches in the regulations, and areas of the home that required improvement. The registered manager and provider gave us an action plan on how they would address these issues. At this inspection we found that all the areas of concern had been addressed, and people had a more pleasant experience living at CMG Shardeloes. There was positive feedback about the home and caring nature of staff from people who live there.

People were safe at CMG Shardeloes. There were sufficient numbers of staff deployed to meet the needs and preferences of the people that lived there. Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks, without restricting people's freedom. Staff understood their responsibilities 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.

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. Their competency to give medicines to people was regularly checked.

In the event of an emergency people would be protected because there were clear procedures in place to

evacuate the building. These procedures were regularly discussed with people to ensure they knew how to respond in an emergency. An alternative location for people to stay was also identified in case the home could not be used for a time.

Some people did not have the capacity to understand and make decisions about their care and support. The registered manager and staff had a good knowledge of what would need to be done if people did not have the capacity to understand or consent to a decision. They 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 were heard to ask people for their permission before they provided care.

People whose freedom may be restricted to keep them safe, had their human rights protected. The Staff and management had a good understanding of the requirements of the Deprivation of Liberty Safeguards (DoLS). Applications to the relevant authority had been made, and staff were seen to provide care and support in a manner that matched with the DoLS application.

People had enough to eat and drink, and received support from staff where a need had been identified. People were complimentary about the food. Staff had a good understanding of specialist diets that people were on to ensure people could eat and drink safely, and still enjoy their meals.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. When people's health deteriorated staff responded quickly to help people and made sure they received appropriate treatment. People's health was seen to improve due to the care and support staff gave.

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 talking with people and showing interest in what they were doing. People looked relaxed and happy with the staff. People could have visitors from family and friends whenever they wanted.

Care plans were based around the individual preferences of people as well as their medical needs. They gave a good level of detail for staff to reference if they needed to know what support was required. People received the care and support as outlined in their care plans.

People had access to activities that met their needs. The activities also helped develop people's independence and confidence, so they could live more fulfilled lives. The staff knew the people they cared for as individuals, and took the time to sit and talk with them and show an interest in their lives and opinions.

People knew how to make a complaint. The policy was in an easy to read format to help people and relatives to make a complaint if they wished. Staff knew how to respond to a complaint should one be received.

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 of checks on health and safety, infection control, and internal medicines audits were all up to date. The senior management from CMG regularly visit the home to speak with people and staff to ensure a good standard of care and support was given.

People had the opportunity to be involved in how the home was managed. Surveys were completed and the feedback was reviewed, and used to improve the service. Staff were focussed on caring for people and had

good leadership and support by the registered manager.

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

Staff understood their responsibilities around protecting people from harm.

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

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

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

### Is the service effective?

Good

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

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

People had enough to eat and drink and had specialist diets where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

### Is the service caring?

Good

The service was caring.

Staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals. Communication was good as staff were able to understand the people they supported.

People could have visits from friends and family, or go and visit them, whenever they wanted.

## Is the service responsive?

Good

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

People had good access to the local community, and activities were offered to stimulate interest, and reduce the risk of boredom.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

## Is the service well-led?

Good

The service was well-led.

People and staff were involved in improving the service. Feedback was sought from people via an annual survey.

Staff felt supported and able to discuss any issues with the registered manager. The provider and registered manager regularly spoke to people and staff to make sure they were happy.

The registered manager understood their responsibilities with regards to the regulations, such as when to notify CQC of events.

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

# Care Management Group - Shardeloes

**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 16 September 2016 and was unannounced.

Due to the small size of this home the inspection team consisted of two inspectors who were experienced in care and support for people with Learning Difficulties.

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.

The provider had completed 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. This information was reviewed to see if we would need to focus on any particular areas at the home.

We spoke with four people who lived at the home, two relatives, an independent advocate and three staff which included the registered manager. We also reviewed care and other records within the home. These included three care plans and associated records, three medicine administration records, two staff recruitment files, and the records of quality assurance checks carried out by the staff.

We contacted the commissioners of the service, and the GP practice that people used. The local authority safeguarding team and quality assurance team had no concerns about the home.

At our previous inspection in October 2015 we had identified two breaches in the regulations at the home.

Good

# Is the service safe?

## Our findings

People told us that they felt safe living at Care Management Group (CMG) Shardeloes. One person said, "Staff make me feel safe, and they lock the doors at night so I feel safe."

At our last inspection in October 2015 we identified concerns around the maintenance and cleanliness of the home. The provider had taken action to correct the issues raised. People were now cared for in a clean and safe environment. Maintenance and decoration work had been completed since our last inspection which made the décor homely for the people who lived here.

People were protected from the risk of abuse. People knew who they could speak to if they had any concerns, and believed their concerns would be addressed promptly. Staff had a clear understanding of their responsibilities in relation to safeguarding people. Staff were able to describe the signs that abuse may take place, such as bruising or a change in a person's behaviour. Staff understood that a referral to an agency, such as the local adult services safeguarding board or police should be made. Appropriate action had been taken by the registered manager and staff to safeguard people where accusations had been made. This included contacting the relevant authorities and following complaints and disciplinary procedures where required.

Staff knew about whistleblowing and felt confident they would be supported by the provider if they felt the need to raise any concerns. Up to date guidance on the actions to take should abuse be suspected were clearly available for staff and people to look at, should they need arise. One staff member said, "The manager regularly goes through what we need to do if we suspect abuse. I know I can contact the police or safeguarding board myself if the manager doesn't act on my concerns."

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people living at the home. One person said, "Staff are always there when I need them." They went on to explain the numbers of staff that worked during the day and the night, and how this could vary depending on people's needs. The registered manager explained that the staffing levels reflected the needs of the people and also the activities and appointments of that particular day, which matched with what people had told us. Staffing rotas demonstrated that the number of staff on duty matched with the numbers specified by the registered manager. This demonstrated the flexible approach to staffing levels to meet people's needs.

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 reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed. Appropriate action following incidents had been taken, such as reviewing and updating risk assessments, or referring people to the GP to have a health review to make sure illness was not the cause.

People were kept safe because the risk of harm from their health and support needs had been assessed. Assessments had been carried out in areas such as mobility, and behaviour management. Measures had been put in place to reduce these risks, all of which involved the person. The assessments recorded how

each person had discussed the risk with staff, and how they had agreed to control the risk. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

People were cared for in a clean and safe environment. The home was well maintained. The risk of trips and falls was reduced as flooring was in good condition. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, and fire safety. Staff understood their responsibilities around keeping a safe environment for people. One staff member told us how they supported one person to mobilise safely around the home, such as looking for trip hazards. Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire.

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. Health and safety and fire guidelines were regularly talked through with the people on an individual basis as well as during house meetings, to ensure they knew what to do in an emergency. One person said, "We had a fire alarm test, and we all got out the house quickly." 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. There was also a continuity plan in place to ensure people would be cared for if the home could not be used after an emergency.

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.

People's medicines were managed and given safely, and people were involved in the process. People understood the reason and purpose of their medicines. One person said, "I get support with my medicines."

Staff that administered medicines to people received appropriate training, which was regularly updated. Staff who supported people with medicines were able to describe what the medicine was for to ensure people were safe when taking it. For 'as required' medicine, such as pain killers, or 'homely remedies' such as cold and flu medicine, there were guidelines in place which told staff when and how to administer the pain relief in a safe way. These had been developed and reviewed regularly with the GP to ensure the effectiveness of people's medicines, and their health would not be affected.

The ordering, storage, recording and disposal of medicines were safe 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 to keep them safe when not in use. Medicines were well organised and were 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.

Good

# Is the service effective?

## Our findings

At our previous inspection in October 2015 we identified two concerns. These were around staff training, and how the provider had not followed the requirements of the Mental Capacity Act. Both of these concerns had been resolved by the registered manager.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. One person said, "Staff know everything about how to care for me." Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they would have the skills to support people effectively. Induction included shadowing more experienced staff to find out about the people that they cared for and safe working practices. Ongoing training and refresher training was well managed, and the registered manager ensured staff kept up to date with current best practice. A staff member said, "CMG are brilliant for training, I have found it so helpful in being able to care properly for people."

Staff were effectively supported. Staff told us that they felt supported in their work. Staff told us they had regular one to one meetings (sometimes called supervisions) with the manager, as well as group team meetings. 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, and that they would be listened to and the management would take action.

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. Some people had capacity to make decisions for themselves, and were able to go out on their own if they wished.

Staff had a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. They were able to demonstrate how it had been used to ensure a person's human rights were not ignored. Staff were seen to ask for people's consent before giving care and support throughout the inspection. They also took time to explain decisions and possible consequences to help people make decisions for themselves.

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). Staff understood that people's capacity could change, and if they had to restrict someone's freedom to keep them safe, they knew they would have to do an MCA assessment, have a best interest's decision, and apply for a DoLS. The care given to people whose freedom was restricted was given in accordance with the DoLS applications that had been made by the registered manager.

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. A person said, "I can do some of my own cooking with staff support." Another person said, "The food here is lovely. We have a menu and staff ask us what we would like to eat." Lunch was observed to be lively and had a 'family meal' feel to it. People were able to choose where they would like to eat. People were involved in laying out the table, choosing the food they would like, and supported by staff when needed. Staff had friendly interaction with people during the meal and made it an interactive and positive experience for everyone involved.

People's special dietary needs were met. People's preferences for food were identified in their support plans. Where a specific need had been identified, such as food presented in a particular way to aid swallowing this was done. Staff were able to tell us about people's diets and preferences. Menu plans, and food stored in the kitchen matched with people's preferences and dietary needs and showed they had the food they enjoyed. 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.

People received support to keep them healthy. Each person had a health action plan in place. This detailed when they had check-ups, and how often these should be done. Where people's health had changed appropriate referrals were made to specialists to help them get better. People's health was seen to improve due to the effective care given by staff, for example overcoming colds and flu. A relative said, "When our family member was ill and had to go to hospital, they were there for him. I'd give them 10 out of 10 for how they helped him get better."

Good

# Is the service caring?

## Our findings

We had positive feedback about the caring nature of the staff. One person said, "Staff are nice; I get on with them and the manager." Another person said, "I'm happy here because the staff are nice to me." A relative said, "Staff are caring and helpful, the spend time sitting with people." Staff demonstrated a caring attitude to the people they supported. One staff member said, "I love it here: I love doing stuff with the guys, keeping them busy." Another said, "The best thing about the job is the people I care for; and the relationship I have with them."

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. People looked well cared for, with clean clothes, tidy hair and appropriately dressed for the activities they were doing. One person was dressed in a smart shirt and tie, and they told us they wanted to be dressed like this because they were going out shopping.

Staff spent time with people, keeping them company and giving individual care. When staff came on or went off shift, they made a point of saying hello or goodbye to everyone in the home. People appreciated this as it kept them informed about who was on shift, and was respectful because staff worked in their home.

Staff were very caring and attentive with people. They knew the people they looked after and involved them in making decisions about their life. Throughout our inspection staff had positive, warm and professional interactions with people. All the care staff were seen to talk to people, asking their opinions and involving them in what was happening around the home. One person was planning on decorating their bedroom, and staff had a detailed conversation with them about the options. They also talked about themes and colours that the person wanted. It was clear the person was the lead in making the decision on how their room was to be decorated.

People's independence was promoted and supported by staff. Each person had specific duties to complete around the home, such as cleaning, or ironing and other household tasks. One person said, "I can do my own laundry, and I can go out when I want." Equipment was used to aid independence. Items such as specialist cups and plates were in use that enabled people to eat and drink with minimal staff support.

Staff were knowledgeable about people and their past histories. Care records recorded personal histories, likes and dislikes. Throughout the inspection it was evident the staff knew the people they supported well. Staff were able to tell us about people's hobbies and interests, as well as their family life. Their knowledge covered people's past histories, and family life, down to a person's favourite food. The information staff shared with us, was confirmed as correct when we spoke with the people who lived here.

Staff communicated effectively with people. When providing support staff checked with the person to see what they wanted. Staff spoke to people in a manner and pace which was appropriate to their levels of understanding and communication needs. People were given information about their care and support in a manner they could understand. Information was available to people around the home. It covered areas such as local events that people may be interested in.

Staff treated people with dignity and respect. Staff were very caring and attentive throughout the inspection, and involved people in their support. One staff member said, "We give choices to people. They will decide what they want to wear, and what order they want things like personal care done." Another sign of respecting people implemented by the registered manager was that staff's personal mobile telephones were stored in the manager's office. This reduced the risk of calls coming in and disturbing people. Staff also had a good understanding of respecting people's privacy and confidentiality. Records that contained information about people were not left out where others could read them, and staff did not speak about people in front of others.

People were supported to have self-respect and celebrate achievements. Two of the people at the home had received CMG awards in 'most inspirational individual' and 'most inspiring health outcomes.' Both took great pride and joy in showing us their awards and talking about them. It was obvious their self-confidence had been boosted by their achievements being recognised.

People's rooms were very personalised. This made them individual to the person that lived there. The registered manager and staff had worked with people to redecorate their rooms to reflect their interests and hobbies. One person was very patriotic and had their room decorated in a style that respected this, with pictures, ornaments and decorations of the Queen. The person took great pride in telling us about their bedroom.

People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services in the community so they could practice their faith. People told us they could have relatives visit when they wanted, or go and stay with their relatives if they wished.

Good

# Is the service responsive?

## Our findings

People's needs had been assessed before they moved into the service 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, and their mobility.

People were involved in their care and support planning. One person said, "I have a care plan, and I meet with my key worker to talk about my progress." Care plans were based on what people wanted from their care and support. They were written with the person by the registered manager or key worker. Family members, health or social care professionals were also involved to ensure that the person's choices and support were covered for all aspects of their life. Reviews of the care plans were completed regularly with people so they reflected the person's current support needs. Were possible people had signed the care plans and reviews to show they had been involved and agreed with what had been recorded.

People's choices and preferences were documented and were seen to be met. There was detailed information concerning people's likes and dislikes and the delivery of care. The files gave a clear and detailed overview of the person, their life, preferences and support needs. Care plans were comprehensive, were person-centred and focused on the individual needs of people.

People received support that matched with the preferences record in their care file, for example being supported to maintain independence by helping around the house - one person helped carry out weekly health and safety checks at the home, or by helping people to manage their own medicines. Care plans addressed areas such as how people communicated, and what staff needed to know to communicate with them. Other areas covered included keeping safe in the environment, personal care, 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.

Where changes had been identified in peoples support needs, such as a change in mobility, staff had responded well. People had access to appropriate professionals to ensure equipment provided met their new needs. For example an occupational therapist had carried out an assessment in response to a person's changing needs. This had resulted in a new shower chair that gave greater comfort and support for the person being purchased.

People's behaviour support needs were responded to in a way to minimise the impact to others in the home. One person was known to display behaviour that resulted in toilets being blocked. The staff had reviewed this and as a result the hand drying facilities had been changed to remove the items used to block the toilet, but still enable people to wash and dry their hands effectively.

People had access to a range of activities, many of them based in the community. One person said, "I do cooking, and can go to the pub if I want to have a drink." During the inspection people were going out on activities throughout the day, and those that stayed home had activities such as arts and crafts, reading magazines and newspapers, listening to music or watching programmes on the television. People talked

about local matters, such as new housing developments in the area, and what their opinion was, which showed they were supported to keep abreast of local community issues.

Some very individualised activities were given to meet specific needs of people. A very positive example was seen for one person. They had a one to one session with a member of staff that involved stimulating the person's sense of touch and smell. The person enjoyed the interaction as they were seen to laugh and make positive noises throughout the activity in response to staffs actions. Another person explained how the staff had responded to their goal of regaining their confidence so they could go out into the local community on their own. People were well supported by staff to keep active and have interesting activities to stop them being bored.

People were supported by staff that listened to and would respond to complaints or comments. All the people we spoke with said they had never had to make a formal complaint. There was a complaints policy in place. The policy included clear guidelines, in an easy to read format, 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. Complaints that had been received were recorded and dealt with in accordance with the provider's complaints policy, and to the satisfaction of the people that made them.

Good

# Is the service well-led?

## Our findings

There was a positive culture within the home between the people that lived here, the staff and the registered manager. People, relatives and staff gave positive feedback about the registered manager and the improvements she had made to the home, and people's lives. An independent advocate said, "Since the manager has been in post she has improved the home a lot. It is a more homely environment, staff turnover is low, activities for people have increase. It is a 'homely' home for people."

Staff understood the values of the provider, and put them into practice to give a good outcome to people's lives. One staff member said, "I'm here to give a happy and fulfilled life to the guys. Helping them do what they want to do and be happy in themselves." Another staff member said, "For people to have a good way of life; have independence and be involved as much as they can be in managing their lives." Our observations over the course of the inspection confirmed that staff had people's welfare at the centre of what they did, and supported people to live their lives in a way they wanted.

Senior managers were involved in the home, so they could ensure people were happy and received a good standard of care. One person said, "The manager's from the head office regularly visit and talk with us about what we want." A member of staff said, "The Chief Executive still visits, he appears out of nowhere as we don't know when he will visit. He chats with the guys (people who live here) and the staff to make sure we are okay. He also asks staff questions, to check our knowledge on things, like CMG's values, and how we demonstrate them in the support we give."

Regular monthly and weekly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. The registered manager and staff had clear responsibilities on who checked which aspect of the home and when. Visits were also completed by the provider's quality assurance person, and the regional manager. The visits and internal audits covered areas such as infection control, health and safety, and medicines. The audits generated improvement plans, if needed, which recorded the action needed, by whom and by when. The registered manager listened and responded to feedback to these audits. Where actions had been highlighted at a previous quality assurance visit, these had been addressed in a timely fashion before the next visit. The registered manager was able to demonstrate they were continually reviewing and improving the home for the people and staff.

People were included in how the service was managed. People had access to regular house meetings where they could discuss how they felt about living at the home. One person said, "Once a month we have a meeting, and we talk about activities we might like to do, holidays and anything else we want to raise." Minutes of the meetings showed that people had the opportunity to raise any concerns, and were encouraged to tell the staff what needed to be done around the house, or in relation to their care and support needs. A further example of people's involvement was shown by the summer BBQ that took place in August 2016 and was a celebration of the transformation of the home and garden. 100 guests attended including family members, friends, neighbours, and senior managers. People had been fully involved in the extensive planning for this event and the entertainment provided on the day.

The registered manager and provider ensured that various groups of people were consulted for feedback to see if the service had met people's needs. This was done annually by the use of a questionnaire. All the responses from the last survey were positive about the home and staff. People who lived here and their families were involved in these questionnaires, which covered all aspects of care and support provided at the home.

Staff felt supported and able to raise any concerns with the manager, or senior management within the organisation. Staff understood what whistle blowing was and that this needed to be reported. 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.

Staff 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. They were also used to check on staff's understanding of key topics around care and support for people, such as the MCA. Staff's knowledge of this subject showed this had been an effective way to ensure staff were kept up to date with best practice in the sector.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection

Records management was good and showed the home and staff practice was regularly checked to ensure it was of a good standard.