Allag Care Limited

Sycamore Cottage Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the service on 13 February 2017 and the visit was unannounced.

Sycamore Cottage Residential Home is a care home and provides care and support for up to 14 people. There were 12 people using the service when we visited and many were living with dementia.

There was a registered manager in place. It is a requirement that the service has a registered manager. 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 provider had safely recruited a suitable number of staff to provide care and support to people. People were supported safely and staff knew their responsibilities to protect them from abuse and avoidable harm. The provider took action following an incident or accident including gaining the specialist support of health care professionals to help reduce the likelihood of a reoccurrence. Risks to people's health and well-being were assessed and reviewed. For example, where a person could display behaviour that challenged themselves and others, there was guidance for staff which they followed.

People received their medicines when they required them. Staff knew what action to take should they have concerns about a person's medicines including what to do in the event of an error. Staff received training and guidance for handling medicines to make sure people were supported safely.

People were asked for their consent before care and support was undertaken. Staff knew the importance of doing this and spent time with people so that they understood what they were being asked.

People were not always supported in line with the Mental Capacity Act 2005. For example, the provider had not always completed mental capacity assessment to determine people's ability to make decisions. Staff did not always understand the requirements of the Act. The registered manager told us they would make improvements including arranging additional training for staff. The registered manager had made applications to the appropriate body where they had sought to deprive some people using the service of their liberties to make sure this was acceptable.

Staff mainly had the necessary skills and knowledge to offer good care to people. Staff had received training in areas such as dementia and dignity and respect. Staff had language skills that benefitted the people they were supporting. Staff received an induction when they started working for the provider so that they were aware of their responsibilities. Staff also received guidance and feedback from the registered manager to make sure they were offering support that met people's care requirements.

People had mixed views about the food offered to them. The registered manager told us that the menu was

being reviewed. Staff recorded what some people ate and drank. We found that the records occasionally contained gaps. We saw that people had enough to eat and drink. The registered manager told us they would review the need to record this as they did not have current concerns about people's eating and drinking.

People were supported to maintain their health. This included having access to healthcare services such as to their doctor, chiropodist and optician.

Staff knew about the people they were supporting. They involved them in decisions about their care where people were able to be part of this. People received care that was based on things that mattered to them. For example, routines that were important to them were respected by staff.

People were supported to be as independent as they wanted to be to retain their skills. Staff were kind and compassionate although we saw an occasion where a staff member could have caused offence to a person. The registered manager told us they were taking action about the staff members' performance and we saw this to be the case.

People's dignity and privacy was mainly protected although their care records were not always stored securely. The registered manager told us they would remind staff to keep people's care records secure. People's relatives and friends could visit without undue restriction.

People or their representatives contributed to the planning and review of their care although this was not always recorded. The provider told us they would take action to make improvements.

People took part in interests and hobbies that they enjoyed. For example, people accessed facilities in their local area.

People knew how to make a complaint as the provider had made information available to them. The registered manager responded to concerns where they were raised and took action.

Sycamore Cottage Residential Home was well-led and staff were supported by the registered manager. Staff, people and their relatives had opportunities to give feedback to the provider. The provider listened to the feedback received and took action where this was required.

Staff knew what was expected of them. This included how to report the inappropriate or unsafe practice of their colleagues should they have needed to.

The registered manager was aware of their responsibilities and carried out quality checks of the service to make sure that it was of a high standard. For example, checks on people's medicines and the health and safety of the building occurred. The registered manager told us they would make improvements to recording when actions were completed.

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 protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to remain safe.

There were a sufficient number of staff to meet people's care and support requirements. Staff were checked for their suitability prior to working for the provider.

People received their prescribed medicines safely from staff who were trained.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Where there were concerns about a person's ability to make decisions, the provider did not always follow the requirements of the Mental Capacity Act 2005. The provider told us they would take action to make improvements.

People had mixed views about the food offered to them. The provider was taking action to review the menu. The registered manager told us they would take action to review the recording of some people's eating and drinking as there were gaps in the records.

People received support from staff who mainly had the necessary knowledge and skills. Staff received guidance and training.

People were supported to maintain their health.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion by staff.

People's dignity and privacy was mainly respected. The provider

was making improvements to protect people's privacy in a bathroom.

People's independence was encouraged where this was important to them and staff knew about the people they supported.

People were involved in making decisions about how their care was delivered where they could.

Is the service responsive?

Good

The service was responsive.

People received care that was based on their preferences.

People or their representatives had contributed to the planning of their care needs. The provider told us they would take action to make improvements to the recording of people's reviews to show who was involved.

People spent their time in ways that were important to them including undertaking a range of leisure activities.

People knew how to make a complaint and the provider dealt with concerns raised.

Is the service well-led?

Good

The service was well led.

Staff received routine guidance and support so that they knew their role and responsibilities.

People, relatives and staff had opportunities to give suggestions about how the service could improve.

The registered manager was aware of their responsibilities and they had monitored the quality of the service. They told us they would make improvements to the recording of the action they had taken following their checks.

Sycamore Cottage Residential Home

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.

The inspection visit took place on 13 February 2017 and was unannounced. The inspection team included an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, the provider 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. We also reviewed the information that we held about the service to plan and inform our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted the local authority who has funding responsibility for some people living at the home and Healthwatch Leicestershire (the consumer champion for health and social care) to ask them for their feedback about the service.

During our inspection visit we spoke with five people who used the service. We also spoke with the registered manager and five care assistants. We spoke with a hairdresser, a health care professional and a social care professional. They were all visiting on the day of our visit and we spoke with them to gain their feedback about the quality of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of two people who used the service. We also looked at records in relation to health and safety, people's medicines and documentation about the management of the service. These

included policies and procedures, training records and quality checks that the registered manager had undertaken. We looked at two staff files to look at how the provider had recruited and how they supported staff members.

Good

Is the service safe?

Our findings

People were safe. A visiting health care professional told us, "I have no concerns about the people living here. People seem well cared for. The carers are really attentive." Staff knew how to protect people from abuse and avoidable harm. One staff member told us, "I would tell the manager and could call safeguarding [at the local authority] if I needed to. I would look out for a change in a person's mood." Staff could describe the different types of abuse and indicators that a person might be at risk of harm. The provider had made available to staff a 'flowchart' in the main office directing them of the action they should take where necessary. A social care professional told us, "They follow that process regarding safeguarding. They are immediately on top of things." This meant that staff knew what to do should they have had concerns that people were at risk of harm.

The registered manager had assessed risks associated with people's care and support. For example, some people using the service could display behaviour that posed a risk to themselves and others. We saw that risk assessments were in place that contained guidance for staff to follow suggesting a range of strategies to help people to relax. One staff member described their understanding. They told us, "All you can do is go in and try to talk with [person]. Let her sort herself out. I don't restrain, no we are not taught to do that. I just back off and give her time." We saw this happening when we visited. We also saw that where a person was at a risk of falling, specialist advice had been sought and incorporated into their care plan to guide staff on how to support them safely. This meant that risks associated with people's support were managed to help them to remain safe.

We saw that the amount two people drank was being monitored by the provider. Although we saw that people were supported to drink well and their care records reflected this, the registered manager had not detailed the target input for each person. They said they would add the target daily intake for each person to guide staff about the required amount of fluid each person required.

The registered manager took action when an accident or incident occurred. We saw that they referred significant incidents to the local authority for them to investigate further where this was required. We also saw that the registered manager sought the specialist guidance of health care professionals to help people to remain safe. Staff knew what action to take following an accident or incident. One staff member told us, "I would check if they were breathing and call for an ambulance if needed. If the person can get up themselves then that's okay if they feel well enough to. If not, I wait for the paramedic." We saw that accident forms were checked by the registered manager to look at ways of reducing a reoccurrence wherever possible.

We saw that the provider checked the environment and equipment to minimise risks to people's health and well-being. For example, the provider checked the temperature of the hot water to reduce scald risks to people. We also saw that checks routinely took place on the equipment people used to move from one position to another, on the fire equipment and utilities, such as gas and electric. We saw that the provider's checking processes highlighted the need to remove cigarette ends from the outside area every day. We found that the garden was heavily littered with cigarette ends as well as chairs and walking frames that were no longer required. The registered manager told us that action would be taken to remove the clutter and

tidy the garden where required.

The provider had emergency plans in place to keep people safe should there be an emergency such as a fire. These plans detailed the support each person would require to help them to leave the building should it be necessary. We saw that the provider had identified alternative accommodation and additional staffing should they require it. This meant that the provider had considered people's safety should a significant incident occur.

Staff members had no concerns about the staffing numbers available to offer people care and support. One staff member told us, "There is enough staff. People get to go out." Another said, "If you have an emergency there is an on-call. There's only one night staff but the owner and manager live close by and they come if needed." We found that staffing numbers were suitable and people received care and support without having to unduly wait.

The provider had a safe recruitment process in place that they were following. This included the provider obtaining two references that asked for feedback about prospective staff from their previous employer and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. This meant that people were supported by staff who were appropriately verified.

People received their prescribed medicines when they required them. We saw a staff member supporting people to take their medicines. They made sure that the medicines trolley was secured every time they left it so that people could not access it. We saw that they sought people's consent to administer their medicines and recorded when the person had taken it. One person declined their medicines and the staff member told us that they would contact the person's doctor as they appeared unwell. We saw them document that the person refused their medicines and the action they had taken so that their colleagues were aware. We found that the staff member followed the specific instructions about medicines that were given 'as and when required' such as those to help people to relax. People's medicines were stored safely and records associated with its administration were completed accurately.

Staff knew their responsibilities when handling people's medicines because the provider had made a policy available to them. This included what action to take should they have made a medicine's error. One staff member told us, "If there was an error I'd report it to the manager. He would ask what happened. I'd call 111 or ring the GP and explain what happened. If necessary I'd be retaught in medicines handling." Staff told us they received medicine's training and their competency was routinely checked. Their training records confirmed this. This meant that staff knew their responsibilities and received guidance to handle people's medicines safely.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 2005 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. We checked whether the provider was working within the principles of the MCA.

Where there were concerns about people's ability to consent to their care and support, the provider had not always assessed their mental capacity. We saw that one person had checks throughout the night to make sure they were safe and a motion detector to alert staff when they were out of their room. However, although it was recorded in their care records that these were in the person's best interest, there was no record that a mental capacity assessment had been undertaken to determine if the person had the capacity to make these decisions about their care. We saw that another person had their medicines in their drink as they sometimes refused them. Although health care professionals had agreed this, there was no mental capacity assessment in place to determine this person's ability to understand the need for their medicines. The registered manager told us that they would complete these assessments and record any subsequent decision made in a person's best interest. After our visit, the registered manager told us they had sought the support of the local authority with completing mental capacity assessments.

Staff did not always understand the requirements of the MCA. One staff member told us, "We watch for body language or they just tell us what they want." However, we saw that some people could not always inform staff of their care requirements due to them living with dementia. We found that staff did not always understand how a decision could be made in a person's best interest with others involved in their care. After our visit the registered manager told us that additional training had been arranged to help staff better understand the requirements under the Act.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager had made the appropriate applications to the 'supervisory body' (the local authority) where they were seeking to deprive some people of their liberty. Staff members understood when a DoLS authorisation might be required. One staff member told us, "For their health and safety, we have a locked door." They understood that this required an assessment to determine if this was the best way to help people to remain safe when they did not have the capacity to understand the risks to their well-being.

People had mixed views on the food offered to them. The registered manager told us that the menu was due to be reviewed and that they would include people in this to make sure it reflected their preferences. We saw that people were offered drinks and snacks throughout the day and that a mealtime was enjoyed. Where people required assistance to eat and drink, we saw staff sitting with them and helping at a pace that was suitable to the person. We found that staff knew people's dietary and cultural preferences and these were recorded in people's care records to guide staff.

We saw that staff members were recording the amount some people ate and drank in their care records. We found that some entries were missing for two people. The registered manager told us, and we saw, that people were eating and drinking well. They told us that they would review the need to record what people had eaten and drank. If people still required this, they would remind staff about the importance of completing care records completely. We saw that one person had lost weight in the last month. We asked the registered manager what action they were taking. They told us this was due to the medicines the person was taking and they would update their care plan to reflect this.

Staff mainly had the necessary skills and knowledge that they required. We saw that some staff spoke different languages which helped them to communicate well with people where English was not their first language. One staff member used a person's main language to encourage them to take their medicines where an English speaking staff member had not been successful. The registered manager spoke highly of the ability of staff to speak different languages and we saw staff speaking fluently in different Asian languages when we visited, which people responded to well.

Staff knew to gain a person's consent before they carried out care and support. One staff member told us, "It's about giving them a choice, explaining everything you do. We read body language as one person cannot speak so we look at facial expressions." We saw staff asking people for their consent and they did this in ways that gave people time to understand what they were being asked. We read guidance for staff on how to support people to make decisions. For example, we read, 'Staff should try and repeat back to [person] and based on the information and reaction provided by [person] pre-empt what he may be suggesting'.

Staff told us that the training they received was suitable. One staff member told us, "Training is absolutely fine. There's enough. I did safeguarding and we do it regularly." Another said, "When you fail an online course you have to do it again and it makes you really think and research it." We saw training records and certificates showing that staff had received training in topic areas such as food hygiene, dementia and dignity and respect. There were plans by the provider to refresh the knowledge of staff routinely to make sure staff worked to the most up to date guidance.

Staff received an induction when they started to work for the provider. One staff member told us, "I was given a care plan to read one by one when I started. That helped." The registered manager told us that currently they were using the standards of the Care Certificate during a staff member's induction. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector. We saw that the majority of staff had a qualification in social care which equipped them with the required knowledge.

People received support from staff who received routine guidance from the registered manager. One staff member told us, "I have supervision every three months. It's about how I am getting on, my strengths and weaknesses." Another said, "I had a supervision last week. We talked about staff issues, medicines. Everything really." We saw that staff had met with the registered manager in the last three months and topics included areas for development and any training requirements. This meant that staff received guidance and support on how to support people well.

People were supported to maintain their health. A visiting health care professional told us, "The home contacts us quickly enough. They have the knowledge to know when a doctor is needed. They give enough information about the person and the staff stay with me with the patient. They help me to communicate with them." We saw that one person was unwell. Staff took the right action including calling the local doctor's surgery to make an appointment. We saw that 'emergency grab sheets' were in place. These detail the basic care and health needs of a person and are useful when health care professionals take over the care

of the person during a significant illness. We also saw that people had routine access to see their doctor, chiropodist and optician as well as other health care professionals when required. The registered manager told us that people were currently being registered with a local dentist. In these ways people's healthcare needs were met.

Good

Is the service caring?

Our findings

People told us that staff members were caring and compassionate when offering them care. One person said, "I only have to ask once and they are always helpful." Another told us, "It's very nice here, the staff are very good." A visiting hairdresser said, "They [staff] are amazing. They are caring. Nothing is too much for them." We saw that staff listened to people and spoke to people in kind ways. We heard one staff member say, "Where would you like your tea?" and acted upon the response they gained. Where people were assisted to eat, staff did this in a gentle and caring manner. We did see an occasion where a staff member's interaction with a person may have caused offence. We spoke to the registered manager about this who told us they were taking action to improve the staff member's performance and we saw this to be taking place.

People's dignity and privacy was respected. We heard staff referring to people by their preferred name and when they offered assistance to freshen up, they did this in a discreet way. Staff knew how to protect a person's dignity. One staff member told us, "If we are in the shower I make sure the door is shut. I always knock people's doors first." We saw staff assisting people to move from one position to another. They protected people's dignity by carefully adjusting their clothes and spoke with them gently, offering them reassurances where required. We saw that a bathroom required an upgrade as the floor was stained and there was no blind at a frosted window. The registered manager described the plans for upgrading the bathroom to include window coverings and told us that people were involved in choosing the décor.

We saw that a cupboard used to store people's care records was not always locked when not in use. The registered manager told us they would remind staff to do this. Where staff held conversations about people's care and support, these occurred in quiet places where those only authorised to hear this information were present.

Staff knew the people they were supporting including their life histories. One staff member told us, "[Person] can be restless. Sometimes can be chatty and happy. He likes old films. He always asks for his wife." We found this matched the person's care plan. Other staff were able to describe people's past including where they had lived and significant people who were part of their life. This was important so that staff could engage with the people they offered care to in meaningful ways.

People were encouraged to be involved in decisions that affected them wherever possible. We heard staff ask people what they wanted to eat, where they preferred to sit and how they wanted to spend their time. Staff respected what they were told and offered their assistance in accordance with people's wishes. Where people may have required additional support to make decisions for themselves, the provider had made advocacy information available to them. An advocate is a trained professional who can support people to speak up for themselves. This meant that where possible, people were involved in making decisions about their lives.

People were supported to retain their skills where this was important to them. For example, we saw that people were assisted to walk using their equipment and staff gently offered their encouragement. Staff knew how to promote a person's independence. One staff member told us, "[Person] likes going out to do her

shopping. One likes to go to the cemetery. We support people to do these. They enjoy this independence and ability to go out." People's care plans detailed their abilities so that staff had guidance about what people could achieve for themselves. We found that staff only assisted people where they required this. At other times they gave people their freedom to remain independent.

People's friends and family were able to visit without undue restriction. We saw records of relatives' visits that were routine. This meant that people were able to maintain relationships that were important to them.

Good

Is the service responsive?

Our findings

People received care and support that was based on their preferences and individual requirements. A visiting health care professional told us, "They respect people's choices and decisions. The individual support of people is good." We saw that when people requested support, this was offered by staff without them having to unduly wait. People's choices and preferences for their care were upheld. For example, where a person was anxious and chose to stay in their room, this was respected by staff. Two people chose to eat their meal in a lounge area and this was supported by staff members. We observed the 'handover' where information was exchanged between staff leaving their shift and others coming onto theirs. They spoke about people's individual care requirements including changes to their health and about people's changing needs. In these ways people could be confident that they would receive care based on things that mattered and were important to them.

We saw that the provider carried out a '24 hour' care plan. This set out the basic care requirements of people when they moved into Sycamore Cottage Residential Home. Guidance was included for staff to follow such as the level of assistance a person required with moving from one position to another. We found that some of the information was missing. For example, information on one person's social and medicine needs had not been documented. This meant there was a risk that staff did not have all the necessary information to provide care based on people's specific care requirements. The registered manager told us that they devised a comprehensive care plan shortly after the initial plan that included all of the required information. We found this to be the case. They also said they would ensure all of the information was on the initial plan in the future.

People had care plans that contained information on their preferences and care requirements to guide staff. We saw that people had specified their preference for the gender of staff, their language requirements and how they liked to spend their time. We found that staff knew about these preferences when we visited. For example, one person enjoyed staying in bed late into the morning and staff only offered to help the person to rise for the day when they were ready. A visiting social care professional told us, "They respect people's routines and the care plans are good and thorough so staff know what people want." This meant that people could be sure that they received support centred on their preferences.

People's care was reviewed monthly so that staff had up to date guidance on how people preferred to be supported and on their support requirements. It was not documented how people or their representatives had contributed to this process. A staff member told us, "I'm not sure that residents are involved in them [reviews] as some would not be able to. The registered manager told us that some people were part of reviewing their own care. Where they could not, representatives were included. They said they would make improvements to their recording of people's reviews.

People were satisfied with the activities offered to them. One person told us, "There's plenty to do." A visiting hairdresser told us, "People seem happy. They've had a singer in recently and a party." We saw that people were supported to access local shops and facilities in their local area with the support of staff. We read that these trips were important to people. We also saw people reading the daily newspaper that was provided for

them and there were a range of puzzles and music available for people to use should they have wished to.

We saw that there was an activities co-ordinator present who was undertaking an arts and crafts activity with two people who could often become anxious. They looked relaxed and were enjoying the activity. The activities coordinator engaged and spoke with people about things that mattered to them. In these ways people were supported to spend their time in ways that were important to them.

The provider had made some adjustments within the home to meet the needs of people living with dementia. We saw that there was a 'memory lane' corridor which included pictures of singers and actors of the past. These can help people to remember and engage in conversation with staff members. We also saw that rooms had pictures on them to aid people's orientation around the home. The registered manager told us they had plans to enhance the environment further. For example, they were looking at displaying the menu using photographs and pictures to help people to decide what they wanted to eat and to remind them what they had chosen.

People knew how to make a complaint should they have need to. One person told us, "There's nothing to complain about. I would speak with him [pointing to the registered manager]." We saw that the provider's complaints procedure was displayed for people and their visitors and detailed their process for handling them when one was received. People were reminded of how to complain during a meeting they attended in December 2016 so that they were aware of the process. The registered manager told us that no complaints had been made but that concerns were raised. They showed us records of how they had dealt with these, including making sure the person raising the concern were satisfied with the action taken.

Good

Is the service well-led?

Our findings

We found that the service was well-led and people confirmed this. One person told us, "He's [registered manager] very kind." Another said, "He's [registered manager] excellent. It's very nice here." We found that some improvements were required. For example, some people's care records were not always complete. However, the registered manager recognised where improvements were needed and told us they would take action. We saw that the registered manager led by example. For example, they supported people to engage in interests that were important to them and we saw staff following this lead. Staff told us that the registered manager had made significant positive changes at Sycamore Cottage Residential Home and they were confident this would continue.

People had opportunities to give feedback to the provider about the quality of the service. We saw that people attended a meeting in December 2016 that asked them, for example, about the food offered to them and the standards of the living accommodation. We read positive feedback that the provider had received during this meeting. We saw that questionnaires were issued to people and their relatives in January 2017 asking for their feedback on their experiences of the care provided. We read one comment from a relative that said, 'There has been an overall improvement.' The registered manager told us that they had fed back to people individually where there were suggestions for improvements. They told us they would look at making sure everyone received feedback about the comments they received.

Staff felt supported by the registered manager and felt confident in making suggestions for how the service could improve. One staff member told us, "He [registered manager] is approachable and helpful and I can give suggestions. One person can become aggressive and they threw a glass so I suggested plastic glasses and that happened." Another staff member said, "The manager is a hardworking person and is making sure it is a high quality service." Staff members told us that the provider listened to any concerns received and were confident they would take any necessary action.

Staff knew about their responsibilities. This was because they received routine guidance and support from the registered manager. Staff attended team meetings where topic areas such as health and safety and issues in relation to people were discussed. We saw that staff received, and could give feedback, on their working practices. Staff also had a range of policies and procedures made available to them by the provider which detailed the expectations of them. We found that staff were knowledgeable about these including the provider's whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff knew what action to take should they have concerns. One staff member told us, "I'd report anything of concern to the manager. If he did not deal with it I'd go above to the owner. I could also ring the CQC [Care Quality Commission]."

The provider had aims and objectives that the service strove to achieve. This included respecting people's dignity and their individuality. Staff knew about what the service aimed to achieve. One staff member told us, "Encourage them to be independent where possible. A home from home." Another staff member said, "To provide a safe environment for those that need our support in a homely way." We found that staff were working towards the provider's aims and objectives when offering care to people. This meant that staff knew

about the aims and objectives of the service and offered their support in line with these. We saw that the provider's 'statement of purpose' required a review as it referred to staffing numbers that were no longer in place. The registered manager told us they would update the document and would notify us of the changes made.

The registered manager was meeting their conditions of registration with CQC. This included the registered manager informing us of significant incidents that they are required to send us by law. For example, the provider told us when there were safeguarding concerns at the home and what action they had taken to make sure people remained safe. This showed that the provider had an approach that was open.

The registered manager had a range of checks in place to monitor the quality of the service. We saw that they carried out audits in areas such as the accommodation offered to people, when people had experienced an accident or incident and on people's medicines. We saw that the registered manager had started the process of checking people's care records. This was to make sure that staff had the information they needed to provide support in ways that respected people's preferences. We also saw that the provider had visited the service in the last 12 months and carried out checks including asking people about their experiences of care.

We spoke with the registered manager about some of the audits that had identified action that was required to improve the quality of the service. It was not always documented that action was taken. They told us that actions were completed but they had not always updated their action plans. They told us they would make improvements to their recording.