The Norman Laud Association

# Emscote House Adult Residential Services

## Inspection report

Emscote House
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## Ratings

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

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|---|---|
| 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

This inspection took place on 20 July 2016. This was an unannounced inspection.

At the time of our last inspection in November 2013, Emscote House was found to be meeting all of the essential standards relating to the quality and safety of care that we looked at.

Emscote House provides accommodation and personal care for up to eight people with learning difficulties and/or physical health care needs, on a short-stay basis. At the time of our inspection, there were eight people staying at Esmcote House.

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 service was safe because people were supported by enough members of staff who had been safely recruited. Staff had the knowledge and skills they required to protect people from the risk of abuse and avoidable harm and they knew what the reporting procedures were. People were supported to have their medication when they required it from staff that had the relevant knowledge and skills required to promote safe medication management.

The service was not always effective because key processes had not been fully followed to ensure people's rights were protected and they were not unlawfully restricted. However, people received care and support with their consent where possible, and the staff ensured that people were supported in the least restrictive ways in order to keep them safe.

People's dietary needs were assessed and monitored to identify any risks associated with their food and fluid and they were encouraged to be as independent as possible with preparing food they enjoyed.

People were supported to maintain good health because staff worked closely with other health and social care professionals when necessary.

The service was caring because people were supported by staff that were kind, caring and who took the time to get to know them, including their personal histories, likes and dislikes. People were also cared for by staff that protected their privacy and dignity and respected them as individuals.

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives, including the care and support that was provided to them, where possible. People felt involved in the planning and review of their care because the provider promoted a person-centred approach and staff communicated with people in ways they could understand.

People had an enhanced sense of well-being and quality of life because staff actively encouraged and supported them to engage in activities that were meaningful to them.

Staff felt supported and appreciated in their work and reported Emscote House to have an open and honest leadership culture. The management team endeavoured to improve and develop the service and had systems in place to assess and constantly monitor the quality of the service. People were encouraged to offer feedback on the quality of the service and knew how to complain if they needed to. They felt that the registered manager was responsive to feedback and staff reported the registered manager to be a positive role model who was dedicated to providing a high quality service.

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

People were supported by enough members of staff to meet their needs and who were aware of people's individual health related risks.

People received their prescribed medicines as required.

### Is the service effective?

Requires Improvement

The service was not always effective

People's rights were not always protected because key processes had not been followed to ensure people were not unlawfully restricted. However, people received care with their consent, where possible and in the least restrictive ways, in order to keep them safe.

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

People's dietary needs were assessed and monitored to identify any risks associated with their food and fluids and they had food they enjoyed.

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

### Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring.

People received the care they wanted based on their personal

preferences and dislikes because staff were dedicated and committed to getting to know people.

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

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

## Is the service responsive?

Good

The service was responsive.

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

People had an enhanced sense of well-being and quality of life because staff actively encouraged and supported them to engage in group and individual activities that were meaningful to them.

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

## Is the service well-led?

Good

The service was well led.

The provider promoted a positive, person-centred culture within Emscote House.

Everyone reported the registered manager to be a positive role model who was dedicated to providing a high quality service.

Staff felt supported and appreciated in their work and reported Emscote House to have an open and honest leadership culture.

The management team endeavoured to improve and develop the service and had systems in place to assess and constantly monitor the quality of the service.

# Emscote House Adult Residential Services

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 20 July 2016. The inspection was conducted by one inspector.

As part of the inspection we looked at the information that we hold about the service prior to visiting the location. This included notifications from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also received feedback from the local authority with their views about the service provided to people at Emscote House. A Provider Information Return (PIR) request had not been sent to the provider and therefore had not been received. A PIR is a pre-inspection questionnaire that we sometimes send to providers to help us plan our inspection. It asks Providers to give us some key information about the service, what the service does well and any improvements they plan to make.

During our inspection, we spoke or spent time with five of the people who were staying at the home and nine members of staff including the registered manager, two deputy manager's, two supporting manager's and four support workers. Some of the people living at the home had complex care needs and were unable to tell us about the service they received. Therefore we used a tool called the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of three people, to see how their care was planned and looked at the medicine administration practices and associated records. We looked at training records for staff and at two staff files to look at recruitment and supervision processes. We also looked at records which supported the provider to monitor the quality and management of the service, including health and safety audits, medication administration audits, accidents and incident records and

compliments and complaints.

Good

# Is the service safe?

## Our findings

People we spoke with told us that they were happy with the care they received at Emscote House and they felt safe. One person said, "They [staff] are all lovely here, you have nothing to worry about". They told us, "We [people] are definitely safe here, they [staff] look after us well". Another person we spoke with said, "They [staff] look after me to make sure I am safe". A third person told us, "I like it here, it's good". During our inspection, we saw staff supported people in order to promote their safety.

All of the staff we spoke with felt that people were kept safe at the home and that the provider supported them to maintain people's safety. Staff we spoke with knew what action to take to keep people safe from the risk of abuse and avoidable harm. One member of staff told us, "We have safeguarding training to make sure we know how to keep people safe from abuse, if we notice anything or anyone tells us anything which makes us suspect they are unsafe, we hand it over to the management team; I am confident the managers would deal with it straight away". Another staff member said, "If a person seemed withdrawn, or I noticed any physical signs like bruising, or maybe a significant change in their weight, appearance or behaviour, I would report it straight away to the person in charge or the [registered] manager and make sure it was documented". Records showed that staff had received safeguarding training and they were knowledgeable in recognising signs of potential abuse; staff knew how to escalate concerns about people's safety to the provider and other external agencies. The registered manager was also aware of their roles and responsibilities in raising and reporting any safeguarding concerns. Information we hold about the provider showed us that where safeguarding concerns had been raised, these had been reported to the appropriate agencies and investigated thoroughly; the outcome of these investigations concluded that there was no evidence of concern linked to the care that people had received at Emscote House.

People we spoke with told us that staff supported them with any risks associated with their health conditions such as seizures for example. Staff we spoke with knew how to protect people from such risks and were aware of what action they needed to take in an emergency. For example, one member of staff told us, "Some people have epilepsy and are at risk of seizures; this is all documented in their care plans and risk assessments so we know what is 'typical' for each person and what action we need to take or when we need to call the ambulance". During our inspection, we saw staff responded quickly to a person during a seizure and provided on-going supervision and support afterwards, in accordance with the person's care plan in order to keep the person safe.

Another member of staff told us, "People can be on special diets and can be at risk of choking, so we have to follow special meal plans and recommendations that have been made by the Speech and Language Therapist; if a person was choking, we know we have to lean a person forward and administer back slaps to try and dislodge it and call an ambulance if needed". We also saw staff supporting people to eat and drink safely, paying regard to people's individual care needs and associated risks.

Records we looked at showed that people had detailed risk assessments in their care files which were specific to their care needs. These included moving and handling, pressure care, medication and nutritional risks. The risk assessments provided step by step guidance to staff to enable them to minimise the potential

risks and how to respond when required. For example, we saw that one person was at risk of falls. This person's risk assessment and care plan provided guidance to staff on how to support this person to mobilise safely using specific aids and verbal prompting. During the inspection, we saw different members of staff all consistently supporting this person in the same way in accordance with their care plan and risk assessments. We also saw that people had comprehensive evacuation plans in the case of an emergency and all of the staff we spoke with were aware of what action they needed to take and level of support individual people required in the case of an emergency, such as a fire.

Everyone we spoke with told us they thought there was always enough staff members available to meet people's needs. One person told us, "There is always someone around if you need them". Another person said, "The staff help us [people] when we need it". We saw staff were available for people staying at the home at all times throughout the day and no one had to wait for their care and support to be provided. Staff we spoke with did not raise any concerns about the staffing levels in Emscote House. One member of staff told us, "All of the shifts are always covered and usually there is an extra member of staff available, just in case". Another member of staff said, "We all work together here, so if someone called in sick at the last minute, the mangers will step in and cover the shift".

We saw the provider had a recruitment policy in place and staff had been appropriately recruited via a formal interview, references, and a Disclosure and Barring check. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. Staff we spoke with told us they had completed a range of pre-employment checks before working unsupervised.

People we spoke with told us they received their medication when they required it. One person said, "I am not on much medication and most of it is 'PRN' which means I can have it when I need it; the staff are very good, I just have to ask and they will get it for me and help me with it". Another person said, "They [staff] help me with my medicines". We were told that all of the people staying at Emscote House at the time of our visit required support to take their medication. Only staff that had received training administered medicines to people staying at the home.

One of the service's managers showed us the medication processes within the home. We found that medications were stored appropriately and staff were aware of the disposal policy for unwanted or refused medication. Systems and processes were in place to monitor the safety of medication management; these included risk assessments, protocols, daily monitoring checks and regular audits.

Requires Improvement

# Is the service effective?

## Our findings

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Providers are required to submit an application to a 'supervisory body' for the authority to deprive a person's of their liberty in order to keep them safe. Some of the people staying at Emscote House were considered to lack the mental capacity to consent to their care and treatment and in order to keep them safe, some restrictions were in place, such as locked doors and constant supervision. However, we found that no DoLs applications had been submitted.

The registered manager told us that this was because they had historically received some conflicting information from the Local Authority about their responsibilities as a short-stay placement. However, the registered manager informed us that they had very recently attended a training course on DoLs and was now aware that they had been non-compliant in this area. The registered manager was able to articulate their understanding of DoLS and was now aware of their responsibilities. We saw that they had addressed this issue at a manager's meeting and the management team had started to complete DoLs applications for people who required them. We also found that where restrictions were in place, the staff had considered people's capacity to consent, they had consulted the relevant people including family members and other health care professionals to make decisions on behalf of people within their best interests and the least restrictive options were always considered and implemented.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People we spoke with told us that staff always offered them choices and allowed them to make their own decisions, where possible. One person said, "They [staff] always ask me and it's always my choice". Another person said, "They [staff] give us a choice about how and when we want things, we make our own decisions". It was evident when speaking to the registered manager and the staff they had an understanding of the MCA. Staff we spoke with confirmed they had received training on the MCA and were able to give examples of how they worked within these legal parameters and protected people's rights and the need for consent. One member of staff told us, "We respect people's decisions and choice; we always talk to people and ask them what they want and need". Another member of staff said, "Some people can't communicate with us verbally but we get to know people and some can communicate in other ways, with their eyes, facial expressions or the noises that they make for example, and this allows them to make choices and decisions for themselves when we ask them about things directly; otherwise we consult relatives and follow people's care plans to make sure we are working in their best interests and we make sure we talk to people whilst we are supporting them to reassure them".

People we spoke with and records showed that the staff had the knowledge and skills they required to do

their job. One person told us, "The staff are very good, they are lovely; some of them have been here as long as I have been coming, over 10 years so they definitely know what they are doing". Another person said, "They are good at looking after me". One member of staff we spoke with said, "We do lots of training and it's always very good; and if we feel we need any additional training we can ask for it". We saw that the provider kept a record of staff training which detailed the dates when staff had completed various training as well as a rolling programme of updates that staff were registered to undertake throughout the year. This meant that the provider knew when staff were due any refresher or additional training and ensured that this was facilitated.

We were told and records showed us that the provider offered regular team meetings and supervision to staff and they felt supported in their jobs. One member of staff told us, "I feel very supported in my role; any problems, I know I can go to a senior support or the management". Another member of staff said, "We have regular supervision and there is always someone around to offer support". A third staff member told us, "We have regular team meetings which are good, we are listened to and we get feedback".

People we spoke with told us that they were able to choose their own meals and they had food that they enjoyed. One person said, "The best part about coming here is the food". Another person said, "There is a good choice of food but I am fussy so I often bring my own anyway which they prepare for me".
Staff we spoke with told us that they prepared all the meals on site and they offered people the food and drinks that they enjoyed. One member of staff told us, "We plan the weekly menu according to what 'guests' [people] are booked in to stay with us to make sure it meets their dietary needs and preferences". Another member of staff said, "We prepare all the meals and people help us sometimes". We saw that people were supported to be independent in the kitchen and some people assisted staff with the preparation of meals, where possible. We also saw that staff offered snacks and drinks throughout the day to people who were unable to help themselves.

Staff we spoke with told us that there were no set meal times at Emscote House and that meal times were based on individual people's daily routines. We saw that staff prepared meals for people at different times depending on their needs and that people's individual needs were catered for at meal times. We found that nutritional assessments and care plans were in place for people. These detailed people's specific needs and risks in relation to their diet including any recommendations made by specialist health care professionals, such Speech and Language Therapists and Dieticians. We saw staff offered assistance to people who needed it in line with their care plans and risk assessments. We also saw that staff were patient with people and did not rush them to finish their meals. Staff did all they could to encourage people to eat and interacted with people throughout, promoting a pleasant and social atmosphere.

We found that people staying at Emscote House had access to doctors and other health and social care professionals, as required. One person told us that they saw a doctor when they needed to and District Nurses sometimes visited the home. One member of staff we spoke with told us, "People only come here on a short-stay basis so they aren't always registered with our local GP, but we are, as a home, and if we need to get a Doctor out, we can". The registered manager also told us that if people are in regular contact with health and/or social care professionals, they will continue to visit people while they are staying at Emscote House. Records we looked at confirmed that people were supported to maintain good health and to attend any medical appointments they were sent. We also saw that any health care concerns were followed up in a timely manner with referrals to the relevant services.

Good

# Is the service caring?

## Our findings

There was a strong and visible person-centred and caring approach to all aspects of the care and support people received at Emscote House. People who used the service were consistently positive about the caring attitude of the staff and the relationships that were formed between the people staying at the home and the staffing team. One person we spoke with told us, "I enjoy coming here, it's like my holiday". They said, "I look forward to coming here and seeing the staff, I like having a chat with them and catching up with them since my last stay here; it's like home from home coming here". The person went on to tell us that they have known the staff for many years and they have become like a second family to them. A different person said, "The staff are kind and really nice here". A third person said, "It's lovely here, it's lovely at Emscote".

Discussions we had with the staff demonstrated to us, their dedication and commitment to providing the best standard of care they could to people who stayed at Emscote House. One member of staff told us, "I love my job, I love getting to know people and I enjoy learning about new things and finding new ways to helping people". Another member of staff said, "We all love what we do, that's why we all stay so long, people hardly ever leave here, we get to know people so well and do the best we can for them". We saw staff smiling, laughing and engaging with people throughout the day.

During our inspection we observed staff interacting with people with warmth and compassion. We saw that staff adapted their communication and interaction skills in accordance to the needs of individual people. For example, we saw staff used touch effectively to engage with people, to help reassure them and to offer comfort. One member of staff told us that one person loved hugs and later in the day we saw the person put their arms out to staff with a big smile and staff embraced them with warmth.

We found that staff understood the importance of finding the best way to communicate with people according to their individual needs. One member of staff said, "People may not be able to verbally tell us what they want, but we know how to communicate with them and they can still make choices and be involved". Another member of staff told us, "We use different forms of communication with people from picture aids to Makaton [Makaton is a language programme that uses signs and symbols to help people to communicate]". We saw that people's communication needs were recorded in their care files, to ensure that staff knew the best ways to communicate with people. One person's care file read, "[person's name] can make decisions by nodding her head and by being shown different options".

Staff we spoke with had a good understanding of people's needs and we found that people received their care and support from staff that took the time to get to know and understand their history, likes, preferences and needs. One member of staff said, "We have all worked here a long time and many of the guests [people] have been coming here a long time too so we get to know people really well". Another member of staff said, "We know how people like their rooms but we ask them before they come, if there are any changes to the way they want their room prepared". We saw that rooms were arranged to people's preference and the staff made every attempt to personalise the rooms according to people's interests and hobbies despite them only visiting for a short time. The registered manager said, "It can be difficult for rooms to look personalised because we operate more like a hotel, people aren't here too long, but we encourage people to bring their

photos or anything they want with them from home, and we have different posters that we put up for people, like [person's name] is a Manchester United football fan so he likes us to put up their poster when he comes, we have all the different clubs. Another person likes the film Frozen, so we got that poster for when she stays with us". Records we looked at showed that people and/or their relatives had been consulted about their likes, dislikes and preferences and these were reflected throughout their care plans and that people were treated as individuals.

People told us and care files we looked at showed us that staff ensured that people were involved in making choices and decisions about their care and that where possible, care was provided to people with their consent. One person told us, "They [staff] ask us about everything and involve us in decisions". Another person said, "We have meetings where we can tell staff what we think and give them our ideas and we talk about our care plans with staff too".

During our inspection, we saw staff offering choices to people in a way they would understand and in doing so promoted their independence. For example, we saw one member of staff show a person different food options and they chose which one they wanted. A member of staff told us how important it is to promote people's independence and they said that offering choices respects their individuality and promotes their dignity. This was reflected in people's care plans. One care plan we looked at informed staff of how important it was to promote a person's independence and it gave ways they could do this. For example it read, "I am able to hold the flannel to wash my own face and arms", it then stated that should promote independence and offer support when needed.

People told us and we saw that staff treated people with dignity and respect. One person said, "They [staff] are very respectful. They always knock before they come in and they keep me covered up as much as possible when they are helping me to get washed and dressed". During our inspection, we saw staff offering people the opportunity to speak to us in private and also being discrete when offering support with personal care. We also saw that the provider had implemented a 'dignity tree' which was on one of the walls in the communal areas and people, staff and visitors had been invited to write on it what dignity meant to them. It was clear from looking at the responses, that people had engaged well in the process and had been supported to contribute their thoughts such as, "I am different", "Respecting cultures", and, "Being together".

Good

# Is the service responsive?

## Our findings

We found that people and/or their representatives were consulted about the person's care plans; this ensured that people received the care they needed in the way they wanted it. One person said, "Yes, they [staff] ask me what I want and what I need and if anything has changed since the last time I was here". We saw that staff met with people and/or their representatives to discuss their plan of care and that these care reviews were available in different formats to promote the inclusion of people based on their communication needs.

People we spoke with told us they got to do things that they enjoyed when they visited Emscote House. One person said, "We have picnics sometimes and we make pizzas". Another person said, "I enjoy helping the staff around the home and talking to them; we also go to the shops and to the café sometimes". On the day of our inspection we saw staff interacting with people throughout the day and people were engaged in activities that they enjoyed. For example, we saw one person was using an IPad to listen to the 'speedway' and staff we spoke with told us, "[Person's name] loves speedway, he goes to watch it with his dad and loves to listen to it on the IPad; he sits for hours listening to it". We saw the person's facial expressions changing in response to what they were listening to and when staff asked them if they wanted to continue to listen to it, they said, "Yes" with a big smile on their face. We also saw staff supported a person to go out to the local shops and people engaged in arts and crafts later on in the day. One person said, "I am doing a book all about my time at Emscote" and we saw that they had created a book with photos of them engaging in different activities which they had decorated with craft materials; they looked proud of what they had achieved and staff provided them with positive feedback and complimented them on their work.

We found that staff adapted the activities to meet the needs of people and that different equipment was available to ensure all of the people who visited the home were able to participate in different activities. For example, we saw lots of different sensory equipment including an interactive projector which meant people with different sensory needs could play table football or fishing, there was sensory room with soft furnishings as well as a portable sensory activity unit, which meant that people could engage in sensory stimulating activities anywhere in the home, including their bedrooms if they preferred.

Staff we spoke with said, "We do as much as we can with people to make their stay here with us enjoyable; we often go to the local shops, café or pub". Another member of staff told us that they had had a charitable organisation visit them earlier in the week that had facilitated various physical activities and exercises with people in the garden, similarly to a 'sports day'. People we spoke with told us they had enjoyed the day and were looking forward to other special events. We were told that the home arranged day trips and holidays throughout the year and this year people had been to a holiday resort. However, people we spoke with told us they used to go out and do these things more often but recently they had not been able to because some of the staff who used to drive the minibus were no longer working at Emscote House. We discussed this with the registered manager and they informed us that they had received this feedback from some of the guests and that this was something they were looking in to.

People we spoke with and records showed that the provider often asked for feedback on the quality of the

service and people were given the opportunity to suggest improvements. We saw that where feedback had been received, this had been analysed and where areas for improvement had been identified, an action plan had been put in place and people were informed of the changes that had been made. We saw that staff made every effort to seek feedback from people staying at Emscote House and that surveys were sent out in different formats to people and their representatives as well as to staff and other visiting health and social care professionals.

During our inspection, the registered manager told us that there were no outstanding complaints and everyone we spoke with told us they knew how to complain. One person said, "I have never had to complain because they are brilliant but if I did I would feel comfortable speaking to the staff". We saw that the provider had also implemented a "grumbles" book for people who wanted to provide constructive feedback but not formalise it as a complaint. We found that all feedback was acknowledged, actioned and responded to by the registered manager.

Good

# Is the service well-led?

## Our findings

During our inspection, we saw that there was a clear leadership structure within the service which had developed and sustained a positive, person-centred culture within Emscote House. The service was required to have a registered manager in place as part of the conditions of registration. There was a registered manager in post at the time of our inspection. Everyone we spoke with told us that the registered manager had continuously been an effective role model and was dedicated to providing a high quality service. One person said, "I have known [registered manager] for many years, she is very good; they all are". We were told that the registered manager was due to retire later in the year and that alternative management arrangements were being finalised. People we spoke with told us that they would be sad to see the registered manager leave but were confident that the management team would be able to sustain the positive leadership and running of the home. One person said, "We will miss [registered manager] but it will be ok because everyone is so good at their jobs".

Staff we spoke with told us that the registered manager had consistently supported and encouraged them to develop and was always looking for new ways of developing and enhancing the service. One member of staff said, "It is such as nice place to work and she [registered manager] is so supportive; she is the best manager I have ever had". Another member of staff told us, "It is very well led, there is always someone around if you need them, but everyone has been here so long, we all know what we need to do".

We saw that the registered manager had consistently recognised the achievements and good practice of the staffing team and that there was a strong sense of appreciation for all of the staff who worked at Emscote House. The registered manager told us, "I have every confidence in them all, they do such a brilliant job and I know it will continue". They said, "The main thing is that people enjoy coming here and it is a relaxed and social occasion for people; we run it like a hotel, they see it like a holiday and that is what it is for, a short break for people to come and enjoy and the staff make sure that is what they get".

Information we hold about the service showed us that the provider was meeting the registration requirements of CQC. The provider had ensured that information that they were legally obliged to tell us, and other external organisations, such as the local authority, was passed on. The provider was working collaboratively with other external agencies.

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and we saw evidence of how they reflected this within their practice, via the 'grumbles book'.

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and that they were actively encouraged to raise any concerns. They told us that they felt comfortable raising concerns with the registered manager and would contact external agencies if they needed to. One member of staff told us, "We have a really good management team; I can speak to any of

them whatever the problem is and I am confident that they would do what they needed to". Another member of staff said, "I know I can raise concerns with my [registered] manager we can go directly to yourselves at CQC too if we needed to". Information we hold about the service showed that no whistle-blowing concerns had been raised.

We saw that there were systems and processes in place to monitor the quality and safety of the service and that these were used effectively including feedback forums and surveys, staff recruitment process and quality monitoring audits. Examples of these we saw were medication audits, accidents and incident audits, infection control spot checks and general environment audits. We found that these had been analysed and the information had been used for improvement drives within the service, such as addressing maintenance issues.