Nexus Programme Limited

Birch House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an unannounced comprehensive inspection that took place on 16 November 2016.

Birch House is a care home registered to provide accommodation for up to four people who have a learning disability or who are on the autistic spectrum. The home is located on two floors. Each person had their own individual room. The home had a communal lounge, kitchen and dining room where people could spend time together. The home had a large garden that people could use. At the time of inspection there were four people using the service.

The service had 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.

People's relatives told us that they felt that people were safe while they received support from staff at Birch House. Staff understood their responsibilities to protect people from abuse and avoidable harm. There were procedures in place to manage incidents and accidents.

Risks to people's well-being had been assessed. Where risks had been identified control measures were in place.

There were enough staff to meet people's needs. Staff had been checked for their suitability before starting work. Staff received support through an induction and supervision meetings with their manager. There was training available for staff to update them on safe ways of working and how to meet people's needs.

There were plans to keep people safe in case of significant events such as a fire. The building was well maintained and kept in a safe condition. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

People's medicines were handled safely and were given to them in accordance with their prescriptions. People's GPs and other healthcare professionals were contacted for advice whenever necessary. Staff had been trained to administer medicines and had been assessed for their competency to do this.

People chose their own food and drink and were encouraged to maintain a healthy diet. They had access to healthcare services when required to promote their well-being.

People were supported in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff and the registered manager had an understanding of the MCA. We found that appropriate DoLS applications had been made. Staff told us that they sought people's consent before delivering their support.

People received support from staff who showed kindness and compassion. Their dignity and privacy was protected including staff discussing people in a professional and discreet manner. Staff knew people's communication preferences and used these to support people effectively.

People were involved in decisions about their support. We saw that people's records were stored safely.

People were supported to develop skills to maintain their independence. People and their relatives had contributed to the planning and review of their support. People had care plans that were centred on them and their needs. Staff knew how to support people based on their preferences and how they wanted to be supported. People took part in activities and hobbies that they enjoyed.

People's relatives knew how to make a complaint. The provider had a complaints policy in place that was available for people and their relatives.

People's relatives and staff felt the service was well managed. The service was led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009. Staff felt supported by the registered manager.

Systems were in place which assessed and monitored the quality of the service and identified areas for improvement.

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 keep safe. Incidents were recorded and investigated.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

People's medicines were handled safely and given to them as prescribed. Staff were trained and deemed as competent to administer medicines.

Is the service effective?

Good

The service was effective.

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

People were encouraged to make decisions about their support and day to day lives. Staff asked for consent before they supported each person.

People were encouraged to follow a healthy diet. They had access to healthcare services when they required them.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion from staff. Their privacy and dignity was respected.

People were supported to maintain relationships with relatives and people who were important to them.

People were involved in making decisions about their support.

Is the service responsive?

Good

The service was responsive.

People and their relatives had contributed to the development and review of their care plan. Care plans provided information for staff about people's needs, their likes, dislikes and preferences.

People undertook hobbies and activities they were interested in and enjoyed. They were supported to develop their independence.

Is the service well-led?

Good

The service was well led.

Staff were supported by the registered manager and felt that they were approachable.

People had been asked for their opinion on the quality of the service that they had received.

The registered manager was aware of their responsibilities. Checks were in place to monitor the quality of the service.

Birch House

Detailed findings

Background to this inspection

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

This inspection took place on 16 November 2016 and was unannounced. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

During our inspection we spoke briefly with one person who used the service. Most people living at the service had limited verbal communication so we were unable to obtain direct verbal feedback about their experiences. We observed interactions between staff and people who used the service throughout our visit. We spoke with three relatives of people who were living at Birch House. This was to gather their views of the service being provided. We spoke with the registered manager, the manager, a team leader and two care workers.

We looked at the care records of two people who used the service. We also looked at records in relation to people's medicines, health and safety 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 four staff files to look at how the provider had recruited and supported staff members.

Good

Is the service safe?

Our findings

People and their relatives told us that they felt safe when they received support from staff. One person told us, "Yes" when asked if they felt safe. A relative said, "I know [person's name] is secure. She is absolutely safe." Another relative commented, "[Person] loves to be at Birch House. I know he is safe." One relative told us, "[Person] is safe." Staff knew how to protect people from abuse and avoidable harm. One staff member told us, "If I thought someone was being abused I would report it to a manager." Another staff member said, "I would report it straight away to a manager." Staff were able to identify different types of abuse and signs that someone may be at risk of harm. The provider had policies to keep people safe from avoidable harm and abuse. Staff were able to tell us about these. We saw that staff had received training in protecting vulnerable adults. This meant that staff knew what to do should they have had concerns that people were at risk of harm.

Staff knew how to reduce risks to people's health and well-being. We saw that risks associated with people's support had been assessed and reviewed. Risk assessments were completed where there were concerns about people's well-being, for example, where a person may be at risk of leaving the home without staff when they were not safe to do this. We saw that there were guidelines in place for staff to follow. These included making sure that the staff knew where the person was. We saw that where someone had behaviour that may be deemed as challenging plans were in place so that staff responded consistently. The plans identified triggers and ways to diffuse the situation. Staff told us that they were confident in following these plans and had been trained to do so. One staff member said, "I have had training in how to breakaway. It was one of the most useful I have done. I feel that I know what to do." This meant that risks associated with people's support were managed to help them to remain safe.

People could be sure that staff knew how to support them to remain safe in the event of an emergency. This was because there were plans in place so that staff knew how to evacuate people from their homes should they need to. There were also plans in place should the home become unsafe to use, for example in the event of a flood. This meant that should an emergency occur staff had guidance to follow to keep people safe and to continue to provide the service.

We saw that checks were carried out on the environment and equipment to minimise risks to people's health and well-being. This included checks on the safety measures in place, for example, fire alarms, as well as the temperature of the hot water to protect people from scald risks. Records showed that fire drills had taken place and that people had been involved in these so they knew what to do in case of an emergency.

The registered manager took action when an incident or accident happened. We saw that details of any incidents or accidents were reviewed including actions that had been taken. We saw that the registered manager notified other organisations to investigate incidents further where this was required such as the local authority. This meant that the provider took action to reduce the likelihood of future accidents and incidents.

People and their relatives told us that they felt there were a suitable number of staff. A relative said, "They

have enough staff. There are only four residents." Staff told us that they thought there was enough staff to meet people's needs. One staff member said, "There are enough staff here." The registered manager told us that the rota was designed around the needs of the people who used the service and that each person had one to one support, with one person receiving support from two staff. The rota showed that staff had been identified to provide support to each person throughout the day to enable them to have their agreed levels of support. This meant that staffing levels were in place that met people's assessed needs.

People could be confident that staff had been recruited safely as the provider followed recruitment procedures. This included obtaining two references that asked for feedback about prospective staff 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. We saw within staff records that these checks had taken place.

People received their medicines safely. The service had a policy in place which covered the administration and recording of medicines. Staff told us that they were trained in the safe handling of people's medicines and training records confirmed this. One staff member said, "I had training and was observed giving medicines. I feel confident with what I am asked to do. If I wasn't confident I would say so." Staff could explain what they needed to do if there was a medication error and this was in line with the policy. Some people had prescribed medicines to take as and when required, such as to help with any pain that they had. We saw that there were guidelines for staff to follow that detailed when these medicines could be offered to people. We found that one person had been prescribed a liquid medicine that had been used. This had not been dated when it was opened. It is important to do this to make sure that medicine is only open for the time that is specified by the manufacturer so that it is safe to use. We discussed this with the registered manager. They told us that they would make sure all liquid medicines were dated when opened. We also found that one person was putting their prescribed creams on with staff supervision. Staff had not recorded on the medicine administration records that they had observed this and the cream had been used. We discussed this with the registered manager. They agreed that staff should be signing when they had observed that the cream had applied as a record of the medicine being used. They told us that they would discuss this with the staff and make sure this happened immediately. All other medicine administration records we saw had been completed correctly.

Good

Is the service effective?

Our findings

People and their relatives told us that they were supported well and felt that staff team had the skills and knowledge to meet their needs. A relative said, "They are highly skilled." Staff members who we spoke with told us that they received training to help them to understand how to effectively offer care to people. One staff member said, "I have done quite a few courses. I have another one this Friday." Another staff member told us, "The training is good quality. We have refreshers every year. It is good to refresh our knowledge." One staff member commented, "I think I have done enough training to meet the needs of the people who live here." We saw training records and certificates showing that staff had received training that enabled them to meet the needs of people who used the service. For example, we saw that staff completed training in epilepsy to make sure that they understood how to support a person who had been diagnosed with this. The registered manager told us that training was arranged throughout the year to make sure that staff received refresher training when they needed this. This meant that staff were provided with the knowledge and understanding they needed to support people who used the service.

Staff members described their induction into the service positively. One staff member told us, "I have not worked in care before. It was eye opening. I found my induction very useful." Another staff member said, "My induction was really in depth. They told me everything. I did shadow shifts with more experienced staff." The registered manager told us that staff completed an induction so that they understood their responsibilities. They told us that they were encouraging staff to complete the Care Certificate. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role.

People were supported by staff who received guidance from a manager. One staff member told us, "I had only just started and I had a supervision. I can talk to [registered manager]." Another staff member said, "I have got my next supervision booked. I feel that [registered manager] and [manager] are approachable." Supervision provides the staff team with the opportunity to meet with their manager to discuss their progress within the service. Records we saw confirmed that supervisions had taken place. This meant that staff received guidance and support on how to provide effective support to people.

People's support was provided in line with relevant legislation and guidance. 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. 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 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. The registered manager had a good understanding of MCA and DoLS. They had made applications for DoLS appropriately. We found that one

person had been assessed by the local authority the week of the inspection and other people were still waiting to be assessed. The registered manager was able to demonstrate that people's capacity had been considered through their care plan and associated records. For example, we saw that each person's care plan had information included about how the person made their own decisions and how to give them information to help them to understand it. However, we found that in one person's care plan their parents had signed to consent to the person being supported with their medicine. We discussed this with the registered manager. They told us that they would clarify if the parents had legal powers to do this. Someone can only sign to consent to something on behalf of an adult if an assessment of the person's capacity has been carried out. It then has to be agreed by a court that a representative has a lasting power of attorney to make certain decisions on behalf of a person. The registered manager told us that if the person's parents did not have a legal right to consent that a capacity assessment would be completed in line with guidance in the MCA.

Staff had a good understanding of the MCA and DoLS and how to involve people in making their own decisions. One staff member told us, "I take [person] to the kitchen to show them food so they can decide what they want to eat. When I take anyone shopping I let them make their own choice about what they want." Another staff member told us, "We have locks on the door. Everyone has had a DoLS applied for because of that." One staff member commented, "We use picture cards to show people what options they have so that they can make a choice." Staff told us that they asked people for consent. One staff member said, "I always ask. It is up to them what they want." All staff we spoke with told us that people had the right to refuse if they didn't want support. One staff member said, "Someone can say no. It is their choice. We can't force them." Another staff member told us, "You can't force someone to do anything. I would report it to a manager if someone said no and it was not usual for them." This meant that people's human rights were protected by staff.

People appeared to enjoy the food that they had on the day of our visit. We observed lunch time. Each person chose what they wanted to eat and were supported to make this. Staff sat with people to encourage them where this was needed. People ate at their own pace and staff allowed them time to do this. We saw that where people were at risk of choking food had been cut into smaller pieces to reduce the risk of this. This was in line with guidance from a speech and language therapist. A speech and language therapist is a health professional who assesses people eating and drinking to make sure that they can do this safely. Staff told us that people had been involved in choosing what they ate at all meals. Records showed that people had been asked what they wanted to have for their evening meal and involved in planning a menu for the week. Care plans included information about what each person liked to eat and we saw that the menu included foods that people had shown a preference for. For example, we read in one person's care plan that they really enjoyed a specific cereal for their breakfast. We heard them ask for this on the day of our visit and they appeared to enjoy eating their breakfast. People were encouraged to eat a healthy and balanced diet. We saw that each person had information in their support plan about how to involve them with preparing their own food and drinks and observed that this happened throughout our visit.

People were supported to maintain good health. A relative told us, "You can rely on them. When [person] has a seizure they take her immediately to hospital or send for a GP. I have no worries." Another relative commented, "If [person] needs a doctor they ring and tell me." We saw that people were supported to access healthcare appointments. Information about people's health needs and any appointments that they had attended were included within their care records. Outcomes from appointments had been shared with other staff and included in people's daily notes. We saw that each person had an emergency grab sheet that contained key information about them and their health in case they needed to go to hospital. In these ways people's healthcare needs were met.

Good

Is the service caring?

Our findings

People and their relatives told us that the staff team at Birch House were kind and caring. One person told us that they liked the staff. A relative told us, "The staff are excellent. [Person] is so settled and they all adore him." Another relative commented, "[Person] is very well cared for." One relative said, "They are very caring."

People's dignity and privacy was respected. A relative told us, "They help [person] discreetly." Staff we spoke with told us how they promoted people's privacy and dignity. One staff member said, "I make sure I close the door while someone is having a shower. I wouldn't want the door open. I treat people how I expect to be treated." Another staff member told us, "I always knock on the door. I get people to do as much for themselves as they can. We have to constantly observe one person. We try to look away so that they can have some privacy." This meant that staff were promoting people's dignity and privacy.

People were given information in ways that were easier for them to understand. We saw that information was on display around the home and this had been presented using simple words and pictures. This included important information for people such as how they could complain. We saw that pictures and objects were used to help people understand information. For example, people were shown pictures of places they could go to so that they could make the choice of activity they wanted to do. The registered manager told us that they had made a referral to the Speech and Language Therapists (SALT) to assess one person's communication needs. This was to help the staff understand how the person communicated and how best to communicate with them. The assessment was still in process at the time of the inspection. The registered manager told us that it had been suggested by the SALT team that a picture book was developed to aid the person to make decisions and to understand information. They told us that staff were taking pictures of objects and places to develop this. People's communication needs had been considered in their care plans. For example, we read that one person used specific words to communicate in their own way. The words that they used and what these meant were recorded so that staff could understand what the person was saying and communicate with them. This meant that people's communication was supported in order to help them make choices and be understood.

People were supported by staff who knew them well. Staff we spoke with knew about the people they were supporting. They told us how they got to know people including things that were important to them. One staff member said, "The care plans identify people's needs and give you information. We learn from the people." We saw that people's care plans included details about their significant life events, likes, dislikes and preferences. These included their family relationships and other people who were important to them. This meant that staff had important information about each person to enable them to support the person to do things that were important to them.

People were supported to maintain links with family members and other people who were important to them. A relative told us, "We are made to feel welcome and always offered refreshment." Relatives told us that they were made to feel welcome and could visit when they wanted to. We saw that each person's care plan had information about important family dates so that people could be supported to celebrate these.

The registered manager told us that family were welcome to visit and that people were supported to visit family at home. Relatives confirmed this. One relative commented, "[Person] is dropped off for a visit." This meant that people were supported to maintain family relationships.

People were involved in making decisions about their support. A relative told us, "[Person] likes to shower and takes time over her appearance." Staff told us that the person had chosen to have a pamper session each week and chose which perfume they wanted to wear each day. Another relative commented, "[Person] can make her own mind up." We found that people's care plans identified times when people made their own decisions. For example, in one person's care plan we read, 'I will choose my own clothes. Please offer me choices that are appropriate to the weather." Records showed that people had made their own decisions about their support. For example, one person liked to go out on a certain day to a local shop to collect a magazine that came out on that day as this was important to them. We saw that the person had been able to do this each week on their chosen day.

People's sensitive information was kept secure to protect their right to privacy. The provider had made available to staff a policy on confidentiality that they were able to describe. We also saw staff following this. For example, we saw that people's care records were locked away in secure cabinets when not in use. We also heard staff talk about people's care requirements in private and away from those that should not hear the information. This meant that people could be confident that their private information was handled safely.

Good

Is the service responsive?

Our findings

People and their relatives had contributed to the planning and development of their support. We saw that people's care plans contained information about routines that they followed and what was important to them. For example, we read exactly how to support one person in the morning including things that made the experience better for them such as the amount of water to use in the bath so that they were as comfortable as they could be. The registered manager explained that people's support needs were assessed prior to them receiving support. We saw that one person had moved in within the last twelve months and information had been gathered from the person, their family and their previous home.

People's preferences and wishes were taken into account in how their care was delivered. For example routines that they wanted to follow were respected. One staff member told us how important routines were to one person and how the staff team all tried to follow the routine as much as possible. For example, They explained to us how one person liked their morning routine including phrases that the staff used to communicate with them as part of this.

People's care plans were centred on them as individuals and contained information about their likes, dislikes and preferences. A relative commented, "[Person] prefers to have a female carer when having a wash." We saw that female staff had been allocated to support the person with having a shower. We read how one person preferred to have their cereal and drinks and routines that the person liked to follow. Staff knew about people's care plans and could describe information recorded within them. This meant that people could be sure that they received care centred on their preferences.

People's care plans had been reviewed at least six monthly and annually with family members. Relatives we spoke with told us that they could not remember being involved in reviews. A relative told us, "I have not been asked for my thoughts on [person's] progress." The registered manager told us that people were involved in their reviews in ways that they could be. We saw each person's care plan showed how the person had been involved. This included verbal feedback or observations that staff had made as they supported each person on a day to day basis. The registered manager told us that there was regular communication with relatives as people were supported to visit home. A relative confirmed this however, told us that they would like more formal feedback. They said, "[Person] is dropped off for a visit. Most discussions take place on the doorstep. I would like more information. Maybe I should phone up more." We saw that each person's allocated worker wrote a report every three months. This included information about what progress the person had made, any health and medical appointments and their outcomes, any skills development, contact with family members and friends, activities, objectives and progress against these and any other achievements. This meant that people's care needs had been reviewed and their progress was being monitored to make sure that changes to their care were recorded.

People were supported to increase their independence. A relative told us, "They have taught [person] to be domestic." Staff who we spoke with told us how they supported people to develop their independence. One staff member said, "I encourage people to do as much as they can. [Person] is now doing some jobs around the house." Another staff member told us, "I give people encouragement so that they can get a little bit of

independence." On the day of our visit we saw that people were encouraged to be involved in tasks such as putting pots away, making their own food and drinks and tidying up after themselves. Staff told us that people were involved in day to day tasks. One staff member said, "I do [person's name] laundry and then he puts it on the line." Another staff member told us that people had responsibilities in the house. They commented, "[Person] cleans the mats, another puts things away." We saw that care plans gave staff guidance to encourage people to do what they could. For example, we read, '[Person] can with staff support put her laundry into the washing machine. Verbally prompt her to hang clothes on the drier. [Person] knows where her clothes go to put them away." This meant people were being supported to develop and maintain skills to increase their independence.

People were supported to follow their interests and hobbies. We saw that people attended a range of activities throughout the week and had an activity plan in place. This included hobbies such as colouring and baking. A relative told us, "They have done wonders for [person]. She likes to sit and colour." On the day of our visit we saw that people were encouraged to participate in activities of their choosing. One person declined to participate in an activity that was offered to them so staff offered them something else that they happily agreed they wanted to do. We saw that people were supported to develop their key skills. For example, one person had a range of cards with different word on and staff supported them to practice these words to develop their language skills. The registered manager told us that the director of the organisation had set up a resource centre called The Hub. This was something that people could access and they offered activities such as arts and crafts and music sessions. We saw examples of the art work that people had created throughout Birch House. The registered manager told us that people could access this facility if they wanted to. This meant that people were doing activities they enjoyed and that helped them to develop skills.

Staff knew how to support people if they became upset or distressed. We saw from one person's support plan that they could become anxious. The care plan identified examples of how to identify the triggers for the behaviour and de-escalate this behaviour. A relative told us how staff had supported someone over a longer period to reduce their anxiety about visiting the dentist. They said, "[Person] had to see a dentist in hospital before. It has been a long job but now she is able to sit in the dentist's chair." Staff were able to explain methods that were used to de-escalate a person's behaviours. This meant that staff were able to support people effectively when they were upset or distressed.

People's relatives knew how to make a complaint should they have needed to. A relative told us, "I know how to complain but I have not made one about Birch House." Another relative said, "I would have no hesitation in making a complaint. If I did I would just talk to the manager." We saw that a complaint's procedure was available for people who used the service and their relatives so that they knew the process to follow should they have wished to make a complaint. The registered manager told us that they had not received any complaints in the last year.

Good

Is the service well-led?

Our findings

People and their relative's felt that they were happy with the service they received. A relative said, "They have done wonders for [person]. " Another relative told us, "I am happy with everything." One relative commented, "All at Birch House are as much part of [person's] family as we are." Staff we spoke with told us that they felt that the service was well led. One staff member said, "The whole thing is run very well. I wouldn't be here otherwise." Another staff member told us, "I think the service is well led."

People and their relatives had some opportunities to give feedback to the provider. We saw that people were asked for their feedback on the meals as part of their resident's meetings. However the last recorded meeting was in October 2016 and these had been held weekly previously. The manager told us that staff had one to one conversations with people to ask them what meals they wanted and this was recorded within daily records instead of as a meeting. The registered manager told us that they used to send out questionnaires each three months however relatives had asked them to stop doing this. They told us that relatives had said if they wanted to contact them or give feedback they would. A relative told us, "I have been asked to fill out a questionnaire but I don't need to." The registered manager told us that people and their relatives were asked for any feedback during their annual review of their care plan and more regularly on an informal basis. The registered manager told us that any feedback that was received was recorded and acted upon if concerns were raised.

People and their relatives told us that they could approach the registered manager. A relative told us, "[Registered manager] is very approachable. I would just ring up if I had any concerns." The registered manager told us that a manager had been appointed who would be taking over the registered managers' position from them. Relatives were aware of this change and had been told about the proposed changes. A relative commented, "I thought [manager] was taking over. She is very approachable as well and easy to talk to." Staff members told us that they felt supported by the registered manager and had been informed about the changes. One staff member told us, "The communication between the manager and the team is good. We were told about [manager] coming in." Another staff member said, "I can talk to [manager] and [registered manager] freely. They listen." One staff member commented, "Communication is good." We saw that the registered manager and the manager were available to people and staff throughout the day and listened and responded to their questions and concerns. This showed effective leadership.

Staff told us that they attended regular team meetings. These provided the staff team with the opportunity to be involved in how the service was run. One staff member told us, "The team meetings are useful. They give us updates." Another staff member said, "We are a small staff team and see each other a lot so we talk about things all the time. The team meetings are useful for us all to get together." We saw minutes from the last two team meetings. These had been approximately six months apart. Topics discussed included good practice, training, staff changes, and household activities, and supervisions. We saw that actions were set and reviewed at the next meeting. This meant that the provider made sure that staff knew their responsibilities as well as offering them opportunities to give their feedback.

We saw that the provider had made available to staff policies and procedures that detailed their

responsibilities that staff were able to describe. These included reference to a whistleblowing procedure within the safeguarding procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff members described what action they would take should they have concerns that we found to be in line with the provider's whistleblowing policy. All staff who we spoke with told us, "We can go to CQC or to adult protection."

There were systems in place to monitor the quality and safety of the service being provided. An external auditor has been appointed by the provider to visit each month to carry out checks on the service. These included talking with people who used the service and staff and checking feedback, standards of presentation of the environment, finances and complaints. We saw that a report was written for each visit that included actions for completed. These were reviewed at the next visit to track progress against these. The registered manager carried out a stock check of the medicines in the service each month to make sure that the correct medicines were stored in the home. This meant that the service had process in place to monitor the quality of the service that was being delivered.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There had not been any incidents that had occurred that required notifying. However the registered manager was able to tell us what information they would need to inform CQC about.