

Creative Care (East Midlands) Limited

Sheepwalk House

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

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

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.

There were systems in place that ensured support workers knew what action to take if they had concerns of a safeguarding nature. Support workers had received safeguarding adults training.

Risks to people and the environment had been assessed and planned for. These were monitored and reviewed regularly. People received their medicines safely.

The provider operated safe recruitment practices to ensure suitable staff were employed to work at the service. There were sufficient staff available to meet people's individual needs and safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The principles of the Mental capacity Act 2005 were understood by the registered manager and support workers. However, some concerns were identified with how capacity assessments had been completed. Not all support workers knew which person had a DoLS authorisation in place to restrict them of their freedom and liberty.

People were supported to access external healthcare professionals when needed. People received appropriate support to ensure they were eating and drinking healthily.

Not all support workers had received the training that was required. Support workers had not received regular reviews of their work and training and development needs.

Is the service caring?

Good ●

The service was caring.

Support workers were caring and compassionate and had a person centred approach. Support workers had a good

understanding of what was important to people.

There were no restrictions on people visiting. Support workers respected people's preferences, choices and showed dignity in their approach.

Independent advocacy information was not available to people but this was being explored. People were supported to be independent as fully as possible.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was individual to their needs and support workers supported people to pursue their hobbies and interests.

People's representatives were involved in the assessment and reviews about their family member's care and support. Plans were in place to include people more in these discussions.

People had information available to them in an appropriate format about how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The provider had systems and processes that monitored the quality and safety of the service.

The provider was in the process of consulting with people and their representatives about their experience of the service and areas of improvement.

Support workers understood the values and aims of the service. The provider was aware of their regulatory responsibilities.

Sheepwalk 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 12 February 2016 and was unannounced.

Before the inspection we reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted the local authority, the local clinical commissioning group, the GP, Healthwatch, a community psychiatric nurse and two social workers for their feedback.

The inspection team consisted of one inspector.

On the day of the inspection we spoke with one person who used the service and asked them about their experience of the service they received. Due to people's communication needs their feedback about all aspects of the service was limited in parts. We also used observation to help us understand people's experience of the care and support they received. The registered manager was not available but we spoke with a duty registered manager within the organisation and the director of operations. We also spoke with a team leader and three support workers. We looked at all or parts of the care records of three people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

After the inspection we contacted three relatives for their feedback about the care and support their family member received. We also spoke with the registered manager.

Is the service safe?

Our findings

The provider had procedures in place to inform staff of how to protect people from abuse and avoidable harm. A person who used the service told us that they felt safe living at Sheepwalk House. They said, "I like living here, the staff support me and keep me safe." Relatives said that they were confident that the service provided safe and effective care and support to their family member. One relative said, "I have no concerns about safety, the staff and the provider make sure people are protected."

Support workers told us that they had received training in safeguarding adults. They demonstrated knowledge and understanding of how to recognise and respond to allegations or incidents of abuse. This included what their role and responsibilities were in terms of responding to concerns. One support worker said, "We report any concerns to the manager who deals with any issues. We've had safeguarding training and know what action to take if we have concerns."

We observed people received the required support they had been assessed as required for their safety. Support workers were attentive and responsive to people's needs and behaviour. For example, some people required close observation at all times to protect their safety; staff provided this but respected people's space.

The provider had a safeguarding policy and procedure available for support workers which the duty registered manager told us was in the process of being updated. Records confirmed support workers had received appropriate safeguarding adults training. Where concerns had been identified about the care practice of support workers, appropriate action had been taken, including implementing the provider's staff disciplinary procedures. We checked how people's money was managed and kept safe. We found appropriate systems were in place, and people's cash balanced with the corresponding record.

Risks to people's needs had been assessed; management plans were in place where risks were identified, to inform staff of how to reduce and manage these. Relatives told us that they considered risks were managed well. One relative said, "They [support workers] are continually reviewing risks. People's vulnerabilities are assessed and risk plans are in place." Another relative told us how they had been involved in discussions and decisions about how risks were managed. They said, "Risks will always be there but it's how they are managed that's important."

Support workers said that they had detailed information about how to manage and reduce known risks to people's health, safety and well-being. One support worker told us, "We have information about people's individual needs and any risks. We have received training about how to support people's health and safety." Another support worker said, "Some people's risks with their behaviour have greatly reduced over time."

We observed how support workers supported people in accordance to their risk plans. For example, some people had additional needs that meant they required either one or two support workers to support them to keep them safe. We saw one person was supported by two support workers to access the community as described in their risk plan.

From the sample of care records we looked at, we found a range of individual risk assessments were in place for risks associated with eating, behavioural needs and participating in activities such as swimming and using the vehicle that was available. Risk plans had been developed to reduce any risks to people's safety as far as possible. We saw accidents and incidents had been recorded. The registered manager reviewed these records on a regular basis to ensure appropriate action had been taken. Any issues or concerns were either discussed with individual support workers or shared within daily staff handover meetings or staff meetings.

Personal emergency evacuation plans were in place in people's care records. This information was used to inform support workers of people's support needs in the event of an emergency evacuation of the building. Additionally, support workers had information available of the action to take if an incident affected the safe running of the service. This meant the provider had plans in place to reduce risks to people who used the service in the event of emergency or untoward events. We saw how regular checks and routine maintenance of the service, environment and equipment ensured people were kept safe. We identified that some radiators were very hot and could be a risk to people's safety. A team leader told us that this had already been identified and radiator covers had been ordered. Support workers told us that regular fire drills were completed and records looked at confirmed this.

The provider employed sufficient support workers to meet people's individual needs and keep them safe. We received positive comments from a person who used the service and relatives. One person told us, "There's always staff around to talk to, they're good they help me." A relative said, "As far as I know there are plenty of staff always on duty, I've never had any concerns."

Support workers were positive about the staffing levels provided. They told us that people received the support they had been assessed as required to protect their safety. One support worker told us, "On the whole we have a stable staff team; we cover for each other when others are on holiday or are sick." The duty registered manager told us that staffing levels were regularly reviewed and were flexible to meet people's individual needs. Support workers confirmed this to be correct.

We found there were sufficient skilled and experienced support workers available and they were competent and knowledgeable about people's individual needs. The staff roster confirmed staffing levels reflected the individual needs of people.

From looking at a sample of staff files we found the provider had a safe and appropriate recruitment process. This included relevant staff pre-employment checks before they commenced work to check on their suitability to work with people.

We found the management of medicines, including storage, monitoring, ordering and disposal followed good practice guidance. We reviewed people's medicines administration records (MARs). These informed staff of information they required to ensure people were supported safely. This also included people's preferred method of taking their medicines. We found MARs had been completed appropriately, this confirmed people had received their medicines as prescribed by their GP. We found PRN protocols were in place for the medicines which were to be given only as required. They provided information about the reason for administration of these medicines and any cautions in their use. Where people had been prescribed creams there was not a body map to inform staff where the cream should be administered. We discussed this with the registered manager after our inspection who agreed to take action to correct this.

There were effective systems in place that monitored medicines including daily and weekly audits and checks. A medicines policy was in place and support workers had received medicines management training as required. We found records of support workers observational competency assessments that had not

been completed. Support workers told us that they had received these checks. We spoke with the registered manager after our inspection, they told us that these assessments had been completed but the records had not been updated.

Is the service effective?

Our findings

We received positive comments about how support workers provided effective care and support. A relative said, "Staff are highly trained and I find them knowledgeable about different disabilities." Another relative told us, "Having confidence to let others care for your son or daughter when they have such complex needs is a huge thing, but I am confident with the staff, they are experienced and understand [name] so well."

Support workers told us about the induction they received when they commenced their employment. They said that this included online training and a period of shadowing experienced staff. One support worker told us, "I had a three month probationary period and completed study workbooks and training in this time." Another support worker said, "The experienced staff have been really supportive to me."

On the whole support workers told us that they received good training opportunities and these were regular to ensure their skills and knowledge were up to date. One support worker said, "We've had lots of different training which I found really supportive and informative."

We saw records that confirmed new support workers had received an induction that included the Skills for Care Certificate. This is a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

We saw records that confirmed staff had received training that covered a range of topics including health and safety, autism, learning disability awareness and person centred care. However, we identified that one support worker had not received all the required training they should have. The duty registered manager told us that there had been some recent changes to the provider's training and induction procedures that had caused this issue. They assured us that this support worker had been booked on an intensive training programme in February 2016.

Support workers said they received opportunities to meet with their line manager to discuss their work, training and development needs. These are referred to as supervision and appraisal meetings. Support workers told us that team leaders and the registered manager were approachable and supportive. We looked at the provider's supervision and appraisal policy and procedure. We looked at staff files and identified staff had not received supervision meetings at the frequency the provider said they should. We spoke with the registered manager after our inspection; they told us that they were aware that the frequency of supervision meetings was an area that required improvement. They assured us that they had plans in place to address this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. We saw examples from people's records that MCA assessments had been completed. However, there was no record that confirmed what the decision was and who had been involved in any decision made. This meant that the MCA had not been fully adhered to and people could be at risk of the rights not being protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We found that some people had an authorisation in place and the registered manager was waiting for a response from the 'supervisory body' for other applications where there were concerns about restricting people's liberties and freedom. We were concerned that the authorisations that had been granted were not reflected in people's support plans. We found support workers were not clear about who had an authorisation and who did not. This meant there was a risk that support workers may not have provided appropriate care and support and people's rights might not be protected.

Support workers showed an understanding of the principles of MCA and DoLS and said that they had received training on this legislation. Support workers were clear about the importance of involving people in decisions about their care and support. One support worker said, "We use different communication tools to involve people as fully as possible, we explain and ask if it's okay before we provide care." Another support worker told us that if they had concerns about a person's freedom or liberty they would raise this with the registered manager.

Due to people's anxieties, and behaviours associated to their learning disability they could present with behaviours that challenged. Support workers had been specially trained to ensure they used restraint in a controlled way and only as a last resort. The training support workers had received was a well-recognised accredited method of restraint. Support workers told us that they also used distraction as a method to reduce people's anxieties from escalating. Support workers gave examples of how for some people, their anxiety levels had reduced and behaviours were less frequent. Relatives we spoke with confirmed this to be correct. One relative told us, "[Name of family member's behaviours have greatly changed since being at Sheepwalk House, that's a credit to the staff."

We observed that support workers recognised and responded well when people's mood changed. They were quick to pick up on signs of anxiety and used good distraction techniques that were effective in reducing behaviours from occurring. This included offering activities and one to one attention.

Records looked at confirmed that when physical restraint had been used this was as a last resort and was low level restraint. The registered manager had checked records to ensure staff were using best practice and appropriate intervention.

One person told us that they were happy with the food choices provided. They said that they were given choices and went food shopping with support workers. Additionally, they said that they helped support workers prepare meals and snacks. They told us that they tried to eat healthily as this was important to them. Relatives told us that they were confident their relative received appropriate support with their dietary needs. One relative said, "[Name of family member] can be very choosy with their food but staff are always offering new foods." Another relative told us that staff knew their family member's likes and dislikes and that the menu included these choices.

Support workers told us that they supported people with health eating choices and that they involved people in the development of the menu. One support worker told us, "We include people in deciding what's

included in the menu as fully as possible." Support workers confirmed that they had completed training in food hygiene and that they felt they provided people with a good choice of meals based on their needs and preferences.

We saw the visual menu on display to advise people of the meals for the day corresponded with the menu. People had access to the kitchen and with support could make snacks and drinks. Food stocks were good and fresh fruit and vegetables were available. Eating support plans were in place that advised support workers of any needs associated with people's dietary needs. People's weights were monitored for changes.

People were supported to maintain their health. One person told us that support workers supported them to see the GP, dentist and optician when required. Relatives said that staff monitored people's health needs, involved health professionals when required and supported people with routine health checks.

From care records we found people's health needs had been assessed and people received support to maintain their health and well-being. People had a 'Health Action Plan' (HAP). This records information about the person's health needs, the professionals who support those needs, and their various appointments. However, whilst it was good practice that people had a HAP these were found not to be in date. In addition people had 'Hospital Passports'. This document provides hospital staff with important information such as the person's communication needs and physical and mental health needs and routines. We noted that these had not been reviewed and it was therefore difficult to know if this information reflected people's current needs.

Is the service caring?

Our findings

A person who used the service told us that they liked the support workers that supported them. They told us, "I like the staff a lot they're my friends." Relatives spoke positively about the staff's approach and described them as caring and compassionate. One relative said, "I find staff to be friendly and have good communication, they take a genuine interest in people." Another relative said, "Staff show that they enjoy working with [name] and that means a lot to me."

Support workers showed a good awareness of people's needs and preferences. One support worker told us, "We have lots of information about people's needs and preferences and what's important to them. We develop good relationships and get to know people really well." Another support worker said, "Because we spend so much time with people we get to know their ways and easily pick up if something is wrong."

Support workers told us about people's different communication needs. Not all people had verbal communication but used other methods to express themselves. Support workers said they observed for non-verbal communication such as people's body language and gestures. Some people used a particular sign language known as Makaton, to communicate their needs and choices. Additionally, some people used the Picture Exchange Communication System (PECS). This means people were supported to communicate by the use of pictures.

We observed that support workers were caring and attentive to people's needs. They were seen to use communication skills that showed they understood, and were knowledgeable about people's different communication needs. There was a calm and relaxed atmosphere that included positive, good humoured communication between support workers and people who used the service. It was evident from observations that people had developed good relationships with the support workers that supported them.

People had their individual routines which were important to them. Support workers talked to us about what these were for people and how important it was that these were respected and understood. Throughout the inspection we observed how support workers supported people with their routines and comfort needs. For example, we saw how a person's anxiety became heightened; staff were quick to respond and offered the person the opportunity to go out. This person had already been supported to go out but staff knew that going out again for a walk or drive would calm the person.

Support workers said that they involved people as fully as possible in choices and decisions. The duty registered manager and director of operations, told us that the provider was looking at ways of including people in more meaningful ways about the service they received. They said that plans were in place to have 'core group' meetings for each person. This would be an identified group of support workers responsible for a person and they would meet monthly and involve the person and person's representative in discussions and plans.

We asked the duty registered manager if people had access to independent advocacy support services. Independent advocacy is a way to help people have a stronger voice and to have as much control as

possible over their own lives. We were told that currently people did not have access to this support if required. However, the provider was exploring what advocacy services were available and hoped to make this information available for people.

People were treated with privacy, dignity and respect. One person who used the service told us, "Oh yes the staff are respectful, they knock on my door." Relatives were complimentary about how staff promoted people's privacy and dignity. One relative said, "Staff have a person centred approach, they treat people individually and show respect."

We observed support workers supported people with respect and dignity. For example, one person preferred to spend time in their room; support workers respected this but also regularly checked with the person that they were happy. Another person liked space to freely walk around, whilst this person required close observation support workers supported from a distance to give them the room they required. Another person chose when they wanted individual space to listen to their music, support workers were seen to respect this and responded positively when the person requested attention again from them.

Support workers encouraged and promoted people's independence. A person told us how they were supported to clean their room. People were encouraged to take their dirty laundry to the laundry room and were supported to put fresh laundry away. We saw people were supported in making drinks and snacks. A visual activity programme on display showed how people participated in activities such as laying the table at meal times, returning used cutlery and crockery to the kitchen, wiping tables and hoovering and polishing. We saw how staff supported people to participate in these activities.

Relatives told us that there were no restrictions on them visiting their family member. One relative told us how support workers arranged and supported their family member to visit them and that they stayed for the duration of the visit. They said, "Home visits are very important to me and I find the staff are friendly and supportive to [name] but to me too."

We saw from staff training records that staff had received training in person centred care, equality and diversity and dignity. Staff gave examples of how they respected people's personal space, and dignity when supporting a person with their personal care. This included knocking on the person's door before entering their room. Encouraging people to be as independent as possible with their personal care needs, closing curtains and giving people space and time to themselves. However, we noted that in records used to share information with support workers about how people had been during the day used some inappropriate language. For example, staff had recorded, "Name [person who used the service] has been good and has not caused no problems all shift." We discussed our concerns with the duty registered manager and director of operations, they agreed that the description used was inappropriate and this would be addressed with support workers.

Is the service responsive?

Our findings

People received care that was responsive and personalised to their individual needs, preferences and what was important to them. One person who used the service told us, "We go on holidays, [name of support worker] went with me to visit coronation street, it's my favourite." Relatives were positive about how their family member's needs were met by support workers and said that they had a person centred approach. One relative said, "Staff are so knowledgeable, have different personalities and roles and relationships. Like a jigsaw puzzle they really work well together."

Support workers spoke confidently and were knowledgeable about people's needs, routines, likes and dislikes. They told us that people had different routines and that they understood what was important to them. One support worker told us, "We treat people as the individuals they are, each person is different." Another support worker said, "People have come on leaps and bounds since they've been here. Some people can now use public transport which previously caused them great anxiety."

People had their needs assessed before they moved to Sheepwalk House. Relatives told us that they were involved in the assessment and development of support plans. One relative said, "I've been involved from the start about what [name's] needs are and how best they can be met."

Pre-assessments are important to ensure the provider is able to meet people's needs and to identify if additional resources are required to provide a responsive, effective and safe service.

In a sample of care records we found a detailed assessment was completed before people moved to Sheepwalk House. Person centred support plans and risk plans were then developed with the person being at the focus of decisions about how their needs were met. This information enabled support workers to provide a responsive service based on people's individual needs.

Support workers told us on that on whole they had the information they required to meet people's needs but some comments were made that information lacked detail in some areas. We found some examples where support plans were insufficiently detailed. For example, people had their communication needs assessed and a support plan had been developed. Information was limited and did not fully include what people's communication needs were, such as the different communication tools they used. Support workers that had worked at Sheepwalk House for an amount of time were able to tell us this information. However, new support workers relying on support plans to provide this information would not have a clear understanding of people's needs. Additionally, we identified that people's support plans had not all been reviewed as regularly as the provider stated they should be. This meant that support plans may not have reflected people's current needs.

People's preferences, what was important to them, routines and their interests were all recorded in a document referred to as 'All about me.' A person who used the service told us about how they were supported to pursue activities, interests and hobbies that were important to them. This person talked positively and with enthusiasm of the activities they had participated in, clearly indicating that they had enjoyed activities that were important to them.

Relatives were positive about how their family member was supported to pursue activities, interests and hobbies of their choice. One relative said, "Staff are fantastic at treating people as individuals and supporting them with the activities they particularly enjoy." Another relative told us, "There are lots of activities available, I know they go to the local pub each week for a meal, go to the cinema and holidays are provided, there's enough to keep [name] interested and active."

Support workers gave examples of how they supported people with a variety of activities. This included swimming, horse riding; some people attended a community service that provided a range of sensory and stimulating activities. People were also supported to go on holiday. Additionally, people were supported with activities within Sheepwalk House. This included an activity room with arts and crafts, a sensory room that provided relaxation and sensory stimulation, an indoor hot tub and a large garden.

On the day of our inspection some people were supported to go swimming, unfortunately the session had been closed without notifying the service. However, support workers responded by providing a different activity and took people to the woods for a walk. Two people were supported to bake a cake and make cookies. People were also observed to use iPads to listen to their favourite music.

Relatives told us that they were actively involved and consulted in decisions about the care and support their family member received. One relative told us, "We are invited to attend review meetings to discuss [name] care and support." Another relative said, "Yes, we are invited to review meetings and have also requested additional meetings to discuss progress."

We asked the duty registered manager and director of operations how people were involved in reviewing the individual care and support they received. Additionally, how feedback was gained from people about the service they received. They told us that the provider was committed to improving these opportunities and were in the process of providing support workers with additional training and support.

A person who used the service knew the name of the registered manager and said that they would speak with them if they were upset, worried or had any concerns about anything.

Relatives told us that they would not hesitate to raise any concerns if necessary and were aware of the process to follow. One relative told us, "If I had any concerns I would speak with staff or the manager. "

People had access to the provider's complaints procedure. This information was in an accessible format to support people with their communication needs. The provider had not received any complaints.

Is the service well-led?

Our findings

A person who used the service told us they were happy living at Sheepwalk House; they said that staff supported them with how they lived their life. Relatives said that they found communication with the service to be good and the service had a person centred approach. One relative said, "I have absolutely no concerns, we have regular contact with the service and [name] is always happy to return following a visit to us." Another relative told us that their family member was happy and settled. They said, "[Name] arrived at Sheepwalk House as an anxious person and is now happy and far more relaxed." Another relative said that the service had a clear philosophy and that they were confident that their family member received the best care and support they could.

The duty registered manager told us that the provider had plans to send a satisfaction survey to people, and their representatives as part of the provider's quality assurance checks. They said that feedback would be analysed and an action plan developed to address any areas that required improvement. Relatives told us that they felt able to raise any issues, concerns or suggestions and that anything they had raised had been acted upon. An example was given about a person's bedroom furniture that had been replaced by the provider.

Support workers told us that they felt valued and involved in the development of the service. They said that communication was good with the registered manager. This included daily staff handover meetings and staff meetings.

There was a whistle blowing policy in place. A whistle-blower is protected by law to raise any concerns about an incident within the work place. Support workers said that they would not hesitate to use the policy if required to do so.

Support workers had a clear understanding of the provider's vision and values. One support worker told us, "We promote independence and support people to have a good lifestyle." Another support worker said, "We provide a person centred service based on people's needs, preferences and routines."

We found support workers were organised and worked well together. They used effective communication and demonstrated they had a clear understanding of their roles and responsibilities. We observed a staff handover where a discussion was had about how people had been supported, and any issues or concerns were discussed.

Relatives were positive about the leadership of the service. One relative said about the registered manager, "They're brilliant, they're intuitive, and really understand people. From what I see they support the staff." Another relative told us, "We've developed a good relationship with the manager, I respect them."

Support workers spoke positively about the support and leadership of the service. They said that they found the registered manager supportive, knowledgeable and a good leader. One support worker told us, "The manager is very responsive and supports the staff team."

We spoke with the provider's director of operations. They told us of the plans the provider had in place to further develop the service. This included introducing different recording tools to describe people's needs, routines, goals and aspirations in more detail. Additionally, they were looking at ways to ensure the service was more inclusive by enabling people who used the service to be more involved. The director of operations told us, "We're on a journey to further develop a more person centred service. This will involve reviewing staff training and improving our documentation and approach."

Staff told us that the registered manager often worked alongside them and that because they had worked at the service for many years, had developed a good relationship with the people who used the service. One support worker said, "The manager has been a support worker themselves, they understand people's needs very well and have such a caring approach."

Since our last inspection the provider and the registered manager had notified CQC of changes, events or incidents as required.

The registered manager had systems in place to monitor the quality and safety of the service. The registered manager told us that they did a daily walk around the service to check on safety and reviewed accident and incident records. Additionally, they did daily, weekly and monthly audits that included checks on care records, maintenance of the environment and equipment, medicines, people's personal monies and the fire alarm system. We saw these audits were up to date. The registered manager was required to report to senior managers within the organisation of the audits completed. The provider had not carried out any internal audits but this was due to be undertaken by the director of operations.

The registered manager told us that they reviewed all accidents and incidents and stated that the provider had a reflected practice approach. This was to ensure that staff had provided a correct response when incidents had occurred. It also gave the registered manager an opportunity to monitor for any triggers, patterns or trends and if any lessons learnt could be identified.