

## Creative Care (East Midlands) Limited

# The Spinnies

### 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 inspection took place on 28 June 2016 and was unannounced.

The Spinnies is a care home (without nursing) for up to four people with a learning disability and/or autistic spectrum disorder. At the time of our inspection there were four people living at the service.

The Spinnies is required to have 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. At the time of our inspection a manager was in post and they had submitted their registered manager application and this was being processed. We will monitor this.

People who used the service were protected from abuse and avoidable harm. Staff were aware of their role and responsibilities in protecting people. Staff understood the different categories of abuse and had received adult safeguarding training. Information was available for staff about the provider's procedure to report any safeguarding concerns.

Risks associated to people's individual needs had been assessed and planned for. Staff had the required information to know how to support people to reduce known risks. Risk plans were reviewed regularly and amended when required. Risks associated to the environment and premises had been assessed and work was being completed to improve safety.

The provider had completed appropriate recruitment checks before staff began work to check their suitability. Staffing levels were sufficient in meeting people's individual needs and safety. People who used the service received their medicines as prescribed and these were managed correctly.

Staff were appropriately supported to enable them to effectively carry out their duties and responsibilities. This included receiving an induction and ongoing training opportunities to keep their skills and knowledge up to date. Staff also received regular meetings to review their work and development needs.

The manager understood their role and responsibility in ensuring the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation was adhered to. Staff were knowledgeable about the principles of this legislation.

People received sufficient to eat and drink and the menu choice was based on people's needs and known preferences. Whilst staff understood they had a responsibility to promote healthy eating this area could be improved upon.

Staff supported people to maintain their health, this included accessing both routine and specialist healthcare services. The service involved external health and social care professionals appropriately in

meeting people's individual needs.

Staff were kind and caring, they clearly had a good understanding of people's needs and what was important to them. Staff supported people to participate in activities, interests and hobbies of their choice. People's privacy, dignity and independence were respected and promoted. People's care records showed a person centred approach was used by staff. Information was based on people's individual choices, routines and what was important to them.

A complaints policy was in place and staff were aware of how to respond to any complaints or concerns made. People had access to information that was presented in an appropriate format for their communication needs. The manager was aware of independent advocacy services should this support have been required. People, their relatives or representatives received opportunities to share their views about the service.

Staff felt valued and supported and were positive about the leadership of the service. The provider had checks in place that monitored the quality and safety of the service. These included daily, weekly and monthly audits.

## 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.

Staff had received adult safeguarding training and knew how to protect people from risks and avoidable harm. Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

People were supported by staff that had undergone appropriate and safe recruitment checks. Staffing levels were sufficient in meeting people's needs and safety.

People received their prescribed medicines and these were managed safely.

### Is the service effective?

Good 

The service was effective.

Staff received an appropriate induction, support and ongoing training.

When needed, assessments to determine a person's mental capacity to specific decisions had been completed.

People received a choice of what to eat and drink but the promotion of healthy eating could have been better. People were supported to access health services to maintain their health.

### Is the service caring?

Good 

The service was caring.

People were supported by staff that were caring and kind. Staff knew people's individual routines and what was important to them.

People's relatives or representatives were involved in discussions and decisions about how people were supported.

People had their relatives or representatives who acted on their behalf, and the manager was aware of independent advocacy

services should this have been required.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care and support was personalised and responsive to people's individual needs. Staff supported people to pursue activities based on their individual interests.

People and their relatives or representatives were involved in the pre-assessment and ongoing reviews about the care and support provided.

The provider had a complaints policy and procedure in place.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Staff were clear about their roles and responsibilities and understood the provider's values and vision of the service.

The provider was aware of their regulatory responsibilities. There were quality assurance systems in place that monitored the quality and safety of the service.

The provider was implementing new systems to increase improved communication and involvement for relatives and representatives.

# The Spinnies

## 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 28 June 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the service provided.

Due to people's communication needs, we were unable to gain people's feedback about their views about the service. We used observation to help us understand people's experience.

We spoke with the manager, the director of operations, two support workers and two team leaders. We looked at all or parts of the care records of all the people living at the service, 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 relatives for their feedback. We also contacted health and social care professionals for their feedback about the service.

## Is the service safe?

### Our findings

People were protected from avoidable harm and abuse. Relatives told us that they were confident their family member was cared for safely. One relative said, "I feel more relaxed about [name of family member]'s safety than I ever have." Another relative told us, "The staff know all the young people's needs and how to keep them safe. The young people don't get on with each other all the time but staff manage this."

Staff were clear about their role and responsibilities in protecting people's safety. One staff member said, "People have one to one support to keep them safe, we've had training on adult safeguarding and know what to do if we have any concerns about safety."

We saw the provider had a safeguarding policy and procedure available for staff. The training plan showed that staff had completed adult safeguarding training. The manager was aware of their responsibilities in responding to safeguarding concerns. The director of operations gave an example of how the provider's staff disciplinary procedure had been used. This told us that people could be assured that the provider had taken correct action to appropriately protect people.

Risks to people's needs had been assessed and planned for. Relatives told us that they felt involved with discussions and decisions about how any risks were managed. One relative said, "Any risks are identified and discussed with us, strategies are then agreed. I feel risks are considered, anticipated and managed well." Another relative told us, "I know risk assessments are completed for the different activities [name of family member] does. It's important as they have no awareness of danger."

Staff were confident they had detailed information about how to support people with any identified risks. One staff member said, "Risk plans are in place, for example one person is at risk of choking as they can over eat. They need close supervision at meal times." Examples were also given of how people were supported within the environment. Staff told us that people's independence was promoted as fully as possible whilst protecting their safety. Staff said that due to people's limited awareness of danger, they supported people in the kitchen and the garden at all times.

We saw records that confirmed risks associated to people's individual needs had been risk assessed. Risk plans were in place that advised staff of the action required to mitigate any identified risks. These included potential risks to people participating in community activities, the use of the provider's vehicles and health conditions. Records showed that risk plans were reviewed regularly and evaluated to ensure information was up to date.

Personal emergency evacuation plans were in place in people's care records. This information is used to inform staff of people's support needs in the event of an emergency evacuation of the building. The provider also had a business continuity plan in place to advise staff of action to take in the event of an incident affecting the service.

The internal and external of the building were maintained to ensure people were safe. For example, weekly

testing of fire alarms were completed. Records showed that services to gas boilers and fire safety equipment were conducted by external contractors to ensure these were done by appropriately trained professionals. During our inspection, maintenance staff were present making some improvements to the safety of the premises following a recent internal fire risk assessment.

There were sufficient staff deployed appropriately to meet people's individual needs and keep them safe. Relatives told us that they felt their family member received the level of support they had been assessed as requiring. One relative said, "I know all the young people have one to one support. The staff shifts are good, sometimes they work long days which enables opportunities for day trips." Another relative told us, "People have one to one staff support and this is always provided when I visit."

Staff were confident that there were always the required staffing levels provided for people's individual needs and safety. One staff member said, "There is always the right amount of staff on duty." The manager told us that the staff roster was completed a month in advance to ensure sufficient staff were available. Staffing levels were based on the funding provided by the commissioners. This was either a local authority or a NHS clinical commissioning group. The manager said that staff covered any additional shifts as a result of leave, vacancies or sickness. In addition, bank staff employed by the provider or an agency were used to cover any shortfalls.

There were safe staff recruitment processes and checks in place for all staff that worked at the service. Staff told us they had supplied references and had undergone checks relating to criminal records before they started work at the service. The manager told us that they checked agency staff were also suitable to work at the service. We saw records of the recruitment process that confirmed all the required checks were completed before staff began work. This included checks on employment history, identity and criminal records. This process was to make sure, as far as possible, that new staff were safe to work with people using the service.

From our observations and by looking at the staff roster and records, we concluded that people had their individual needs met. There were sufficient skilled and experienced staff available. We found staff were competent and knowledgeable about people's individual needs.

People received their medicines safely and as prescribed by their GP. Relatives told us that they were confident their family member received their prescribed medicines safely. One relative said, "Staff always ensure we have the correct medicine when we take [name of family member] out for the day." Another relative told us, "I'm pretty sure medicines are administered at the right time." This relative told us that staff had identified that their family member's sleep pattern had changed. They said sleep charts had been completed and these were discussed with the consultant and their family member's medicines were changed which had a positive impact on the person. This told us that staff were effective in identifying changes and responded appropriately.

Staff told us of the training they had received in the safe administration and management of medicines and this included competency checks completed by the manager or senior staff. Records confirmed what we were told.

The manager told us how medicines were managed including, the ordering and storage of medicines. Staff had the required information they needed about how to safely administer people's medicines, including their preferences of how they liked to receive their medicines. Protocols were in place for medicines which had been prescribed to be given only as required. These provided information for staff on the reasons the medicines should be administered. Records confirmed people had received their medicines as prescribed.

We did a sample stock check of boxed medicines and these were found to be correct. Daily audits and checks were completed by staff to ensure people had received their prescribed medicines safely and medicines were stored correctly.

## Is the service effective?

### Our findings

Staff had the required skills, knowledge and competency to do their job. Relatives were positive that staff provided effective and responsive care. One relative told us, "I think the staff are excellent, spot on. They have energy and know [name of family member] very well, this is really important as they are non-verbal and rely on staff." Another relative said, "The staff are very competent and knowledgeable about [name of family member]'s needs."

Feedback from a healthcare professional was positive when describing staff. They told us, "I have always found the staff to be helpful, pleasant and knowledgeable." This healthcare professional also said that staff were positive and open to training opportunities. They told us, "They [staff] have sought out support to have their training needs met around issues including epilepsy, and meeting the health needs of people who it can be extremely difficult to engage with."

Staff told us about the induction they received when they started their employment. They said that it was supportive and helped them to understand their role and responsibilities. The director of operations told us that the induction programme had recently changed and showed us records detailing what this included. The main change was face to face training for staff instead of on-line training. In addition staff completed the Skills for Care Care Certificate. This is a recognised workforce development body for adult social care in England. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

Staff spoke positively about the ongoing training and support they received. Staff told us they had received training such as first aid, health and safety, autism awareness and epilepsy from an external healthcare professional. One staff member said, "The training is pretty good and because it's face to face it can be related to people's needs we care for." Staff also told that there was a system whereby staff were informed when their refresher training was due. The staff roster was changed accordingly to support staff to attend. Staff said they received regular opportunities to meet with their line manager to discuss their work, training and development needs. One support worker told us, "Supervision meetings are every four to six weeks. You know in advance so can prepare. We also get a yearly appraisal to review our performance."

The manager showed us a supervision and appraisal plan for the year and examples of completed supervision records. They said that they also met with new staff during their probationary period and we saw records that confirmed what we were told. This told us that people could be assured that they were cared for by staff that were appropriately supported and trained.

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.

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 checked whether the service was working within the principles of the MCA.

We asked relatives about their involvement in discussions and decisions with regard to their family member's care and support. One relative told us, "I'm involved in discussions and anything where a best interest decision has to be made."

Staff told us that they had received MCA and DoLS training and demonstrated they were aware of the principles of this legislation. One staff member said, "You assume a person has capacity unless assessed as not. If a best interest decision has to be made it has to be the least restrictive option." Another staff member told us, "There are five principles to follow. Best interest decisions have to involve other people such as relatives and professionals."

The staff training records showed that staff had received training on the MCA and DoLS. We saw examples of where some people did not have mental capacity to make some decisions about the care and support they received. Appropriate assessments based on specific decisions had been completed. However, it had not always been recorded who had been involved in the decision made. The director of operations told us that they were confident other people had been appropriately consulted and involved but this had not been formally recorded. To address this issue the operations director told us new MCA assessment and best interest documentation was being implemented. We saw these records and found them to be clearer for staff.

People's care records showed that appropriate applications had been submitted to the supervisory body for authorisation with regard to restrictions of their freedom and liberty. This told us the provider was effectively protecting people's rights in accordance with the MCA and DoLS.

Some people who used the service could experience high levels of anxiety that may have affected their behaviour. Staff told us and records confirmed that staff had received appropriate accredited training in the use of physical restraint. However, staff said that this was only used as a last resort as they used other techniques to reduce people's anxiety. The manager confirmed what we were told. Any incidents that required physical intervention were clearly recorded and the manager reviewed these to ensure proportionate and appropriate action had been taken.

We observed that staff gave people choices and explanation before support was provided. They waited for a response from the person that indicated consent had been given.

People were supported to eat and drink sufficiently. One relative told us, "What I've seen the quality of the food is good." Another relative said, "I know they [staff] try to provide high fibre and fruit to help [name of family member] with their health condition."

Staff told us that they supported people with healthy eating options to ensure they received a balanced and nutritious diet. One staff member said, "We provide a choice of meals but there is not always the ingredients to cook what's on the menu. There is fresh fruit readily available, one person prefers dried fruit." The manager showed us a pictorial menu that had recently been introduced which they said was based on people's known food likes and needs. The menu provided a choice of options for breakfast and two choices for lunch and dinner. Consideration had been given to providing balanced, nutritional meals.

People's dietary and nutritional needs had been assessed and planned for. Nutrition plans had been developed to advise staff of people's needs. We found staff were aware of what these needs were.

Staff said that people's food intake was recorded for monitoring. We looked at recent records and found that people were frequently eating out having fast food meals. Daily records of what people ate showed they had a diet that provided limited nutritional value. One staff member said that staff often chose for people to eat out as it was easier for staff. We discussed what we found and what staff had told us with the manager. They told us that this was not acceptable and would take immediate action by talking with staff and would carry out regular audits and checks to ensure improvements were made.

People were supported to maintain their health and attend health appointments. Relatives told us that health care needs were managed well. One relative said, "Staff support with routine health screening appointments. They also involve external professionals when required, such as an occupational therapist and speech and language therapist." Another relative told us, "[Name of family member] attends health reviews; I know there's one in a couple of weeks. The staff are pretty proactive with any medical needs."

Feedback from an external health professional told us that staff were always keen to ensure people's health care needs were met appropriately. They said that referrals were made with the GP to seek support.

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 '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. This demonstrated people had been supported appropriately with their healthcare needs and the provider used best practice guidance.

## Is the service caring?

### Our findings

People had developed positive and caring relationships with the staff that supported them. Relatives spoke positively about the approach of staff. One relative told us, "There are some super staff, a couple of young male staff took [name of family member] on holiday. They really know [name of family member]'s needs and what's important to them." Another relative said, "All the staff are very friendly and helpful." An additional comment included, "Having staff to support me when I take [name of family member] out I find is really supportive."

Relatives described staff as caring and compassionate. One relative told us, "I was watching staff interact with [name of family member] and could see from the body language that [name of family member] adored them. It was lovely to see that they both had pleasure in each other's company." Another relative said, "What is lovely is that staff make occasions such as birthdays really special. Staff are very caring and thoughtful, it would be hard pushed to find any other service any better."

On the day of our inspection it was a person's birthday. On arrival the person was still in bed but staff had put birthday banners and balloons up. Presents and cards were waiting for the person. Staff greeted the person with singing happy birthday and supported them to open and enjoy their presents. This person was then supported with their planned activity of horse riding followed by a meal out. They were then supported with another person with a trip out in the afternoon. This person's relative told us that the family had arranged to visit at the weekend and that staff were putting on a birthday buffet for all to enjoy.

Staff were knowledgeable about people's individual needs, they spoke with compassion and had a clear understanding of what was important to people such as their routines. One staff member told us, "We're always looking at new things, activities for people and considering if there is something else that would work better."

We spoke with two newer staff who told us that they found the information in people's care records was helpful. One staff member said, "Information is really detailed. Three people have no verbal communication so we get to know people through their support plans."

Staff told us about people's different ways of communicating. This included using a form of sign language. To support staff a speech and language therapist was involved in developing staff's sign language vocabulary, and we saw signs on display that staff were learning. We observed staff communicated effectively with people, using good listening skills and picking up on non-verbal communication. Staff responded to signs and gestures, interpreting people's needs well. This told us staff clearly had a good understanding of people's needs.

We observed positive and caring interaction of staff with people who used the service. People looked relaxed within the company of staff. People were included in what was going on within the service, choices were offered with respect of how people spent their time.

The manager told us that 'core group' meetings had recently been introduced as a method of involving relatives in discussions and decisions about the care and support provided. One relative told us, "I've been to a couple of core group meetings. I'm really pleased with this initiative. Staff respect my knowledge and involve me in my son's care."

Care records showed examples of how the core group meetings worked. This told us that the provider had a commitment to ensure people's relatives or representatives were involved as fully as possible in the service people received. The manager told us that people had their relatives or a representative that advocated on behalf of them. They did not have independent advocacy service information available on display. However, the manager knew the organisations and services they could contact should this support be required.

People received support from staff that respected their privacy and dignity. Relatives told us that they found staff supported their family member appropriately. One relative told us, "Staff show understanding and respect in their approach and manner. Whilst one to one support is required privacy is respected." Another relative said, "Staff promote people's independence as fully as possible, however small they try."

We found staff respected people's personal space, treated people with respect at all times and provided care and support that was sensitive and dignified. People's independence was promoted as fully as possible. This included people being encouraged to support staff with domestic tasks around the house. People were also supported in cleaning their bedrooms and clearing the table of their dishes after eating.

People's care records included a support plan that considered their diversity and was based on areas such as, age, gender, sexual orientation, disability and religion or belief. Support plans detailed the ways in which care should be provided in order to protect people's privacy and dignity. We also noted that throughout people's care records staff were directed about promoting people's independence as fully as possible.

Relatives told us that there were no restrictions around them visiting their family member. They told us that staff supported their family member to maintain contact with them. People had internet access for their tablets, and one person was supported to maintain contact with their relative by using their tablet. Staff said that whilst this person did not have verbal communication it was a positive experience being able to visually see their relative and was a support to the person's relative. The importance of confidentiality was understood and respected by staff and confidential information was stored securely.

## Is the service responsive?

### Our findings

People who used the service received care and support that was personalised to their individual needs and routines. Relatives told us that they had been involved in the pre-assessment of their family member's needs before they moved to The Spinnies. Relatives also said that they had been involved in further assessments and review meetings to discuss the service provided. One relative told us, "I felt very involved from the assessment stage and with the development and review of support plans. I feel staff have detailed information that is important, this includes routines, behaviours and how [name of family member] likes to spend their time."

Relatives made positive comments about how their family member's needs were understood by staff. They described the service as being person centred and based on people's individual needs. One relative said, "I find the staff very responsive. [Name of family member] made it clear they didn't want to continue with a particular activity, so staff explored other options and different activities have been tried." Another relative said, "Staff have a real understanding of [name of family member], what's important to them such as being active and outside as much as possible."

From looking at care records we saw pre-assessments were completed before the person moved to the Spinnies. Pre-assessments are important to ensure the provider can meet people's individual needs or if additional resources are required before the person moves to the service.

We found care records contained detailed information regarding people's individual needs, their life histories, their preferences and routines that were important to them. We noted that the manager was in the process of reviewing the documentation used and new care records were being implemented. We looked at one person's care records that contained the new documentation. Information was detailed but easy to read. A one page profile informed staff of what was important to the person and what staff needed to know to support them effectively. This included information about their routines and communication. Detailed support plans were also in place and reviewed by the manager monthly. These were discussed in 'core group' meetings with the person's relative or representative. This told us there was a system in place that monitored and reviewed information to ensure it reflected the person's current needs. The provider was open and inclusive by encouraging and providing opportunities for relatives and representatives to be actively involved in decisions about the care and support provided.

Staff demonstrated that they knew what interested people by telling us about the specific activities, interests and hobbies people had and how they supported them with these activities. For example staff told us how one person enjoyed the sun and hot weather. This had a positive impact on their mood and anxieties. As a result this person went on several holidays abroad each year. At the time of our inspection they were on holiday with two staff in Ibiza. Staff also told us how some people enjoyed water and a hot tub was available. Another person's routine was to wake early and they liked to have a morning walk which the staff supported them with.

People received opportunities to participate in community activities that were important to them. This

included, horse riding, swimming, community activities to parks, bowling, and some people attended a weekly sailing club. Staff told us that one person liked animals and were supported each week to visit places of interest with animals. Another person liked diving and swimming pools that provided deep diving had been identified. The manager told us that there were some set activities and due to transport being provided, people were offered daily activities which could easily be accommodated. Staff told us and relatives confirmed that people liked to be kept active and busy and that this was important to them.

People also received a variety of indoor activities to choose from. This included arts and crafts, table football and a games console. A masseuse also visited the service weekly and provided people with a massage. There were two television lounges to choose from and a large spacious garden for people to use. The manager told us about their plans to develop a multi-sensory room that would provide opportunities to explore different sensory experiences.

A relative told us how the manager had been very supportive with arranging an alternative venue for a particular therapy session. They told us how they, the manager and therapist met to discuss how the therapy session was going. They told us, "The manager really put themselves out. We met out of office hours and they took the time to listen and understand what the issues were. A new venue was found, it was a fresh start and an excellent outcome."

Staff told us and relatives confirmed that people were supported on several holidays a year. This included holidays to centre parcs. Plans were also in place for staff to support a person on holiday with their relative.

During our inspection people were out on community visits for most of the day. However, we saw a person who liked football spent some time outside with a member of staff kicking a football. Another person had an outdoor go-kart that staff supported them with.

The provider had a complaints policy and procedure. Relatives told us that they were aware of the complaints procedure and would not hesitate to discuss any concerns or complaints with the manager. One relative said, "I have never had to make a complaint but if I've ever raised anything it's always been resolved without any problems."

People had information about how to make a complaint available and presented in an appropriate format for people with communication needs. The manager told us that there had not been any complaints received since our last inspection in 2015.

## Is the service well-led?

### Our findings

At our last inspection of the service we identified a breach with Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents. At the time of this inspection we found the provider had made the required improvements with this regulation. All conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about.

Relatives spoke highly of the service provided. They told us that their family member received a person centred service that was based on individual needs. Relatives also said they felt involved and communication was good with the provider and described them as being open and transparent. Relatives acknowledged that the service had experienced a change of managers but spoke very highly of the current manager who was new in post. The manager had worked as a team leader at the service for four years. One relative said, "I'm very pleased with the new manager. Their inside knowledge is excellent. They have such a good understanding and a good relationship with [name of family member]."

Staff told us that they felt well supported and involved in the development of the service. One staff member said, "The manager is the best manager I've ever had. They have the respect of the staff team." Staff were also positive about working for the provider. One staff member told us, "The provider is really good, anything the residents want or need it's provided."

Staff were aware of the whistleblowing policy and said that they would not hesitate to use this if required. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

The provider had a clear vision and set of values that were in the information guide provided for people who used the service. This information explains to people what they can expect from the service. We saw that staff acted in line with those values.

Staff were clear about their role and responsibilities. Staff were seen to work together well, they were organised and calm in their approach. Staff told us there were good communication systems in place; this included daily verbal and written staff handover meetings, a staff communication book and diary. Staff meetings were also planned and records showed that the manager used these meetings to reflect on any areas that required further development.

As part of the provider's internal quality monitoring the director of operations told us that they had consulted people's relatives about developing a parent's forum. A relative confirmed what we were told. They said, "I've had contact with the director of operations, we met and discussed setting up a forum and discussed the service. I really like their openness and person centred approach."

Relatives also told us that they had been involved in the process of staff recruitment and that they welcomed this involvement. One relative said, "I like the involvement parents can have."

The manager told us about the systems in place that monitored the safety and quality of the service. Audits and checks were completed daily, weekly and monthly. These included checks on all aspects of the service including health and safety, the internal and external environment, medication and staff training. The manager also reviewed people's support plans and risk assessments monthly to ensure these reflected people's ongoing needs. We saw records that confirmed what we were told. The manager told us that the outcomes of these audits and checks were discussed at managers' meetings with the provider every three weeks. This was an opportunity to share good practice, learning and provide peer support. Additionally, the director of operations visited the service on a monthly basis and completed checks and audits. The director of operations told us about current work and future plans around improvements with quality assurance processes. This told us the provider was continually exploring ways of improving the service.

Accidents and incidents with regard to people's behaviours had been recorded in detail; this included the detail of the incident, possible triggers and the action taken. Additionally, staff were asked to comment on what worked well and what could have been done better. These records were reviewed by the manager to ensure staff had responded appropriately and recommendations and actions were recorded. We saw records for one person where there was a recommendation to apply for a disabled parking badge to reduce behavioural incidents and risks. The manager told us that this had been applied for. Another person had become anxious whilst visiting the GP surgery resulting in behaviours. The recommendation was that the GP did a home visit in the future. The manager gave examples of when the GP had visited this person. This told us that incidents were analysed for themes and patterns and the provider was both proactive and reactive in responding to risks and safety.