Care Quality Commission

Creative Care (East Midlands) Limited

The Old Vicarage

Inspection report

Wellow Road
Old Ollerton
Mansfield
Nottinghamshire
NG22 9AD

Tel: 01623824689

Date of inspection visit:
09 February 2017

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

The inspection took place on 9 February 2017.

The Old Vicarage is registered to accommodate up to 14 people and specialises in providing care and support for people who live with a learning disability. At the time of the inspection there were 14 people using the service.

On the day of our inspection there was a registered manager in place. 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 were safe living at the service because staff knew how to recognise and report any incidents of harm. Staff were confident that the registered manager would deal with any concerns that they reported. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. Staffing levels were adequate to meet people's needs. Staff were recruited through safe recruitment practices. Medicines were safely administered and stored.

Some staff did not receive specialist training to provide effective care. Some staff did not receive supervision at the frequency the provider expected. The manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected. People were asked for their consent before care and support was provided and this was respected. People received sufficient to eat and drink and their nutritional needs were catered for. People's healthcare needs had been assessed and were regularly monitored. The service worked well with visiting healthcare professionals to ensure they provided effective care and support.

Staff were kind, caring and respectful towards the people they supported. Staff were aware of people's support needs and their personal preferences. Information was not available for some people about how to access and receive support from an independent advocate. People and/or their relatives were involved in the development and review of their support plans. People's independence privacy and dignity were promoted and respected by staff.

People received care and support that was personalised and responsive to their individual needs. Regular reviews of people's care and support needs took place. People were supported to participate in activities, interests and hobbies of their choice. The complaints policy was accessible for everyone.

Staff understood the values and vision of the service and had a clear understanding of their roles and responsibilities. People and their relatives were not given opportunities to complete surveys about the service however, they had other opportunities to be involved in the development of the service. There were systems in place to monitor and improve the quality of the service provided.

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 avoidable harm because staff understood what action they needed to take to keep people safe.

Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

Staffing levels were adequate to meet people's needs. Staff were recruited through safe recruitment practices.

People received their prescribed medicines and these were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Some staff did not receive specialist training to provide effective care.

Some staff did not receive supervision at the frequency the provider expected.

People's nutritional needs were met.

People had the support they needed to maintain their health and the staff worked with healthcare professionals to support people appropriately.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and respectful towards the people they supported and were aware of people's support needs and their personal preferences.

Information was not available for some people about how to access and receive support from an independent advocate.

People and/or their relatives were involved in the development and review of their support plans.

People's independence, privacy and dignity were promoted and respected by staff.

Is the service responsive?

Good

The service was responsive.

People received care and support that was personalised and responsive to their individual needs.

People had access to a variety of activities.

People were involved as fully as possible in reviews and discussions about the care and support they received.

Staff understood how they would manage concerns or complaints.

Is the service well-led?

Good

The service was well-led.

Staff understood the values and vision of the service and had a clear understanding of their roles and responsibilities.

People and their relatives were not given opportunities to complete surveys about the service however, they had other opportunities to be involved in the development of the service.

There were systems in place to monitor and improve the quality of the service provided.

Care Quality Commission

The Old Vicarage

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 9 February 2017 and was announced. The provider was given 24 hours' notice to give the staff the opportunity to prepare people for our visit, so that it lessened the disruption our presence may have caused. The inspection team consisted of 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 service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and notifications we received from the provider. A notification is information about events that the registered persons are required, by law, to tell us about. 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 home, what the home does well and improvements they plan to make.

We contacted commissioners (who fund the care for some people) of the service and Healthwatch Nottinghamshire to obtain their views about the care provided at the service.

During the inspection we observed staff interacting with the people they supported. We spoke with six people using the service. We also spoke nine care staff, the registered manager and one social care professional. After the inspection we spoke with six relatives, one health care professional and one social care professional.

We looked at the relevant parts of the support plans of seven people who used the service, three staff recruitment files and other records relating to the management of the home.

Good

Is the service safe?

Our findings

During our previous inspection on 28 and 29 January 2016 we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people were not appropriately protected from the risks of financial abuse. The service managed people's money and the amount of money people had did not tally with what was recorded within their records.

At this inspection we found improvements had been made in this area. We were told, and records confirmed, when a person spent any money, receipts were kept and their records were amended to reflect the new amounts. We checked the records of five people and all the amounts tallied with what was recorded within their records. We also saw that records detailed when relatives gave their relation's money to ensure there was a clear audit trail. A weekly audit was in place which showed no errors had been found with people's finances. This meant people and relatives could be assured money was being managed appropriately which reduced the risk of financial abuse.

Relatives we spoke with told us staff supported their relations to remain safe. One relative said, "It is going great. I cannot fault the staff, [relation's] very safe." Another relative said, "[Relation] is safe."

Staff told us they had received safeguarding adults training and demonstrated an awareness of their role and responsibilities regarding protecting people from avoidable harm. They knew the different types of harm and told us they would report any concerns to a member of the management team, the CQC or local authority. Staff were confident a member of the management team would deal with any concerns they may raise.

Information was available for people on how they could maintain their safety and the safety of others. Information was also available to staff and visitors on how to report any concerns of incidence of people being at risk of harm.

The provider had a business continuity plan in place and it was available for staff advising them of the action to take in the event of an incident affecting the service, such as such as severe weather, fire, or loss of gas or electric. Each person had an individual plan to identify available accommodation and the support they would require to evacuate the service. This meant people could be assured that they would continue to be supported to remain safe in an unexpected event.

We saw regular checks on bedrooms, bed rails, emergency lighting and fire alarms took place. The internal and external of the building was well maintained to ensure people were safe. For example, monthly testing of fire alarms and a six monthly fire evacuation drill were completed. Records showed that services to gas boilers and fire safety equipment had been completed appropriately. We saw parts of the building looked tired and worn and in need of decoration such as some rooms that needed painting. One relative and a staff member also told us this. We spoke to the registered manager who acknowledged areas of the service needed decorating. They showed us areas of the service that had been recently decorated. The registered manager also showed us an improvement plan which identified other work to the building that would be

taking place in the near future such as rooms being painted and doors being replaced.

Accidents and incident were recorded by staff and analysed by the registered manager for themes and patterns. The provider's quality audit team also reviewed this information as an additional check to ensure appropriate action had been taken to support the person. Where incidents had occurred we saw people's care plans and risk plans had been amended to reduce further occurrence

We saw examples where risks to people had been assessed and plans were in place to inform staff of how to reduce and manage known risks. For example, risks associated with assessing the community, travelling in vehicles, behaviour that challenges and using management of actual or potential aggression (MAPA) techniques. We saw records that confirmed people who required one to one support or two to one support received this when needed. Risk assessments were reviewed on a regular basis to ensure they were up to date and correctly reflected people's needs.

Staff were visible throughout the home. However we received a mixed response from relatives in relation to staffing levels. One relative said, "Yes, there are enough staff. Staffing levels are great. Staff are always about." Another relative said, "Generally yes there are enough staff." Two relatives disagreed. One relative told us, and records confirmed, their relation should receive one to one support at all times however, they said, "Occasionally there is no member of staff with [relation] when they take their laundry downstairs."

We received mixed feedback from staff we spoke with about staffing levels. One member of staff said, "Ratio is very good." Another member of staff said, "We have plenty of staff. We have enough staff at the weekends as well." Two members of staff disagreed and felt there were not enough staff to take people out who required two to one support in the community when needed. One member of staff said, "Definitely not enough staff on site. Sickness is not always covered." Another member of staff said, "A lot of the time there is not enough staff."

We observed there were enough members of staff deployed to support people effectively. During our inspection one person requested to go to the bathroom; we observed staff were deployed within a couple of minutes to assist the person. We looked at the staff rota and we found there were sufficient staff deployed. We spoke to the registered manager who told us that staffing levels were based on people's dependency levels. This included for example, if a person required more than one member of staff to support them or if people needed support to attend external appointment or activities. Any changes in dependency were considered to decide whether staffing levels needed to be increased.

Safe recruitment and selection processes were in place. We looked at three staff files which confirmed all the required checks were completed before staff began work. This included checks on criminal records, references and employment history. We found the service followed clear disciplinary procedures when identifying staff who had been involved with unsafe practices. We found action had been taken and recorded when needed. This process was to make sure, as far as possible, new staff were safe to work with people who may be at risk of harm. This showed that the registered manager followed robust recruitment practices to keep people safe.

People's medicines were managed safely. People or relatives did not raise any concerns about how they or their relation were supported with their medicines. One social care professional told us the person they support received their medicines in a timely manner.

We did not observe medicines being given to people, however, a member of staff described the procedure and process they completed to ensure people received their medicines in a safe way. We saw medicine

administration records (MAR) sheets were completed and used to confirm each person had received the correct medicines at the correct time and as written on their prescription. It was identified and recorded when certain medicines were stopped or discontinued.

We checked the MARs for four people. These records were accurately completed. Information about each person contained in the medicine file included, details of the medicine they had been prescribed, their photo, the way they liked to take it and whether they had any allergies. This meant staff could safely administer medicines to the correct person. We completed a sample stock check of three people's medicines and found these to be correct. Processes were in place to ensure that when people were administered 'as needed' medicines they were done so consistently and safely. These types of medicines are not administered as part of a regular daily dose or at specific times.

Staff told us and records demonstrated that staff were trained and assessed to make sure they had the required skills and knowledge to administer medicines safely. Staff told us, and records confirmed, that they received a yearly medicine competency check. This ensured they were safely administering medicines. A staff member explained the process for ordering, safe storage and disposal of medicines. The temperature of storage areas and refrigerators were monitored daily and were within acceptable limits. This ensured that medicines remained effective.

Requires Improvement

Is the service effective?

Our findings

The provider information return (PIR) sent to us before the inspection stated the provider ensured where specialist training was needed to support people with complex needs this was provided. However, some staff did not have the necessary specialist training and knowledge to provide effective care. Staff described the training opportunities they received; this included fire safety, Mental Capacity Act (2004), epilepsy and management of actual or potential aggression (MAPA). However, three members of staff told us, and records confirmed, they had not received training in epilepsy. This training is essential as some of the people who live at the service were living with epilepsy and were at risk of having a seizure. We also saw training was not up to date for MAPA. The registered manager told us that staff always work with a colleague who has epilepsy or MAPA training so if an incident occurred a member of staff would be able to deal with it. They acknowledged that all staff needed epilepsy and MAPA training. After the inspection the registered manager sent us confirmation that staff had been booked onto the training.

We received a mixed response from staff regarding the supervision they received from the management team. Three members of staff said they had regular opportunities to meet with their line manager to review their work, training and development needs. One member of staff said, "I feel supported." Another member of staff said, "Very much so. If I have any problems I can go to my manager and they put me in the right direction." Two people disagreed. Both members of staff told us, and records confirmed, they had only received one supervision in six months. One of the members of staff told us the registered manager rarely visits the part of the building they work in.

We looked at the staff records which showed that staff supervisions were infrequent. The registered manager told us that staff supervisions had not been provided every three months which the provider expected. We looked at the records of one member of staff who was still in their probationary period. There was no evidence a member of the management team had met with them to discuss their role or how they were doing. The registered manager told us a team leader would have done this however there was no documentation to show a meeting had taken place. They said that they were addressing this and confirmed all staff would receive a one to one meeting in the near future. This meant that not all staff were receiving appropriate supervision to support them to carry out their roles and responsibilities effectively and there was a greater risk that people would not receive appropriate care as a result. After the inspection the registered manager sent us documentation which confirmed staff's supervisions had been arranged for the next six months.

Staff told us, and records confirmed that new staff received an induction which provided them with the skills needed to support people in an effective way. They said that it was supportive and helped them to understand what their role and responsibility was. A variety of training had taken place which included but was not limited to, safeguarding adults, first aid and health and safety. They said this was a mix of online and face to face training. Staff said they also had the opportunity to shadow other members of staff. This meant staff received a detailed induction programme that promoted good practice and was supportive to staff.

People and the majority of relatives told us staff knew them and their relations well. One person said, "My staff know me really well. [Staff member] sorts everything out for me." Another person told us that they like a particular drink every morning and we saw a member of staff give the person the drink without asking. Relatives told us their relation was appropriately supported by staff that understood and knew their individual needs. A relative told us, "Yes staff are very good. They do know [relation]." Another relative said, "Regular staff are really good." A social care professional told us a particular member of staff who supports the person they support knows them well.

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 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 manager had a good level of knowledge about their duties under the MCA and how to support people with decision making. Staff had an understanding about their duties under the MCA and how to support people with decision making. People's care plans contained clear information about whether people had the capacity to make their own decisions. We saw consideration had taken place about people's capacity in relation to specific decisions, such as promoting a healthy diet, involving health care professionals, attending reviews, activities of daily living, appropriate clothing, medication and finances. Where a person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed.

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).

The manager had made applications for DoLS where appropriate. Which included for example, where a person had been assessed as requiring support from staff if they went out into the community and were not free to leave the service alone. We saw records that showed one person had an advocate due to their DoLS conditions. The advocate visited them on a regular basis to make sure the home was supporting them appropriately. This ensured that they were not being deprived of their liberty unlawfully.

We received positive comments about the food and drink. One relative said, "[Relation] does well with food and drink. They get a good diet." Another relative said, "[Relation] gets drink when they need it."

People were supported to eat and drink sufficiently and maintain a balanced diet. We observed the lunch time meal in two of the six dining areas. The meal time was relaxed. Two different cold drinks were offered and some people helped themselves to different drinks from the kitchen. People were offered drinks regularly throughout the day and people helped themselves to snacks from the kitchen with support. People were asked what they wanted to eat. One person changed their preference and this was respected. People were supported where needed to make their own meal. Staff were eating with people and engaging in conversation. We heard people say they enjoyed their meal. One person said, "Mine is nice."

There was a four weekly menu in place. Members of staff told us other options were available if people wanted a different meal. Information on people's specific dietary needs, likes and dislikes was accessible for

staff which helped staff when offering people choices of meals, drinks and snacks.

Relatives told us their relations had their health care needs met by a variety of professionals such as an epilepsy nurse, GP and psychiatrist. One relative told us their relation received on-going support from a specialist in learning disability which had improved their relations well-being.

Care records contained information about the involvement of a range of external professionals such as, speech and language therapist, occupational therapist, dentist and social workers. Recommendations made by an occupational therapist regarding encouraging a person to walk more to improve their sleeping pattern were followed and records showed their sleeping pattern had improved. Recommendations by a consultant psychiatrist to reduce a person's weight were followed and their weight had reduced. A social care professional told us advice from a learning disability nurse was followed and appropriate medication had been prescribed by a GP to support a person's health.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us staff were kind and caring and they were happy with the service. One person said, "I am happy." A relative said, "Staff really care." Another relative said, "Staff are very kind and caring." A social care professional said, "I would say staff I have come in contact with are caring."

During our visit we read several compliment cards given to the service. Comments from relatives included, 'Staff are fantastic towards our family and [relation's name]' and 'Another lovely visit. [Relation's name] is looking smart with new haircut. Staff are happy and very courteous as always. [Relation's name] is in a happy place which is lovely.'

We observed staff speaking to people kindly, they were patient and understanding and people responded positively to them. People were seen to be at ease with staff and they spoke openly and warmly to each other. There was a relaxed, calm and happy atmosphere at the service with lots of smiles, good humour, fun and gestures of affection.

Staff spoke positively about working at the service. Members of staff said comments such as, "I love my job. Out of all the jobs I have ever done this is my favourite" , "We strive for the best for people" and "It is a rewarding job seeing people smile and progress."

Information was not available for some people about how to access and receive support from an independent advocate to make decisions where needed. However, one person had an advocate due to a DoLS conditions. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. After the inspection the registered manager confirmed they had contacted an advocacy service who would be supplying the service with leaflets in the near future.

Staff were aware of people's support needs and their personal preferences. When we asked two staff members to tell us about two different people, they were able to describe a person's care needs, likes, dislikes and sleeping patterns. A social care professional told us the service knows the person they support very well and are aware of what to do when the person becomes anxious.

People told us they were supported to be independent and make choices. One person told us they made their own bed, drinks and do the washing up. Another person told us they chose their own clothes and when they go to bed. All the relatives we spoke with agreed. One relative said, "[Relation] gets their own breakfast and supper." Another relative said, "[Relation] makes their own drinks." A social care professional told us the service has promoted the person they support to take "small steps" to improve their independence. For example, the person can now pour milk on their cereal which they were unable to do before and go out for meals with support from staff.

People and those important to them were encouraged and involved in making sure people received the care and support they wanted. All the relatives we spoke with had seen their relation's support plan and felt it reflected their needs. One relative said, "We see the support plan on a regular basis." Another relative said,

"[Support plan] reflects my loved ones needs."

The registered manager told us and records confirmed people met with their keyworker regularly to discuss issues that were important to them. A key worker is a member of staff with special responsibilities for making sure a person gets the care and support that is right for them and coordinating this with the rest of the staff team. Relatives knew their relations keyworker and spoke to them when needed. We saw records that showed keyworker meetings took place on a monthly basis where issues that were important to people were discussed such likes, dislikes and opportunities for activities.

Relatives told us that they felt their relations were treated with dignity and respect and we heard staff speak to people in a calm and caring way. Relatives told us staff always knock on their relation's bedroom and ask to enter and make sure doors are closed when relations are in the toilet. One relative told us the staff always make sure relation is, "dressed properly." We saw staff took people away discreetly from lounges to support them with their personal care. We observed staff knocking on people's doors before entering. We also saw that staff treated information confidentially and care records were stored securely.

The manager told us there were no restrictions on people being able to visit their family or friends. All the relatives told us they can visit whenever they want. One relative said "I can go whenever I want."

Good

Is the service responsive?

Our findings

Relatives we spoke with gave positive feedback on how responsive the staff were in meeting their relation's needs. One relative said that they were highly satisfied with the service their relation received and staff always made time for their relation. Another relative said, "If we have any concerns we can phone the home up anytime. If staff have not got the answer they phone us back either the same day or the day after."

We observed staff being responsive so people received care and support that was personalised to their individual needs and in a way they wished to be supported. One person was unable to verbally communicate. We saw them use a Picture Exchange Communication System (PECS) board to communicate with a member of staff. A PECS board is a system with images which helps people to communicate their needs and make choices about what they want. The member of staff member was able to respond to the person's request and supported them appropriately. The person also showed us what activities they were going to do later and was smiling when doing so. Another person was being comforted by a member of staff who was holding the person's hand and had their arms around them giving them a hug. The positive effect was seen on the person's face with a glowing smile in response to this engagement.

People received a detailed pre-assessment before they moved to the service. This is important to ensure people's needs are known and assessed to ensure they can be met. Support plans were then developed that detailed people's physical and mental health needs, including diverse needs, routines and preferences. Relatives told us they were involved as fully as possible about how care and support was provided. We saw examples in people's support plans that confirmed what we were told. A social care professional told us the service was "good at including family."

People's support plans were written in a person-centred way and contained information regarding their diverse needs and provided guidance for how staff could meet those needs. Discussions had taken place with relatives to gain an insight into people's life histories and plans for the future. This helped in the development of the support plans. A document entitled, 'All about me' contained people's likes, dislikes, wishes, feelings and personal preferences. We looked at one person's support plan who had behaviours that might challenge. A behaviour chart was in place which showed staff how to support and respond to the person when they displayed behaviours that may challenge. This meant that staff had information in support plans to support people appropriately.

Regular reviews of people's care and support needs took place. Relatives told us they had attended review meetings and they could speak to the registered manager, a member of staff or external professional at any time and their relation's needs would be responded to quickly. One relative told us they were sent minutes of meetings they had attended. Relatives told us the service contacted them on a regular basis with updates on their relation's situation. One relative disagreed but told us they could contact the service whenever they wanted.

People told us and records confirmed they were supported to take part in a range of hobbies, activities and individual interests such as walks in the local community, trips to parks, swimming and trampolining. Some

people were taken for regular drives in a car which was important to them. One person told us they enjoyed sport, shopping and playing games on their computer. Another person told us they enjoyed going to a disco and listening to music. A third person told us they enjoyed going bowling and trips to the cinema. A relative told us their relation was taken out to Matlock and Skegness. A social care professional told us they had observed people taking part in a variety of activities during visits such as going out for walks in the local community. The registered maanger told us the service was planning for people to have individual holidays in the near future.

The registered manager told us the provider was introducing a new document called, 'Tried and tested' which shows what activities people have done. Staff observe people and if people enjoy or do not enjoy an activity staff document the evidence. They told us the service will use it as a base line to evidence how they encourage people to do new activities.

Throughout our inspection staff were observed to encourage people to partake in a variety of activities. We saw people being taken out for walks in the local community, some people went out shopping for food for lunch and others took part in arts and crafts. We observed a person using their computer, they were smiling and clearly enjoying themselves. An external entertainer playing the guitar engaged people in a lively session. People were dancing and playing instruments and were smiling and enjoying each other's company.

People were encouraged and supported to maintain relationships that were important to them. Two people told us they kept in contact with their relatives by texting them. Another person told us they met with their relatives regularly. One relative told us their relation visited them every weekend. Another relative told us their relation visits them every two weeks.

People had information available about how to make a complaint. The information was presented in an appropriate format for people with communication needs. Relatives knew how to make a complaint. One relative said, "Any concerns have been dealt with." Another relative told us their relation had not expressed any concerns.

Staff were aware of the provider's complaint procedure and were clear about their role and responsibility with regard to responding to any concerns or complaints made to them.

The complaints record showed one complaint had been received in the last 12 months and was dealt with in a timely manner.

Good

Is the service well-led?

Our findings

The staff we spoke with had a clear understanding of the provider's values and aims for the service and they told us they used them to provide people with a high standard of service. We found there was a positive culture amongst the staff who had a strong understanding of caring and supporting people. Staff demonstrated they understood the provider's vision and values. One staff member said, "Promoting people's independence, giving people person centred care and to make sure people are safe." Another member of staff said, "To give people the best quality of life possible."

Relatives, staff and professionals were positive about the leadership of the home. Relatives we spoke with made positive comments about the staff team and the leadership of the service. Comments included, "All the staff are approachable" , "[Registered manager] is very approachable and listens to me" and "[Registered manager] is really nice."

All the professionals we spoke with agreed. Comments included, "[Registered manager] is very supportive. I can approach her and she will sort it" , "[Registered manager] is very amenable and always get back to you" and "she is approachable."

Staff felt able to give their views. Regular staff meetings were held and the staff spoken with felt the registered manager was approachable and willing to listen to them. Comments included, "Very friendly. I can go to her with anything. She has a lot of knowledge" , "Good manager" and "Best manager I've had."

We saw the service's policies and procedures which set out what was expected of staff when supporting people. A whistleblowing policy was in place. A 'whistleblower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This demonstrated the open and inclusive culture within the service.

We saw that 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, such as any safeguarding any significant accidents or incidents.

The registered manager contributed to the friendly and positive atmosphere through their relaxed and open approach to managing the home. They were visible throughout the inspection. We observed them engage with people in a calm and friendly way and gave each person their full attention. People who used the service were seen to freely and confidently approach them to talk and ask questions. A social care professional told us they had often seen people talking to the registered manager in their office.

The registered manager told us that they felt well supported in their role. They had regular meetings with their manager. They also attended meetings with other managers of services within the provider group which they found supportive. The registered manager told us, "I like my job, it is challenging but the main thing is it rewarding. We are here for the people who are like an extended family to me."

People who used the service, relatives and staff had not been given the opportunity to have their say in what they thought about the quality of the service by completing any surveys since 2014. The registered manager was aware of this and said the provider was currently developing ways to do this. They told us people who used the service, relatives and staff would have the opportunity to complete a survey in the next year. The registered manager also told us and relatives confirmed, a relatives meeting had been arranged for the near future. After the inspection the registered manager confirmed this had taken place and another meeting had been arranged .

Quality assurance and auditing processes were not always in place to ensure people who used the service, their relatives, staff and visitors were safe. We reviewed some of these processes in areas such as health and safety and the environment and saw they were completed regularly, with agreed actions and areas for improvement reviewed to ensure completion. Weekly audits were carried out by the registered manager to assess if medicines were being managed safely and actions had been addressed. The registered manager also told us that they completed support plan audits however, nothing was documented. A training audit had not been completed which would have identified some staff needed training in epilepsy and MAPA. A supervision audit had also not been completed which would have identified some staff needed supervision. After the inspection the registered manager sent us documentation that confirmed support plan, training and supervision audits had been completed and would continue to be done every month.