

## Garland Support

# Garland Support

### Inspection report

Upper Office, Hems Mews  
86 Longbrook Street  
Exeter  
Devon  
EX4 6AP

Tel: 01392757303  
Website: [www.garlandsupport.co.uk](http://www.garlandsupport.co.uk)

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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

Garland Support is a supported living service for adults who have physical or learning disabilities and live in their own homes. At the time of this inspection there were five people with disabilities who received a range of support from the service, including personal care. Our inspection focussed on the support given to these five people. The service also provided support to people who did not require personal care. This part of the service is not covered by CQC legislation and therefore was not included in the inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We checked the service was working in line with 'Registering the right support', which makes sure services for people with a learning disability and/or autism receive services are developed in line with national policy - including the national plan, Building the right support - and best practice. For example, how the service ensured care was personalised, people's independence and links with their community.

Why the service is rated Good

People and their relatives told us the service was safe. Robust systems, processes and practices were in place to protect people from the risks including the risk of abuse, falls, fire and infection. Staff had received training on safeguarding. Risks to people's health and safety had been assessed and staff had been given information and training about these as well. Staff understood specific health conditions and knew how to recognise signs of illness and when to seek medical intervention. People were supported to manage their medicines safely. The provider had systems in place to ensure that lessons were learnt and improvements made. As a result they had a low level of incidents and accidents.

Care was taken to recruit and select the right staff for the job. Recruitment processes helped the provider choose applicants with the right values and caring qualities for the job. A person told us "They are marvellous. Always kind." There were enough staff employed to ensure that people always received support at the right times, and by staff they knew. A relative told us "[...] has a steady, regular staff team. Staff have got to know him. Staff have managed his behaviours well."

People continued to receive a service that was effective. People told us they were very happy with the support they received. Each person received a timetable each week, in a format they could understand, to let them know who would be visiting them and at what times. Staff told us there were effective systems in place to manage their weekly rotas and ensure they knew who they were visiting each week, and when. The service was reliable.

Staff had the skills, knowledge and experience to deliver effective care and support. Staff received induction

and ongoing training and updates on a range of topics relevant to the needs of the people they supported. They were also supported to gain relevant qualifications and to attend courses and training sessions to enable them to improve their knowledge and skills. A relative told us they were confident the staff were well trained, saying "I think they are a high calibre of staff."

Consent to care and treatment was always sought in line with legislation and guidance. The service understood their legal responsibility to ensure they complied with the Mental Capacity Act. People were supported to make choices and decisions about all aspects of their lives, as far as they were able. People receive support from staff who respected and promoted equality and diversity.

People were supported to eat and drink enough to maintain a healthy balanced diet. Where people required support with this task, staff helped them choose the meals they wanted each week, go shopping for the ingredients and to prepare and cook the meals.

People continued to receive a service that was caring. A person who used the service told us, "It's like a family. Staff are always kind and caring." A relative said, "They deeply care. They will go the extra mile". People were supported by small teams of staff who knew them well and understood the things that mattered to them, their likes and dislikes. People and their relatives praised the staff for their caring manner and gave examples of many "little kindnesses". We heard how each member of staff brought their own special talents and skills to the job, such as a member of staff who always sat with a person to talk about and listen to the person's stories and memories of their past. A member of staff was described as, "Just magic. A lovely warm personality." We saw and heard staff smiling, encouraging and supporting people in a caring and friendly manner. People were involved and consulted on the service. Their views on the service had been sought in various ways including questionnaires, regular reviews and through forums held at their activity base known as The Hub for people who use the service.

People received personalised and responsive care from staff who knew and understood their needs. Support plans were drawn up and agreed with people before the service began. The plans were regularly reviewed and updated to ensure staff always had access to up-to-date information about all aspects of the person's needs. People were given information about the service, including a copy of their support plan, in a format suited to their needs. They had also been given a copy of the complaints procedure in an accessible format. Concerns and complaints were responded and listened to and used to improve the quality of care. The service was pro-active in recognising mistakes, apologising and taking action to improve the service. A relative told us "They are very open. Even if they have made a mistake."

People were supported to gain independence, learn new skills and achieve their goals and ambitions. People participated fully in the local community. Areas of support included helping people gain employment, attend college, go to places they liked and to do activities they enjoyed. The agency had set up an activity centre called The Hub which people could attend if they wished. The centre offered people a range of activities and outings. A relative told us "He has made new friends. He enjoys The Hub and group activities and outings."

People told us they continued to receive a service that was well-led. Comments included "They have good values". At the time of this inspection the registered manager had taken on a new role within the organisation. A new manager had been appointed. A few days after this inspection the new manager's application to be the registered manager of the service, was approved. People, staff and relatives told us they liked the new manager. Comments included "[...] understands. He has regular meetings with the family and professionals. He has put a lot of time into [person's] care plan."

There was a clear management structure in place and staff were well supported. Staff were positive about their jobs and praised the management team. Comments included "This job is brilliant. I love it".

The provider had quality monitoring processes in place to ensure the service was constantly improving. The views of people who used the service, relatives and staff had been sought in various ways and these were acted upon. A relative told us they had very good communication with the management team, saying "They are constantly seeking to improve things."

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Garland Support

## 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 checked 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 was a comprehensive inspection. It took place on 13 and 20 July 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location provides a supported living service for adults who are often out during the day. We needed to be sure that they would be in so we could seek their views about the service.

The inspection was carried out by one adult social care inspector. Before the inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we had received about the service since the last inspection, such as notifications about significant incidents, and information from people who use the service, staff, relatives and other professionals.

On the first day of the inspection we visited the agency office where we spoke with the registered manager and five members of staff. We looked at records held in the agency office including four staff recruitment files, staff rotas, four support plans and quality monitoring and improvement records.

On the second day of the inspection we visited four people who received a service. We also met four members of staff and one relative. We looked at the records of care held in each person's home including support plans, risk assessments, daily reports, medicine administration records, and records of support given to help people manage their weekly household budgets. After the inspection we spoke with a relative on the telephone, and received e mail contact from three staff and one social care professional.

## Is the service safe?

### Our findings

People and their relatives told us the service was safe. For example, we asked one person if they felt safe and they replied "Yes, very much so." A relative told us "They will act on my concerns. They are not defensive. We can work together to address any problems that arise."

Robust systems, processes and practices were in place to protect people from the risk of abuse. Staff received training on safeguarding and told us they felt confident any concerns they raised would be picked up and addressed promptly by the management team. They could contact a manager easily at any time of the day or night. There was an 'open door' management approach which meant staff could visit or ring the agency office to speak with a member of the management team if they had concerns. Staff knew about local reporting arrangements if they wanted to raise a concern directly to the relevant local agency.

People were supported to manage their own finances as far as they were able. Where people required support with their money there were systems in place to ensure they received support that met their individual needs. Receipts of any purchases made on behalf of people were retained and the service maintained good contact with relatives and/or financial representatives to ensure the person was safeguarded from financial abuse. A member of staff told us, "We believe strongly in service users keeping their independence with their finances." They went on to give an example of how they recognised a person who managed their own finances was at risk of financial abuse. They had liaised with the local authority to ensure the person received independent support to help them manage their money safely.

Care was taken to recruit and select the right staff for the job. References were taken up and checks carried to ensure applicants did not have significant criminal records or any previous employment history that might indicate they were unsuitable for the post. Recruitment files showed that some checks and references had been completed a few days after the member of staff had been appointed. The registered manager assured us staff were always shadowed until all checks and references had been completed. After the inspection the new manager told us they would review their recruitment process to ensure all checks and references are obtained before new staff begin working with people in future. They also told us they had improved their interview process in the last year to explore applicant's values and beliefs. This helped them to choose applicants with the right values and caring qualities for the job.

At the time of our inspection the registered manager was in the process of improving the selection process to involve people who used the service in the recruitment of their staff team. They had asked people if, and how, they would like to be involved in the recruitment process. They also told us if a person did not like any member of staff for any reason they always replaced them with a member of staff the person was happy with. People told us they liked all the staff and felt safe with them. For example, one person told us "They are all marvellous. Always kind."

Risks to people's safety had been assessed and staff knew how to support people to stay safe. Staff had been given information and training on the risks to people's health, for example staff had received training and support from the local community nursing team to understand and support people with diabetes. Staff

understood specific health conditions and knew how to recognise signs of illness and when to seek medical intervention. Staff understood risks such as choking, and how to support people to eat safely. They also understood the risk of falls. They had sought relevant professional input and advice where necessary.

Where people sometimes became anxious or upset, staff had been given guidance about the things that may trigger anxiety or behaviour and which may put people or staff at risk. Staff knew how to reassure people, and to offer diversions to calm the person. Where people experienced fluctuating moods and behaviours they monitored the person closely to help them identify possible reasons for the changes and worked with families and other professionals to seek the best possible care and support. A social care professional told us, "They responded to safety concerns for their staff well and engaged readily with all other professionals involved at all times."

People were supported by a stable staff team. There were enough staff employed to ensure that people always received support at the right times, and by staff they knew. A relative told us "[...] has a steady, regular staff team. Staff have got to know him. Staff have managed his behaviours well." When new staff began working with a person they always carried out the first visit to the person with an established member of the person's support team. This meant people did not receive visits from staff they did not know or feel safe with. There were sufficient staff employed to ensure people received support when their regular staff team were on leave or off sick. People told us they never experienced missed visits, and staff were punctual.

People were supported to manage their medicines safely. Each person had been assessed to establish how much support, if any, they needed with their medicines. Staff had received training on the safe administration of medicines and systems were in place to ensure people received the right medicines at the right times. People were supported to take as much control of their medicines as possible, for example, one person just needed help to remove the medicines from the packaging. Where people needed full support with their medicines accurate records had been maintained of all medicines administered. Support plans contained information about each medicine prescribed and any side effects and special administration instructions. If people were prescribed medicines on an 'as required' basis, staff had been given information to help them understand when these medicines should be offered.

Where people required support to help them manage illnesses such as diabetes, staff received specific training from specialist community nursing teams. Where people required staff to administer insulin this task was only carried out by staff who had received training and been certified as competent by community nurses. Relatives have given additional training and support to staff where necessary to ensure people received individualised support to help them manage their diabetes.

People were protected from the risks associated with infections. A person told us "Care and support staff do well to keep hands clean and always use gloves". The provider told us in their PIR "All staff are trained in infection control with refreshing training planned every three years. Staff have systems in place with service users to ensure good, effective hygiene. Staff are fully aware of their responsibilities with infection control".

People were supported to keep themselves safe from the risk of fire. The service had worked with the local fire and rescue service to draw up a personal evacuation plan in the case of fire. They had also supported people to make sure their living environment was safe from the risk of fire.

The provider had systems in place to ensure that lessons were learnt and improvements made. They had a low level of incidents and accidents. Minor incidents were reported by staff and these were reviewed by the management team and actions taken to prevent problems occurring again. A relative described how they worked with the staff and managers to find solutions, involving other professionals where necessary.

## Is the service effective?

### Our findings

People continued to receive a service that was effective. People told us they were very happy with the support they received. For example, one person told us, "I can't think of anything they can improve. I am very happy with the support."

People received reliable support at times to suit them. Each person received a timetable each week, in a format they could understand, to let them know who would be visiting them and at what times. For example, one person with visual impairment told us they had chosen to receive a timetable by text message each week. They had a message reader facility on their mobile phone which enabled them to listen to the text message. Timetables were sent to relatives if the person and relatives requested. People told us the staff always arrived on time, and they had never experienced a missed visit. People also told us they could request a change of visit time and the agency always sought to meet their requests wherever possible. The staff were flexible, and willing to stay longer if the person needed more time, or change the day or time of their visit. Staff had access to their rotas through a secure internet connection to the agency computer. They were alerted to any changes to their regular rotas and staff told us this system worked well.

Staff understood the things that may cause people to become anxious. For example, one person became anxious about any changes to their support team's weekly rotas. The management team knew the importance of communicating with the person to explain and agree any changes to minimise their anxiety.

Staff had the skills, knowledge and experience to deliver effective care and support. New staff received induction training at the start of their employment on a range of topics relevant to their roles. The training led to staff obtaining the Care Certificate. This is a qualification for staff new to the care industry which ensures they have the basic skills and knowledge to carry out their jobs effectively. New staff always shadowed an experienced member of staff on their first visit to a person to ensure they understood how the person wanted to be supported. This ensured people always received a visit from a member of staff they knew and trusted.

The registered manager provided us with a copy of their training matrix which showed each member of staff had completed training and regular updates on a range of topics relevant to the safety, health, and personal care needs of the people they supported. The training was mainly on-line rather than classroom based. Staff told us the training was good, although some staff said they would prefer classroom based training as they felt the on-line training did not suit their preferred learning styles. The training matrix showed most staff had completed all the topics the provider expected them to complete. The provider had a system in place to identify topics staff had not yet completed, and to ensure staff were able to complete these as soon as possible. Staff were also supported and encouraged to gain further qualifications and attend courses relevant to their jobs. A relative told us they were confident the staff were well trained, saying "I think they are a high calibre of staff."

People's needs were carefully assessed and agreed with them. Staff who supported them had the information they needed to ensure they understood the care, treatment and support the person required.

Support plans contained detailed information about each person's specific health problems to help them identify symptoms and understand how the conditions affected the person.

We checked whether the service continued to work within the principles of the Mental Capacity Act 2005. Consent to care and treatment was always sought in line with legislation and guidance. The service understood their legal responsibility to ensure they complied with the Mental Capacity Act. The provider told us in their PIR, "If we support an individual who has been assessed to lack capacity, then we implement our Consent Policy in their long term and day to day support planning. The policy has the 5 key principles of Mental Capacity embedded into it. All staff have Mental Capacity Act training".

During our inspection we observed staff seeking people's agreement and consent before carrying out any tasks. For example, a person had a sore finger, but was unsure if they had any suitable cream to put on it. The member of staff working with them asked, "Would you like me to go through your first aid box with you?" The person agreed and together they found a tube of cream the person chose to use.

People were supported to eat and drink enough to maintain a balanced diet. Each person was supported by staff to choose the meals they wanted each week, to purchase the ingredients and to prepare the meals. People told us they were happy with the way staff supported them with this task.

The staff and provider worked with other organisations and professionals to deliver effective care, support and treatment, A social care professional told us, "They attended core group meetings and always came prepared with updates and care plans. They were mindful of the social care processes and respectful and understanding of our policies." A person who had previously required assistance from staff to administer their medication was supported to carry out this task independently. The staff had worked with the person, their doctor and pharmacist to help the person manage their own medicines safely. A person explained how they gained independence with this task. They told us, "I am now in control. I feel listened to."

The registered manager explained how they ensured people received support from staff who respected and promoted their equality and diversity. They told us, "Garland Support have zero tolerance on discrimination of any kind. We promote this through our policies and our working practices. We will proactively tackle any form of discrimination, harassment and victimisation. Non-discrimination and equality are the foundation of everything we do." During our inspection we observed staff treating people with respect, and treating people as equals.

## Is the service caring?

### Our findings

People continued to receive a service that was caring. A person who used the service told us, "It's like a family. Staff are always kind and caring." A relative said, "They deeply care. They will go the extra mile". A professional told us, "They were a pleasure to work with and clearly care deeply for the people they support. A member of staff said, "It's lovely to see people I work with being so passionate about the people we support." The provider told us in their PIR, "We provide a service that we would want our family members to experience. We are person centred. We treat people with kindness, sensitivity and compassion. We recognise and celebrate differences and individuality."

Staff told us they felt the provider and management team cared for them and supported them, and this in turn led to staff caring and supporting the people who used the service. A member of staff explained how they were encouraged and enabled to use their skills to improve the lives of the people who used the service. They say went on to say, "The job is so inspiring". During the inspection we heard how staff developed close working relationships with the people they supported through shared interests such as football, arts and crafts and they enjoyed going to places of interest and events together.

People were supported by small teams of staff who knew them well and understood the things that mattered to them, their likes and dislikes. We met a person and the member of staff who was supporting them at the time of our visit. We heard how staff had recognised the person's difficulties to get out into the community, and they had supported the person to find suitable and reliable transport through a local organisation called 'Freedom Wheels'. This had made a significant difference to the person's life, and they had become much happier as a result. They had begun to attend various groups and activities including activities provided at the agency's facility known as "The Hub". These had included workshops on everyday living skills such as cooking. The person told us how much they enjoyed these sessions. Staff were also supporting the person to search for a new flat closer to the city centre where they can go out independently to shops and local facilities. The staff had liaised closely with specialist housing organisations and they were hopeful a new flat will be found soon.

A relative praised the staff for their caring manner and gave examples of many "little kindnesses", for example one member of staff knew that the person loved animals so introduced them to old programmes they could watch on their computer which featured animals. They told us the person had gained much pleasure from watching these programmes. They went on to explain how each member of staff brought their own special talents and skills to the job, such as a member of staff who always sat with the person to talk about and listen to the person's stories and memories of their past. They described another member of staff as "Just magic. A lovely warm personality." Another member of staff was always smiling and encouraging the person. The relative told us all the staff team went "above and beyond" their regular duties, and this gave the relative much support and peace of mind. For example, a member of staff had continued to work several hours after the end of their allocated hours to support the person when they became ill and needed urgent hospital attention. They told us "They say things like, 'Always ring us if you have a problem'".

People were involved and consulted on the service. Their views on the service had been sought in various

ways including questionnaires, regular reviews and through forums held at their activity base known as The Hub for people who use the service. We looked at the most recent questionnaires which showed that 100% of people had said they felt the service was caring.

Staff understood the importance of treating people with dignity and respect. During our inspection we saw staff treating people in a respectful manner. Staff understood the importance of maintaining confidentiality and ensured confidential documents were held securely. When people were supported with personal care tasks staff ensured this was carried out behind closed doors, and in a discreet manner.

## Is the service responsive?

### Our findings

People continued to receive a responsive and personalised care from staff who knew and understood their needs. Support plans were drawn up and agreed with people before the service began. The plans were regularly reviewed and updated with the person to ensure staff always had access to up-to-date information about all aspects of the person's needs. Support plans were drawn up on a computer and a printed copy of the plan was held in the person's home. Staff in the agency office had access to the computer version of the plans. Relatives were involved and consulted in the support planning process with the person's agreement. Relatives had access to the relative's electronic support plans and daily records through a secure password connection. This meant they could access only the individual record and were kept up to date.

We heard examples of how people were encouraged to identify goals and ambitions. In each support plan we saw a list of the person's ambitions, and saw many of these had been achieved, or were in the process of being achieved. These included attending college, gaining employment and going on holiday to destinations people really wanted to visit. One person had gained a voluntary job, others had attended courses. A person we visited told us the staff had supported them to take a driving lesson, and to go swimming. We heard how people had been supported to gain independence, and this had resulted in them needing less support from the agency. The provider told us in their PIR "Garland Support have designed and created an 'Activities Calendar' which details a list of community groups, social activities and volunteering and work opportunities available in the local area. Every week we go through the service users plan for the week with them, giving them the opportunity to go through any new things they would like to try, issues etc."

A social care professional told us, "I found them all very helpful, caring and responsive and felt they worked well as a team. They kept me and the family updated at crucial times and worked collaboratively with us for the best outcomes for the service user. They were flexible and completely person-centred in their approach. They helped this person maintain and develop new goals in their life whilst keeping them safe."

People were given information about the service, including a copy of their support plan in a format suited to their needs. This meant the provider was fulfilling their legal responsibility to reflect the Accessible Information Standard. People had been given a copy of the complaints procedure in a format suited to their needs. A copy of the complaints procedure was available on the agency's web site in an easy read format. They had also created a video people could watch explaining the complaints procedure. In the last year the agency had sought the views of people who used the service on their complaints procedure, and they had acted on their comments to improve people's access to and awareness of the complaints procedure. This had included an anonymous comments box which people could use to make comments or complaints. Sessions had been held for people who attended the agency's activity centre known as The Hub on making a complaint, and on safeguarding procedures. The agency also checked with each person during their regular reviews to ensure they understood how to make a complaint, and felt able to do so.

Concerns and complaints were responded and listened to and used to improve the quality of care. In the last year the agency had received one complaint which was investigated, recorded, responded to and actions taken where possible to address the concerns raised. People we visited told us they had no current

complaints or concerns but would not hesitate to speak with one of the management team if they wanted to make a complaint. A relative told us "They are very open. Even if they have made a mistake." They told us the service was pro-active in identifying issues and addressing them quickly they became a concern.

People were supported to carry out activities they enjoyed, and to participate fully in the local community. People went to sporting events, clubs, theatres and shops. They went out for walks, and visited local places of interest. The agency had set up an activity centre called The Hub which provided a range of activities and outings. People and relatives described how this had made a positive difference to their lives. A relative told us "He has made new friends. He enjoys The Hub and group activities and outings."

## Is the service well-led?

### Our findings

People and their relatives told us they continued to receive a service that was well-led. Comments included "They have good values" and, "The managers are trying to do the right thing." The provider told us in their PIR, "Our vision and set of values are available to all through our website. Day to day we cement our values through our working practices and how we communicate with individuals."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of this inspection the registered manager had taken on a new role within the organisation. A new manager had been appointed and an application for registration was being processed by the Commission. A few days after this inspection the new manager's application was approved. People, staff and relatives told us they liked the new manager. Comments included "[...] understands. He has regular meetings with the family and professionals. He has put a lot of time into [the person's] care plan."

There was a clear management structure and staff understood their roles and those of others within the organisation. Staff told us they were well supported. They received regular one-to-one supervision every three months, and an annual appraisal. There were systems in place to ensure supervision sessions were planned and fully recorded. Supervisions covered all aspects of the staff's work including learning needs, concerns, and additional support needs. There were formal and informal support systems for staff including an 'open door' management style which encouraged staff to visit or ring the agency office for support at any time. There was an online staff forum for discussion. The staff we met were positive about their work and praised the management team. Comments included "This job is brilliant. I love it," "They (managers) are amazing. I feel I am really looked after" and, "One of the most passionate and person-centred companies I have ever had the pleasure of working for."

The agency had become a 'mindful employer' by offering a range of support and additional benefits to staff. This included 'mindfulness' training and one to one sessions to help staff cope with any stresses or anxieties. They offered benefits such as discounted gym membership. The registered manager told us that good practice was recognised and praised, and all compliments were passed on the relevant staff. The provider told us in their PIR "As directors we wouldn't ask anyone to do something we are not prepared to do ourselves. We strongly believe that as the leaders of the company we need to be visible, caring, approachable and to lead by example." A relative told us, "Staff are always happy. They speak highly of the managers."

The provider ensured their quality monitoring processes identified areas that could be improved. The views of people who used the service, relatives and staff had been sought to help the provider improve the service. Their views had been listened to, incorporated into the provider's improvement plans and acted upon. A relative told us they had very good communication with the management team, saying "They are constantly seeking to improve things." Staff views had been sought through an external company and the most recent

results showed a high level of staff satisfaction in their jobs. The provider told us, "Our mission is that staff feel listened to."

The provider monitored the service through a range of checks including regular visits to people and support plan reviews. They had developed a weekly Manager's report to help them continually monitor the service and ensure the management team were kept up to date with all aspects of the service. They also ensured they kept up-to-date with any changes in legislation and best practice. They received information and updates from CQC and other organisations such as Skills for Care, Mencap had joined the local authority providers group and attended forums

The provider understood their responsibility to notify the Commission and other relevant organisations of any significant incidents or concerns. There had been no incidents or accidents in the last 12 months. The provider told us, "The registered manager is aware of their responsibilities in relation to CQC requirements, including notifications. We have a CQC file which informs us of what notifications are required." They promoted the ethos of honesty and learned from mistakes, this reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong. Inspection feedback was listened to and acted upon quickly to address the areas which we noted required improvement.