Lifeways Community Care Limited

Mythe End House (Registered Care Home)

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?	Requires Improvement

Overall summary

This inspection took place on 14 and 15 October 2014 and was unannounced.

Mythe End House is a care home providing accommodation and personal care for up to six adults with a learning disability or an autistic spectrum condition. Some people were new to the service whilst others had been there for a number of years. The people living at the home had a range of support needs. Some people could not communicate verbally and needed help with personal care and moving about. Other people were physically able but needed support when they became confused on anxious. Staff support was provided at the home at all times and most people required the support of one or more staff away from the home.

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

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We had not received relevant notifications from the service. Services tell us about important events relating to the service they provide using a notification. This was a breach of our regulations. You can see what action we told the provider to take at the back of the full version of this report.

People using the service, relatives, local authority commissioners, an occupational therapist and a speech and language therapist told us they were happy with the care provided. The registered manager led by example to provide a service which was tailored to each person's individual needs and preferences. As part of this, a balance was achieved between keeping people safe and supporting them to make choices and develop their independence.

Health and social care professionals and relatives told us about improvements to the service over the last 12 months. People's needs, such as health, nutrition and personal care, were being met. The focus was now on improving people's activity levels and helping them work towards their personal goals. Staff were not yet recording the progress people were making against goals they were working towards consistently enough. This risked staff not being able to support people to work towards their chosen goals as effectively as possible.

Staff felt well supported and had the training they needed to provide personalised support to each person. Staff were now meeting with their line manager to discuss problems and we could see action was taken when concerns were raised. These meetings had only recently started taking place regularly. When things did not go well, staff reviewed the situation and learned for the future. The recording of actions following an incident was, however, not robust. This could make checking actions had been completed difficult and result in actions not being taken.

Summary of findings

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 involved people as much as possible in assessing risks. Staff demonstrated a good understanding of safeguarding requirements.

The premises were well maintained and clean. However, the colour coding of the mops risked causing confusion and potentially cross contamination. The registered manager told us about the lessons learnt and actions taken following incidents but they had not always been recorded.

Sufficient staff with relevant skills and experience were available to keep people safe and meet their needs. Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective. People's needs and preferences were met. Staff were knowledgeable about people and were able to refer to accurate support plans. Staff received the training they needed to support people competently although meetings with their line manager to discuss any concerns had only recently started taking place regularly.

People's freedom and rights were respected by staff who acted within the law. This protected people when they could not make a decision independently or they had their freedom restricted by staff. Some staff wanted more practical training around the Mental Capacity Act 2005.

Staff monitored people's physical and psychological wellbeing and ensured support was in place to meet their changing needs. Staff contacted health and social care professionals for guidance and support. People were supported to eat a healthy diet by staff.

Is the service caring?

Good

The service was caring. We observed people being treated with kindness and respect. We received positive feedback about the support provided from people living at the home, relatives and professionals.

There was a warm and friendly atmosphere at Mythe End House. People looked very comfortable with the staff supporting them. Staff described how they worked to maintain people's privacy and dignity.

We observed people being encouraged to express their views about their support and the running of the home.

Summary of findings

Is the service responsive?

Good

The service was responsive. Support plans accurately recorded people's likes, dislikes and preferences so staff had information that enabled them to provide support in line with people's wishes. Relatives and professionals said there was scope to increase the activities people engaged in although this had been improving over time.

People were supported to identify goals they wanted to work towards and were encouraged to take part in activities within and away from the home. The recording of progress against these goals was minimal. People took part in tasks around the home to help them develop important life skills.

There was a system in place to manage complaints. A relative said they would be comfortable to make a complaint. They were confident any complaints would be listened to and taken seriously. Staff monitored people's behaviour to help identify if they were unhappy.

Is the service well-led?

Requires Improvement

The service was generally well-led. Notifications of significant events had, however, not been shared with us in line with the requirements of the law. This has been addressed since our inspection.

Staff, relatives and professionals all said they found the management team approachable. Staff had confidence in the fairness of the registered manager. The staff understood the mission statement of the company and we saw this being applied during our inspection.

There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. The registered manager and provider carried out regular audits to monitor the quality of the service and plan improvements. Where a shortfall was highlighted, action was taken promptly.

Mythe End House (Registered Care Home)

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 14 and 15 October 2014 and was unannounced.

Before the visit 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. We also reviewed previous inspection reports, notifications and enquiries we had received. Services tell us about important events relating to the service they provide using a notification. At our last inspection in December 2013 we did not identify any concerns about the care being provided. We received written feedback about the quality of care from four health and social care professionals before visiting the service.

On the day we visited we spoke with one of the six people living at Mythe End House, the registered manager and four members of staff. Other people living at the home were either unable to speak with us or chose not to. We spent time observing the care and interactions between staff and people living at the home. We looked at three support plans, five staff files, staff training records and a selection of quality monitoring documents. Following the visit we received feedback from two relatives.

Good

Is the service safe?

Our findings

Concerns had been raised with us prior to the inspection about a lack of cleaning materials and poor hygiene in the home. There were adequate cleaning materials available including colour coded mops for different areas of the home such as the bathroom and kitchen. The mop colours that had been allocated to each type of room were being followed consistently by staff following training but did not follow industry standards. The registered manager told us she would put guidance in place to prevent staff using the wrong mops. Otherwise, this could result in cross contamination from the bathroom to the kitchen and result in people becoming unwell. Senior staff completed health and safety audits to monitor the state of the environment. Senior staff also checked cleaning tasks completed by other staff to make sure they were completed properly. Staff had achieved a good balance between a hygienic and a comfortable environment.

A system was in place to record and review incidents and this fed into risk assessments and support plans. Staff took steps to learn from any incidents and put measures in place to prevent them happening again. For example, staff had noticed one person frequently became upset when having a bath because another person in an adjacent room was too noisy. Staff addressed this by reading to the person making the noise so they were distracted. The planned and completed actions were not always recorded using the incident form but other documents such as support plans were updated. The incident form was designed to track progress and if this was not completed fully, the risk of actions not being carried out to protect people in the future increased. We did not, however, find any examples of incidents where appropriate action had not been taken. The registered manager told us she would address the inconsistent recording. Where possible, people were involved in discussing incidents after they happened to help them identify ways of preventing the same problem occurring. This was working for one person who was able to understand the implications of their actions.

One person told us they were happy and safe. Risk assessments were completed with the aim of keeping people safe yet supporting them to be as independent as possible. Staff had tried to involve people in assessing the risks they faced. However, some people did not understand the concept of risk or the choices they needed to make and others found the process anxiety provoking and did not want to be involved. Where this was the case, family members, advocates or health and social care professionals were consulted. Risk assessments were detailed and gave staff clear guidance to follow that matched the content of people's support plans. A financial risk assessment was undertaken to identify the support each person needed. It had not been assumed everyone needed the same level of support and one person had been identified as able to look after their own wallet.

Some restrictions had been put in place to keep people safe. The reasons for these restrictions were documented and staff told us about less restrictive alternatives that had been explored. For example, the kitchen needed to be locked as one person would eat raw meat and another person would eat any food they could find. Staff had tried giving keys to other people so they could access the kitchen independently but they had been unable to use them or not interested in having one. As a result, staff opened the kitchen when people asked them to. People could use the garden freely but the gate to the road was locked to prevent people leaving without supervision.

Staff had access to guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. They told us they had received safeguarding training and we confirmed this using training records. The registered manager was aware that six staff required refresher training but their knowledge had been assessed using question papers in the last 12 months. Staff described the correct sequence of actions to follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. Most people would be unable to verbally communicate if they were being abused so staff monitored their behaviour for unexpected changes that needed following up. Staff were aware of the whistle blowing policy and the option to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively.

The home was well designed and maintained which contributed to people's safety. One person told us they liked their bedroom. People had private space when they wanted to be alone and this was especially important to those people with an autistic spectrum condition. A new kitchen had recently been fitted and some windows replaced. Painting and remedial work was routinely

Good

Is the service safe?

undertaken when any damage occurred. Staff and the registered manager could request maintenance to be undertaken and they said requests were actioned in a timely fashion. Fire alarms and equipment were regularly tested to ensure they were in working order. There was an emergency evacuation procedure for each person that identified the help they would need to safely leave the building in an emergency.

People's medicines were stored in a locked safe. All creams and liquids had been dated on opening to allow staff to dispose of them when they expired. Some creams and tablets were stored in the same box which was not hygienic. This was addressed during our inspection. Some people had complex arrangements in place to manage their medicines. These had been arranged on an individual basis to meet people's needs. New medicines folders were being rolled out to ensure all information was available in a single place. This included a needs and risk assessment to ensure the support provided was personalised. Staff had access to information about the medicines they were administering. They also had guidance to follow where people's medicines could be taken as required. The storage and administration of medicines was audited weekly to check good practice was being followed. Where problems were found, such as paperwork that needed updating, they were addressed. We observed staff administering medicines safely and in line with company policy.

Safe recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. Staff at head office followed up any gaps in people's employment to ensure a full history was obtained.

The number of staff needed for each shift was calculated using the hours contracted by the local authority. The provider information return identified three staff were being recruited at the time of our inspection. Despite this, people were still being supported by the number of staff contracted by the local authority. Staff spent time sitting with people and had time to talk with them. In order to maintain consistency for the people living at the home, agency staff were not used.

Good

Is the service effective?

Our findings

The support people received was effective and resulted in a good quality of life for them. In order to achieve this, staff monitored people's physical and psychological wellbeing and addressed their changing needs. The effectiveness of the support provided was reviewed during regular meetings between each person and their key worker. A health care professional said staff had a good understanding of people's needs. People's quality of life was enhanced by taking part in activities both within and outside the home. Some people were keen to go out and were able to tell staff what they would like to do. Other people needed encouragement from staff to go out or try new activities. People became less anxious and upset when they regularly did things that were relevant and interesting for them.

Staff received training on the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff described how they had consulted relatives, professionals and advocates as part of making decisions in people's best interests when they lacked capacity. Some staff said they would like more support to understand the practical implications of the MCA. As described in the provider information return, best interest decisions had been made for most people regarding their finances and the administration of medicines. The decisions had been recorded but not the initial mental capacity assessment. The assessments had been completed but not documented. The registered manager had recorded the assessments by the end of our inspection.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. Staff had been trained to understand when and how an application to deprive someone of their liberty should be made. Proper policies and procedures were in place and were being followed. The registered manager told us she was in the process of reassessing the need for a DoLS application for each person and planned to submit the first application the following week.

One person needed staff to protect them using physical intervention when they were at risk of harming themselves. This involved two or more staff keeping the person seated on a sofa until they became calm. Staff told us this only happened when it was absolutely necessary. Staff told us and records showed there had been a marked reduction in the use of physical intervention since staff had completed additional training on helping people to deal with difficult situations. Only staff with the necessary training used physical interventions. There were written guidelines to tell staff how and when to use physical intervention and a review took place following each usage to check the guidelines were being followed. Staff had made small changes, such as introducing evening drives, which had helped the person manage their anxiety and aggression.

Where necessary, staff contacted health and social care professionals for guidance and support. Health care professionals told us staff contacted them for advice and then acted on their guidance. One professional did say, however, that the guidance was not always followed as quickly and thoroughly as they would like. Each person had a health action plan that identified their primary health needs and the support they required to remain well. This helped staff ensure people had the contact they needed with health and social care professionals. One person had recently been encouraged to attend the GP for a general health check and had agreed to go for the first time in a long time.

One person told us the food was "quite good". People were encouraged to identify what they wanted to eat at weekly service user meetings. Some people could not express their preferences verbally so staff monitored their response to the food prepared to make sure they were enjoying it. Some people would only eat a limited range of foods and so had their own menu. Where possible, staff added fruit and vegetables to people's diets. Some people were sensitive to texture so staff blended the vegetables to meet their sensory and dietary needs. At lunch time, a hot meal was prepared for everyone but some people chose to have a different meal. They helped staff to prepare their choice. Staff and people ate together at lunch time. Lunch was relaxed and sociable with respectful and pleasant conversations. The topics discussed focused on the interests of the people using the service.

Newly recruited staff completed an induction course and spent time working with experienced staff to make sure

Good

Is the service effective?

they had enough knowledge to support people effectively. This included signing to show they had read each person's support plan. Records showed staff training was up to date and staff had received some training specific to the needs of the people they supported. Staff told us they felt competent and could ask for additional training when they needed it. One member of staff said they would like to do further training in Asperger's Syndrome to compliment the training they had already received on autistic spectrum conditions. They felt this would enable them to provide better support to a person who had recently started using the service. Another member of staff said they would like more ongoing training focused on the needs of individual people using the service. A health care professional told us some staff would benefit from a more comprehensive understanding of the complex conditions the people they supported had. Another health care professional told us staff were now "knowledgeable, client focused and experienced". They also said staff were given tasks that matched their competency and experience.

Staff met with their line manager to receive support and guidance about their work and to discuss training and development needs. Records of these meetings showed staff had an opportunity to communicate any problems and suggest ways in which the service could improve. These meetings had not been taking place as frequently as required by company policy. The registered manager told us senior staff had now been trained to undertake one to one meetings with staff reporting to them as well her and a realistic schedule of meetings had been agreed. Meetings that had taken place recently looked at the relationship the member of staff had with each person using the service, any concerns they had about other staff, any maintenance concerns they had and their training needs. The registered manager explained to us how each of the issues raised by staff in five recent supervision meetings had been addressed. This included other staff arriving late, new staff not having enough shadowing opportunities and the changing needs of people using the service.

Staff meetings also helped to improve practice. During recent meetings the registered manager had highlighted areas of poor performance such as a medicines error and staff not spending as much time as possible with people using the service. Team meetings were also used to ensure all staff were following a consistent approach with people and to give feedback on progress such as maintenance.

Good

Is the service caring?

Our findings

One person told us “It’s excellent here” when asked if they were happy at the home. Other people indicated they were happy by smiling or giving a thumbs up sign. One relative told us “[Name] seems happy there” and another said “[Name] is happy and content and still retains his sparkling personality and mischievous sense of humour. You cannot say more than that.” People looked comfortable with the staff supporting them and chose to spend time in their company. There was a friendly atmosphere and the interactions we saw between people living at the home and staff were caring and professional. For example, staff ensured they used language the person understood. Staff talked with people about topics of general interest that did not just focus on the person’s care needs. They also found ways of engaging with people who could not speak, for example by painting their finger nails.

The registered manager described work that had been done to improve the approach staff had to supporting people. Staff observations had identified one member of staff was not able to help one person calm down effectively. As a result, additional training and shadowing was offered. Work had also been done to ensure staff engaged with people and spent time with them on an individual basis. This had been achieved by staff shadowing others and being shadowed themselves to develop their skills. Health and social care professionals described an improvement in the attitude of staff and their effectiveness over the last 12 months. One health care professional referred to staff having “a good attitude” with “the client at the centre of their support”.

Staff demonstrated detailed knowledge about the people living at the home. They told us what could upset people, what helped them stay calm and what the person was interested in. This closely matched what was recorded in people’s support plans. We saw staff applying this knowledge during our visit and people responded positively to them. One person enjoyed drawing and when they became agitated by another person, staff redirected their attention to drawing. This worked well and the person enjoyed the activity.

Staff spoke about respecting people’s rights and supporting them to increase their independence and make choices. Throughout the day we saw people being offered choices about food, social activities and how they spent their time. We heard staff patiently explaining choices to people and taking time to answer their questions. Staff told us people had not got any specific spiritual or cultural needs. This had been discussed with people’s families where the person was unable to communicate this for themselves. One person enjoyed being involved in the recruitment of new staff. They had completed a document that explained what they wanted from their staff. Before staff were recruited they met with this person.

The registered manager told us that when people were unable to express their views about their support, staff sought input from relatives and professionals. The provider information return stated people were encouraged to use advocates when decisions needed to be made. Staff told us about recent situations where advocates had been arranged for people. For example, when one person was considering moving to a new home and it was unclear whether they understood the implications of this decision. This made sure the person’s voice was heard. A relative told us they had opportunities to be involved in the development and review of their relative’s care. They felt communication from the home was good and said “they keep us informed”. Another relative told us “the level of communication is excellent with all the staff”. They supported this statement with a practical example of how they had been kept informed when their relative was having a difficult time.

Staff were aware of the need to protect people’s dignity whilst helping them with personal care. One way this was achieved was to ensure people were encouraged to be as independent as possible. In some people’s support plans there was detailed information about how to protect their dignity. For example, one plan described where staff should stand when the person was showering so they could monitor their safety but not embarrass the person. We observed staff respecting people’s privacy. For example, when staff wished to discuss a confidential matter they did not do so in front of other people. Staff had identified one person needed guidance about an intimate matter. They sought input from the person’s family before providing support in a creative and sensitive way.

Good

Is the service responsive?

Our findings

Each person using the service had a support plan which was personal to them. People were either unable to talk with us about their support plans or chose not to. One person, however, told us they did the things important to them such as visiting car showrooms and mending their bicycle. Staff got to know each person and the support provided was built around their unique needs. Each support plan started with a record of who had contributed to the plan and how involved the person concerned had been. If they had not contributed then the reasons were recorded. One relative said "we tell staff how we feel and what we know and they have that on record." Staff said support plans were accurate and regularly updated.

One person had recently moved to the home and their support plan was being regularly updated as staff got to know more about them. Their support plan had initially been developed with input from their family and professionals involved in their care. Since then, the person and staff had been making the plan more detailed and specific to them. We asked staff how they took account of people's changing views and preferences. They told us there was a verbal handover at the beginning of each shift where the incoming staff team was updated on any relevant information. Support plans were reviewed formally every 12 months but updates were made on an ongoing basis. They knew they could make changes as needed. Where changes were made these were communicated with all staff using the communication book.

Support plans included information on maintaining people's health, their daily routines and how to support them emotionally. It was clear what the person could do themselves and the support they needed. Where people could become very anxious there was clear information about how to support them to manage their anxiety and how to communicate effectively with them. We observed staff using these techniques. The support plans enabled people to set their own goals and record how they wanted to be supported. This meant staff had access to information which enabled them to provide support in line with the individual's wishes and preferences.

Each person had identified a number of goals they were working towards. Some of these had been set by staff using their knowledge of the person's preferences and priorities. Until the beginning of October 2014, progress against these goals had not been routinely recorded and staff had not been focusing on helping people to progress towards achieving their goals. For example, one person had a goal around learning to tie their shoe laces and staff were now looking at ways to help the person achieve this. Recording of progress was now being made on people's daily notes although this was fairly limited when we visited. The daily recording was intended to increase the focus on these goals. Every two to four weeks people met with their key workers to review their current goals. Key workers then met together every six to eight weeks to plan how to facilitate each person achieving their goals.

Health and social care professionals told us they would like to see a sustained increase in the activities people took part in away from the home. We found the activity levels had increased since our last inspection in December 2013 and the registered manager was helping staff to review further opportunities. At individual goal meetings people identified what they would like to do in the future. Some people were not keen to try new activities and staff were working with them to broaden the range of activities they were willing to engage in. For example, one person would always choose to go to the library but staff had now encouraged them to try bowling. Another person wanted to go to a safari park but found travelling very difficult. Staff had started with small journeys and built on this progress until they could travel far enough to get to the safari park. Staff talked in detail about people's favourite activities.

People were encouraged to take part in household tasks such as preparing food and cleaning. This helped them develop skills and feel involved in the running of the house. Staff were working with one person to find an appropriate college course and another person had started relaxation sessions away from the home which they were enjoying. Some people could not verbally express what they wanted to do so staff used pictures to help them communicate their preferences. Staff had worked to help people feel part of the local community. One person liked to go to the pub and staff had helped them to get to know the publican so they were greeted as a regular. Staff said the person enjoyed feeling they belonged there.

The home had a complaints procedure and any complaints made were recorded and addressed in line with this policy. We looked at the complaints log and found no new complaints had been received since our last inspection in December 2013. A relative told us they had not had reason

Good

Is the service responsive?

to complain recently but would know how to if necessary. They said they were confident any complaint would be dealt with appropriately. Another relative told us "If a minor matter arises we contact [staff names] to raise them and they are dealt with to the satisfaction of all and in the best interests of [name]". Most people would be unable to make a complaint verbally so staff monitored their behaviour for changes. If someone's behaviour changed, staff tried to find out if they were unhappy about anything and address this.

Requires Improvement

Is the service well-led?

Our findings

Important information is shared with the Care Quality Commission (CQC) using notifications. Since 1 August 2014 the police had attended the home four times as one person had become very anxious and staff needed additional support. This should have been notified to us to allow us to monitor the handling of such incidents. This had not happened as the regulations had been misinterpreted by a member of staff from the provider. These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Since our inspection a summary of these incidents has been submitted to us by the registered manager.

There was a commitment to listening to people's views and making changes to the service in accordance with their comments and suggestions. People living at the home were either unable or unwilling to give formal feedback on the support provided. As a result, staff gathered feedback during weekly service user meetings and person centred planning meetings and by monitoring people's mood and behaviour. The provider information return stated the provider asked people's relatives and professionals to complete a satisfaction survey. The feedback from the last survey was generally positive and action had been taken as a result of the comments received. For example, one family wanted more regular feedback and fortnightly contact was now made.

The home had a registered manager who was supported by a deputy manager and senior care workers. The location of the office made it easy for people living at the home, visitors and staff to speak with them. We observed people and staff approaching the registered manager throughout the day to ask questions or chat. One relative told us how helpful they had found the registered manager when their relative's care was being reviewed by the local authority. Staff described the registered manager as "amazing" and said "you can talk to her about anything. Problems are dealt with". They said she led by example as she had been a care worker and "understood what needed to be done". Another relative told us "the registered manager and the staff under her management have turned the place around due to their dedication to the service users". Health and social care professionals trusted the registered manager and said she was willing to take on board recommendations and act on them.

Staff were positive about the management and the support they received to do their jobs. Staff understood their roles and responsibilities. This was initially discussed at induction and reiterated at meetings with their line manager. Staff understood the pathway for raising concerns with their line manager or the registered manager. From past experience they believed staff were dealt with fairly if a concern was raised. Staff were confident concerns they raised would be addressed. One member of staff explained how new systems had been implemented when they shared with their manager about staff arriving late and the lack of shadowing opportunities for staff. We asked the registered manager and staff about the challenges facing the service at this time. They identified similar issues such as replacing staff who had recently left and making sure care remained focussed on the person despite reductions in funding.

The mission statement for the provider referred to delivering "excellent, individualised and inclusive services to people" and making "a positive impact on the life of each person we support". Staff understood the aims of the company and we saw this mission statement being put into practice during our inspection. For example, staff meeting minutes showed us staff had spent time discussing how to support people to meet their unique needs. Staff told us their priorities were keeping people happy, helping them be independent and "giving them a real life".

The provider information return described the support the registered manager had from the provider. This included attending monthly managers meetings and monitoring by senior staff from the provider using registered manager reports and audits. The registered manager told us she was being supported to access training such as advanced autism and mental health training. The provider shared information with her when legislation or best practice changed. She also attended events run by the local care providers association to help her keep abreast of developments in best practice.

The regular audits completed by the registered manager and the provider helped to monitor the quality of the service and identify the need for improvements. This included audits on equipment, fire safety, medicines and support planning documents. The audits and reviews benefited people as they resulted in improved practice.

Requires Improvement

Is the service well-led?

Changes made as a result of these quality checks included increasing the frequency of supervision and team meetings, focusing staff on helping people to achieve their outcomes and addressing gaps in paperwork.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The registered person had not notified the Commission without delay of incidents reported to or investigated by the police.**