

Sandwell Metropolitan Borough Council

Sandwell Shared Lives

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an announced inspection which took place on 26 September 2016 by one inspector.

We gave the provider prior notice that we would be visiting the service because we wanted to make sure people using the service would be available to meet us. When we last inspected the service in December 2013 the provider met all of the regulations we inspected.

Sandwell Metropolitan Borough Council provides a Shared Lives Scheme. It is registered to provide personal care for adults who may have learning disabilities or autistic spectrum disorder. The scheme provides services across Sandwell and is operated from the Stoney Lane Day Centre.

The Shared Lives Scheme recruits, trains and supports approved carers to provide personal care and support for people living within the carers home. They visited the carers and people living with them on a regular basis to ensure people were happy with the care they received. Placements could be long-term or short breaks enabling people to share in ordinary family life. When we inspected the scheme was supporting 18 people in 14 households.

There was a registered manager in post at the time of our inspection. 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 told us they felt safe and we saw the recruitment and approval process for carers included safeguarding training before they were approved as a carer. Risks to people's safety had been identified. Monitoring visits were carried out to ensure the carer's home environment was safe and that people's medicines were safely managed.

Prospective carers were approved by an independent panel to ensure recruitment systems were robust. There was a lengthy 'matching' process which ensured people were placed with carers that had the skills to meet their needs. Contingency arrangements were in place so that carers were supported in situations when they could not care for or support the person temporarily.

Carers told us that they were supported and trained by the scheme to carry out their role. The scheme was following the guidance of the Mental Capacity Act to ensure where people lacked capacity to agree to their placement, applications to the Court of Protection were being made. People were complimentary about their meals and had access to healthcare services when they needed them.

People said they were happy with their living arrangements and that their carer supported them with their lifestyle. People were involved in all aspects of family life and considered the place they lived as their home. The daily living arrangements met with their need for privacy and dignity.

People had care plans in place which centred on their wishes and goals. As a result, we heard from them that their quality of life had been enriched.

Everyone spoken with said they received a good quality service and described the management of the scheme as friendly, proactive and supportive.

The registered manager monitored the quality of the scheme and people and carers were able to share their views on the service via surveys.

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 and carers understood how to safeguard people and risks to people's safety were well managed.

Recruitment and approval processes were consistently followed to ensure people's safety.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Carers had a range of training to support the specific needs of the person they supported. Carers received regular supervision and annual appraisals to ensure they were providing appropriate and effective support to people. Carers told us they felt very supported to carry out their role.

The rights of people who were unable to give consent to their care were understood and protected.

People had support to access a range of health care services to maintain their nutritional and health care needs.

Is the service caring?

Good ●

The service was caring.

People described positive relationships with their carers and told us they were kind and caring.

People were able to express their views and were involved in making decisions about their care and support.

People's dignity and privacy was respected and they were encouraged to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's support was personalised so that they lived a lifestyle of their choosing.

People were confident in their carers and scheme staff to listen and respond to their concerns or complaints.

Is the service well-led?

The service was well-led.

People and carers consistently described the scheme as well-led with good communication and support.

The quality of the scheme was monitored and people and carers views were sought.

The registered manager attended regular shared lives network meetings and conferences so that good practice could be adopted.

Good ●

Sandwell Shared Lives

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 26 September 2016 and was announced. The provider was given 48 hours notice. This was because the service provides 'personal care' for adults living with a carer in the carer's family home. We wanted to make sure we could meet with people by prior arrangement and with their consent. The inspection was carried out by one inspector.

We asked the provider to complete 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 used the information in the PIR to help in the planning of our inspection. We reviewed other information that we held about the service. This included notifications such as safeguarding matters that the provider had informed us about.

We spoke with the registered manager and the care coordinator at the schemes office base. We visited one person who used the scheme in their approved carer's home and met two approved carers. We also visited two further people who used the service at a place of their choosing to obtain their views on the support they received. We spoke with a further three approved carers by telephone to obtain their views about the scheme. We requested and received feedback from a panel member about the approval process for recruiting carers. We looked at the support records of six people using the service and the personnel records of two carers. We sampled records in relation to the management processes and records maintained by the scheme for supporting and training approved carers and shared lives staff. We looked at records for monitoring the quality of the scheme including people's feedback.

Is the service safe?

Our findings

One person who used the service told us, "I am safe because (name of carer) looks after me and nothing bad happens here". Another person told us, "I'm very happy here (name of carer) treats me well".

People told us they were aware of who they should speak with if they had any concerns. A person told us, "If I was worried about anything I would tell (staff from the scheme); they ask me how I am". Each person had an allocated staff member from the scheme who visited them regularly and spoke with them in private so that they had the opportunity to discuss issues personal to them. Records confirmed that the scheme staff carried these visits out consistently so that people felt safe living in the community. People told us they were confident to talk to staff if they were worried about their safety or living arrangements.

Carers told us they felt well supported by the scheme in recognising and reporting safeguarding concerns. One carer told us, "We have all the guidance in our work books with contact numbers and I've done my safeguarding training". Training records showed that carers had undertaken training in safeguarding. The registered manager explained that all carers would complete safeguarding training prior to any individual being placed with them. We saw that safeguarding incidents were reported to the local authority for investigation. The registered manager had reviewed safeguarding concerns and lessons had been learned. For example the assessment procedures had been improved as a result of a safeguarding incident that had been investigated and the outcome led to improvements in how assessments were conducted.

Staff told us that they recognised where some people might need additional visits or phone calls to ensure they were happy and safe in their carers's home. The registered manager told us in their provider information return (PIR) that people were provided with a means of feedback via pre-paid addressed envelopes so that they could access staff from the scheme if they felt unhappy. Staff told us that they would meet people outside of the carers home if people wished to speak privately.

Carers had support and guidance in terms of meeting safety expectations. One carer told us, "Staff visit and review everything; fire safety and environmental safety such as the house, and any equipment used. They also check car insurance and driving licences, medicines and people's money". Our discussions with staff and a review of their safety check records confirmed that health and safety checks were regularly carried out. These checks ensured people using the service were living in a safe and well maintained environment. The registered manager told us that checks on people's finances were made to prevent financial abuse.

People told us they did make decisions about their own safety and had no restrictions on their freedom. People were supported to stay safe in their own homes and when accessing their local community. One person told us, "I know how to keep myself safe; I don't go out at night it's too risky". Another person told us, "I have to be careful on the stairs and when I have a bath (name of carer) checks I am okay". People had been supported to go on holidays, trips and travel independently and any risks related to these activities had been assessed. Carers we spoke with were knowledgeable about potential risks to people's safety and had been supported to manage these risks. This included identifying hazards when undertaking everyday domestic tasks such as cooking, cleaning, travelling independently or managing health conditions that

might impact on people's safety. Carers told us they had emergency numbers and knew how to follow the missing person's procedure. They had access to an out of hour's duty system for any safety matters. Care records we looked at showed that individual risks to people's safety had been assessed. Some additional information to show for example the safeguards in place for people with epilepsy when undertaking personal care such as having a bath was needed.

Carers had a process for reporting accidents or incidents. The scheme monitored these to ensure carers had the support they needed. One carer told us about a significant event that resulted in them being re-housed. They reported how the staff from the scheme came out immediately and undertook a full assessment of the accommodation to ensure its safety and suitability.

Recruitment systems were robust for both staff and carers. Proof of identity had been obtained, and a Disclosure and Barring Service (DBS) check had been carried out. As part of the assessment process for carers, checks in relation to the property, references, finances and a health assessment were undertaken and presented to the Panel. These assessments were carried out to ensure that any person placed with the carer would be safe. Once checks on prospective carers had been carried out they were invited to attend the a panel meeting for an interview. The panel consists of a number of professionals including representatives from carers and other shared lives scheme staff who assess the suitability of the applicant to become an approved carer. When approved the carer is matched to a person depending on the type of placement and care they want to provide. We sought feedback from a panel member who told us that comprehensive reports were presented to the panel by the shared lives scheme staff. Carers we spoke with confirmed that the scheme did not rush the matching process. One carer said, "The introductions are at a pace to suite the person and carer and are monitored. This makes sure it is a safe and appropriate placement and that any additional support the carer needs is built in".

The scheme provided sufficient staff to support carers. One carer told us, "Staff from the scheme will visit or phone". A scheme staff member told us, "We are a small team but we are well organised and plan ahead so that we ensure carers get the support from us they need". We saw records were maintained by scheme staff which showed the support they had provided; visits or phone calls and this showed carers and people placed with them had regular contact from the scheme. People placed with carers told us that they were happy with the frequency of contact from the scheme staff. A carer said, "The scheme is the best alternative to residential care; (name of person cared for) has one to one and someone always looking out for him". The scheme had systems in place to provide respite services for carers for breaks or unplanned leave. Carers told us that they were happy with the arrangements in place to cover their holidays or when they needed a break. We saw that appropriate approval systems were in place so that additional carers, (some from the same family) could provide consistent care and support to the individual in the event the main carer was unable to.

People told us they had their medicines when they needed them. A safe storage area was available in people's homes. The scheme had a medicines policy in place and written guidance for carers to follow. Checks on the arrangements for people's medicines were undertaken by the scheme staff to ensure this was safe. Carers confirmed they had training in how to support people with taking their medicines. We were told plans were in place to prioritise carers who currently provide care within their home to attend at medicines training at the earliest opportunity.

Is the service effective?

Our findings

People we spoke with were complimentary about their carers. One person told us, "I am very happy where I live; my carer knows how to look after me and is a really nice person". Another person told us, "I like it here; I do lots of things with my carer". Carers told us they felt supported by the scheme staff and had appropriate training to carry out their role. One carer said, "The support is great; we have regular reviews and they go through our training needs and any issues we have".

Staff from the scheme carried out an assessment of prospective carers. This included focusing on the prospective carer's training, skills and experience. All prospective carers completed training before they went to panel to ensure they had the skills to meet people's needs. The registered manager told us that new approved carers would undertake the Care Certificate induction training. The Care Certificate consists of an identified set of induction standards to equip staff/carers with the knowledge they need to provide safe and compassionate care.

When carers were approved their training needs were kept under review. One carer said, "Although sometimes the training is geared to residential homes, I think the scheme staff to their best to try and get training geared to us as carers". We saw that scheme staff monitored the courses completed by carers and had identified where the availability of places was sometimes limited. They had prioritised and planned training for those carers who currently provided care. Alternative formats for carers to access training such as e-learning were in place as feedback from carers had identified difficulties in attending face to face training sessions. Bespoke training sessions for carers from an external consultant in records management had taken place. Carers also completed additional training relevant to the needs of people using the scheme. Carers told us they had for example attended courses on diabetes, epilepsy awareness, learning disability and autism awareness.

The scheme is responsible for ensuring that people are 'matched' to carers who have the appropriate skills and experience to meet their needs. The assessment of people's needs was thorough and this was used to assist in matching a person to a carer. Carers described a lengthy 'matching' process to ensure they and the person who would be living with them got on well together and that the person's needs could be met. This ensured the person was living with carers who understood their needs and could meet them. Scheme staff effectively managed the introduction of people to carers; this included phased visits and overnight stays. The compatibility of the two; carer and person was monitored via individual contact sessions with the scheme staff to ensure both parties were happy with the arrangement.

We heard from carers that they were very happy with the support they received from the scheme. They attended regular events such as coffee mornings in which they focused on training themes to increase their awareness. One carer told us, "We have a lot of support from the scheme such as reviews and appraisals. They go through our training and identify any we need and we attend meetings to discuss topics". Carers told us they were encouraged to ask for specific training that would help them. One carer told us, "I have asked for training in sexuality as this is relevant to a person I support". Carers had supervision sessions with scheme staff on a regular basis in which they could discuss the placement and any support or training they

needed. One carer told us, "The scheme staff are very supportive and approachable; it is easy to talk with them, communication is good and they always try and deliver". Carers had an annual appraisal which enabled them to reflect on their needs and practices. There was a calendar of planned quarterly carers' meetings to discuss any changes in procedures or legislation. Carers told us this ensured that they were kept up to date with what was needed from them. For example new paperwork had been implemented and carers were aware of their role in maintaining these.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures where personal care is being provided must be made to the Court of Protection.

Carers told us they always sought to seek people's consent and people on placement confirmed this. The provider had knowledge of the principles of the MCA and DoLS and we saw they had taken steps to protect people's human rights. Independent advocates had been sought to represent those people who did not have capacity to consent to their placement. The registered manager told us that applications to the Court of Protection were being planned for some people who had transitioned from an initial fostering placement into an adult placement. In addition independent advocates had been used where people were unable to manage their own finances. Appointees were in place to manage finances on behalf of an individual and the registered manager carried out checks on people's finances to ensure the safeguards in place were being followed. Carers had been provided with information about MCA and DoLS. Some people had been supported to make important decisions about their life or wishes. For example a person had been supported to make a Will with an individual solicitor and advocacy support. Staff from the scheme understood their role in ensuring any 'do not actively resuscitate' (DNAR's) followed current guidance. For example annual reviews with the carer and GP were in place to check if the status of the DNAR was still applicable to the person.

People told us that they ate with the carer's family members and had access to food and drink of their choice. One person said, "I eat with the family and (name of carer) knows what I like; she knows my favourites!". Another person (receiving respite care) told us they had access to the kitchen and could make drinks and snacks; "It's like at home, I can help myself". Carers had been well informed about people's dietary needs such as how they needed their food to be prepared to avoid the risk of choking. Scheme staff had ensured that advice was sought from the Speech and Language Therapy (SALT) team so that carers had the guidance to support people safely with their meals. Carers told us they consulted with the person and prepared meals to their liking. Carers were aware of the cultural and religious requirements relating to food for the people they supported.

People told us that whilst they stayed with their carer they were supported with their health care needs. The scheme was introducing health action plans (HAPS) which identified how people's health needs were managed. They monitored people's healthcare needs and supported carers where people had additional health needs such as epilepsy or diabetes. Specific plans for managing epilepsy were in place. People had annual health checks and carers told us that where people's needs changed, additional health advice was sought.

Is the service caring?

Our findings

All the people who we spoke with told us that they enjoyed living with their carer. One person told us, "I love it here; I am always happy to come and stay with (name of carer), she looks after me". Every carer we spoke with was committed to ensuring the person placed with them felt "A part of the family". One carer told us, "It's a privilege not a job".

Some carers had been approved for a number of years and had looked after the person placed with them since childhood. They all told us how wonderful the scheme is in enabling people to live in a family home as part of the extended family. One carer told us, "They (scheme staff) are full of empathy; they are a good bunch and understand how important our role is as a carer". The scheme had regular meetings with people and their carer to ensure people were fully involved with planning and making decisions about their care. One person told us, "I can talk to [name of carer] and scheme staff about the things I want to do". There was partnership working between people, their carer and the scheme staff. People told us they were happy that they could talk to their carer. They also confirmed that the scheme staff were, "Friendly" and "Nice", and that they, "Listen to me when I see them". We observed that people responded to scheme staff in a positive way; happy to see and greet them and spend time with them. This showed people were comfortable with scheme staff which is an important aspect of their role in ensuring people can express themselves and confide in them.

Our discussions with carers showed that they knew people well and understood their life history and the things that mattered to them. Carers told us that they included people in all aspects of family life for example; eating together, and going on holidays and outings. They also confirmed that people's needs in respect of their culture or religion were understood and respected. We heard for example how people had been linked to local community resources such as the Afro Caribbean Community Centre. We also heard how people were supported to attend religious services and some people were linked to day opportunities specific to their culture or religion. Carers told us that as part of the 'matching process' the interests and beliefs of people were taken into account so that they were matched with a carer who had a lifestyle suited to the individual.

Carers were highly motivated and demonstrated kindness and compassion. We heard examples from people about their carer celebrating their birthday, or buying small gifts. For example one person we visited in their respite carers home showed us the 'treats' the carer had bought for them to enjoy whilst watching a favourite DVD.

Whenever possible people were encouraged to make decisions about the care and support they received. We saw that where people needed additional support to make decisions the scheme had utilised advocacy to support people with some aspects of their lives such as financial arrangements.

Carers told us they had good relationships with the scheme staff and they understood the values and principles of the scheme to enable people to live as part of a family within the community. Scheme staff had provided training for carers which focussed on dignity and respect and risk management and

empowerment. Carers told us this helped them to balance people's right to take risks alongside their happiness. One person living with a carer told us, "I'm very happy where I am, I'm settled, I go on holiday, play football and do my own thing, I make all my own decisions and (name of carer) supports me". The scheme actively supported carers in ensuring that people were supported to remain independent.

People told us about their daily living arrangements and we saw that they considered themselves as part of the carer's family and the place they lived as their home. They had access to all areas of the house. People confirmed their carers respected their privacy and dignity. One person told us how the carer advised them about appropriate dress when in and around the house. They also told us their carer complimented them on their appearance. The carer understood how important it was for the individual to look and feel good. People's individual level of independence was promoted. Some people could come and go as they wished, had a key to the door and access to their friends and family which showed an appreciation of people's individual needs around independence. Carers told us they had written guidance and training about upholding people's privacy, dignity and independence.

Is the service responsive?

Our findings

People told us the carers they lived with or who provided their respite care knew about their wishes and what they liked to do. One person told us, "I love it here; I go shopping, to the cinema, I like watching films and (name of carer) looks after me".

Staff from the scheme carried out a detailed assessment to ensure the service could provide an appropriate level of care and support to meet people's needs. The carer was provided with a care plan and introductory visits were arranged so that the carer and the person could get to know each other. Scheme staff told us that the placement would not start until both the person using the service and the carer were happy and that the scheme staff were assured the person's needs could be met appropriately and safely. Each person had a detailed weekly schedule for the activities and leisure pursuits they enjoyed. This ensured they received consistency in the way their support was provided.

People told us that they were involved in a review of their care which was undertaken by scheme staff and included the person and the carer as well as other people involved in the person's life. Carers told us that the review focused on the needs of the person, their health, and any changes.

Scheme staff told us they reviewed the carer's skills and knowledge and if any additional support or training was needed. Carers commented that the support provided by the scheme staff was, "Marvellous" and "Extremely receptive to us carers; they recognise that we have a lot of experience to share with the scheme as some of us have been doing this for twenty plus years". All of the carers we spoke with told us that scheme staff were responsive to them when people's needs changed. Links with the local authority complex and inclusion team were established so that people had access to specialist support when they needed this. Carers told us that if they needed specific guidance or support scheme staff arranged this. For example if a person wished to change their day time activities, develop new skills or had health issues.

Some people had lived with their carer for a number of years and had transitioned from a fostering arrangement. The registered manager was working with other professionals where some people lacked capacity to make decisions about their living arrangements. This ensured that people received care personalised and responsive to their needs.

People told us they had the support to do the things they wanted and we saw they enjoyed a variety of different social and recreational activities. People's interests such as swimming, shopping or playing football had been built in to their activities plan. Where people wished to continue with further education and attend college or day centres this was arranged. Carers told us that they supported people to do the things they enjoyed; walks, holidays, trips out and sharing in all the family events. We saw that each person was encouraged to make their own choices and care planning was focused upon the person's goals, skills, and abilities. For example some people exercised their independence by continuing to have a social life with their friends and using community amenities independently.

People we spoke with told us they had a close a relationship with their carer and that if they were unhappy

about something they would speak with their carer. People had been issued with pre-paid postcards so that if they were worried about something they could seek help from the scheme. People told us that as part of their meetings with scheme staff they were asked if they were happy with their living arrangements. This demonstrated that scheme staff were monitoring this aspect of the service during their monitoring visits so that people could voice any concerns they may have. The scheme had provided carers with information about responding to concerns or complaints. One carer said, "I wouldn't call it a complaint but I have given feedback when things haven't gone so well and they were very receptive and supportive". We saw that the registered manager had reviewed and taken action in response to concerns or complaints. As a result they had improved their assessment processes so that carers had all the information they needed before providing care.

Carers told us that the scheme was responsive to their needs and provided them with regular opportunities to discuss their experiences. They told us that they were happy with the quarterly coffee mornings they attended with scheme staff. One carer said, "It's good to get together because when there are changes they keep us up to date with what we should be doing". Another carer told us, "It's a good arrangement because it's nice to spend time with other carers and staff from the scheme; it's supportive". Carers told us they were kept up to date with new information which was sent to them if they missed a meeting. We saw that scheme staff maintained a record of their contact visits with carers which showed carers had consistent support from the scheme which in turn provided continuity for people placed with the carer.

Is the service well-led?

Our findings

People who used the scheme told us it was well-led. One person told us, "I like living with the carer and the staff (scheme staff) help me to do the things I want to do". Carers told us that they were very happy with the scheme. One carer said, "Although the team is quite small as there is only three staff, they are very well organised and provide genuine support".

The scheme was organised and managed in a way that meant that staff and carers understood their role and responsibilities. The registered manager, coordinator and the reviewing officer were responsible for the recruitment, training and support of carers. There were clear lines of accountability and a well-established system for an independent panel to have oversight of the scheme and the approval of carers. We saw that the panel had provided positive feedback about how the scheme managed the approval process which showed scheme staff were effective in the recruitment, training and support of carers.

Carers described communication between them and the scheme as good with regular monitoring visits and staff from the service always available by phone. Carers told us staff were responsive by coming out to see them in addition to their planned monitoring visits. One carer said, "They keep us up to date so even though one of them is off sick we still get our support visits, they work so hard". Carers attended carers meetings and had regular appraisals and training. They told us the scheme was very supportive of their needs. One carer said, "There has been some changes and improvements in the type of records we have to keep but they are very good and go through these with us so we know what to do".

Carers told us they were provided with training and happy with the support provided. A range of policies and procedures had been updated to ensure carers had up to date information. For example new incident and accident report records and medicine management records were in place. One carer said, "They have formalised some processes and we have had training and discussions about maintaining these". Another carer told us, "The monitoring visits are really important; we discuss the needs of the person we support as well as them checking our records as well as safety in the house".

We saw that people's feedback about the quality of the service had been sought via surveys and people were happy with the service provided. In addition regular meetings had taken place for carers to share their experiences. Plans were in place to improve stakeholder feedback from social workers and external professionals involved with people who used the scheme. The registered manager was developing ways of providing people with the outcome of their feedback.

The registered manager and his team were regularly reviewing their performance against other shared lives regional and national schemes to identify best practice. They had attended shared lives network meetings with other services and used online discussion groups run by the national network for shared lives carers and providers, to discuss good practice. We saw that scheme staff worked closely with other agencies including day centres, health and social care professionals as well as colleagues from the Panel. They had worked with the local authority training department on a schedule of bespoke training for carers. One carer told us, "They work really hard to get us up to date with practices".

Systems to monitor the quality and safety of the service had been utilised on a regular basis. These had been used to provide assurance that the scheme was operating well and that carers were maintaining the records they were responsible for and following safe practices such as managing people's medicines. The registered manager also conducted checks on people's finances where the scheme was responsible for this. We saw from the Provider information return (PIR) that the registered manager had an action plan in place for the continuous improvement of the scheme. The action plan showed both the work which had been completed as well as areas they had identified they wished to improve. We saw that the majority of their identified actions had been completed which demonstrated a commitment to developing a well organised and responsive service.

We found that systems were in place for the reporting of notifications (Important events that happen in the service) in a timely way. The processes in place for managing notifications included discussion of these at meetings and monitoring visits so that carers understood what type of issues needed to be reported to the CQC. Staff and carers had access to safeguarding and whistle blower procedures as well as accident and incident forms. They were aware of their responsibilities for reporting these. Staff and carers confirmed that they had been provided with guidance and training about their role in this process. The registered manager told us any significant incident would be reviewed to develop the service.