

Creative Support Limited

Creative Support - Sonali Gardens Extra Care Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Sonali Gardens is an extra care service which was providing care to 17 people at the time of our visit. Coopers Court is also an extra care service which is registered at the same location, which was providing care to 38 people at the time of our inspection. Creative Support took over responsibility for providing these services in November 2014, and were registered with the Care Quality Commission for it in February 2015. This is the first inspection under this provider.

The provider has recently taken over providing services to two other sites (Sue Starkey and Shipton Houses), and have informed us that they are temporarily managing these services from this location from 9 November 2015. As the Provider has applied to register these services in their own right, these were therefore excluded from this inspection.

The inspection took place at Sonali Gardens on 3 and 7 December 2015 at Sonali Gardens, and on 10 December at Coopers Court. The first day of our inspection at Sonali Gardens was unannounced.

Sonali Gardens is in a block of flats in Shadwell which consists of 30 one-person flats and 10 flats for couples. The building is owned and administered by Circle Housing. Creative Support are contracted by the London Borough of Tower Hamlets to provide extra care services to 21 people who live at Sonali Gardens, however at the time of our inspection 17 people were using the service. Sonali Gardens previously only accepted referrals from the Bengali community, and subsequently the majority of people who live there are Bengali speakers.

Coopers Court is a block of 34 flats in nearby Mile End, which is owned and administered by Sanctuary Housing. Creative Support provide extra care services to 33 people who live there. In extra care services, people occupy their own self-contained flats and receive care and support services which can include personal care and support with healthcare, finances and daily living skills. Coopers Court and Sonali Gardens contain additional shared facilities such as a laundry, accessible bathrooms and guest rooms. At Sonali Gardens there is a lounge on each floor and a prayer room on the first floor. Coopers Court has a large shared lounge and kitchen on the ground floor.

Coopers Court and Sonali Gardens have self-contained staff teams and each have a project manager. The area manager for Creative Support is the registered manager for both sites. 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.

Sonali Gardens is the registered location for both sites, which means that the Provider has told us that this is where the regulated activity is managed from. We found that this is not presently the case, although the registered manager had contacted us shortly before the inspection to ask whether this was a requirement and had put plans in place to address the matter.

The provider had a number of innovative means for delivering high quality support, particularly relating to staff training and supervision. This resulted in knowledgeable and skilled staff. People we spoke with were pleased with the care they received, and praised staff and managers. We found that the service delivered responsive and personalised care, with care plans regularly reviewed and support hours changed depending on people's needs.

Where there were risks to people using the service, the provider had comprehensive risk assessments in place in order to minimise these risks. People who used the service felt safe living there and safeguarding was taken seriously by managers, who were proactive at reporting concerns to the local authority.

The provider was not carrying out comprehensive audits of records relating to medicines, finances and daily records of support provided. This meant there was a possibility that mistakes could be made and not followed up appropriately. We have made a recommendation relating to how the provider carries out audits in relation to keeping people safe.

Care was person-centred and the service met people's cultural needs. People who used the service were treated with respect and people had the opportunity to tell their life stories. The service was proud of the work it did with people, and people benefitted from a varied and interesting programme of events and activities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was safe in most areas. Auditing of people's finance records was not sufficient to ensure people were protected against risk of abuse or errors.

Medicines were being safely given by staff who had the right skills to do this. However, the auditing of medicines was not comprehensive, and there was a possibility of errors being missed.

The provider had effective ways of raising awareness of safeguarding amongst staff and people who use the service, and reporting of possible abuse was good. Risks to individuals were addressed and regularly reviewed. Staffing levels were adequate to meet people's needs, and the emergency pull cord system was effective.

Is the service effective?

Good ●

The service was effective. The Provider had distinctive and innovative methods of ensuring staff had the right knowledge and skills.

Consent to care and support was sought in line with best practice under the Mental Capacity Act 2005.

Staff were knowledgeable about how best to meet people's health and nutritional needs. People who used the service had health action plans in order to support them to maintain good health.

Is the service caring?

Good ●

The service was caring. We saw extensive communication and a good rapport between staff and people who used the service. The service benefitted from an extensive and varied programme of activities, with significant involvement from local community groups.

The service worked with other agencies to help people receive good care at the end of their lives. Staff protected people's

dignity and privacy.

People were encouraged to speak up on their preferences regarding their care.

Is the service responsive?

Good ●

The service was responsive. Care plans were personalised and contained detailed, up to date information on people's needs. The service was meeting people's cultural, language and dietary needs.

The provider consulted with people who used the service and their families through regular meetings and responded promptly and transparently to complaints.

Is the service well-led?

Good ●

The service was well-led. The provider had implemented some good practices and had gained the confidence of staff and people who used the service.

Managers were transparent and demonstrated an open culture.

We found that there was a risk that the provider was not currently operating in line with conditions of their registration, however, they had put plans in place to address this.

Creative Support - Sonali Gardens Extra Care Services

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 3, 7 and 10 December 2015. On the first day it was unannounced, but on the next two days we informed the provider when we would return. The inspection was carried out by a single inspector, and on the first day we were accompanied by a Bengali interpreter to allow us to speak with people who use the service and their relatives.

Prior to our inspection, we looked at the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to CQC since the service registered in February 2015.

In carrying out this inspection we spoke with eight people who used the service and five relatives. We spoke with the registered manager, the managers of Sonali Gardens and Coopers Court and three care staff. We reviewed the care records of seven people who used the service. We looked at nine staff files and supervision records of eight care workers. We also reviewed records relating to staffing and health and safety checks at Sonali Gardens and Coopers Court.

Is the service safe?

Our findings

People who lived at the service told us, "It is safe for me here", and "I love it here, I feel safe." However, checks were not adequate in all areas to ensure people's safety.

The provider had devised a distinctive course called Essential Safeguarding for All, which was included as part of the induction for all staff, and managers carried out a yearly themed supervision on safeguarding adults. Staff we spoke with had a good understanding of their responsibilities to report suspected abuse and could describe the signs that an adult may be being abused. Staff members told us, "I'd feel comfortable talking to managers, they take it seriously" and "I think managers are very responsive [to safeguarding]". We saw records that showed that managers had reported concerns to CQC and the local safeguarding team, and had worked with social workers and people's families to address matters of concern. The service had also discussed abuse in residents' meetings, and had arranged a screening of a film about adult abuse, and used this as an opportunity to have a discussion with people who lived there about forms of abuse. Incidents and accidents had also been recorded and shared with the local authority.

Everyone using the service had a missing persons form in the front of their file which contained a recent photograph (when the person had consented) and a physical description. The service had held and recorded a discussion with people about what to do should they go missing. All people using the service had a detailed and personalised assessment highlighting areas where they may be at risk, such as from falls, isolation or risks to their health. Where people were at risk of falling, the service had a detailed risk assessment which assessed people's mobility, specialist equipment they may need and any environmental risks in their flats, such as trip hazards or dangerous footwear. These risk assessments were regularly being reviewed.

Everyone had a personal evacuation plan at the front of their file, which was summarised in a fire file for each site. These showed that the provider operated a "stay put" policy in the event of a fire, whereby people would remain in their flats with the doors closed in order to await evacuation by the fire service. Fire drills were carried out twice yearly, and staff had noted if anyone had not followed their evacuation plan. Both premises had commissioned external fire safety audits, and we saw evidence that issues had been identified and acted on by the provider or the landlord. The service had ensured that safety checks and maintenance had been carried out on equipment such as lifts and hoists, and night staff completed daily checks on whether the building was safe and free from hazards, fire exits were clear, and medicines were safely locked away. We visited the flat of one person who had a risk assessment concerning their choice to smoke in their flat. Their care plan indicated that ashtrays should be emptied on each visit, and we saw that this was taking place and there were no signs of burn marks which might indicate a fire risk. However, there was not a dedicated fire risk assessment for everyone who smoked in their flats, which meant that we could not be sure this was safely managed for everyone. The registered manager informed us they intended to put this in place for everybody who smoked.

Risks to people from intruders were managed by ensuring that the door was safely locked and could only be opened by staff or residents via a buzzer system. CCTV was in operation in both buildings, and staff were

encouraged to challenge visitors if they did not recognise them. At Coopers Court, staff had an agreement with people who lived there that the front door would be kept locked late at night. There was evidence that this was discussed and reviewed regularly at tenants' meetings. A pull cord system was in place in everyone's flat, and in communal areas. We saw that people were wearing pendants in order to alert staff to problems when they were out of reach of a cord. In both buildings, staff responded promptly when we pulled the emergency cords, and used a two-way intercom to assess whether it was an emergency. People we spoke with told us that staff responded promptly to emergencies. One person said, "They will answer if I pull the cord, and if I tell them it is an emergency they will come right away."

Where people's money was managed by staff, we saw that the service stored cash tins safely in the office and kept records and receipts of all transactions. The organisation's policy required that each transaction be signed by two staff. However, we saw that this was not always happening. The bottom of each page contained a balance brought forward figure, and the project manager told us this was where the balance of the cash tin was checked. It was not clear that the balance of cash tins was checked regularly, and although spot checks were carried out, there was no evidence of comprehensive checking of all transactions, including receipts. We also identified one case where the person responsible for checking the balance was the same person who carried out the majority of transactions. This meant that the way finances were managed did not adequately protect people from the risk of financial errors or abuse.

The service took measures to ensure that staff were suitable for their roles. We saw that staff had shown suitable forms of identification and DBS checks were carried out regularly to ensure that staff had no criminal convictions or were otherwise barred from working with vulnerable people. All staff files we looked at showed that references had been taken up and verified with previous employers.

Staffing levels were adequate to meet people's needs. Staffing was largely determined by what was commissioned by the local authority, however we saw evidence that when people needed additional support on a long-term basis, this was discussed with social workers and the extra hours were requested. The provider told us that they were authorised to provide additional hours as needed for short-term purposes. People at both services told us that staff came when expected, however, several people at Sonali Gardens told us that staff were frequently in a rush, and some of the staff also told us that they felt stretched at times. The provider had recognised that this was a problem, and we saw communication with the local authority where they had requested an increase in hours at Sonali Gardens for this reason.

Rotas showed that both services provided two waking night staff. At Sonali Gardens there were four care staff deployed in the mornings and three in the afternoons, although more staff were deployed on a Friday to meet people's cultural needs. We saw rotas which showed that Coopers Court had a minimum of five staff in the mornings and four staff in the afternoons, although this also varied in order to meet people's needs. Where gaps in staffing were caused by staff absence, the service covered shifts with the regular contract staff or by using bank staff as needed, meaning that staff covering shifts were more likely to be familiar with the service.

All staff had received training this year on the safe administration of medicines. The provider also had means of ensuring that staff had the competency to administer these, including a yearly themed supervision which tested and recorded staff understanding. Records showed that all staff were observed by managers to ensure that they were giving medicines in the correct way. Medicines were individually stored in people's flats, and were checked on delivery by the project manager who also ensured that unused medicines were returned to the pharmacy. Each person had a care plan and a health action plan which detailed exactly what support they needed with medicines, as well as a medicines agreement in which the person signed to show they consented with that level of support.

Medicines were correctly recorded on medicines recording charts, and staff had signed to show that medicines had been administered. We found one instance in which codeine was noted on the chart to be given as needed, however the pharmacy label did not state this. There were shortcomings in the audit of medicines. At Sonali Gardens, we saw that one person's medicines were audited in October and September each, and then two people's were audited in June. In Coopers Court, typically three to five people's medicines were audited each week, however this was not carried out at all between March and November. This meant that medicines errors may not have been noticed by managers in order for them to follow this up and take action to prevent a reoccurrence.

We recommend that the service take advice on best practice with regards to auditing the administration of medicines.

Is the service effective?

Our findings

Staff we spoke with said, "I'm always in training" and "They give us the opportunity to advance."

Staff had extensive training records. The provider had mandatory yearly training in safe moving and handling, and required three-yearly training in medicines, first aid and food safety. In addition to this, the provider had provided a mandatory four-day induction course for all staff in March which covered areas such as safeguarding adults, health and safety, good communication, person-centred care, dementia awareness, nutrition, good record keeping and equality and diversity. At the end of the course, all staff were required to complete a workbook, and this was marked by a manager who gave feedback on their understanding and identified any areas for development.

Staff supervision was good, and in places exceptional. For example, all staff had yearly themed supervisions in crucial areas such as administering medicines, safeguarding adults and respecting people's dignity, which evidenced staff understanding and development needs in these areas. Staff at Sonali Gardens, but not Coopers Court, also used a two-monthly supervision framework in which staff discussed corporate values such as person-centred support, effective communication, safeguarding and well-being. The supervision framework provided clear action plans which were then reviewed at the next supervision and provided an opportunity to discuss concerns and approaches with individuals staff supported. This was a strong framework for ensuring staff are well-supervised by managers, and although supervision was adequate at Coopers Court, the service would benefit greatly from using this system everywhere. Staff we spoke with were knowledgeable about how to deliver good quality care.

Staff at Coopers Court also had observations made by the manager of their competency in carrying out personal care in a way which promoted people's dignity and privacy. This is unusual practice, as few services would be able to do this in a manner that people would be comfortable with. However, the project manager explained that she directly supported people with personal care, and therefore some people were comfortable with having her there to make these observations. This showed the service was using innovative means to ensure that staff had the right knowledge and skills for their roles.

People had consented to their care and support. Files we looked at showed that people had agreed to their care plans. People had also signed detailed agreements outlining exactly what support they needed in areas such as medicines and managing money.

Staff we spoke with had a good knowledge of the Mental Capacity Act 2005 (MCA). About half the staff had received training, and the remainder were due to attend training in December. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 registered manager told us that everybody using the service had the capacity to make decisions regarding their own care and that nobody was being deprived of their liberty. The service had provided an individualised assessment of whether each person had capacity, and whether there was any possible restriction of their liberty. For each person, this assessment had asked whether the person was under constant supervision and/or unable to leave the building independently, in line with current guidance under the MCA.

Staff had a good knowledge on what to do if a person was not eating or drinking properly and may be losing weight. We saw that most people's care plans showed that they needed support to prepare their food, and that they were receiving this in a timely manner. People who lived at Sonali Gardens also benefitted from an adjoining day service, which provided culturally-appropriate meals at a low cost. Coopers Court took a sociable approach to meals, with the establishment of a lunch club where people had the option to bring their meals down to the communal lounge in order to eat together. Most people who came down for lunch received meals-on-wheels. We saw several people received support to eat their meals, and staff were diligent in ensuring that people had eaten an adequate amount of food.

People using the service had detailed health action plans which were regularly reviewed. This outlined the support people needed to maintain good health and access appointments. Risks from health conditions were also covered in people's individual risk assessments. People's files had detailed evidence on when people had attended appointments such as those with the GP, dentist and diabetes screening. The service had carried out audits on people's appointments in order to ensure people were supported to access these. One person told us, "I spoke with the manager about going to hospital and she helped me to find someone to go with me." We saw records of care hours that showed that the service was able to allocate additional hours to support people to attend health appointments when needed.

Is the service caring?

Our findings

People told us, "Staff are kind, very good" and "It's a place where people come and say hello to you."

At both Sonali Gardens and Coopers Court, people spoke very highly of the staff and we observed good and respectful interactions between people who use the service and the support staff. Coopers Court particularly benefitted from a shared lounge on the ground floor, and several people opted to spend a lot of their time there. We observed a good deal of friendly interaction and laughing and joking in these areas. Staff said to us, "I like working here" and "My passion is looking after people, especially older people." People who used the service said, "Staff seem very happy in their jobs" and "I get on well here."

Staff we spoke with were aware of the importance of good communication in meeting people's needs. One staff member told us, "Yes we always have time to chat, we chat first, and then you know if anything's wrong, and if you feel nobody cares for you, you're going to be withdrawn." Relatives we spoke with agreed that staff were "caring" and "kind." One relative told us, "I got a call to say that mum had fallen out of her chair but was OK, they're very good like that."

The service had benefitted from an activities co-ordinator who had joined the team at the start of the year. At Sonali Gardens people were growing plants in the garden and out on balconies, some of which contained herbs for cooking. This was done in co-operation with a local gardening group. The activities programme had developed over the course of the year, starting with a few activities in the month of January and developing into an extensive monthly programme in both services. We noted the programme included regular activities such as seated exercise, a fish and chip night, boccia, Sunday church services, Friday prayers and a visit to a city farm. The day before our visit there had been a Christmas party, and other one-off activities we saw during the year included a VE day party, Bengali new year, an Eid party, St Patrick's night, St George's Day and a 100th birthday party for a person using the service. The activities co-ordinator had arranged a lot of social events with the help of local community groups. For example, a local opera group had given a performance in the service and local youth groups were involved in the Eid party and a recent 'bake-off'. A voluntary group called Furry Tales was running sessions in the services where people could interact with and look after rabbits.

People were kept informed about events through an activities programme displayed in the lobbies and a newsletter which went out to all the extra care services managed by the provider. People we spoke with praised the activities and one person said "There is always something to do here."

Coopers Court also had regular visits from a hairdresser, and we saw a dedicated salon with price list and dates of planned visits. The salon was clean and well-maintained. Staff told us that the hairdresser was also able to visit people in their rooms.

Staff had carried out life story work with some people who used the service, and we saw that people had information on their files detailing information about their childhoods, life history and family life. This was carried out sensitively, with two staff telling us that it wasn't always appropriate for them to do this work as

"some people don't want to talk about their past". People had written recollections about their time before they came to England, and we saw a story one person had written about their experiences in wartime. Where appropriate these had been shared with people's relatives, and we saw several compliments from relatives about this work.

The registered manager told us that sometimes people approaching the end of their lives chose to stay in the service. We saw evidence that the service worked with health and hospice services to ensure people received appropriate end of life care. The service had also had discussions with some people about their wishes at the end of their lives. A project manager told us, "I've learnt bringing the topic up early can be beneficial."

The service had done a lot of work in ensuring staff had a good knowledge of how to protect people's privacy and dignity, including as part of their induction training and as part of a yearly supervision. People told us that staff always knocked on their doors before coming in, and felt that staff treated them with respect. We observed that staff always knocked on people's doors and protected their privacy, although some people had chosen to leave their doors open.

The service encouraged people to put across their views about their care. We saw that everybody had been supported to complete forms outlining their preferences about the gender of staff who supported them, their dietary needs and the level of support that they required in certain areas.

Is the service responsive?

Our findings

People told us they were comfortable raising concerns with the managers.

People using the service had detailed care plans which were reviewed regularly in order to ensure that their needs were being met. Staff benefitted from a brief summary of the care plan which detailed for staff exactly when people needed to be visited and what support was required. Care plans we looked at had a brief summary of people needs, including information on their health needs and their cultural, language and dietary preferences.

Where people's care needs had changed, the service had reviewed their support and adjusted the care plan accordingly. We saw evidence that additional hours had been provided as needed to people, and where longer-term additional support was required, this had been requested from the local authority.

The service was meeting people's cultural needs. At Sonali Gardens, where the majority of people who used the service were from a Bengali background, staff had the language skills to communicate with people whose first language was Bengali. One care worker told us, "I'm very proud that I've learnt Bengali." We observed that the first floor had a prayer room which was in regular use, and one person who lived in the building had taken responsibility for keeping it clean and well-maintained. One lounge upstairs was reserved for prayers for women only. Staff supported people with their dietary preferences, such as halal or kosher food, and these were marked on people's care plans. One care worker told us, "I go to the supermarket and I explain to the manager that the lady I am buying for is Jewish, and he shows me what is right for her." The managers at Sonali Gardens recognised that some people needed to be supported by males due to their cultural needs, and had taken steps to recruit additional male workers. The project manager at Sonali Gardens told us he met people's cultural needs by deploying more care workers on a Friday, as a number of people preferred to wash prior to Friday prayers.

Both services had regular meetings with people who used the service and their families in order to keep people updated on changes in the service and to hear people's views on what needed to change. Meetings were used as a way of building trust and communication between the new management and people who used the service. People were complementary about areas of the service, particularly the choice of activities. Concerns centred around maintenance issues and security concerns, and managers were effective at answering people's concerns. At the most recent residents' meeting in November, people had requested that managers arrange a clean of the guest bedroom at Sonali Gardens, and this happened during our visit.

People who used the service and the management acknowledged that maintenance of the building was sometimes a problem, as the provider was not responsible for maintaining the building but instead supported people to report concerns to the landlord and follow these up where necessary. Several people who used the service at Sonali Gardens showed us things that were broken around the building, such as lights, doors and window frames. We saw records that showed that staff had reported these concerns to the landlords in a timely manner. Coopers Court particularly benefitted by having a maintenance worker employed by the landlord on site, and we saw evidence that small maintenance issues were fixed promptly

in this building by this staff member.

The service was responsive to people's complaints and concerns. People who used the service and their relatives told us that they knew who to complain to, were comfortable speaking to managers about concerns and that they were confident that managers would take their complaints seriously. One person told us, "The carer didn't do what they were supposed to do, so I discussed it with the manager and they were very good."

In total the service had received six complaints in the past 12 months. In all cases, these were investigated by the registered manager, who had also reported potential safeguarding issues arising from these to the local authority. We saw that the registered manager had responded to complaints promptly and transparently, and where the service was at fault had apologised to the complainant. We saw evidence of action being taken after complaints, which included disciplinary action against staff or changes to the service to prevent a recurrence.

In addition to complaints, the service collected a high number of compliments from people who used the service and their relatives. Compliments focussed on the caring manner of the staff team and how much people had enjoyed the activities at the service.

Is the service well-led?

Our findings

The service was well-led. People we spoke with and staff had confidence in the registered manager and the two project managers. Comments from people included, "The new manager is nice...really helps us out" and "They are always available on the phone." One person described the registered manager as "absolutely fantastic, the best manager I have ever met."

The management had worked with staff, people who use the service and their relatives in order to build people's confidence in them. At the time the provider took over responsibility, people and staff had expressed concerns that people were not receiving the support hours they needed. The managers had attended residents' meetings and staff meetings alongside contract officers from the local authority in order to explain how their contract worked and that nobody was having their hours reduced. Records of these meetings showed that people had gained confidence in the management of the service.

Where managers were concerned about the conduct of staff or staff practice, this had been clearly addressed in the team meeting minutes and manager's expectations made clear to all. Examples of these included manager's expectations concerning staff training and recording. Staff told us, "We didn't see managers as much in the past" and "Now we are used to [the provider]". Staff were supported to raise concerns in team meetings, and opinions were sought on matters such as changes to the rota. Staff told us that they felt confident in raising concerns with managers.

The provider had measures in place for ensuring that they delivered a high quality service. Training was devised and delivered in-house for all staff, and the induction programme attended by all staff was thorough and detailed. The organisation's key principles were instilled in staff by this training, and this was continued through a thorough and original framework for staff supervision.

Support logs were audited by managers to ensure that people were receiving their allocated care hours. However, the service was not auditing that tasks were recorded as being delivered in line with people's care plans. We saw that a small number of tasks were not being recorded as being completed. This meant that potentially somebody may not receive agreed support and this might not be noticed by managers. However, people who used the service told us that staff always arrived when expected, and that they were able to communicate their needs clearly to staff, so this risk of vital tasks being missed was reduced.

The provider's registration with the Care Quality Commission states that Sonali Gardens is the registered location for both Coopers Court and Sonali Gardens. This means that the regulated activity, in this case personal care, is expected to be provided from Sonali Gardens. In practice this means we would expect to see evidence of care plans and associated care scheduling records being held at Sonali Gardens. The registered manager had contacted us two days prior to our visit to clarify the requirements based on the service's registration arrangements, and informed us that they intended to move all records to Sonali Gardens. At the time of the inspection this had not happened, and the provider was running the two services entirely separately. The provider had plans in place for ensuring that they were compliant with their registration requirements.

