

# Diamond Care Company Ryedale Ltd

## Ryedale

### 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

Ryedale is a domiciliary care service run by Diamond Care Company Ryedale Ltd. Ryedale is the provider's only location. The service is registered to provide personal care to people living in their own homes. The service supports older people and younger adults as well as people with mental health needs, a physical disability or a sensory impairment. At the time of our inspection, the service supported approximately 50 predominantly older people.

The service was run by two directors one of whom was the registered manager as well as the provider's nominated individual. 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. They were in the process of applying to become the registered manager at the time of our last inspection, and completed this process in December 2016.

We completed our comprehensive inspection of this service on 5 and 12 October 2017. The inspection was announced. The provider was given 48 hours' notice of our inspection, because we needed to make sure someone would be in the location office when we visited. The inspection was completed by one inspector.

At our last inspection in August 2016, we rated the service 'requires improvement'. We identified breaches of regulation relating to the need for consent, safe care and treatment, good governance and with regards to ensuring fit and proper persons were employed. We asked the provider to take action to make improvements. At this inspection, we found improvements had been made and this action has been completed. The provider was now compliant with these regulations.

People who used the service told us they felt safe with the care and support staff provided. We found appropriate recruitment checks were complete to ensure suitable staff were recruited and sufficient staff were deployed to meet people's needs. People told us staff were reliable and punctual.

People were supported to take their prescribed medicines, but we made a recommendation about ensuring support provided with topical creams was recorded on people's medication administration records.

Staff received training on how to recognise and respond to safeguarding concerns. Care plans and risk assessments were in place to support staff to provide safe and effective care. People provided positive feedback about staff's knowledge and skills. Staff received training, supervision and appraisals to monitor their practice and support continued professional development.

Consent to care was sought and the registered manager was mindful of issues regarding people's mental capacity. Staff supported people where necessary to ensure they ate and drank enough. Staff were flexible and proactive in ensuring people received the support they needed to access healthcare services and to promote and maintain their health and well-being.

People told us staff were very kind, caring and attentive to their needs. People had developed positive caring relationships with the staff who visited them. Staff listened to people's wishes and views and respected their decisions. Staff supported people to maintain their privacy and dignity.

Care plans provided person-centred information to support staff on how to best meet people's needs. There were systems in place to ensure staff had up-to-date information where people's needs changes. People told us they had not needed to complain, but knew who the registered manager was and told us they were very approachable, encouraged feedback and was responsive to any requests they had.

People consistently told us the service was well-led and provide very positive feedback about the care and support staff provided. The provider completed audits and there were systems in place to monitor the quality of the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were supported to take their prescribed medicines. The registered manager agreed to update Medication Administration Records to include information about topical creams.

Appropriate checks were completed to ensure suitable staff were employed.

Sufficient staff were deployed to meet people's needs. People told us staff arrived on time and did not miss planned visits.

Staff were trained to identify and respond to safeguarding concerns to keep people who used the service safe.

### Is the service effective?

Good ●

The service was effective.

Staff received regular training, supervision and annual appraisals of their performance.

Consent to care was sought in line with relevant legislation and guidance on best practice.

Staff supported people to attend appointments and liaised with healthcare professionals where necessary.

People were supported to ensure they ate and drank enough.

### Is the service caring?

Good ●

The service was caring.

People who used the service told us staff were kind and caring.

People had choice and control over their care and support. Staff enabled people to express their wishes and views and respected their decisions.

People were supported in a way which maintained their privacy

and dignity.

### Is the service responsive?

Good ●

The service was responsive.

Staff provided person-centred care to meet people's needs.

People who used the service provided positive feedback about the attentive staff and the flexibility of the service provided.

People told us they had not needed to complain, but felt the registered manager was approachable and contactable if they did have any issues or concerns.

### Is the service well-led?

Good ●

The service was well-led.

Systems were in place to monitor and improve the quality and safety of the service provided.

We received consistently positive feedback about the registered manager and the service provided.

People told us the registered manager was approachable, supportive and responsive.

We found the registered manager was committed to providing a flexible and person-centred service to meet people's needs.

# Ryedale

## 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. The inspection was planned to check whether the provider was 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.

We inspected this service on 5 and 12 October 2017. The inspection was announced. The provider was given 48 hours' notice of our inspection, because we needed to ensure someone would be in the location office when we visited. The inspection was completed by one inspector.

Before our inspection, we reviewed information we held about the service, which included information shared with the Care Quality Commission (CQC) and notifications sent to us since our last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service or which affect the people using it. We also contacted the local authority's adult safeguarding and commissioning teams to ask if they had any relevant information to share. We used this information to plan our inspection. We did not ask the provider to complete a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection, we spoke with seven people who used the service and two people's relatives. We spoke with the registered manager who was also the provider's nominated individual, a director, a team leader and three care workers. We also spoke with one health and social care professional who provided feedback on the service.

We visited the location offices and reviewed four people's care plans and risk assessments, recruitment, training and supervision records for six members of staff, medication administration records, meeting minutes, audits and a selection of records relating to the running of the service.

# Is the service safe?

## Our findings

At our last inspection in August 2016, we found the provider had not operated a robust and transparent recruitment process. This was a breach of Regulation 12 (Safe care and treatment) and Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we asked the provider to take action to make improvements.

At this inspection, we found our concerns had been addressed and the provider was now compliant with these regulations. Recruitment records evidenced interviews were completed and references obtained, although we spoke with the registered manager about ensuring all references were dated to evidence these had been completed before new staff started work. We saw Disclosure and Barring Service (DBS) Checks had been completed. DBS checks provide information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with vulnerable groups.

People who used the service were protected from abuse and avoidable harm by staff who were trained to recognise and respond to safeguarding concerns. Staff we spoke with showed us they understood the signs and symptoms which may indicate someone was experiencing abuse and described what action they would take to make sure people were safe. Records evidenced the registered manager appropriately identified and referred safeguarding concerns to the local authority.

We found sufficient staff were deployed to meet people's needs. A director showed us the system they used to coordinate staff visits. We saw rotas were created with each visit allocated to a member of staff. Rotas evidenced care was taken to ensure there was enough time between planned visits to allow for travel. Staff confirmed they received their rotas in advance and generally had sufficient travel time between visits.

The registered manager told us it was important they provided a consistent and reliable service to meet people's need and explained how they used two four by four vehicles to ensure they did not have to cancel visits, due to bad weather, despite providing care and support in a very rural area.

People who used the service provided consistently positive feedback about staff's reliability and punctuality. People told us staff arrived at the times they needed and did not miss visits. Comments included, "They are very prompt", "They keep very well to time, but if they have been held up they will ring; someone always comes", "They come about the same time each day" and "They are very good really. If for any reason they have been held up, they telephone." Staff and people who used the service explained how the registered manager or other staff covered gaps in the rotas where necessary to ensure all visits were completed as planned.

People told us staff stayed for the right length of time to provide the care and support they needed. One person who used the service told us, "They don't rush me. They go at my pace and take their time." A relative said, "If it takes longer, they spend longer." We reviewed daily records which confirmed staff generally arrived at the times required and stayed for the right length of time.

People who used the service told us they felt safe with the care and support staff provided. Staff we spoke with showed a good understanding of people's needs and how best to support them to minimise risks and promote their safety. We saw care plans and risk assessments contained person-centred information about each person and any risks involved in supporting them. Risk assessments were also completed to explore and manage any environmental risks associated with providing care and support in people's homes.

A record was kept of accidents or incidents involving people who used the service. These documented what had happened and how staff and the registered manager had responded. We saw body maps were completed to record and monitor any injuries people had sustained. These records and our conversations with the registered manager showed us appropriate action had been taken to ensure people remained safe following an accident or incident, and to minimise the risk of future harm.

At the time of our inspection, the provider had a new policy and procedure they were implementing in relation to the management of medicines. Records showed staff received training on how to safely administer medicines and the registered manager completed competency checks to ensure staff had learnt the necessary knowledge and skills.

People who used the service provided positive feedback about the support staff provided to take their prescribed medicines. People commented, "They check your medicines to make sure you have taken them" and "They [staff] always ask if I have taken my tablets."

Details about the support people required to take medicines was recorded in their care plans along with information about where the medicines were stored and who was responsible for ordering them. Medication Administration Records (MARs) were also in place for staff to document the support they provided. We saw MARs were generally completed appropriately, but noted the support provided to apply topical creams was not recorded on people's MARs. We reviewed people's care plans and daily notes and found people had been appropriately supported with their topical creams. We spoke with the registered manager about ensuring they considered guidance produced by the National Institute for Health and Care Excellence (NICE) in March 2017 on managing medicines for adults receiving social care in the community. This recommends staff should use a medicines administration record to document any medicines support that they give to a person. The registered manager agreed to review the NICE guidelines and update MARs in response to our feedback.

The provider ensured MARs were returned to the office and audited to identify any issues or concerns with the management of people's medicines. We saw minor recording issues were identified and addressed with staff to improve their practice.



# Is the service effective?

## Our findings

At our last inspection in August 2016, records did not consistently evidence people had consented to the care and support provided. Clear and complete records were not in place in relation to people's mental capacity to make decisions. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we asked the provider to take action to make improvements.

At this inspection, we found improvements had been made and the provider was compliant with this regulation. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive people of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. We saw people were asked to sign their care records to document they consented to the care and support staff provided. At the time of our inspection, no one who used the service was deemed to lack mental capacity to consent to their care. Despite this, the provider had a policy and procedure in place to provide guidance on how consent should be explored and documented. Records showed staff had completed training on consent to care and deprivations of liberty. The registered manager showed us records they would use to support them to assess people's mental capacity and record best interest decisions if necessary. This showed us the registered manager was mindful of issues regarding capacity and consent and understood their responsibilities under the MCA.

People told us they felt staff had the knowledge, skills and experience to effectively meet their needs. Comments included, "People are trained to realise what I might need", "They know what they are doing" and "They are all good the carers that come to me. They do their job and seem to know what to do. They do well I think." We saw a recent compliment from a relative of someone who used the service stated, "[Registered manager's name] goes above and beyond and their carers are well chosen and well trained."

Records evidenced new staff completed online training courses and practical taught courses to develop the knowledge and skills needed to provide safe and effective care. We received positive feedback about the training and support available. Staff told us, "The training is good" and "We have done quite a lot of training, I find it really interesting and you know the registered manager is always there if you are not sure about something."

In addition to taught courses, new staff shadowed more experienced workers to develop their knowledge

and skills. A person who used the service said, "When a new member of staff starts they always shadow one of the more experienced ones to gain experience." New staff we spoke with were positive about this process and explained how they had been supported to build their confidence and learn how to best meet people's needs.

At the time of our inspection, the registered manager showed us steps they were taking to complete a 'train the trainer' course on moving and positioning. They explained how this would enable them to deliver this training 'in house' in future. The registered manager also showed us competency assessments they were in the process of introducing. They explained how this would enable them to more robustly check and monitor staff's moving and handling practice in future. This showed a commitment to supporting continued professional development and improving the safety and effectiveness of the care and support provided.

Records evidenced staff received regular supervision and the registered manager completed annual appraisals. Supervision and appraisals are a way in which an organisation supports their staff, monitors their progress and encourages continual professional development. Staff we spoke with were consistently positive about the registered manager and told us they could approach them for advice, guidance and support through supervisions or at any time if they had any issues or concerns.

Staff ensured people who used the service were supported to eat and drink enough. Staff explained how they monitored people's food and fluid intake and reported any concerns to the registered manager. Where staff were responsible for supporting people with their meals and drinks, a daily record was kept of the support they provided. These records evidenced staff prompted and encouraged people to eat and drink regularly. This also included leaving food and drinks in an accessible place, so people could eat and drink between staff's visits.

People who used the service were supported to promote and maintain their health and wellbeing. Information about people's health needs was recorded in their care files. Staff explained how they rang the registered manager for further advice and guidance or sought emergency medical attention if necessary to ensure people's needs were met.

Staff and the registered manager effectively monitored people's health and wellbeing and supported them to access healthcare service when necessary. One person who used the service told us they were diabetic and explained, "The carers notice if I am a bit low and will ask if I have taken my blood sugars. They pick up on the little things like that." A relative of someone who used the service said, "They are not just doing their job, they are looking beyond it. They draw my attention to things I may have missed. They are quite well trained." They went on to explain how the registered manager had arranged for a doctor to visit their relative when they seemed unwell and told us they thought this was helpful and found it reassuring. A professional told us, "If a client's health deteriorates [registered manager's name] will keep us informed so we are both aware of any changes."

Other people told us the service was flexible and support was always available if they needed help to attend medical appointments. One person said, "If I have an appointment, it is no trouble at all. They come and take me to the hospital and stay with me and bring me back." They went on to explain how staff listened and helped them remember what the specialists said so they did not miss or forget anything. This showed us staff provided effective support to promote and maintain people's health and well-being.

# Is the service caring?

## Our findings

People who used the service consistently told us staff treated them with kindness and were very caring. Comments included, "My carers are lovely", "They are all very nice and very helpful" and "They are lovely. They always come in with a bounce and a smile, they are so cheerful." A professional told us, "We have always found staff to be kind, caring and impartial."

Feedback from people who used the service showed us they got on well with staff, enjoyed their visits and had developed meaningful caring relationships with them. People told us, "We get on quite well. We chat about cars and motorbikes", "On the whole, they are people I am familiar with. I have got to know them quite well", "They are very cheerful and chat to me", "I get on very well with them" and "I can't praise the carers enough, they are more like family."

Our conversations with staff showed us they cared about the people they visited. Staff spoke fondly about the people they supported demonstrating that they were committed to meeting people's needs in a kind, caring and attentive way.

Staff we spoke with explained how they regularly visited the same people and this helped them to get to know people better. New staff explained how they shadowed more experienced workers, spoke with the registered manager and read people's care plans to support them to build a rapport with the people they supported. We reviewed people's care plans and saw they contained important information to support staff to develop caring relationships.

Staff supported people who used the service to have choice and control over their care and support. Staff explained how they asked people what they would like, talked to people to understand their preferences and showed people options to help them decide. One member of staff told us, "I talk to people and ask them what they want." People consistently told us staff listened to them, did what they asked and respected their choices. Feedback included, "They will get me anything I want", "They [staff] ask if there is anything I want doing and do it" and "They always ask if there is anything I want or need." Another person explained how staff followed their direction and this meant they felt in control of their support. They told us, "Whatever I want them to do, they will." We reviewed people's care plans and saw they reflected people's preferences and showed us staff and the registered manager recognised the importance of people being in control and making decisions about how their care and support needs were met.

Staff completed training on diversity and equality and staff we spoke with demonstrated they were mindful of respecting people's individual and diverse needs. People told us staff treated them with dignity and respect. One person we spoke with said, "I think they are very considerate. They are always respectful and caring." Another person said, "I would recommend them to anyone, they are respectful with me." Our conversations with staff showed us they were mindful of supporting people in a way which maintained their privacy and dignity. One member of staff told us, "I make sure no one else can see and always tell people what I am doing and ask them how they want things done."

The registered manager understood the role of advocacy services and information was available, if needed, to enable people to access the support of an advocate. An advocate is someone who supports people to ensure their wishes and views are heard on matters that are important to them.

## Is the service responsive?

### Our findings

People who used the service told us staff listened to them and were responsive to their needs. Feedback included, "They are very willing to adapt to my needs...they try very hard to be helpful", "There's nothing they won't do", "They do everything I ask" and "If there is something I can't do, they help me."

We reviewed people's care files and saw each person had care plans and risk assessments relating to their care and support needs. We found care plans contained a detailed person-centred narrative of what support people required as well as information about how the support should be provided taking into account people's personal preferences. This included information about people's individual likes and dislikes. For example, explaining how people liked to be supported to get washed and dressed or what they usually liked to have for breakfast. We found care plans were written in a way which recognised what people liked to do or could do for themselves and where additional support may be required. This promoted people's independence by encouraging staff to offer support only when needed.

We noted that although care plans contained a detailed step-by-step guide to the care and support people required, staff and the registered manager recognised people's right to make their own decisions and change their minds. We found staff were encouraged to be flexible and continue to offer choices when supporting people. This demonstrated a person-centred approach to providing care.

The registered manager was 'hands on' and regularly visited and supported people who used the service. Our conversations with the registered manager showed us they knew people very well and understood how best to support them. Staff explained how they received a handover from the registered manager regarding new people to use the service and advice and support was always available if they needed further guidance on how best to meet someone's needs.

People told us the registered manager and the service provided was very flexible. This included flexibility in when and how much care and support was provided. People told us of numerous examples where staff had been provided at short notice to support with appointments or if a person's primary carer was unwell. This showed us the service was responsive to people's needs.

There were systems in place to support staff to access up-to-date information about people's needs. A copy of each person's care plans and risk assessments were stored in their home for staff to reference during their visits. We saw that if people's needs changed, reviews were arranged involving the person and other important people in their lives. Where necessary, the care and support provided was increased or decreased to reflect changes in people's needs and their care plans and risk assessments updated.

Staff maintained a record in people's care files of each visit, the care and support they provided and any issues or concerns identified. A person who used the service told us, "They write notes and then the next comes and looks at that and then writes their own." We reviewed daily notes and saw they evidenced that care and support was provided in line with the guidance set out in people's care plans. Where people had been unwell of there was any information the next visiting member of staff needed to be aware of, this was

documented. The registered manager explained they also contacted staff to communicate important information and any changes. A member of staff said, "We get messages all the time to keep us up-to-date, we are very well informed." This supported staff to keep up-to-date with people's changing needs and ensured they provided responsive care.

The provider had a policy and procedure in place governing how they managed and responded to complaints about the service provided. Details about how to raise a complaint were provided to people who used the service in a 'client handbook'. This ensured people had the information they would need to make a complaint if necessary. During our inspection, people who used the service told us they had not needed to complain, commenting, "I am very satisfied with them, I have no complaints at all" and "I can't fault them."

Despite this, people told us the registered manager was easily contactable and they would feel comfortable speaking with them if they had any issues or concerns. Feedback about the registered manager included, "They always answer straight away" and "I have got the office number and [registered manager's name] mobile number. They have their mobile with them all the time and if I need to I ring their mobile, they always answer." This showed us the provider created an open environment in which people felt able to provide feedback.

We reviewed records relating to compliments, complaints, comments or concerns. We saw there had been no complaints about the service since our last inspection, but saw staff had received numerous cards and letters complimenting them on the care and support provided. We saw one recent compliment stated, "The standard of the care has been consistently good. The carers involved have been friendly and professional and have built up excellent relationships with them. There have been many situations when a carer has gone out of their way to provide an additional service." Other compliments included, "Truly amazing care workers" and "I cannot express how grateful I am for all your help and how you went out of your way to help me."

# Is the service well-led?

## Our findings

At our last inspection in August 2016, we found the provider had not operated effective systems to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we asked the provider to take action to make improvements.

At this inspection, we found improvements had been made to quality assurance systems and the provider was now compliant with this regulation. We found the provider had addressed concerns identified at our last inspection regarding unsafe recruitment practices and with regards to how consent was sought. This demonstrated effective systems were in place to respond to feedback and to improve and sustain the quality and safety of the service provided.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was supported by a director and two team leaders in the management of the service.

The provider completed quality monitoring surveys to gather feedback about what they did well and any areas of the service which could be improved. We saw a survey had been completed in March 2017 and 17 people who used the service had provided feedback (including anonymously if they wished). We reviewed results from this survey and saw that feedback was very positive and people did not have any issues or concerns they wanted to raise.

We saw the provider completed audits of daily records, Medication Administration Records and people's care files to identify and address issues or concerns. Review meetings were held to monitor the quality of the care and support provided and to further ensure people's care plans and risk assessments were up-to-date. Observations of staff practice were completed to monitor their performance and ensure staff provided effective and safe care. Staff said, "They stand and watch us to make sure we are doing things properly" and "They turn up unannounced and observe you."

People who used the service knew the registered manager and director by name and consistently told us they were friendly, approachable and responsive to their needs. The registered manager regularly visited people and provided care and support to cover staff sicknesses and absences. This enabled them to continually monitor people's care and support needs and staff's practice. A member of staff commented, "[Registered manager's name] is very good with the clients. They go out and meet the clients and work with us so the clients get to know them."

We asked people who used the service if they felt it was well-led. We received consistently positive feedback with comments including, "They are well-led. I can't see that they can improve on much" and "They are brilliant. I would and did recommend them to someone else." Relatives told us, "We have been delighted

with Diamond Care; every one of them has been good" and "The carers could not be faulted in any way...I would highly recommend this company to anyone." A professional said us, "We worked with Diamond Care when they had first set up the company and have watched them grow. The service is still as good as it was at the outset with a committed leader and a kind and caring attitude."

Staff told us the service was well-led and explained the registered manager was approachable and supportive. Comments included, "It's the best company I've worked for", "[Registered manager's name] is a really good boss", "They are very fair. You know you can go to them if you have a problem" and "If you need any help they are always there."

The registered manager held quarterly team meetings to share information and discuss any issues or concerns. We saw minutes of meetings held in July and September 2017. We saw topics discussed included team bonding, compliance with CQC regulations, best practice with regards to medication administration, supporting new starters, training and sharing the positive feedback received. We also saw how team meetings had been used as an opportunity to provide additional training, with the district nursing team attending to deliver training to staff.

The registered manager told us about a team bonding session they had organised to a local activities centre and future activities they were organising to help staff get to know each other and build team spirit. Staff we spoke with talked positively about these and the plans that were being made for the next team bonding day. The registered manager also showed us the work they and members of their team had done to raise money for charity. They explained that they had a nominated charity each year and the staff team organised fundraising events in support of this cause. We saw how this encouraged team bonding and demonstrated positive leadership and a caring focus within the organisation.

We saw the registered manager had introduced an 'awards scheme' to recognise and reward good work done by their care team. This showed us the registered manager was committed to recognising staff's achievements and promoting good practice amongst the staff team.

We asked the registered manager how they kept up-to-date with important changes in legislation and guidance on best practice. The registered manager told us they received updates from the CQC, local authority and were a member of an independent organisation which supported providers of social care in North Yorkshire. The registered manager showed us the work they had done to implement the 'Herbert Protocol' following advice and guidance they had received from the local authority. The Herbert Protocol is a national scheme which encourages people to compile useful information about a person, including a recent photograph. This information is designed to support Police searches in the event of a vulnerable person going missing. This showed us the registered manager was keen to learn and implement good practice guidance to improve the service. The registered manager also showed us records relating to additional training they had completed or were due to attend. This included training on domestic abuse and mental health training. This showed us the registered manager was committed to developing their knowledge and skills so this could be shared with their staff team.