Portsmouth City Council

Ian Gibson Court

Inspection report

Ian Gibson Court
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Date of inspection visit:
06 September 2018

Date of publication:
10 October 2018

Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place 6 September 2018 and was announced. We gave 48 hours notice of our intention to visit Ian Gibson Court to ensure that the people we needed to speak with were available.

Ian Gibson Court provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Support was provided to older people who may have other physical and mental health needs. At the time of our inspection there were 20 people receiving personal care and support.

This was the first inspection since the service registered with the Care Quality Commission on 15 June 2017.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Records were not always detailed and did not provide staff with enough guidance to meet people's needs.

The provider used a range of quality assurance systems including audits; however, these were not always robust and did not consistently identify shortfalls with documentation. We made a recommendation about this.

Medicines were administered by trained staff. Lack of clear direction regarding as required (PRN) and topical medicines were addressed following the inspection to ensure they were administered in line with people's needs.

People were supported by staff who had a good understanding of how to keep them safe. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and were able to describe what action they would take to protect people from harm.

Staff were recruited appropriately and there were sufficient staff to provide people with their care safely. Staff received training and supervision that enabled them to meet the needs of people they supported and deliver effective care.

Staff worked both within the service and across organisations to ensure people received effective care. People were supported by staff to ensure their healthcare needs were met and healthcare professionals' guidance was followed. Staff supported people as required to ensure they ate and drank sufficient for their needs.

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People consistently reported they were treated in a kind and caring manner by staff. People's privacy and dignity were respected and staff encouraged people to be independent.

Staff had a good understanding of people's needs and people were cared for by staff who knew them well.

People, relatives and staff were positive about the registered manager who was described as open, approachable and supportive. Staff were committed to meeting the needs of people and providing a service people wanted. People were encouraged to provide feedback on the service through an annual survey. They were also supported to raise complaints should they wish to.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

Measures were in place to manage risks to people but risk assessments were not always detailed about how to reduce risks for people.

People received their medicines as prescribed although the recording of some medicines needed improving.

There were enough safely recruited staff deployed to meet people's needs.

People were safe from harm because staff were aware of their responsibilities and able to report any concerns.

Practices were in place to minimise the spread of any infection.

Is the service effective?

Good

The service was effective.

Prior to people using the service, assessments were undertaken to ensure their needs could be met.

People told us they were always asked for their permission before personal care was provided.

Staff received supervisions and training to support them in their role.

People were supported to receive adequate nutrition and hydration.

People's healthcare needs were met and staff worked with health and social care professionals to help people access relevant services.

Is the service caring?

Good

The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

Information about people was stored confidentially.

Is the service responsive?

Good

The service was responsive.

People received person centred care and were supported by staff that knew them well.

The service supported and encouraged people to engage in meaningful activities of their choosing.

The provider had a complaints policy in place. Concerns had been addressed and resolved for people.

People received appropriate support at the end of their lives.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Records were not always detailed and did not provide staff with enough guidance to meet people's needs.

Systems and processes used to assess and monitor the quality of service needed to be further strengthened to ensure progress is implemented.

The service cultivated a warm and caring culture which had been implemented and maintained by the registered manager.

Staff spoke highly of the registered manager and enjoyed working at the service.

Ian Gibson Court

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 6 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that the staff and people we needed to talk to would be available. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before an inspection we review information that we have about a service to inform and plan the inspection. This includes information we have received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. The provider was asked 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 spoke with 12 people and one relative. We spoke with three care staff and the registered manager. We reviewed records which included four people's care plans and daily records and four staff files. We reviewed the provider's policies, procedures and records relating to the management of the service such as staff training and recruitment records, complaints file and accident and incident records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe whilst receiving support from the care staff, comments included, "I feel safe and secure" and "The staff make sure I'm safe, they remind me to wear my wrist pendant." However, despite people's positive comments, we found areas of care which were not consistently safe.

People had risk assessments in place. Risk assessments assist staff to be aware of any potential concerns or risks relating to the person, and how the service was working to minimise those risks. There were risk assessments about the environment, equipment people used and health related concerns such as falls, skin integrity and continence. People's level of risk was determined using a scoring system depending on the impact and likelihood of risk. Not all the risk assessments were completed correctly and the scoring system had not always been used. This meant it was unclear to staff what the level of risk was for the person. There was an area on the risk assessments where control measures to reduce the risk were recorded. However, these were not detailed and did not include clear guidance to staff about how to mitigate risks. For example, one person had been assessed as being at risk of falls and in the control measures section it stated '2 X falls before admission to hospital'. Another person was assessed as being at risk of dehydration and in the control measures section it stated 'Make drinks'.

Despite risk assessments lacking guidance about how to reduce these risks for people, we saw that measures had been put in place to address and reduce risks for people. For example, one person who was at risk of falls had been referred to an external healthcare professional and their guidance had been followed by staff at the service. All staff we spoke with had a good knowledge of risks relating to each person's needs and were able to tell us what measures were in place to reduce these. However, risk assessments that are not detailed could pose a risk for staff who were not familiar with the people living at then service.

People using the service had their medicines stored securely within their own flat. Care plans contained a medicines risk management and agreement plan which clearly detailed the level of support people needed with their medicines. Some people were independent with their medicines while other people needed the assistance of staff to support them. For those people who needed the support of staff, we noted that there was no information in people's care plans about why a medicine had been prescribed or what the possible side effects could be. When we discussed this with the registered manager they told us that if staff needed to know this information they read the leaflet that came with the persons medicines or looked at a pharmaceutical reference application on their phones. However, these may not always be specific to that person as some medicines have different uses and may be prescribed for someone for a particular reason. For example, we noted that one person was prescribed paracetamol. Paracetamol is used to treat pain in different areas of the body or a high temperature. However, the reason for the prescription was not clear.

We looked at Medicine Administration Records (MAR) to see if people received their medicines as prescribed. We found that medicines had been given as prescribed and there were no recording gaps on the MAR. Topical medicine administration charts, however, lacked guidance for staff. Care staff applied some creams for people and on their MARs, it stated the creams should be applied 'as directed'. Some care plans had

instructions about where on the body to apply the creams and when, however not all care plans contained this information. The registered manager told us staff knew how to use the creams because they knew people well. However, newer staff may not have known this. Following the inspection, the registered manager had included body maps in people's files so staff have clear guidance in place.

We noted that some medicines had been handwritten onto MARs by staff administering medicines at the service. Most had not been signed by the member of staff adding the medicine or countersigned by another member of staff to confirm the instructions were correct, as is best practice considered by The National Institute for Health and Care Excellence (NICE). We discussed our concerns with the registered manager and following the inspection they confirmed they had put measures in place to ensure two members of staff signed the MAR.

Some people had been prescribed medicines on an "as required" (PRN) basis. PRN protocols were not in place. This meant there was no written guidance in place for staff to know when and how much of a medicine to administer for a person. When staff had administered these medicines, they had not recorded the outcome for the person after receiving the medicine. This meant the efficacy of the medicine could not be reviewed. We discussed our concerns with the registered manager and they told us that the risks associated with the lack of PRN protocols were reduced because the people they supported had a high level of independence and could request their PRN medicines when they felt they needed them. They were also able to contact the doctor if they felt they were not working. Despite this, the register manager acknowledged that PRN protocols were helpful to staff in providing guidance and they sent us confirmation following the inspection that these had been implemented.

Although the concerns we found with medicine and risk assessment records did not have a negative impact on people at the time of our inspection, we were concerned that there was a risk that new or unfamiliar staff would not be aware of this information and people would not be supported in line with their needs. We have further reported on this in the well-led section of the report.

People's medicines were ordered in line with their assessed need and preference. The service ensured people had their prescribed medicines in stock and records demonstrated this was done effectively. When medicines were no longer required, they were disposed of safely. All staff who administered medicines were appropriately trained and this training was updated as needed.

The provider supported staff to protect people against avoidable harm and potential abuse. Staff had received training in safeguarding and were aware of the different types of abuse, and the signs to look out for. They knew about the provider's procedures for reporting concerns they may have about people. Staff told us they were confident any concerns they raised would be investigated and handled properly.

Incidents were documented and reviewed to identify if any further actions were required to prevent the risk of repetition. We saw actions had been taken for people following incidents such as, putting in extra care calls and arranging for people to be referred to relevant clinics for review. People's care records were updated in consultation with them following any incidents, and the information and any learning was shared with staff. Processes were in place to ensure any incidents were reflected upon and relevant changes made.

Staff had been recruited through a recruitment process that ensured they were safe to work with people at risk. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Suitable references were obtained and any gaps in

recruitment history were thoroughly explored.

There were sufficient staff to support people to stay safe and meet their needs. People and staff told us there were enough staff and if a member of staff was absent the existing staff covered the shift. One person told us, "Sometimes they're sick or on holiday, but they do their jobs just the same. They plan it so they take over someone else's work. They always manage. They don't desert us".

The service had a policy in place on the control and spread of infections and staff were given training on infection control and food hygiene. Staff were provided with personal protective equipment (gloves and aprons) for use during personal care. People who used the service told us that staff wore these when providing personal care. The health and safety of the environment was managed by the housing scheme, however, the registered manager demonstrated they had access to these records to ensure the people they supported lived in a safe environment.

Good

Is the service effective?

Our findings

People received care and support from staff who knew them well and who had the skills and training to meet their needs. One person told us, "The staff are very good, they know what they're doing".

Staff told us they received regular supervisions. Supervision records were in place and confirmed what staff told us. This was a formal process which provided opportunities to check performance and ensure staff were being appropriately supported. All staff told us that these were useful and felt able to raise issues or concerns with the registered manager and care supervisor in between supervision times. Staff personnel records showed that staff members were regularly observed by the registered manager or care supervisor for their competency and performance and assessed during visits to people who used the service. This helped to help make sure that staff were performing to a satisfactory standard of care and safety.

Staff were provided with a comprehensive induction programme. New employees were given an opportunity to shadow an experienced colleague for approximately two weeks to develop their skills and confidence and to familiarise themselves with the people who used the service. New staff without prior experience of care completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

We viewed staff personnel records and saw that staff had received training to support them in their roles, this included infection control, safeguarding, mental capacity and moving and handling. A member of staff told us, "There is enough training". Another member of staff told us they had expressed an interest in a particular area and the registered manager had arranged for them to have further training in the subject. This demonstrated that staff were supported to develop their skills and knowledge. People told us staff were trained appropriately to support them to meet their needs. One person told us, "The staff are well trained".

The registered manager told us that before anyone used the service, they were provided with information about their needs as part of the referral. The registered manager then went to visit people to gather information about the person to support the development of their care plans. People confirmed they were fully involved in this process. One person told us, "Yes, I was involved".

Equality, diversity and human right issues were acknowledged and supported. For example, where a person preferred to be supported by a staff member of a specific gender this was accommodated. The registered manager told us if a person expressed a particular need in relation to their sexuality, religion or culture these needs would be supported and inform the development of a person's care plan.

People using the service were supported to maintain a balanced, healthy diet. The support people received varied depending on people's individual circumstances. Some people had family members who prepared meals and others were provided with meals from the sheltered housing staff. Where people required assistance with food and drink from the staff at Ian Gibson Court, this was detailed in their care plan. People

told us they were appropriately supported to receive food and drinks of their choice. One person told us, "Every weekend they come in and cook me a cooked breakfast. Every Saturday and Sunday I have a cooked breakfast, like at home. It's lovely".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 people lack mental capacity to take decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Staff told us that the people they supported had the capacity to make decisions about their day to day care. Records demonstrated that people signed their consent to receive care from the service. All staff had a good understanding of how to apply the principles of the MCA, staff told us they asked people for their consent before providing care and people confirmed this. One person told us, "The staff always ask if it's OK before they help me with anything". Staff also told us that people had the right to make their own decisions and we saw evidence during the inspection that people chose how to spend their day.

The registered manager told us they were in the process of using nationally recognised assessment tools, developed from evidence based practice to develop plans of care to meet people's needs.

Staff worked both within the organisation, with the sheltered housing team and with external organisations to ensure people received effective care. Staff used a communication book to inform each other about any changing needs in people and told us this worked well. The registered manager told us they worked closely with the staff from the sheltered housing scheme and together were able to provide people with the care and support they needed. An email from the housing scheme manager stated 'There is great communication between us'. Records confirmed people had regular input from a range of health professionals when required. This included GPs, opticians, chiropodists, community nurses and hospital consultants. One person told us, "They [staff] call the doctor or they nag me to contact the doctor. They will come across the road to the doctor with me".

Good

Is the service caring?

Our findings

People were consistently positive about the caring attitude of staff. One person told us, "They treat me very well, with considerable consideration and care". Another told us, "They [staff] are definitely caring, I really like them, one of them has me in stitches". Thank you cards and quality survey records also demonstrated that people appreciated the services provided. Comments included, 'Cannot wish for better care', 'Dedicated carers, always smiling' and 'Staff are so friendly, you know you're amongst friends'.

Observations reflected people were relaxed and comfortable in staff's company. Staff were seen to speak kindly with people and engaged positively throughout our visit, all interactions we saw were warm and friendly and it was apparent that staff knew people well.

Staff we spoke with told us that they had the time to give personalised care to people. One staff member told us "We get loads of time to be with people" and another told us, "People's care is not rushed, we are lucky that we can be flexible". A person gave an example of this and told us, "The staff came to help me to bed but I wanted to watch the football, they were very accommodating and came back later, they are very good like that".

Staff were clear about the importance of getting to know the people they supported. One member of staff told us, "We pick up on things because we know them [people] really well, there's a continuity of care". They told us this was made easier because they could spend time with people even when they were not providing care for them as all the people they supported lived in the same building. A member of staff told us, "You can go in the lounge and just chat with people, it's lovely".

We were told about numerous examples where members of staff went 'above their remit' and demonstrated they genuinely cared for people. These included: staff taking people to the cinema in their own time, taking a person's phone to the shop to be repaired because there was no one else to do it, arranging with a person's family for them to have a bus pass so they could access the community and helping a family member of a person they supported.

The service ensured people's right to privacy and dignity was respected. One person told us, "The people who attend are very good. They're not intrusive. I'm a private person. No one comes through the door unless they ask me first. They knock first and then ask". Another told us, "You're treated with respect from everybody".

People's independence was promoted. One person told us, "What we like about the place is that they [staff] give us our independence, but they look after us. We can do what we like". Staff were able to provide us with examples of how they supported people to maintain their independence. One member of staff told us, "I encourage people to do as much as they can for themselves". People using the service were able to make daily decisions about their own care and we saw that people chose how to spend their time. One person told us, "The staff always ask what we want help with and they endeavour to do whatever it is we have asked for".

People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equalities Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. Staff had received training in equality and diversity. People and staff told us that everyone was treated fairly and no one was discriminated against. One person told us, "There's no discrimination, no one's treated different from anyone else" and another told us, "We are all treated the same here, never mind how old you are".

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework which was put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manger had a good understanding of the Accessible Information Standard. They had provided people with information such as the complaints procedure and newsletter in large print.

All personal and confidential information was appropriately stored and only those people who were permitted to access it could. We did not observe staff discussing confidential information in any public areas during the inspection. One person told us, "They never discuss anyone else in the building with me".

Good

Is the service responsive?

Our findings

People we spoke with told us that care and support was provided in a way which they preferred, with their wishes and choices being consistently respected. One person told us, "They [staff] are very good, they listen to me and know how I like it done".

Assessments were undertaken to identify people's support needs and care plans had been developed outlining how these needs were to be met. Care plans contained information for staff about how to meet people's needs in a variety of areas, including washing and dressing, eating and drinking, communication and mobility. Some areas of people's care plans were person centered. For example, on one person's care plan it stated, 'I like cereal, fruit or toast for breakfast'. This information helped staff support people in the way they preferred.

Staff knew people well and people told us their preferences had been accommodated. For example, one person told us, "When I first came here they [staff] said, 'Who would you prefer? I said, 'Definitely female carers.' They said, 'That's all right. I only get help from female carers".

There were systems in place to ensure staff could report any changes to people's care needs. Daily care logs were completed by staff and we saw these in use in people's homes. Records and feedback demonstrated peoples' changing needs were promptly identified and kept under review. For example, we saw a record that a person had found transferring difficult. Staff took immediate action to contact external health professionals and ensure the person's concerns were reviewed by the appropriate people.

Additional visits were provided as people required them, either as one-off visits to monitor people following an incident or regular additional care. The timing of visits was also changed to accommodate people's daily schedule such as appointments or family visits. The registered manager told us they were able to be flexible with people's calls and this was mainly attributed to people residing in one building. They gave an example of a person who was allocated a call for 15 minutes each morning, however they found the person only needed 10 minutes of support in the morning so they used the remaining five minutes to assist them back to their flat from the lounge in the evening. The person was appreciative of this and felt the time was used in a way that suited their needs.

Some people pursued their interests independently, for example, some people preferred to spend time in their flat or with their families while other people needed the support of staff to go out and about. One person told us, "I go out with staff shopping. We go to the main Tesco. We spend a couple of happy hours shopping. The café there is very good, you have to have a coffee before you start shopping". A member of staff told us how they supported a person to attend the barbers and explained the positive impact this had on the person's well-being. Other people had been supported to go the beach and the dockyard. A staff member told us, "It makes such a difference being able to go out with people, it's so different to what goes on with other care agencies, we are very lucky". An external professional had commented on an email that 'the trips provided have made people happier'.

The service had a complaints policy in place. This was also available in a large print format to ensure that people using the service were able to raise their concerns or make a formal complaint if required. We viewed the complaints, issues and compliments file. Any issues were recorded, and learning from these were taken and shared with the staff team. This was then monitored by the registered manager to ensure there was a satisfactory outcome for people. The service had not received any complaints. A person told us, "We've got nothing to complain about". The registered manager told us they felt this was due to the good communication systems in place that helped to make people feel comfortable to raise issues before they got worse and escalated into complaints. Compliments were also shared with the team so good practice could be recognised and continued.

The nature of the service meant that it did not often provide people with end of life care and no one was receiving end of life care at the time of our visit. However, the registered manager described a recent time where they had supported a person at the end of their life. They told us they had gained the support from district nurses and ensured the persons wishes were listened to. They further explained, "The person did not want to go to hospital, the care supervisor really fought their corner and they died at home where they wanted to be". Care plans contained some information about peoples' wishes at the end of their life. The staff had received training from the local hospice regarding supporting people at the end of their lives and staff told us it was useful and improved their confidence in this area.

Requires Improvement

Is the service well-led?

Our findings

People told us the service was well led. Comments included, "I landed on my feet coming here", "I wouldn't change this for anything" and "If we had to give a number, we'd give it 10 out of 10. We're very happy, very contented". Despite people's positive feedback, we found areas of the service which were not consistently well led.

We identified areas within records that lacked detail about people and their needs. Care plans did not include information about people's life history, preferred daily routines and preferences and activities they enjoyed so staff could support people to meet their wishes. Additionally, care plans contained a list of people's health conditions but these needed further developing to include a description of the health need and what support the person needed with this. For example, one person had Parkinson's disease but there was no information available to guide staff on how this affected the person or what support they needed.

Risk assessments were not always robust and lacked guidance for staff to ensure effective control measures were in place to mitigate risks for people. Additionally, improvements were needed regarding the recording of people's PRN and topical medication. There was a risk that if robust records were not put in place and maintained, this could negatively impact on people, particularly if the service recruited new staff or needed to use temporary staff.

A failure to maintain an accurate, complete record in respect of each service user was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They told us they completed a daily check around the home which included observing staff interaction with people, checking if people were happy, checking the environment and various records. This helped ensure any concerns were promptly highlighted and acted upon. Feedback was also sought from people by sending out annual questionnaires and we saw the feedback received was positive.

However, we found some governance systems were not always robust. The registered manager had some relatively new quality monitoring systems in place which ensured care plans, medicines management and infection control were routinely checked but we found these arrangements had failed to pick up or rectify some of the recording issues we identified during our inspection. Actions needed as a result of the audits were not always recorded. For example, there were no actions recorded regarding the lack of robust risk assessments in place. The registered manager told us they had identified that the care plans and risk assessments needed improving and had developed a new audit tool to begin using, however, this was not recorded. The lack of a formal system to monitor and sign off when the improvements were made meant they were not consistently tracked to ensure sustainability and ongoing improvement.

We recommend the provider considers current guidance on governance systems and takes action to update their practice accordingly to ensure the safety and quality of the service.

The registered manager told us about the values they promoted across the service to ensure people received high quality and personalised care. These values were 'Providing the right care at the right time and in the clients preferred way'. Staff we spoke with told us about these values and felt they achieved them. One member of staff told us, "We do deliver the right care at the right time and in a way people prefer, it's the best thing about it here". Another member of staff told us, "I'm proud to work here, I think we care for people in the way they want".

Staff morale was high and the atmosphere was warm, happy and supportive. Staff told us, "It's a great place to work, I should have come here years ago" and "I love working here and making a positive difference to people's lives." The culture of the service was open, honest and caring and fully focused on people's individual needs. Staff told us they felt valued. Staff meetings were in place and staff said they could make suggestions and help develop the service. For example, one member of staff told us about an idea they had with regard to the improvement of the daily logs and was pleased to see this had been implemented.

The registered manager was consistently described in a positive manner by staff and people. They were described as open, supportive, approachable and caring. One member of staff told us, "I can go to her [registered manager] with anything, if I made a mistake, I know she would support me and help to put things right". Staff were also complimentary of each other. They said, "The team is amazing" and "We all support each other".

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected deaths.