Progress Pathways Limited

Mandalay

Inspection report

Mandalay
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Date of inspection visit:
12 July 2016
13 July 2016

Date of publication:
13 September 2016

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

This inspection took place on 12 and 13 July 2016 and was unannounced. Mandalay is a residential care home providing personal care and support for up to seven people, who live with a learning disability. On the day of our visit seven people were living at the service.

The home has had the current registered manager in post since July 2010. 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.

Not all recruitment checks for new staff members had been obtained before new staff members started work.

You can see what action we told the provider to take at the back of the full version of the report.

Although medicines were safely stored, the security of medicines was at risk and this meant that there was a risk of unauthorised access which could place people at risk. Medicines were safely administered, and staff members who administered medicines had been trained to do so. Staff members received other training, which provided them with the skills and knowledge to carry out their roles. Staff received adequate support from the registered manager and senior staff, which they found helpful.

People's relatives felt that people were safe living at the home and staff supported them in a way that they preferred. There were enough staff available to meet people's needs and additional staff were available if required.

Staff were aware of safeguarding people from the risk of abuse and they knew how to report concerns to the relevant agencies. Individual risks to people were assessed by staff and reduced or removed. There was adequate servicing and maintenance checks to fire equipment and systems in the home to ensure people's safety.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The service was meeting the requirements of DoLS. The registered manager had acted on the requirements of the safeguards to ensure that people were protected. Staff members understood the MCA and presumed people had the capacity to make decisions first. Where someone lacked capacity, best interests decisions had been made.

People enjoyed their meals and were able to choose what they ate and drank. Staff members worked together with health professionals in the community to ensure suitable health provision was in place for people.

Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated. People's needs were responded to well and support was always available. Care plans contained detailed information to support individual people with their needs. They provided staff with guidance about behaviour that may challenge or upset others, what to do and what not to do, and how to do this in a positive way that helped people rather than restricting them. People's relatives said that people were happy at the home and that they developed skills and abilities while living there that they had not previously had.

A complaints procedure was available and relatives were happy that they did not need to make a complaint. The manager was supportive and approachable, and people or other staff members could speak with her at any time.

The home monitored care and other records to assess the risks to people and ensure that these were reduced as much as possible and to improve the quality of the care provided.

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.

People were supported by enough staff to meet their needs and to keep them safe. Not all checks for new staff members were obtained before they started work.

Risks had been assessed and acted on to protect people from harm, people felt safe and staff knew what actions to take if they had concerns.

Medicines were safely administered to people when they needed them but the security of medicines was a risk.

Is the service effective?

Good

The service was effective.

Staff members received enough training to provide people with the care they required.

The registered manager had acted on recent updated guidance of the Deprivation of Liberty Safeguards and staff had access to mental capacity assessments or best interests decisions for people who could not make decisions for themselves.

Staff worked with health care professionals to ensure people's health care needs were met.

People were given a choice about what they ate and drinks were readily available to prevent people becoming dehydrated.

Is the service caring?

Good

The service was caring.

Staff members developed good relationships with people living at the home, which ensured people received the care they wanted in the way they preferred.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People had their individual care needs properly planned for and staff responded quickly when people's needs changed. Information about people had a significantly positive effect on them, which in turn led to them developing skills and abilities they did not previously have.

People were given the opportunity to complain and these were investigated and responded to.

Is the service well-led?

Good

The service was well led.

Audits to monitor the quality of the service provided were completed and identified the areas that required improvement. Actions had been taken that addressed any issues raised from the completion of the audits.

Staff members and the registered manager worked with each other, people's relatives and people living at the home to ensure it was run in the way people wanted.

Mandalay

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 12 and 13 July 2016 and was unannounced. This inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return. 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 reviewed this and other information available to us about the home, such as the notifications they had sent us. A notification is information about important events, which the provider is required to send us by law.

We were not able to speak with people as they were not able to verbally tell us about their experience of care, although we spoke with five people's relatives. We also spoke with the registered manager, three care workers, a health care professional visiting at the time of our inspection and a social care professional. We spent time observing the interaction between staff and people living at the home. We looked in detail at the care records for three people, and we also looked at the medicine management process and records maintained by the home about staff training and monitoring the safety and quality of the service.

Requires Improvement

Is the service safe?

Our findings

One new staff member told us that checks and information had been requested about them before they started work at Mandalay. We checked two staff files and found that most of the recruitment checks and information were available and had been obtained before the staff members had started work. However, we saw that Disclosure and Barring Service (DBS) checks had not been obtained by the provider before either staff member started working at the home. (DBS checks are carried out to make sure that the person has no criminal convictions which would make them unsuitable to work in a care role.) Information about the check for one staff member had been obtained one month after they had started their employment, although the check had not been issued until three months after they started work. A check from a previous employer, issued nine months prior to their current employment, had been accepted for the other staff member. There was no information to show that the provider had considered whether there may have been changes to the DBS in that time. This meant that the provider had not ensured up to date information had been obtained about prospective new staff before they started working with people.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We examined information that we hold before this inspection and found that there had been a higher than expected number of medicine errors. We asked the registered manager about this and were told that the main reason for these had been attributed to new staff members who were not able to administer medicines, but had not asked other staff to do this for them. People had consequently not received their medicines at the prescribed times. Records indicated that action had been taken to address this and all staff were reminded regarding the responsibility for medicines administration. We also saw that additional training and competency checks were given to staff members where there had been other medicines errors.

We found that the management of medicines were safe, although there were occasions when their security was at risk. Medicines were stored safely and securely in a locked cupboard for the safety of the people who lived in the home. However, staff members frequently left the keys available in the office when no staff member was present. This put the safety of medicines held at the home at risk and compromised the safety of people who required those medicines.

Arrangements were in place to record when medicines were received, given to people and disposed of. The records kept regarding the administration of medicines were in good order. They provided an account of medicines used and demonstrated that people were given their medicines as intended by the person who had prescribed them. Where people were prescribed their medicines on an 'as required' (PRN) basis, we found detailed guidance for staff on the circumstances these medicines were to be used.

People's relatives told us that they thought people were safe living at the home. They said that staff members would know by people's behaviour that they were not happy and would work to find out the cause.

The provider had taken appropriate steps to make sure the risk of people experiencing harm was reduced. The staff members we spoke with understood what abuse was and how they should report any concerns that they had. There was a clear reporting structure with the registered manager responsible for safeguarding referrals, which the other staff members were aware of. They told us that they would also report concerns immediately to the local authority safeguarding team or other agencies, such as the Care Quality Commission (CQC), if needed. These contact details were available in the office for everyone at the home to see. Staff members had received training in safeguarding people and records we examined confirmed this. A whistle blowing policy was also available and information about this was posted on a notice board in the home.

The provider had reported safeguarding incidents to the relevant authorities including us, CQC, as was required. This meant we could be confident that the service would be able to recognise and report safeguarding concerns correctly.

One person's relative told us that, "All precautions are taken for their safety". Risks to people's safety had been assessed and records of these assessments were available in each person's care records. These were individual to each person and covered areas such as; accessing transport, visiting health care professionals (such as the dentist), using kitchen appliances and evacuation from the building in the event of an emergency. Each assessment had clear and detailed guidance for staff to follow to ensure that people remained safe. Our conversations with staff demonstrated that they were aware of these assessments and that the guidance had been followed. We discussed one person's risk of using transport with a staff member and found that risks to the person had been appropriately identified and actions taken to reduce these.

We saw during our visit that some people who lived in the home displayed behaviour that might challenge or upset others. The registered manager and staff members were able to describe the circumstances that may trigger this behaviour and what steps they would take to keep other people safe. We looked at the care records for two people regarding this and saw that the information staff members had told us matched what was written in their care records. Therefore any staff members who were less familiar with a person's needs would have information to help them care for and support that person appropriately.

Servicing and maintenance checks for equipment and systems around the home were carried out. The registered manager confirmed that systems, such as for fire safety, were regularly checked and we saw records to support that these had been completed. Regular and frequent fire drills had been carried out and we saw that different staff members were involved in these. We also saw that where issues were identified action had been taken to rectify the situation. For example, one drill identified that a record of visitors in the home at the time of the drill had not been kept. We were asked to complete this record while we visited the home, which made sure that an accurate record of everyone on the premises was available. This ensured the safety and security of people living and working in and those visiting the home.

Relatives of people that we spoke with told us that a staff member was available at all times to support the person if this was required. They told us that having this supported them to take part in events outside the home.

Staff members told us that there were enough staff available, which included night time staffing levels. They told us that there were six staff members working at the home during the day and two staff members at night. One staff member told us that if there were occasions when there were not enough staff available, for short notice sick leave for example, off duty staff who lived locally could be contacted. We saw during our visit that there were enough staff available to adequately support people to complete the activities that they had planned.

Good

Is the service effective?

Our findings

One person's relative told us that they thought staff were very highly trained. Staff members told us that they received enough training to meet the needs of the people who lived at the service. They said that they had completed a mixture of practical hands on and theory training from the registered manager and external trainers. One staff member said that one training session had given them a greater insight into autistic spectrum disorders and the number of these that were recognised. Another staff member explained to us how physical intervention training had been used and the reasons why it kept one person and staff members safe. We confirmed with the registered manager that the physical intervention training was accredited with BILD (British Institute of Learning Disabilities). This meant that the training was safe and focussed on a gentle but effective way to ensure that the person was not at risk of harm.

We checked staff members' training records and saw that they had received training in a variety of different subjects including, food hygiene, eating and drinking, and safeguarding adults. Staff also completed training in medical conditions affecting people living at the home, such as epilepsy and understanding learning disability and autistic spectrum disorders.

Staff members told us that they had regular supervision meetings with the registered manager and felt well supported to carry out their job. They told us that the support came in different forms, such as formal meetings, where their performance was discussed, and team meetings, in which they could raise any issues they had. Records were kept of these discussions and the staff members were able to see these whenever they wanted.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager provided us with an explanation of the legislation and their role in ensuring people were able to continue making their own decisions as much as possible. Staff members were also clear about what the MCA meant. We saw that staff members had received training in this area. We saw evidence of these principles being applied during our inspection visit. For example, people were supported by the staff to make decisions about the care they received, activities they took part in and what they did during each day.

We saw that care records for two people noted that they lacked capacity to make their own decisions in some areas. Mental capacity assessments had been completed for those decisions that people had difficulty making. These records contained details about how the decision had been determined and the process the registered manager and staff members had gone through to assess this. Best interests decisions had been

completed and information about how best to support people had been written into care plans. We saw that these records were clear and detailed in regard to how staff members were to support people in continuing to make their own decisions where possible.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS require providers to submit applications to a 'supervisory body' for authority to lawfully deprive a person of their liberty. Applications had been submitted to the local authority for all people living at the home as the registered manager recognised that no person would be able to leave and required constant supervision. The registered manager was aware of DoLS and the actions they needed to take if they had to deprive someone of their liberty in their best interests.

People were provided with a choice of nutritious food. We observed people enjoying the food that they ate. Staff explained that people were always asked what they wanted to eat that day. We saw this in practice and that all of the people living at the home were able to agree or disagree if they wished.

We spoke with a visiting health care professional, who told us that staff members at Mandalay had a good understanding of the nutritional monitoring assessments that were carried out. They understood the reasons that these were needed. Records showed that people's weight was recorded and this enabled staff to take the necessary action if there were any concerns. We saw that people were able to eat at their own pace and staff members sat with people who needed help and encouraged them to eat independently.

The health care professional we spoke with told us that because the registered manager and staff understood the risks of poor nutrition they did not often need to visit the home. They added, however, that the registered manager contacted them quickly if a person's dietary intake put them at risk of poor nutrition.

There was information within people's care records about their individual health needs and what staff needed to do to support people to maintain good health. We found evidence that people saw specialist healthcare professionals when they needed to. For example, one person had been referred to a Speech and Language Therapist when staff had been concerned about their risk of choking. Advice from the specialist had then been applied to reduce the risk of further incidents. Other people's records showed that they had their care needs reviewed by a range of health care professionals, including the local GP, dentist, and optician.

Good

Is the service caring?

Our findings

All of the relatives of people living at the home that we spoke with were happy with the staff members and the care the person received. They told us that people were looked after really well. Two relatives told us that their sons were happy living at the home. One relative said, "He's been so happy since he's been there" and went on to say that staff were, "Very, very good". They told us that staff helped people, they were polite and kind, and that they knew how to support the people living at the home.

During our inspection we heard and observed lots of laughter when people joked and talked with staff. They were relaxed with the staff who were supporting them. Staff engaged in meaningful conversations with people and we saw that they were treated as individuals. The registered manager and the staff knew people well and spoke with people in different ways to ensure the person they were speaking with understood their meaning. We saw that staff members and people also used a sign language to help with communication and to make sure that people knew what they were saying or asking.

All of the staff were polite and respectful when they talked to people. They made eye contact with people and we observed staff communicating with people well. They understood the requests of people who found it difficult to verbally convey their feelings and wishes. When asked, the registered manager demonstrated a good knowledge about how people communicated and how to ensure the person could let staff know what they wanted.

Staff involved people in their care. We observed the registered manager and staff members asking people what they wanted to do on the week following our visit and arranging outings. We saw one person complete a timetable on the computer that detailed where they were going each day. This showed when they were scheduled to do particular things, such as complete personal care, watching a film or eating a meal. Staff members encouraged the person and provided prompts when the person could not think of the correct word, and waited until the person wanted help before providing it. This ensured the person was able to be as independent as possible and meant that staff members only intervened when the person wanted their assistance.

People were able to make choices about what to eat, drink and where to spend their time within the home. We saw that people were able to complete personal care tasks when they wanted to throughout the day and this was not limited to first thing in the morning. From our observations it was clear that people were consulted about their care at all times.

There was information in relation to the person's individual life history, likes, dislikes and preferences written within the person's care records. From our conversations with staff it was clear that they regarded each person who lived at the service in a very positive, meaningful and individual way. They were able to tell us in detail about all of the people living at the home.

People were encouraged to be part of the community. Most people living at the home attended a day service during the week. When not attending these people were able to go out locally or trips to regional

attractions were organised as they wished. Trips were arranged to incorporate a number of different activities that people wanted to do. For one person this included going on the train to Kings Lynn before attending a weekly event and then returning on the train. During our visit, staff found out that the train was not running as scheduled and discussed with the person whether they wanted to continue with their planned outing or to return home. The person was then able to choose whether and then how they travelled to Kings Lynn.

One person's relative told us that staff members were, "Very helpful and very respectful". We observed staff respecting people's dignity and privacy. They were seen quietly asking people whether they were comfortable, needed a drink or required personal care. People living at the home were not all able to live independently and the support offered to them supported their care needs while encouraging independence where possible. We saw that people were encouraged to make their own drinks and that care records provided guidance about how to do this safely. Where people were able to do this, but needed prompting to remember that they needed to drink, staff members were discrete in reminding them. We saw that doors to people's own rooms could be locked when they were not present if the person wanted this.

Care records indicated that where people still had contact with their families, this was encouraged. People could visit their relatives or they could be visited in the home. We saw that one person had their family to visit during our inspection and another person's relative told us that they visited every week. These were visits that were scheduled into people's calendars, so that they were aware of what was happening. Another person's relative described how staff had arranged for the person to return to the family home for a visit. They told us that the person and they had enjoyed the day. Most people's relatives felt that they were involved in people's lives. One relative said they were not involved in the day to day life of the person, although they were contacted if there was more important information to pass on. While another relative told us that staff at the home, "Bend over backwards to do anything they can for you, they 'phone every two days to tell us what's been happening. Yes, we're very involved in [person's] care."

Good

Is the service responsive?

Our findings

People's relatives told us that staff members took care of people very well and that they received the care they needed. All of the comments from relatives were positive. One relative said the person had settled well since living at the home and this was in part due to how care was planned for them. They commented that, "They give him a settled routine and this works well for him", while another relative told us the person was really happy and, "The change has been really good for him." A third person's relative told us how living at the home had greatly improved the person's physical health and skills. They said that the person had become continent and was able to talk. This person's relative told us that, "We could never have wished for a better place for [person], it's a wonderful, wonderful place."

One relative told us that before the person moved to Mandalay, he was not able to talk well or explain how he felt, which led to a lot of frustration and behaviour that upset and challenged others. Since the person had lived at the home, this had improved enormously and the relative told us, "He's much better, you can have a conversation with him now … He's able to explain what he wants." The relative went on to tell us how else living at the home had affected the person's life, "Now, he's able to go into shops and wait in a queue, he's very patient now." We also spoke with a social care professional who told us how Mandalay, more than any other home had cared for people with behaviour that challenged or upset others. They said that the registered manager had always cared for people with professionalism and worked with them for a positive outcome. They described to us how the person had previously been unable to communicate his needs or wishes and the detrimental effect that this had had. The social care professional told us that living at the home for the person mentioned above had, "Turned his life around."

We observed this person interact with staff and saw that they were able to tell staff members what they wanted and what they were not happy about. Staff members were able to 'read' the person's body language and verbal communication other than speech to determine whether they were happy or not at that moment in time. The person was able to use the computer to develop their own timetable and this had clearly had a positive impact on them. We saw and heard the concentration during the process and sense of achievement in their voice when it had been completed.

We saw that people used a variety of communication methods when talking to staff members. The registered manager told us that people used an adapted sign language called 'Sign Along', pictures and a communication tool called 'Widgit'. The Widgit tool converted words into symbols that people found easier to understand. This was a computer based system and we saw during the inspection that staff were able to use it to adapt written guidance for people to a format that they understood. We saw examples of this communication aid around the home when important messages needed to be relayed to everyone. One noticeboard had a copy of the home's complaints procedure, with information using Widgit for people living at the home. We found that guidance for staff about how to support people to complete some tasks, such as making a hot drink, had also been transcribed using Widgit. We saw one person ask to make a hot drink and use their own Widgit guidance, which enabled them to do this independently.

One relative told us that they were very impressed about the attention to detail that the registered manager

took when assessing whether the home could meet the needs of a person who might live there. They told us that visits were made to where the person was currently living and to any day services, where the registered manager took numerous notes. The person was then invited to visit the home as often as needed for them to decide whether they wanted to live there.

The care and support records that we checked showed that the service had conducted a full assessment of people's individual needs to determine whether or not they could provide them with the support that they required. Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, communication, nutrition and with behavioural or emotional needs. There was detailed information that guided staff to what was important to that person, their daily routine and what activities they enjoyed. Staff members told us that care plans were a good resource in terms of giving enough information to help provide care.

Plans were split into different sections to provide different information and guidance to staff members. For one person, who liked a very rigid routine, this included detailed protocols that gave step by step guidance so that staff members knew exactly how the person preferred their support to be given. The protocols covered different areas, such as showering and dressing to making a drink or going out of the home. For other people, who did not prefer such a rigid routine each day, information was written into support plans.

We saw that people also had 'Positive Behaviour Support Plans' to guide staff members in taking appropriate actions to help the person if they displayed behaviour that might challenge or upset others. These helped staff to recognise when the behaviour began and to interact in a positive, rather than restrictive, way with the person to reduce anxiety and distress. We looked at two of these plans and found that they described the person and their usual daily routine, what may distress the person or make them anxious and how the person showed this. They provided clear guidance on actions staff should take to reduce the behaviour initially and additional actions if the person's anxiety or distress had worsened or initial actions had not worked.

People were involved in decisions about their care frequently throughout each day. We saw that staff members often asked people how they wanted to be supported and that this was carried out on an ongoing basis. People's relatives told us that they were involved in reviews of the person's care and were always invited to meetings about this. Records showed that people were also invited to formal reviews of their care, although they did not always choose to participate. However, records showed that if people expressed specific wishes, these were recorded and action was taken to help the person.

We observed that staff were responsive to people's needs. They encouraged people to drink when they indicated that they were thirsty and to attend to personal care if this was required. The registered manager and staff member were able to demonstrate a good knowledge of people's individual preferences. We observed a minor incident where one person had started to display behaviour that might upset or challenge others. The staff member supporting the person had already recognised this and had warned another staff member about the possible outcome. The staff members acted appropriately and the person's anxiety and behaviour returned to normal. One staff member discussed the incident with us and described what may have happened if they had acted differently. This description was supported by information in the person's behaviour plan.

People were supported to go out as much as they were able to and each person had a programme that had been developed to take into account their interests and wishes. We saw that just over half of the people living at the home attended day services during the week, while other people visited the local community and nearby towns with staff members. One person's relative told us that the person was able to continue

using the same day service, even though living at Mandalay was further away. Staff members made sure that the person was able to travel each day so that the person's previous routine was disrupted as little as possible. We saw that other people visited local shops and attractions, and used public transport when they were able to. One person's trips were centred around their interest in trains and railways and they were able to use this mode of transport to and from a nearby town. Another person had been supported to start horse riding again. A staff member told us how they helped people to access a sensory room located close by, which provided them with a calm place to explore visual, tactile and auditory experience.

When people were at home, they were able to spend time in whichever activity they chose at that time. We saw people watching films, reading and looking at books and staff told us that people could decide where they wanted to be in the home when they did these.

Relatives told us that they would be able to complain if they were not happy with any aspect of the person's care. One person's relative said that they were very confident that any issues would be sorted out. Staff members told us that information was available for people if they wanted to make a complaint. The registered manager told us that complaints were immediately dealt with and the issue was discussed with staff so that it did not happen again.

A copy of the home's complaint procedure was available outside the office and provided appropriate guidance, including information in an alternative format, for people if they wanted to make a complaint. However, there were no details about other organisations to contact if a complaint had not been resolved. The service had received no formal complaints in the past 12 months.

Good

Is the service well-led?

Our findings

People's relatives all told us that people were happy living at the home. One relative told us, "It's an amazing place and they're amazing people". They told us about the impact of having their relatives living at the home, that it was a positive move and that people were a lot more settled after they started living at the home and developed their own routines. One person's relative told us that it had been worth the wait for the person to live at Mandalay and that they now saw the person every week. Another relative told us that the person now slept through the night. A third person's relative told us, "I'm very impressed with the way they treat people."

During our observations, it was clear that the people who lived at the service knew the registered manager and the staff members who were supporting them. Staff members said that they were supported by the whole staff and provider team. One staff member told us that the staff team got on well, they could talk with any other member and any issues were usually resolved quickly. Another staff member said that they worked in a strong team who worked together to make sure people were cared for. They added that all the staff had the same goals in mind, which was to care for people in the way they wanted and to enhance their lives.

They told us the registered manager was very approachable and that they could also rely on any of the provider's representatives for support or advice. They were aware of the management structure within the provider's organisation and who they could contact if they needed to discuss any issues. One staff member told us that the registered manager was, "Caring, passionate, involved and always available." They added that the registered manager put everything into the job and was really kind.

The registered manager worked with Warwick University on a project called 'Who's challenging who?' to develop better communications systems for people with a learning disability. During one meeting, her team had to develop a picture report from a three page summary of a report that discussed the abuse of people with learning disabilities. The registered manager told us that their picture report had been developed using the Widgit format and short word sentences. They were advised that their picture report had been the only one developed that people with a learning disability attending the same meeting had been able to read.

Staff said that they were kept informed about matters that affected the service through supervisions, meetings and talking to the registered manager regularly. This ensured that staff knew what was expected of them and felt supported.

The registered manager has been in post since July 2010. The registered manager confirmed that she was also the managing director of the provider organisation.

The registered manager completed audits that fed into the organisation's quality monitoring report. For example, we found that the fire safety audit had identified a potential problem with the number of fire action notices next to break glass points. Action had been taken to address this. Health and safety audits were also completed each month and showed that issues, such as how the food waste was managed, had

been identified. We saw that where issues had been identified, information was also available to show how these had been rectified.

Analysis of accident and incident records had been carried out and identified trends and themes. This also provided an ongoing graph to show how many of these had occurred over a period of time. We saw that although incidents continued, the number of these had decreased over time. Analysis of medicine errors identified some trends in regard to the cause of these and as a result action had been taken to change the way medicines were given to some people.

An annual survey had been started for people living at the home and their relatives. We found that few of these had been returned, although for those that had, no concerns or issues had been identified and people were happy with the care received.

We found that incidents had been reported to us and to the local authority as required. This showed that the registered manager acted openly to ensure people living at the home were safe. All of the information about how the service was monitored and people's views of the home showed that there were effective processes in place to assess and monitor risks to people and to develop and improve the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider did not ensure that all of the required checks had been completed or obtained before new staff members started working at the home. Regulation 19 (3) (a).