

The Oaklands

The Oaklands

Inspection report

Oakfield Lane
Warsop
Nottinghamshire
NG20 0JE
Tel: 01623 842080
Website: www.oaklandscharity.co.uk

Date of inspection visit: 10 December 2015
Date of publication: 08/02/2016

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 

Overall summary

We carried out an unannounced inspection of the service on 10 December 2015. The Oaklands is registered to accommodate up to twenty people and specialises in providing care and support for people who live with a learning disability. The service also offers a short break service. At the time of the inspection there were twenty people using the service.

On the day of our inspection there was a registered manager in place. 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.

During our previous inspection we identified concerns that people were not protected from the risks associated with financial abuse. This was because robust processes to monitor the way people’s money was spent and then recorded were not in place. During this inspection we found improvements had been made and people were now protected from the risks of financial abuse.

Summary of findings

The risk to people's safety was reduced because staff had attended safeguarding adults training, could identify the different types of abuse, and knew the procedure for reporting concerns. Risk assessments had been completed in areas where people's safety could be at risk. Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe.

Accidents and incidents were investigated; however the registered manager did not record their recommendations or check to see whether they had been implemented. Assessments of the risks associated with the environment which people lived were carried out; however people did not have personal emergency evacuation plans (PEEPs) in place. People's medicines were stored and handled safely, however protocols to protect them from the risks associated with the administration of 'as needed' medicines were not in place. Records of people's allergies and how they liked to take their medicines were not recorded.

We have made a recommendation about the management of some medicines.

People were supported by staff who received an induction, were well trained and received regular assessments of their work.

The registered manager ensured the principles of the Mental Capacity Act (2005) had been applied when decisions had been made for people. People told us they were free to do as they wanted and to go where they wanted. However we identified people that may require Deprivation of Liberty Safeguards to be applied for and the registered manager had not done so.

People spoke highly of the food and were supported to follow a healthy and balanced diet. People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

Staff supported people in a kind and caring way. Staff understood people's needs and listened to and acted upon their views. Staff responded quickly to people who had become distressed.

People felt able to contribute to decisions about their care and support needs. People were provided with information about how they could access independent advocates to support them with decisions about their care. Staff understood how to maintain people's dignity. People's friends and relatives were able to visit whenever they wanted to.

People's care records were person centred and focused on what they wanted. Care records were regularly reviewed and people and their relatives where appropriate attended meetings to review them. Staff knew people's personal preferences and what interested them. People were encouraged to take part in activities that were important to them and were provided with the information they needed if they wished to make a complaint.

People spoke highly of the registered manager. The registered manager understood their responsibilities and had a clear focus on improving people's lives. Staff understood their roles and felt able to contribute to the development of the service by giving their views which were welcomed and valued by the registered manager. People who used the service were encouraged to provide their feedback on how to improve the quality of the service they received.

There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided. However, these had not identified the concerns raised within this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People's medicines were stored, handled and administered safely; however protocols were not in place for the safe administration of 'as needed' medicines. Records of people's allergies and how they liked to take their medicines were not recorded.

The registered manager did not have the processes in place to ensure that all accidents and incidents were appropriately investigated.

People were supported by staff who attended safeguarding adults training and knew the procedure for reporting concerns.

People were supported by an appropriate number of staff to keep them safe. Safe recruitment processes were in place.

Requires improvement



Is the service effective?

The service was effective.

People's records showed how the principles of the MCA had been adhered to when a decision had been made for them. However some people may require DoLS applications to be made for them.

Staff were well trained, felt supported by the registered manager and had the quality of their work regularly assessed.

People were supported to follow a healthy and balanced diet and they spoke positively about the food.

People's day to day health needs were met by staff and external professionals and referrals to relevant health services were made where needed.

Good



Is the service caring?

The service was caring.

Staff supported people in a kind, caring and respectful way.

Staff understood people's needs and listened to and acted upon their views.

People were provided with the information they needed that enabled them to contribute to decisions about their support.

People's dignity was maintained by staff and friends and relatives were able to visit whenever they wanted to.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's care records were written in a person centred way. People felt involved with the planning of their care.

People were encouraged to do the things that were important to them and were provided with the information they needed if they wished to make a complaint.

Is the service well-led?

The service was well-led.

Regular audits and assessments of the quality and effectiveness of the care and support provided for people were carried out, although these had not identified the concerns raised within this report.

People spoke highly of the registered manager. The registered manager understood their responsibilities and ensured staff knew what was required of them.

People were encouraged to provide feedback on how the service could be improved.

Good



The Oaklands

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 10 December 2015 and was unannounced.

The inspection was conducted by two inspectors.

Before the inspection, the provider completed 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. In addition to this, to help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted external healthcare professionals to gain their views of the service provided.

During the inspection we spoke with eight people who used the service, three relatives, three members of the care staff, the training officer, business manager and the registered manager. We also carried out observations of staff interacting with the people they supported.

We looked at the care records for five of the people who used the service. We also looked at a range of other records such as people's medicine administration records, quality audits and policies and procedures.

Is the service safe?

Our findings

During our previous inspection we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was in reference to the concerns with the provider's procedures for the safe handling of people's finances, which increased the risk of people experiencing financial abuse.

During this inspection we checked to see whether improvements had been made. We spoke with the training officer and business manager who showed us the new processes that had been put in place to ensure people's finances were managed appropriately. We checked the financial records of five people who used the service. The amount of money stored for them tallied with their records. Receipts were now kept and people's financial records were regularly audited. A person who used the service said, "Staff manage my money. When I need it, I get it and spend it." Another person told us they had their own bank account and managed their money themselves. They also said, "I take care of my money. They [staff] don't try to tell me how to spend my money."

People told us they were happy with the way staff supported them with their medicines. One person said, "They [staff] look after them for me." We asked one person if they were given their medicines regularly and whether staff ever forgot to give them their medicines. They said, "They never forget, they're alert with it." Another person, said, "Staff call us and we go to the office for our medicines."

We observed staff trained in the safe administration of medicines support people with taking their medicines. They checked the person's identify against their medicine administration records (MAR) to ensure they were giving the right medicines to the right person. Each person's MAR contained a photograph of them to aid identification. However, there was no record of a person's allergies or how the person liked to take their medicines. Failure to record this information could result in people receiving medicines that could cause them harm, or them receiving their medicines in a way that they did not want to. The registered manager told us they would make the appropriate changes to people's records immediately.

In each person's MAR some entries regarding the frequency that people should receive their medicines had been

handwritten. However, staff had not ensured that two people had signed to confirm the entries were correct. Double signage of handwritten records reduces the risk of incorrect information being recorded and people receiving inappropriate dosages of their medicines.

Where people required medicines that were prescribed on an 'as needed' basis, protocols for their administration were not in place. These protocols ensure there is clarity about the reason for which the medicine has been administered. Failure to have these protocols in place could lead to the possibility of the incorrect or over administration of these medicines.

Where people required liquid or topical medicines such as creams and eye drops, the date they had been opened had not always been recorded. These types of medicines have a specific timeframe in which they can be used once opened; the failure to record the opening date could reduce the effectiveness of the medicines people received.

We recommend that the service considers current guidance from the National Institute for Health and Care Excellence (NICE) on 'Managing medicines in care homes', and to take action to update their practice accordingly.

People's medicines were stored safely and in line with professional guidance. Daily temperature checks of the medicines storage areas had been completed to ensure medicines were stored at a safe temperature. We checked the tally of three controlled medicines and saw they corresponded with the numbers within the controlled medicines record book. Records showed stock checks of controlled medicines had been carried out daily. Processes were in place for the timely ordering supply and return of medicines

People told us they felt safe when they stayed at the service. One person said, "Of course I am. I am safer here than if I was at home. I am quite happy here and my family know I'm safe. I know I get well looked after." A relative we spoke with said, "I have no concerns about their [family member's] safety."

The risk of abuse to people was reduced because staff could identify the different types of abuse that they could encounter. The staff knew the procedure for reporting concerns both internally and to external bodies such as the CQC, the local multi-agency safeguarding hub (MASH) or

Is the service safe?

the police. Records showed that staff had received safeguarding of adults training but some required refresher training to ensure their knowledge met current best practice guidelines.

There was information available throughout the home which advised people how to report concerns about their or other people's safety to a member of staff or to external agencies. This information was provided in word and picture format to enable all people living at the home to understand the process.

Assessments of the risks to people's safety were conducted and they were reviewed regularly to ensure they met each person's current level of need. Each person's care records contained individual risk assessments, these included; using transport, accessing the community safely, use of electrical equipment, use of toiletries and showering. These had been updated every one to six months depending on people's changing needs.

Assessments were in also in place for people's ability to undertake tasks independently and safely of the staff. People told us they did not feel their freedom was restricted by the staff. One person said, "They [staff] never stop me from doing anything." We observed people carrying out daily tasks such as making drinks and food for themselves, with staff supervising in a non-restrictive way where required.

The risk to people's safety had been reduced because regular assessments of the environment they stayed in and the equipment used to support them were carried out. We spoke with a person who had a specific condition that could make moving around the home difficult for them. They told us they knew their way around the home and staff moved any obstacles out of their way to keep them safe. They said, "I have never tripped over and fallen yet."

Regular servicing of gas installations and fire safety and prevention equipment were carried out. External contractors were used to carry out work that required a trained professional. There were assessments in place for maintaining a safe environment for people, although personal emergency evacuation plans (PEEP) were not currently in place. These plans enable staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner. The registered manager told us they would ensure these were immediately put in place.

A business continuity plan was in place which provided staff with information about how to keep people safe if there was an emergency, such as loss of power, water or gas at the home.

We looked at records which contained the documentation that was completed when a person had an accident or had been involved in an incident that could have an impact on their safety. These records were completed by staff. We were informed by a staff member that once the form had been completed it was passed to the registered manager to review and to give their recommendations. However, many of the records we looked did not contain any entries from the registered manager, which could indicate they had not been reviewed. The failure to do so could increase the risk to people's safety due to processes not being implemented to ensure people's safety and to reduce the risk of reoccurrence. We raised this with the registered manager, who acknowledged they needed to do more to ensure they reviewed these where required and monitored them to ensure measures put in place were effective.

People told us staff were always available when they needed them. They told us staff normally came quickly if they called them. One person said occasionally they had to wait a short time if staff were busy, but they did not have to wait for long. The relatives we spoke with told us they felt there were enough staff on duty to provide the care their family member needed. Throughout the inspection we saw there were enough staff to attend to people's needs.

The risk of people receiving support from staff who were unsuitable for their role was reduced because the provider had ensured that appropriate checks on a staff member's suitability for the role had been carried out. Records showed that before staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity. These checks assisted the provider to make safer recruitment decisions.

Safe recruitment processes were also in place to ensure that volunteers who worked at the service were appropriately vetted prior to working at the service. The registered manager told us they asked people who used the service whether they wanted to assist with interviewing

Is the service safe?

prospective volunteers to the service, and one person agreed to do so. The person told us they had asked their own questions and had participated in the decision to employ the person.

Is the service effective?

Our findings

People told us they were happy with the way staff supported them. A relative we spoke with said, “My impression is that the staff are well trained. They have never done anything that would cause [my relative] any harm.”

Staff had received an induction to provide them with the skills needed to support people in an effective way. The registered manager told us staff who were new to the service would complete the newly formed ‘Care Certificate’ training to ensure they had the most up to date skills required for their role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Records showed that staff received a wide range of training for their role. This included training in areas such as safeguarding of adults, moving and handling and effective communication. The majority of training was up to date and where refresher courses were required we saw these had been booked. A member staff said, “We do training regularly, with much of it face to face which is great. The manager has really got to grips with the training that staff need.”

Staff told us they felt supported by the registered manager and received regular supervision of their work. This enabled them to discuss any concerns they had about their role to identify how to develop their skills. A member of staff said, “I have supervision every three months. My supervisor is always there when I need them.”

We observed staff giving people choices and listening to and respecting people’s wishes. We saw staff give people options of food and drink, clothing, where they would like sit and what activities they would like to do. People told us they were asked what they wanted to do and staff would support them in doing it. One person said, “I can go and see my friends when I want to. The staff will come with me.”

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. We checked whether the service was working within the principles of the MCA.

Records showed that staff had received MCA training. The staff we spoke with had a good understanding of the MCA and could explain how they used it effectively when supporting people.

In each person’s records we saw people’s ability to make decisions had been assessed in a wide range of areas, such as their ability to manage their own medicines and finances. Where decisions were needed to be made, that they could not make for themselves, meetings were held with an appropriate relative and external healthcare professionals. The registered manager told us these meetings ensured that decisions made were always in a person’s best interest.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that people did not currently have DoLS in place; however they did not feel that people’s liberty was being unlawfully restricted. The registered manager did however acknowledge that the appropriate legal process needed to be followed to ensure people were not unlawfully restricted. We spoke with people who used the service and relatives and all felt the staff and the manager did not restrict their or their family member’s liberty and were able to go where they wanted to when they wanted to. After the inspection the registered manager told us they had assessed people’s needs and made the appropriate applications to the authorising body.

Records showed that staff had completed training in managing behaviours that may challenge. When people presented behaviours that may challenge we saw plans were in place for staff to be able to support people safely with this. Staff could explain how they reduced people’s anxiety and reassured them and those around them that they were safe.

People spoke positively about the food and drink they had and the choices they were given each day. Menus were

Is the service effective?

available for the week and a choice of meals were available. We were told by staff that the menus were discussed at the weekly residents meetings for people who used the service.

People told us there was always food and drink available if they wanted it. One person said, "Yes I can get a snack. You can get what you want." People had healthy eating documentation within their care records and information was provided for people on how to make healthy food and drink choices. Most of the people we talked with were aware of the positives of eating healthily. One person said, "Fat stuff is not good for you."

People's care records contained a list of their food and drink likes and dislikes. Care plans were in place for eating and drinking, and provided staff with guidance on how to support people effectively with this. This included information about how to support people who were at risk of choking and how to monitor people who gained or lost an excessive amount of weight.

People's day to day health needs were met by staff. People told us they saw their family doctor if they were unwell and

saw their dentist regularly. They told us staff arranged appointments for them if they wanted them to. One person told us they had been for their annual health check recently. Another person told us they had diabetes and went for regular checks for this. People's care records contained recent examples where people had accessed specialist healthcare and professionals where needed.

A person told us they were able to go to their family doctor on their own but wanted the support of the staff when they attended hospital. They told us this was so staff could explain things to them if they needed them to. Health action plans (HAP) were in place which were used to record people's health needs and visits to external health and social professionals. We spoke with people about these. One person told us they took their 'green book' (HAP) with them and the doctor would write in their book so staff knew what the doctor had said and could support them if they needed it. The relatives we spoke with told us they were confident staff would spot any signs of illness and take the person to the doctor when this was needed.

Is the service caring?

Our findings

People told us the staff who supported them were kind and caring and they enjoyed spending time with them. One person said, “Staff are friendly. I am comfortable with them.” One person said, “Staff are very nice. They are kind.” Another person said, “They couldn’t do more for me. They are so kind and good. It’s better than other homes. The staff are friendly.” A relative said, “They [staff] are attentive to all the residents and have real patience with them.”

During the inspection we were invited to attend the home’s Christmas party held at an external venue. One of our inspectors attended and observed staff interacting with people who used the service. We saw there was a good rapport between people and the staff and everyone appeared to be enjoying themselves. Prior to the party we observed staff talking and laughing with people in the home and it was clear that staff showed a genuine interest in people, listening to what they had to say and responding in a respectful and patient way.

People’s needs were responded to quickly and if a person became distressed or upset, staff offered them reassurance in a kind, caring and supportive way. People’s care records showed that their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. One person told us they were supported to attend church every fortnight.

People told us they felt involved with the planning of their care and support needs and when any changes were needed they were consulted. One person told us they normally made their own decisions but if they had a serious decision to make they would speak to the registered manager and he would talk it through with them. They gave us a specific example of a time when the registered manager had supported them and gave them the information they needed to make a decision.

All the people we spoke with told us they had seen their care records and had signed them to say they agreed with the content. Records viewed reflected this. We were told by the registered manager that people had been assigned key workers. A keyworker is a specific member of staff who they

could talk to about their care and support needs. The people we spoke with told us they knew who their keyworker was and said they could talk to them or to other member of staff about their care.

The registered manager ensured that people’s care records were provided in a way that made it easier for people to understand. We saw ‘easy read’ information in people’s care records. This type of information uses signs, symbols and pictures to accompany words in order to explain or describe something. Examples included information about people’s risk assessments and the Mental Capacity Act 2005.

We observed staff use a variety of methods to communicate with people to assist them with explaining what they were doing for or with them or what the plans were for the day. For example we observed the manager use a mixture of speech and sign language to explain to a person what time the Christmas party was and what the travel arrangements were. The person responded positively to this and it was clear the registered manager understood how to explain things to this person in a way that they could understand.

Information was available for people about how they could access and receive support from an independent advocate to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

People were supported to be as independent as they wanted to be. A person who used the service said, “I get to go and do what I want to all of the time.” The relatives we spoke with all felt staff encouraged people to be as independent as they wanted to be. People’s care records contained care plans and assessments which identified people’s level of independence in a number of areas and how staff should support them.

People told us staff respected their privacy and dignity when supporting them. They told us they could go to their room or be on their own if they wished. Our observations throughout the inspection supported this. Staff could explain how they maintained people’s dignity when supporting them with their personal care. The registered manager told us that ensuring people were treated with dignity was one of the most important objectives at The Oaklands. They told us they regularly held ‘Dignity in Care’

Is the service caring?

days where people who used the service, their friends and family and people from the local community, attended the home for events that celebrated dignity in an adult social care environment.

The staff we spoke with explained how important it was to them to ensure they treated people with dignity and

respect. One staff member said, “I treat everyone as if they were my own family. I don’t see this as a job; I see it as spending time with people that are like my friends or family.”

The registered manager told us that people’s relatives and friends were able to visit them without any unnecessary restriction and we saw them doing so throughout the inspection.

Is the service responsive?

Our findings

People told us they led an active and varied social life and were able to take part in the hobbies or activities that were important to them. One person told us they enjoyed going to a day centre and they had a timetable of activities which they enjoyed. People also told us about day trips they had been on which included visits to a pantomime and local parks. A person who used the service said, “We go on days out all over the place.” A relative said, “They go out more now and do different activities.” They said their family member enjoyed hand massages and going for a walk with support from staff.

People’s care records were written in a person centred way. They were written from the perspective of the person using the service and clearly described what they could do for themselves and what support they needed from staff. We saw some people carry out domestic activities and were comfortable and relaxed in the home. One person told us they had been out shopping the previous day and had bought a new top for the occasion, and they proudly showed us this. Each person’s records were regularly reviewed and people were involved with the reviews.

The registered manager told us they and the staff encouraged people to become involved with activities that people would not normally take part in at the home. They told us they had supported a person to become involved with a healthy eating campaign. The person went to London and gave a talk to others who live in adult social care environment on the benefits of eating healthily. The person told us they received a certificate for doing the talk. They also said, “The manager put me onto it. He encouraged me to do it and I enjoyed every minute of it.”

People’s care plans contained information about their likes and dislikes, their personal preferences and choices and

information about their lives before they came to live at The Oaklands. When we spoke with the staff they had a good understanding of people’s needs but also the things that were important to them. We observed staff use this information throughout the inspection to help them maintain positive relationships with people.

People were supported to maintain relationships with family and friends. People told us staff supported them to visit their friends and family. One person said, “I go and see my friends when I want to.”

The registered manager had ensured that reasonable adjustments had been made to the home to ensure that people who were living with a disability or a mental health condition were able to live as independent a life as possible. For example they had provided coloured door handles for a person who was visually impaired to improve their ability to move around the home independently of staff. This person told us they liked to read but due to them being visually impaired said staff had provided them with ‘talking books’. This enabled them to continue to enjoy their favourite books without the need for a staff member to read to them.

People told us they understood how to make a complaint. One person said, “I would go and talk to the manager, he will deal with it for me.” Another person said, “If you have anything worrying you, they [staff] will listen to you and sort it out for you. I couldn’t have asked for better staff.” Another person said, “I can write any worries in a book and staff will read it and have a chat with you.”

We viewed the complaints register and saw the registered manager had ensured that when a complaint had been made this was dealt with quickly and people were responded to in a timely manner.

Is the service well-led?

Our findings

The registered manager had a variety of auditing processes in place that were used to assess the quality of the service that people received. However these audits did not identify the issues raised within this report. Since the inspection we have received information from the registered manager who has told us the plans they have already put in place to address these issues. They have assured us that people are safe and people receive a high quality of care. The feedback we received from all of the people we spoke with, their relatives and staff supported this.

People, staff and relatives were actively involved with the development of the service and contributed to decisions to improve the quality of the service they received. There was a weekly meeting for people who used the service and people told us they were able to discuss a variety of things at the meetings including the menus and activities.

The staff we spoke with told us they felt their opinions were valued and welcomed. They had regular staff meetings and they were able to raise any concerns or ideas they had that they thought would improve the quality of the service people received.

There was a positive and friendly atmosphere throughout the home. Management, staff, relatives and people who used the service all appeared to enjoy each other's company. A person who used the service said, "There's a lovely atmosphere about the place. I'm glad I live here." A relative said, "I would recommend this place to anyone."

The registered manager had supported people who used the service and staff to make strong links with the local community. This included social events with people from other adult social care services. Regular discos and 'table top sales' were held at the service and people from all across the local community were welcome to come and meet and socialise with the people and staff from The Oaklands. One person who used the service said, "I go to the disco and also help out with the table top sale."

All of the staff, people who used the service and relatives spoke highly of the registered manager. A person who used the service said, "He's lovely." A relative said, "The manager has really taken everything on and he really fights for the residents." Another relative said, "The manager sorts every problem out. He is very approachable." Staff comments included, "Staff feel as though they are valued for the work they do", and "I think he is very switched on. He is great with processes, but more importantly he really cares for the residents and he knows them well." Another staff member said, "All the residents look up to him, they love him."

The provider information return (PIR) forwarded to us before the inspection stated that the registered manager attended adult social care forums and events to meet with registered managers of other services to share best practice and to obtain helpful advice about how they could develop their role; resulting in a better of quality of service for people. The PIR also stated that the registered manager was a member of the Institute of Leadership & Management (ILM). ILM is a management education body which combines industry-leading qualifications and specialist member services. The PIR stated this membership would help the registered manager to, 'develop their own managerial skills and competencies.'

People and staff were supported by a registered manager who understood their role and responsibilities. They had processes in place to ensure the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Staff understood their roles and were held accountable for them. They felt encouraged to develop their skills and felt confident that the registered manager continually looked for ways to improve the quality of the staffing team.

Staff understood the values, aims and ethos of the service and could explain how they incorporated these into their work when supporting people.