

Creative Support Limited

Creative Support - Leicester Service

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected the service on 14 September 2017 and the inspection was announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

At the last comprehensive inspection on 14 July 2016 we rated the service as requires improvement overall. The safe and well-led domains were rated as requiring improvements. We returned to the service and inspected the well-led domain on 13 October 2016 and rated this as good.

Creative Support – Leicester service provides personal care to adults with a range of needs including people with a learning disability living in their own homes. At the time of the inspection there were 29 people using the service.

At the time of our inspection there was a manager registered with the Care Quality Commission. However, they had recently left the service. A new manager had been appointed the week of the inspection and was undergoing pre-employment checks. There was an interim manager in place who had applied to add the location to their existing registration with CQC and who was registered to manage a different location (locality manager). It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us that they felt safe while they received support from staff at Creative Support – Leicester. Staff understood their responsibilities to protect people from abuse and avoidable harm and to remain safe. There were procedures in place to manage incidents and accidents.

Risks associated with people's support had been assessed and reviewed. Where risks had been identified control measures were in place to protect people's health and welfare. Checks had been completed on equipment that people used and the environment to ensure they were safe.

There were enough staff to meet people's needs. They were recruited following the provider's procedures to make sure people were supported by staff with the right skills and attributes. Staff received appropriate support through an induction and regular supervision. There was training available for staff to provide and update them on safe ways of working.

People received support with their prescribed medicines from staff who had completed training in how to administer medicines safely. Guidance was available to staff on the safe handling of people's medicines.

People were encouraged to follow a balanced diet. We saw that people chose their own meals and were

involved in making them. People were supported to maintain their health and well-being. This included having access to healthcare services such as to their GP.

People were supported to make their own decisions. The locality manager had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us that they sought people's consent before providing support.

People were involved in decisions about their support. They told us that staff treated them with dignity and respect. We saw that people's records were stored safely and staff spoke about people's support requirements in private.

People were supported to develop skills to maintain their independence. Support plans contained information about people, their likes, dislikes and preferences.

People were supported by staff who they knew well and who they felt listened to them. They received support that was centred on them as a person.

People and their relatives knew how to make a complaint. The complaints procedure was available so that people knew the procedure to follow should they have wanted to make a complaint.

People and staff felt the service was well managed. The service was led by a locality manager who understood the responsibilities of a registered manager under the Care Quality Commission (Registration) Regulations 2009. Staff felt supported by the management team.

People and their relatives had opportunities to give feedback about the quality of the service that they had received. Systems and processes were in place so that checks were carried out on the quality of the service that was delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to keep safe.

There were a sufficient number of staff to meet people's support requirements. Staff had been checked for their suitability prior to starting work.

Checks had been completed on equipment and the environment to make sure it was safe.

People received their prescribed medicines from staff who were trained to administer these.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had the necessary knowledge and skills. Staff received guidance and training.

People were asked for their consent by staff when offering their support.

People were encouraged to follow a balanced diet. They had access to healthcare services when they required them.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected.

People were involved in making decisions about how their support was delivered. They were encouraged to develop their independence.

People were supported to communicate effectively using tools to help make information easier to understand if this was needed.

Is the service responsive?

The service was responsive.

People were supported by staff who they felt knew them well.

People and their relatives knew how to make a complaint.

People received support that was centred on them as an individual.

People were supported to access activities they enjoyed.

Good ●

Is the service well-led?

The service was well led.

Staff were supported by the management team and understood their responsibilities.

People, their relatives and staff had opportunities to give suggestions about how the service could improve.

The locality manager was aware of the responsibilities of a registered manager.

Checks were in place to monitor the quality of the service.

Good ●

Creative Support - Leicester Service

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.

The inspection visit took place on 14 September 2017 and was announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

The inspection was completed by one inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned service from the provider. We also sought feedback from Healthwatch Leicestershire (the consumer champion for health and social care). They told us they had not received any information of concern.

During our inspection visit we spoke with two people who used the service and three relatives of people who used the service. We found some people had limited communication and were not able to give their feedback over the telephone. We visited one service and observed interaction between staff and people who used the service. We spoke with the service director, a locality manager, a business development worker, a senior support worker and four support workers.

We looked at support records and charts relating to four people and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality

assurance audits, training information for staff, duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

At our last comprehensive inspection on 14 July 2016 we rated Safe as requiring improvement. This was because staff had not always followed the provider's safeguarding procedure.

Staff knew how to protect people from abuse and avoidable harm. One staff member told us, "If I had any concerns I would report it to my manager. We can always use the whistle-blowing helpline if we need to. Creative Support have always acted quickly if I have reported anything." Staff were able to identify different types of abuse and signs that someone may be at risk of harm. The provider had policies to keep people safe from avoidable harm and abuse that staff could describe. Staff had received training in protecting vulnerable adults and knew what actions they should take if they were concerned that people were at risk of harm. This included contacting outside agencies such as the local authority if they needed to.

The locality manager took action when an incident or accident happened. Details of any incidents or accidents were recorded and reviewed to ensure actions had been completed. Where changes were needed to practices or support plans following an incident these were made. The locality manager notified other organisations where this was necessary to investigate incidents further such as the local authority. The provider took action to reduce the likelihood of future accidents and incidents.

People and their relatives told us that they felt safe when they received support from staff. One person said, "I like it here. They make me feel safe." Another person said, "I think it is 100% safe."

People were enabled to take risks safely or supported to reduce risks. Risk assessments were completed where there were concerns about people's well-being, for example, where a person may be at risk of burning themselves through cooking. There were guidelines in place for staff and people who used the service to follow. These included the person being supported to use kitchen utensils safely.

Staff knew how to reduce risks to people's health and well-being and could explain the guidelines which were in place. Where a risk had been identified this had not always been clearly recorded in the person's support plan to ensure staff were aware of the potential for harm. One person had a risk assessment as they were at high risk of choking. This information was not included in their care plan. Staff had to read both the support plan and risk assessments to clearly see the guidance for how to support the person safely. The locality manager told us they would ensure that all risks were recorded consistently in all support records. The provider assessed and reviewed risks associated with people's support at least six monthly or if people's needs had changed.

Where someone presented behaviour that may be deemed as challenging plans were in place so staff responded consistently. These identified what may be a trigger for the person and ways to support them to reduce any anxiety. Staff told us that they were confident in following these plans. Risks associated with people's behaviour were managed to help them to remain safe.

People and their relatives told us they felt there were enough staff. One person said, "There is always enough

staff." Staff told us they thought there was enough staff to meet people's needs. One staff member said, "There are enough staff. We always make sure there are enough on each shift." The locality manager told us the rota was developed dependent upon the assessed hours for each person. Some people had staff available 24 hours a day and other people had support at certain times during the day. The locality manager explained the rota was based on the people and their needs in each service. Where people had funding for one staff member specifically allocated to them this was clearly shown on the rota. If there were times when staffing levels were low due to sickness or absence there were bank staff available to cover to ensure that there were enough staff available. Rotas' showed staffing levels were appropriate to meet the needs of people who used the service.

People received support with their medicines. Each person had a support plan which offered staff guidance on how they preferred to take their medicine. One person's support plan said they liked their medicine to be given to them on a spoon with a beaker of water. Staff told us they were trained in the safe handling of people's medicines and observed administering medicines to check they were competent to do this. Training records confirmed this. One staff member said, "I have just done my medicines training. My manager watches me to make sure I do it correctly." The service had a policy in place which covered the administration, storage and recording of medicines. Medicine Administration Record (MAR) charts had been completed correctly where people were supported with taking medicines.

There was a business continuity plan which identified what measures were needed to make sure that people still received their support in the case of an emergency such as a flood or flu pandemic. Checks were carried out on the environment and equipment to minimise risks to people's health and well-being. This included checks on safety measures in place, for example, fire alarms. In case of people needing to evacuate in the event of a fire there was an individual plan for each person so staff knew how to support them safely.

People could be confident that staff had been recruited safely as the provider followed recruitment procedures. This included obtaining two references that asked for feedback about prospective staff from previous employers and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. All checks had been completed prior to staff starting their employment.

Is the service effective?

Our findings

People and their relatives told us they felt the staff team had the skills and knowledge to meet their needs. A relative told us, "They seem to know what has upset [person] and what to do about it. The staff are knowledgeable." Staff members who we spoke with told us they received training to help them to understand how to effectively offer care to people. One staff member said, "I have done a lot of training. People's needs change so it is important we update our knowledge." Another staff member commented, "I enjoy the training. I prefer the classroom based training as it suits me."

Staff were provided with the knowledge and understanding they needed to support people who used the service. Training records showed staff received training to ensure they had the basic understanding of how to provide support such as helping people to move safely and emergency first aid. If staff supported someone who had specific needs the locality manager explained that staff who worked with the person would be trained how to meet these; for example, one person needed rescue medicine if they had a seizure. Staff were trained in how to administer this. This was provided by a health professional and reviewed annually to make sure staff's knowledge was up to date.

New staff were supported through an induction into their role. Staff members described their induction into the service positively. One told us, "I did a lot of training as part of my induction. It was very useful for me." Staff also said they had shadowed more experienced staff before working alone with people. Records we saw confirmed staff had completed an induction process. The locality manager told us the provider used the Care Certificate for new staff members. The Care Certificate was introduced in April 2015 and is a nationally recognised benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker.

People were supported by staff who received guidance from a manager. One staff member told us, "We have supervisions about every three months. I can always contact my manager if I need them." Supervision provides the staff team with the opportunity to meet with a member of the management team to discuss their progress within the service and how to provide effective support to meet people's needs. Records we saw confirmed supervisions had taken place. These included observational supervisions of staff practice in areas such as personal care and dignity in care. The locality manager explained there were set months for specific areas of practice to be discussed during supervision to ensure staff knowledge was up to date. These included areas such as safeguarding, the mental capacity act, medicines administration and whistleblowing. Staff received guidance and support on how to provide effective support to people.

People's support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA. The locality manager had a good understanding of MCA and DoLS. They were able to demonstrate people's capacity had been considered through their support plan and associated records. For example, each person's support plan had information included about how to enable them to be involved in making their own decisions. This included how best to give them information to help them to understand such as to give a person two options or to use pictures or objects to help them to understand. There was a policy in place that identified what steps were needed if a person's capacity to make a decision was in doubt. This was in line with the MCA.

People had been involved in making day to day decisions about their support. One person told us, "I can do the activities I want to do. I choose what I want to do." Staff told us how they involved people in making their own decisions. One staff member said, "If you give too many decisions it is not good for [person]. I give them two options and it is easier for them." Staff told us they asked people for consent and people had the right to say no. One staff member told us, "I always ask if they are happy with me helping them. If they say no that is their choice." People's human rights had therefore been protected by staff.

People told us they were supported to make their own food where possible. One person said, "I help staff with the cooking." People were supported to plan a menu for the week. Each person had information in their support plan about how to support them and involve them where possible with preparing their own food and drinks.

Records showed that people were encouraged to follow a healthy diet. The business development worker explained how one person had wanted to lose weight. They had been supported with this and staff had prompted them to make healthier choices. The person had lost a lot of weight and this was a positive outcome for them.

Where a person had a need for a special diet such as soft food to help them with swallowing, guidance was available for the staff. This was included in the person's support plan. Staff knew about the needs of people in relation to their diet and ensured this was provided safely.

People were supported to maintain good health. One person said, "I see the GP, the dentist, the optician and the chiropodist visits me." Where people required support to access healthcare appointments this was in place. People had their medical appointments recorded in their support plan with outcomes so that staff knew if there were any actions required. In these ways people's healthcare needs were met.

Is the service caring?

Our findings

People and their relatives told us the staff team at Creative Support were kind and caring. One person said, "I like all of my staff. They are kind to me." A relative told us, "The staff are caring and very friendly. [Person] is always happy to go home after visiting me." People's support plans identified the kind of person they would like to support them. These included skills and interests which the person preferred the staff member to share. For example, staff had common interests such as exercise so the activity could be enjoyed together.

People's dignity and privacy was respected. A relative said, "I like the way the staff refer to people. I think it is respectful." Staff we spoke with told us how they promoted people's dignity and privacy. One staff member said, "I always make sure that I knock on the door before going in." We saw staff were promoting people's dignity and privacy on the day of our inspection. They asked people's permission before we visited them at their home and knocked on their doors before entering their rooms.

People felt staff listened to them and knew them well. One person told us, "They always listen to me." Another person said, "They help me out when I need them." Staff knew about the people they were supporting. They told us how they got to know people including things that were important to them. One staff member said, "We have worked with [person] for a very long time. We know what they like and how to communicate with them." People's support plans included details about significant life events for each person, what was important to them and how they wanted to be supported. They also included information about the person's family relationships and other people who were important to them. A relative said, "They bring [person] to see me and spend time with us which is good." Another relative commented, "They make me feel very welcome." Staff had information about each person to enable them to support them in ways they wanted to be supported.

People were supported to be independent. One person told us, "We do the cleaning and the washing together. I know how to make tea and cook cakes." Another person said, "I do all of my own cleaning and washing. Staff help me to cook dinner." Staff told us how they encouraged people to be as independent as they wanted to be. One staff member said, "It is important that people do what they can. It gives them and us a sense of achievement." Another staff member told us how one person had helped with hoovering. They explained this was a really big achievement for the person and they had been nominated for an award through the providers service user award scheme. This celebrated achievements including personal development. People's support plans detailed things that they could do for themselves and what they needed support with. For example, one person was able to dress themselves but needed support to choose their clothes. In these ways people received support from staff to retain or learn new skills.

Information was available for people in ways that made it easier for them to understand. For example, we saw that information about how the service was available for each person in a guide. This used simple words and pictures so it was easier for people to read. Each person had information in their support plan about the best way to communicate with them to help them to understand.

Staff were able to communicate with people and help them to understand what they were saying. They were able to help us to understand what people were saying to us. One staff member explained, "I have worked with these people for a long time. Their communication can be hard when you don't know them but as you get to work with them you understand what their communication means." They told us they supported new staff to develop their knowledge of how each person communicated, so staff were able to understand what people were telling them using their preferred communication.

The business development worker told us how one person had been supported to develop their communication skills as this was an area they wanted to improve. As a result of this the person had developed more independence. The staff member had been nominated for and won an award from the internal awards system as the person had been enabled to achieve their outcome of being able to communicate with people in a way that was easier for them.

People's views, beliefs and values were respected. For example, people were supported to follow their culture. The business development worker explained how people had been supported to celebrate Divali and the Chinese New Year when they followed these cultures. They also told us people were supported to attend carnivals that celebrated their heritage or lifestyle choices such as the Caribbean carnival or pride events. People were supported to access their place of worship if they wanted to do this. Support plans considered people's culture and beliefs and ways to support them to meet these.

People's sensitive information was kept secure to protect their right to privacy. The provider had a policy on confidentiality that was followed. People's support plans were locked away when not in use. We heard staff talk about people's care requirements in private and away from those that should not hear the information. People could therefore be confident that their private information was handled safely.

The provider had made information on advocacy services available to people. An advocate is a trained professional who can support people to speak up for themselves.

Is the service responsive?

Our findings

People had contributed to the assessment and planning of their support. A relative told us, "I was very involved when [person] moved to the service. They talk to me about what is happening." The locality manager told us they spoke with the person and their relatives as part of the assessment process. They asked for information about what was important to the person and how they wanted to be supported. Assessments had been completed with people before they received support and detailed support plans were developed from these.

People's support plans were centred on them as individuals. They contained information about routines people liked to follow, preferences, how they wanted to be supported and what they wanted to achieve. One document called personal care guidelines had very detailed guidance including which products people preferred to use and a step by step guide to their preferred routine. This had not been reviewed since September 2015. The locality manager told us the support plan had been redeveloped to bring a range of documents together to make it clearer for staff to follow. The guidance from this document had not been included. The locality manager told us they would discuss this with the manager for the service to ensure this information was recorded in their current support plan. Staff knew about people's support needs and could describe information recorded within their support plans. One staff member described how a person liked to make choices and what food they preferred. People received support focused on their preferences.

People's needs had been reviewed at least annually as part of a person centred review. If a person's needs had changed the support plan was updated as soon as needed. People were asked who they wanted to attend their review and where they wanted it to be held. If the person did not want to attend they were asked for any feedback or how they wanted to be involved. People had set actions they were working towards. Staff explained to us how people had achieved their goals. One staff member said, "[Person's name] wanted to go out independently. This has now been achieved. The risk assessments were very detailed. It was what they wanted to do so it happened." Progress towards actions had been reviewed and new targets had been set by the person and staff.

People were supported to follow their interests and take part in social activities and work opportunities. One person told us, "I can go to the farm, the club and I like shopping." Each person was supported to choose what they wanted to do. One staff member told us, "[Person] didn't used to like going out but they love it now. We work as a team to make sure there is a driver available so we can go out." People's activities included trips out, shopping, attending clubs and completing household tasks to develop and maintain skills in this area. People were supported to follow their interests. This included going to the gym, working in a shop, local groups and visiting family.

A member of staff explained how some people came to the office to help out with tasks. Another member of staff told us they were supporting someone to go on a mini break and the person had chosen what they wanted to do each day. They said the person was looking forwards to the trip. The business development worker explained that part of the monthly newsletter included a calendar of what was happening in the local area so people were aware of events and activities that were taking place to help them to plan what

they wanted to do.

People were encouraged to develop and maintain relationships with people that mattered to them. One person said, "My brother visits me and we spend time together." A relative told us, "They bring [person] to see me. That is good as it gives me the chance to ask questions. I am not able to visit so much now." One relative said they would like to go on day trips with their relative and the staff when these were happening but had not been able to do so. They said, "I would like to be able to go on trips with [person]. They don't let me know about them." Relatives told us that they could visit and were made to feel welcome. One commented, "They make me feel very welcome. We can stay and talk with the staff or go out if we want to."

Staff knew how to support people if they became upset or distressed. One person's support plan identified they could display behaviour that could be classed as challenging and they could become verbally or physically aggressive. The support plan identified examples of how to identify the triggers for the behaviour and de-escalate this behaviour. Staff were able to explain these to us. The provider used a tool called Citrus which identified proactive approaches to the management of aggressive behaviours. This included development of an action plan to ensure staff had the appropriate training to support people if they showed behaviour that was classed as challenging. Staff who had received this training had been identified on the rota to meet people's needs when necessary.

People and their relatives knew how to make a complaint should they have needed to. One person told us, "I would talk to the staff if I was unhappy about anything." Relatives confirmed they would feel comfortable to make a complaint and knew how to do so if needed. There was a complaint's procedure that was available for people who used the service and their relatives so they knew the process to follow should they want to make a complaint. Complaints that had been received were recorded and reviewed by senior managers. All complaints had been investigated and responded to appropriately within the timescales set by the provider.

Is the service well-led?

Our findings

People and their relatives felt they were mainly happy with the service they received. A relative commented "I am positive about the service that [person] has." Another relative felt they had been asked to apply for a legal power of attorney for [person] to support with making decisions about their health, welfare and finances. They said, "They have asked me to do this but not given me any guidance. At my age it is a bit much." Staff we spoke with told us that they felt that the service was well led. One staff member said, "The job is good. If my manager was not so supportive we would not all want to help out and do the things we do at work."

People had been involved in how the service was run. The business development worker explained that service user awards had started in January 2017. People nominated for these were considered by a panel of people who used the service. Results were shared in a newsletter to celebrate people's successes. The business development worker also told us how people who used the service were involved in the board of trustees for the provider. No one from the Leicester branch was currently on the board but had been given the opportunity to be if they wanted to.

People were also involved in choosing their staff where they wanted to be. The business development worker explained people were involved in ways they were comfortable with. This included meeting potential staff to see how they related to the person or being involved in the interview.

People were invited to give their feedback on the service through local groups. This was being developed at the time of the inspection to make sure it was the right forum for people in the local area due to their communication needs. The business development worker explained that so far only a few people had chosen to attend. at present this was more of a social experience but groups were being developed to allow people an opportunity to discuss changes they wanted.

Staff mainly spoke positively about the management of the service. One staff member said, "My manager [Team leader] is very supportive. They are very busy but always at the end of the phone." Another staff member commented, "My manager [Team leader] left six months ago. We didn't have anyone for a while but have an interim manager now. It would help if people got to know the people who use the service before they told us what to do. The new manager is supportive." The locality manager was spending time visiting services and getting to know staff and people who used the services. They were available to staff to answer their questions and offer support. This showed effective leadership.

Staff received feedback, support and guidance on their work from a manager during individual supervision meetings. This helped them to understand the provider's expectations of them and to check their values. Staff described how they felt supported. One staff member told us, "I only had a supervision yesterday. I can talk to my manager about things. They will listen." Another staff member said, "We get told what is happening. Communication is very good. We have access to emails and to newsletters to let us know what is changing."

Staff meetings had taken place and covered topics such as people's individual support requirements, good practice, risk assessments and training. These meetings also gave staff an opportunity to give feedback on these items and any other areas. The business development worker told us a newsletter was produced each month which included information about training, staff changes, activities people had participated in and celebrating staff achievements in the staff awards scheme. There were opportunities available for staff members to reflect on their practice to improve outcomes for people using the service.

People and their relatives had opportunities to give feedback to the provider. They had received a questionnaire from the provider asking for their feedback. Feedback from the questionnaires was given in the form of 'You said, we did' so people could see what had changed. This was shared with people who used the service and their relatives. The business development worker told us a new questionnaire was being developed to try and find ways to gather more feedback from people who found it difficult to communicate.

There were systems in place to monitor the quality and safety of the service being provided. A range of audits were carried out including on support plans, finances, medication, staffing and the environment. Actions had been identified and recorded to be completed with dates when they needed to be achieved by. Where people were supported to manage their finances these records were audited monthly to ensure they had been completed correctly.

The locality manager explained that each manager completed a self-assessment and this was reviewed by other managers in the organisation or by the quality team. The delivery of the support people received was being reviewed. The service director explained a new development role had been created within Creative Support - Leicester. This would mean that team leaders would be supported to make improvements in the service provided. A person had been appointed and was due to start in October 2017.

The locality manager was aware of the role of a registered manager and their registration responsibilities. They had submitted an application to become the registered manager until the new manager had started their role to ensure there was a registered manager for the service. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager and locality manager had reported all incidents they needed to appropriately and without delay.

The provider had updated records including the service's statement of purpose to reflect the locality manager being in post.