

Creative Care (East Midlands) Limited

The Spinnies

Inspection report

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Date of inspection visit: 19 June 2015
Date of publication: 31/07/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced inspection of the service on 19 June 2015.

The provider took ownership of The Spinnies in August 2015. This was therefore the first inspection of the service since the change of provider.

The Spinnies is a care home (without nursing) for up to four people with a learning disability and/or autistic spectrum disorder. At the time of our inspection there were four people living at the service.

The Spinnies is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection an acting manager was in post and had been in this position since May 2015. They were in the process of applying with us to become the registered manager.

Summary of findings

Relatives told us they felt their family members were safe and cared for appropriately. This included a safe environment and sufficient staff to meet people's individual needs.

The systems in place to check the safety of the environment were not up to date. The provider took action to respond to these concerns. People received their medicines as prescribed, but the storage and management of medicines required some attention.

The provider ensured there were sufficient staff employed and deployed appropriately. People received one to one support to meet their individual needs. Safe recruitment checks were in place that ensured people were cared for by suitable staff.

Relatives said that whilst there had been many staff changes, they found staff to be competent and knowledgeable. Relatives had been involved in best interest discussions and decisions. No concerns were raised about people's dietary and nutritional needs.

Staff were appropriately supported, which consisted of formal and informal meetings to discuss and review their learning and development needs. Staff additionally received an induction and ongoing training.

The acting manager understood their role and responsibility in ensuring the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation was fully adhered to. Staff involved people as fully as possible and gained consent before care and support was provided.

People received sufficient to eat and drink; however, weights were not monitored for any changes that may have needed to be acted upon. People received support to access both routine and specialist healthcare services.

Staff had received appropriate accredited training in the use of physical interventions. Whilst risk plans were in place these had not been regularly reviewed. Behavioural management strategies provided staff with limited information about how to reduce anxiety that may cause risky behaviour.

Relatives told us that they found the staff to be caring and compassionate. Additionally, they said that their family member were supported to lead full and active lives. This included participating in a variety of activities, interests and hobbies. Staff used effective communication and they understood people needs and what was important to them.

People's support plans included information about what was important to them including preferences and routines. Staff provided a service that was responsive to people's individual needs showing a person centred approach to care and support.

Relatives told us that they found the acting manager approachable and supportive. Healthcare professionals also spoke positively about the leadership of the service and the quality and commitment of the staff team.

Staff told us that they felt the acting manager had made a positive contribution to the service and that they felt supported, valued and included in how the service developed. The provider was in the process of sending out feedback questionnaires and a newsletter as a method of seeking the views of others about the service. Additionally, this was an opportunity to develop open and transparent communication.

The provider had checks in place that monitored the quality and safety of the service. The acting manager had developed an action plan that identified the areas that they had assessed as requiring improvements.

The provider had failed to notify us of important events registered provider's are required to do.

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

The plans in place to monitor the safety of the environment were not up to date. People received their medicines as prescribed, but some issues were found with the medicine procedures in place.

Accidents, incidents and safeguarding's were not always clearly recorded to show how these had occurred or what action had been taken to reduce risks.

Staff had been properly recruited and there were sufficient numbers to meet people's individual needs.

Requires improvement



Is the service effective?

The service was effective

The provider took action to ensure the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2008 legislation was adhered to.

People were supported by staff that had received appropriate training, support and who were competent in meeting their needs.

People were supported to maintain their health and received sufficient to eat and drink.

Good



Is the service caring?

The service was caring

People were supported by staff that were caring and supportive. Staff were given the information they needed to understand the people who used the service.

Staff considered people's individual needs and provided care and support in a way that respected their individual wishes and preferences.

Good



Is the service responsive?

The service was responsive

People's preferences and what was important to them was known and understood.

People were included as fully as possible in discussions and decisions about their care and relatives were involved and consulted.

Good



Is the service well-led?

The service was not consistently well-led

Relatives and staff had confidence in the acting manager and were complementary about their leadership style.

Requires improvement



Summary of findings

Staff were clear about their roles and responsibilities. There were quality assurance systems in the assessment and monitoring of service provision.

The provider had failed to fully comply with the requirements of their registration responsibilities. We had not been informed of notifiable incidents.

The Spinnies

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 19 June 2015 and was unannounced. The inspection consisted of one inspector.

To help us plan our inspection we reviewed the 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 spent time with people that used the service but due to people's communication needs, we were unable to gain people's feedback about their views about the service. We used observation to help us understand people's experience.

During the inspection we spoke with the acting manager, a visiting registered manager of another service within the organisation and four staff including support workers and team leaders. We also spoke with a visiting therapist. We looked at all or parts of the care records of four people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

After the inspection we spoke with four relatives of people that used the service for their views and contacted additional health care professionals who had experience of working with the service. We received feedback from a GP and a speech and language therapist. We also spoke with the director of the company and an additional support worker.

Is the service safe?

Our findings

There were arrangements in place to deal with foreseeable emergencies. The provider had a 'business continuity plan'. The acting manager told us that staff had access to information that advised them of the procedure to follow in the event of an emergency affecting the service. Personal fire evacuation plans had been completed. Staff had detailed information about how to support a person in the event of an emergency. Fire safety procedures and checks were also in place. However, some of these were not up to date. We also found that window restrictors were not present and the provider had not completed a risk assessment to see if they should be present. During the inspection the acting manager contacted an external contractor to visit to check the fire alarm system and to complete an environmental safety check.

Some people had behaviours that put themselves or others at risk. Whilst we found plans of care including risk plans advised staff of behaviours that people could present with, this information lacked detail. For example we saw records that showed how a person had become anxious. This had resulted in a behavioural incident, where physical intervention had to be used to protect the person and others. The acting manager had signed to say that they had reviewed this to ensure staff had responded appropriately. However, there was no record of what action had been taken to reduce further risks. We saw from a number of incident records for this person that there was a pattern to their anxiety. However, there was no behavioural plan in place to manage and reduce this risk. We also found examples that individual risk plans had not been reviewed for a significant time some had not been reviewed since 2012. This meant that these records may not have reflected people's current needs. The acting manager told us that since they had started their role in May 2015, they had developed an action plan that had identified that risk plans needed to be reviewed. Records confirmed what we were told.

We looked at the records of accidents and incidents and found information was incomplete. For example, we saw examples of body maps that showed if a person had a mark such as a bruise. This information was not always recorded in the person's daily notes, it was therefore not known of the action taken by staff to reduce further risks or what the reason of the bruise was.

Relatives told us that they felt their family member was safe living at The Spinnies and no one raised any concerns about their safety. One relative said, "I'm much, much happier where [name] is living now than where they were. They're safe and looked after much better." Another relative said, "Things do happen but people are safe. I feel if things occur the staff let us know." Another relative gave an example of an incident that occurred and told us that staff informed them straightaway and took the right action.

We saw that staff were constantly observant in ensuring people's safety. Staff provided a personalised approach in supporting people that was empowering and respectful. Staff supported people in activities and decision making that enabled them to positively participate in everyday tasks, such as being in the kitchen and assisting with preparing breakfast and snacks.

Staff told us about the safeguarding and whistle blowing policy and procedures. Staff also said they had received training on safeguarding. Staff had a clear understanding of their role and responsibility in keeping people safe. This included what to do in the event of a concern about a person's safety or welfare. A support worker told us, "I would record and report any concerns to the manager." Another said, "I understand what my responsibilities are in keeping people safe, I'm instantly protective towards the people in our care."

The provider had a safeguarding policy and procedure that informed staff of the required action to take if they had any concerns of a safeguarding nature. This information was also on display that staff had easy access to. Staff had also been supported to receive appropriate training.

The acting manager told us that staff employed at the service had relevant pre-employment checks before they commenced work. This included a check with the 'Disclosure and Baring Service' (DBS) which check criminal records and staff suitability to work with people. Due to these records being held at the providers head office we were unable to see any examples. Staff confirmed that relevant checks were carried out before they commenced work.

On the whole relatives told us that they were involved in discussions and decisions about how their family member's risks were managed. One relative told us that to

Is the service safe?

reduce their family member's anxiety a safe and spacious environment was important and this was provided. Another relative said, "I do have copies of [name] risk plans but I don't know if they are up to date."

All relatives told us that whilst they felt there were sufficient staff available to meet people's individual needs they were concerned about the frequent staff changes over the last 12 months. One relative said, "Staff changes are not good for people living at The Spinnies. People take time to get to know new staff." Another relative told us, "There is a good balance of staff with enthusiasm and energy. Staffing has recently improved."

Staff told us that they felt there were sufficient staff to keep people safe and meet people's needs. They said that the staffing levels had increased recently to enable people to have one to one support during the day and evening. One support worker said, "We have recruited some new staff and we're recruiting further but the acting manager will cover shifts where we are short." Another said, "Any shifts that need covering we try and get covered within the staff team, we can use an agency, but prefer not to as continuity and consistency of staff is important for people."

The acting manager told us that the staffing levels were determined by the assessment of individual needs completed by the commissioners. These were either the

local authority or health service funding organisations that funded for people's placements. We saw from the staff roster that the provider had increased staffing levels from May 2015 as described to us.

On the day of our inspection a support worker was unavailable, but another support worker was called and covered the shift. This demonstrated that the provider ensured there were sufficient staff deployed appropriately to meet people's individual needs and keep them safe.

We looked at the administration and management of medicines. We saw medicine administration records were completed correctly and we observed a team leader safely administer medicines. However, they told us that it was procedure for two staff to administer medicines, but the team leader did this without support.

Medicine profiles were available that advised staff of what medicines were for including side effects. Plans were in place about how people's PRN medicines should be given. These are medicines that are given when needed, for example for pain, illness or anxiety. This meant that staff had clear guidance to follow to ensure these medicines were being given safely. There were audits in place to monitor how medicines were being managed but we found these were not as effective as they could have been. Stock levels were not fully monitored, gaps were found in the recording of the temperature of the medicines cupboard and the staff signature sheet was out of date. However, this did not have any direct impact on people's safety.

Is the service effective?

Our findings

Relatives told us they felt their family member was supported and cared for by staff that were competent in meeting their needs. Additionally, they said they felt staff had the appropriate training and support to enable them to provide effective care. One relative told us, “I feel the staff are very skilled.” Another relative said, “There is a good balance of skills, experience and knowledge in the staff team. They have enthusiasm and energy.”

We observed staff supporting people with their day to day needs and found staff were competent and knowledgeable in effectively meeting people’s individual needs. This showed staff had a good understanding of people’s needs and that they had the right skills, experience and knowledge. We observed a team leader directed staff and delegated roles and responsibilities. This showed the staff team were organised and able to provide effective care and support.

Staff received opportunities to discuss and review their learning and development needs. Additionally staff received an induction when commencing their employment that supported and prepared them for their role and responsibilities. Staff said that they received regular meetings with their line manager and that they found this useful. One support worker said, “We have meetings where we can raise any issues or concerns and discuss training and development needs.” Staff also told us about the training opportunities they received and said this was appropriate in ensuring they were effective in understanding people’s needs and how best to support them. We saw staff training certificates that confirmed what we were told. This meant people could be assured they were supported by staff that were sufficiently trained in best practice to ensure their needs were met effectively.

Relatives told us they were able to attend internal and external review meetings regarding their family member if they wished. They also participated in best interest discussions and decisions.

The Mental Capacity Act 2005 is legislation that protects people who lack mental capacity to consent to certain decisions about their care and support. Whilst we found mental capacity assessments and best interest decisions

had been formally documented, these were not always based on specific decisions. We discussed this with the acting manager who agreed to review people’s needs to ensure this legislation was fully adhered to.

Deprivation of Liberty Safeguards (DoLS) is legislation that protects people where their liberty to undertake specific activities is restricted. The acting manager showed us applications they had completed and sent to the local authority to apply for authorisations that would ensure if required, people were lawfully restricted. This showed the acting manager was aware of their role and responsibilities in ensuring people’s freedom and liberty was appropriately protected.

Due to the complex needs of people that used the service, people were at times behaviourally challenging and required support from staff to protect themselves and others from harm. We saw the service had provided staff with appropriate accredited training in the use of restraint and physical intervention. We also saw the service had a policy and procedure advising staff on the use of restraint with an emphasis on the least restrictive practice. This meant when restraint was required, staff had the necessary skills and experience to carry this out effectively.

Relatives told us that they felt their family members received sufficient to eat and drink and had no concerns about their dietary or nutritional needs. One relative said, “[Name] was very underweight when they first moved in. They [staff] have brought him on a lot, their weight is much better.” Another relative told us, “It’s all home cooking; staff make sure nutritional needs are met.”

We saw staff supported people with choices of what to eat during the day of our visit. This included drinks and snacks throughout the day. Where people had dietary needs associated with a health need, we found staff were knowledgeable about this and food stocks were available to meet these needs. We noted that people’s weight was not monitored. Whilst there may not have been any concerns about people’s weight, the lack of monitoring could affect relevant and timely actions being taken.

Staff told that they used to have a weekly menu that was based on people’s preferences and the seasons of the year but this was no longer used. They said the day’s menu was decided on the day by asking people what their choices were and using known preferences. However, staff told us that they preferred the weekly menu. They said that that

Is the service effective?

planning meals in advance was more effective in monitoring people's diets to ensure meals were nutritionally balanced. The acting manager told us they agreed and would talk with staff about implementing a weekly menu again.

We saw that food stocks were plentiful and that there were checks in place that monitored foods use by dates. However, we checked the refrigerated stocks and found some food was out of date, but checks completed by staff recorded all food was in date. This meant staff were not always accurately checking that food was appropriate to use. We discussed this with the acting manager who said they would take action and discuss this with the staff.

Relatives told us that they were confident that staff supported their family member to access appropriate healthcare services. Examples were given about how people had been supported with dentistry needs as well as specialist services such as speech and language therapy and psychiatry support.

We received positive feedback from the GP that provided a service to people living at The Spinnies. They told us that they had regular contact with people and that they found staff to be very knowledgeable regarding people's medical histories and current issues.

We also received positive feedback from a speech and language therapist that regularly visited the service. Information received included, "It's one of the most effective homes I visit. Communication, engagement and sharing of information is good."

From the care files we looked at we found people's healthcare needs had been assessed and people received support to access healthcare services. This meant people's healthcare needs were appropriately monitored and support was provided for people to maintain good health.

Is the service caring?

Our findings

Relatives we spoke with were positive about the approach of staff and described them as kind, caring and respectful towards their family member and themselves. One relative said, “The staff are lovely, I always get on well with them.” Another relative told us, “The staff team has changed greatly over the last year but the staff are all caring and good at what they do.”

The GP told us, “I have found the staff to be very caring and observed them treating the residents in a respectful manner.” Both relatives and the speech and language therapist we spoke with named individual staff that they specifically praised for their care, compassion and approach.

We observed staff supporting people to make day to day choices. This included for example choices about what to eat and drink and the recreational activities people wanted to do. Some people had communication needs and had limited or no verbal communication. Staff used effective communication skills to offer people choices. This included sensitivity to the language used and the amount of information given, to enable people to understand and process information. Staff were seen to give people time and space to express their needs and choices. This included picking up on non-verbal communication such as body language and gestures to understand. Some people used other forms of communication such as pictures to communicate their needs. Staff responded patiently and respected people’s choices and gave reassurance and encouragement appropriately.

We noted that people and their relatives had information available that advised them of what they could expect from the service. This was called a service user guide. However, we found that this included out of date information that may have been confusing for people. We also found that a weekly activity timetable advising people of the activities available was out of date. Also the pictorial food menu

advising people of the food choices available was incorrect. The acting manager told us that they would address these issues to enable people to have access to correct information.

People appeared relaxed and confident in the presence of staff who were not rushed and spent time engaged with people. We saw positive interaction where people were laughing and enjoying the company of staff. When people became anxious staff supported people appropriately and in a caring manner. Staff showed a good understanding of people’s needs, preferences and what was important to people such as routines.

A support worker told us, “We try and include people as fully as possible in their care and support, including talking to relatives to find out what is important to people.” We found that people’s support plans were detailed, had included the person as fully as possible and other people such as relatives and healthcare professionals.

Staff spoken with were respectful of people’s needs and described a sensitive and personalised approach to their role. Staff told us they enjoyed their work and showed commitment and a positive approach. One support worker said, “I treat people with respect and dignity and how I would expect to be treated.” Another told us, “Every day I come to work I want to make people’s lives better, I do everything to the best of my ability for the people I care for.”

Relatives told us that there were no restrictions on when they visited and that staff were welcoming, friendly and approachable. Some relatives told us how the staff supported their family member to maintain contact with them such as organising home visits.

We did not see that people had independent advocacy information available to them should they require this. However, the acting manager told us that they would access this information and make it available should any person require this support.

People that used the service and staff could be assured that confidential information was appropriately and securely stored. Confidential and sensitive information was shared on a need to know basis.

Is the service responsive?

Our findings

Relatives spoke positively about the service provided and said that it was responsive and personalised to people's needs and what was important to them. All relatives commented on the importance of space both internally and externally for their family member. One relative said, "I looked at 18 placements before I chose this one that offered the outdoor space as well as the individual attention and activities." Another relative told us, "The service is ideal in meeting [name] complex needs. It's small enough to provide a homely atmosphere that is responsive to people's needs."

We spoke with a visiting therapist that had worked with a person using the service for a considerable amount of time. They spoke positively about the service that they described as responsive and holistic in their approach. Comments included, "It's the best I've ever seen [name] in all the time I've known them." and, "Behaviours have reduced. The staff support me to provide the session and have the room prepared."

Relatives told us their family member was included as fully as possible in the pre assessment before they moved to The Spinnies. They were also consulted in the assessment and planning of their relatives care and support along with healthcare professionals. For example, a relative told us about a particular therapy that their family member had received before they moved to The Spinnies. They said that staff had embraced this and were open and willing to ensure they were able to provide this continued support. This demonstrated a responsive and inclusive approach to the care and support people received.

Relatives gave examples of action taken by staff that demonstrated a responsive approach to the care and support provided. Due to people's complex needs, routines were important and changes could have a negative impact on people. One relative told us how the acting manager had been creative and supportive in responding to a situation that required a change of routine. They said any change could cause high anxiety; however, the situation was managed well resulting in a good outcome for the person. Another example was staff had laminated a person's favourite magazine that distracted the person

from becoming anxious when they had to attend a hospital appointment. The service had also liaised with the hospital ahead of the appointment to ensure the person's needs were known and could be planned for.

Relatives told us that they were invited to attend annual reviews. We saw examples of annual review records for 2014. However, this information did not advise who attended and what the outcomes for people were and if there were any required actions. We also noted that support plans had not been regularly reviewed to ensure information was up to date. However, we saw information that indicated the acting manager had reviewed these documents and had identified they needed reviewing for accuracy.

Information included in people's support plans included needs, preferences, routines and what was important to them. Additionally people's religion, sexual orientation and allergies were recorded. We also noted that information included promoting choice and independence.

We observed that people's independence was actively promoted. For example, on the day of our visit we saw one person was supported by staff to clean their room. Staff also gave examples of independence such as people supporting staff with the weekly food shopping. The staff roster demonstrated that people received one to one support and that staff worked flexibly to meet people's needs. For example, staff told us and records confirmed, that staff worked a long day once a week to enable people to go on day trips further afield.

We found care files included detailed information about people's communication needs. This information provided staff with an understanding of how a person may communicate if they were happy, upset or in pain. This information was essential in ensuring the needs of people with limited verbal communication were understood by staff.

Additional information included people's interests, hobbies and what was important to them. Relatives all said that their family member was actively supported to participate in recreational and leisure activities of their choice. One relative said, "[Name] has a very active and fulfilling life I have no concerns." Another relative told us, "The activities are great and include, swimming, horse-riding, holidays and regular days out."

Is the service responsive?

Staff told us about the community activities people participated in, including activities that were available internally. This included cake baking, arts and crafts, jigsaws, as well as football and go-carts in the garden. On the day of our visit we saw that people were all supported with activities of their choice. Some people went out for a drive and a walk. Another person was seen to do some painting and another person listened to their music. People were also supported to have annual holidays, this included holidays abroad.

Some relatives told us how the staff supported their family member to maintain contact with them such as organising home visits.

Relatives told us they would not hesitate to make a complaint if necessary. Some relatives said that when they had raised any issues in the past they had been responded to and resolved. One relative said, "I have no issues or concerns, if I had I would say so." The provider had a complaints procedure available for people but this required updating to show who the new manager was. It was available in an accessible format for people to use. The acting manager told us the service had not received any complaints.

Is the service well-led?

Our findings

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that since the provider had taken ownership of the service in August 2014 they had failed to notify CQC of five incidents of a safeguarding nature that we found evidence of during our visit.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At the time of our inspection an acting manager was in place, they were in the process of applying to become the registered manager with us.

Relatives spoke positively about the service but made reference to the high turnover of staff in the last 12 months and in particular the fact there has been four different managers during this time. The current provider took over the service in August 2014. One relative said, "There has been a high number of managers within a short space of time. One area of criticism is that we are not always made aware of these changes." Another relative told us, "There has been a change of ownership. We have met the new owner and regional manager and were able to ask questions." Additional comments included, "I like the new manager, I hope they stay as they have had a positive impact since being here. That are making some positive changes."

Relatives told us that they felt they had developed positive relationships with the staff and acting manager and that they felt able to raise any concerns but also ideas. Additionally, they said that the new provider had informed them that a newsletter would be developed. The company director told us that the first newsletter was ready for circulation.

Internal quality assurance feedback systems such as questionnaires or surveys were not available to enable people to share their views and experience. The company director told us that they were planning to send this information to people in August 2015. Feedback would then be analysed and an action plan developed. The company director also told us that they had met with relatives in August 2014 when the change of ownership

happened. They advised us they took that opportunity to ask people what changes they would like to see with the service. As a result of feedback, action was taken and this included the previous vehicle being replaced with new.

Staff spoke positively about the acting manager and the changes they had implemented since they took up their post. They said they felt their management style was more open and transparent and that they felt able to raise any issues or concerns. One support worker said, "The manager has got good ethics, they're spot on. They have good plans; lots of things have changed for the better." Another told us, "Staff are more positive under the new manager's leadership, staff are working a lot better as a team." Another support worker added, "I like the managers approach, I feel valued as they show their appreciation for what we do, they say thank you and will also work alongside us."

The GP told us, "When I have on occasion visited the home I have found the environment to be safe, homely and caring." The speech and language therapist we spoke with said, "The management changes have made caused some interruptions but on the whole the service is very good. I find the service is transparent, honest and open and receptive to training." Additionally, "The service takes ownership for what they do."

We found staff were clear about their role and responsibilities; this had recently changed with new expectations of team leaders introduced. Whilst some staff had some reservations about having the time for additional responsibility, others saw this as a positive change and welcomed the challenge.

Staff told us regular staff meetings were arranged for all staff and separate meetings were held for team leaders. They spoke positively about these opportunities to discuss the needs of people that used the service that they felt included in how the service developed. One support worker said, "The meetings give us a chance to share our views." Another told us, "We feel valued and listened to." We looked at examples of meeting records for April 2015 and May 2015. We saw open discussions were had and staff were able to share their views which were respected and responded to by the acting manager. Records demonstrated the action the provider was taking to further develop the service.

Is the service well-led?

The provider had quality assurance systems in place that monitored quality and safety including outcomes. These included weekly checks such as medicines and money completed by team leaders and the acting manager. A regional manager also visited the service on a monthly basis to complete audits. The acting manager had developed an action plan that detailed what action was required to improve the service. This included for example reviews of people's care records and changes to the internal and external environment.

The service demonstrated they had a commitment and understanding of the social policies and best practice in providing care and support for people with learning disabilities. Including autism awareness. We found documentation used ensured people received person centred care and the attitudes and values of staff showed commitment and compassion.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.</p> <p>The registered person had failed to notify the Commission without delay of incidents of any abuse or allegation of abuse in relation to a person using the service and injury. Regulation 18 (1) (2) (b) (e)</p>