

Cream III Limited

# Rivers

## 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

This inspection took place on the 13 and 14 July 2016 and was an unannounced inspection. It was carried out by one adult social care inspector.

Rivers is set out in two separate buildings which are next to each other. Rivers can accommodate up to nine people and The Cabin can accommodate up to six people. The home specialises in providing care to adults who have a learning disability and concurrent physical disability. Each house is staffed 24 hours a day. The home has a range of aids and adaptations in place to assist people who have mobility difficulties. All bedrooms are for single occupancy. The home is located in extensive grounds with two of the provider's other homes. Each home can access the on-site sensory room and hydro pool.

At the time of our inspection there were nine people living at Rivers and six people lived at The Cabin. The people we met with had very complex physical and learning disabilities and not all were able to communicate with us. We therefore used our observations of care and our discussions with staff, relatives and professionals to help form our judgements.

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

People were supported by kind and caring staff who took time to get to know people. A professional who visited the home said "The standards of care and attention I have witnessed over many years working within Cream Homes is absolutely outstanding." A staff member commented "The home is beautiful and so are the staff and residents. Cream provides the best care I've ever seen." A visiting entertainer described the home as "A fantastic place. The staff are amazing."

Staff made sure people experienced a smooth transition when they moved to the home. A relative told us "The staff were amazing. They supported all of us and the transition was brilliant." Staff knew people very well and they often tried to match staff to individual people which helped them develop meaningful and caring relationships with people.

People's bedrooms were beautifully furnished and decorated in accordance with people's preferences. A visiting professional said "I couldn't believe it when I saw [name of person's] bedroom. It is so beautiful. All pink and girly. Just like they had at home and loved so much."

Staffing levels were good and staff understood people's needs and provided the care and support they needed. There were sufficient staff available to people to enable them to take part in a range of activities according to their interests and preferences.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns.

People lived in a safe environment and were supported by a staff team who had the skills and experience to meet their needs and help to keep people safe.

People's health care needs were monitored and met. The home made sure people saw the health and social care professionals they needed and they implemented any recommendations made. Staff were skilled at communicating with people, especially where people were unable to communicate verbally.

The home was a safe place for people. Staffing levels were good and staff understood people's needs and provided the care and support they needed.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns.

People's health care needs were monitored and met by staff who received excellent training and support. People received good support from health and social care professionals.

People were supported to eat well in accordance with their needs and preferences. The home employed a very enthusiastic cook who was committed to ensuring people had "good fresh food." They were very knowledgeable about the people who lived at the home and they told us about each person's needs and preferences.

People were unable to look after their own medicines. Staff made sure medicines were stored securely and there were sufficient supplies of medicines. People received their medicines when they needed them.

People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure people's legal and human rights were protected.

There were effective systems in place to monitor and improve the quality of the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make choices and participate in activities they enjoyed.

There were sufficient numbers of suitable staff to keep people safe and meet their individual needs.

People received their medicines when they needed them from staff who were competent to do so.

### Is the service effective?

Good ●

The service was effective

People saw appropriate health care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind, caring and compassionate.

People were supported by staff who took time to get to know them well.

Staff understood the need to respect people's confidentiality and to develop trusting relationships.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support in accordance with their needs and preferences.

People were supported to follow their interests, take part in social activities and enjoyed holidays.

Staff supported people to maintain contact with the important people in their lives.

### **Is the service well-led?**

The service was well-led.

The registered manager was described as open and approachable.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There were quality assurance systems to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care.

**Good** ●

# Rivers

## 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 the 13 and 14 July 2016 and was unannounced. It was carried out by an adult social care inspector. This was the first inspection of the service since its registration in August 2014.

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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were nine people living at Rivers and six people living at The Cabin. The people we met with had very complex physical and learning disabilities and not all were able to communicate with us. We therefore used our observations of care and our discussions with staff to help form our judgements. During the inspection we met with all but one person. We spoke with five members of staff, and met a visiting professional and two relatives. We also asked five health and social care professionals for their views on the quality of the service provided but did not receive a response from all of them. We spoke with two relatives on the telephone.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of three people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

## Is the service safe?

### Our findings

The provider's procedures for the recruitment of staff minimised risks to the people who lived in the home. Applicants were required to complete an application form detailing their employment history and qualifications. Applicants were then invited to attend an interview where their suitability to work with people at the home was explored. Before successful applicants' commenced employment they were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

There were enough staff deployed in the home to help keep people safe. Accommodation at the home consisted of two separate buildings which were next to each other and each house had a designated staff team. Staffing levels were determined by the needs, including social needs of the people who lived at the home. Some people required one to one staffing to meet their needs and to help keep them safe. Staffing rotas clearly set out which staff were responsible for supporting each person and we saw that people received the support they needed. One person was in hospital and staffing had been arranged to make sure somebody was with them at all times.

The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff told us, and records seen confirmed all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe.

People and staff were kept safe by detailed individual risk assessments for staff to follow. Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. These included risks relating to personal care, management of health conditions, mobility, medicine management and accessing the community. Each risk had been assessed to identify any potential hazards which were then followed by action on how to manage and reduce the risk. The risk assessment informed staff what people were able to do for themselves and the specific support they required from staff. One member of staff told us "We are not risk averse here and we work hard to make sure people can enjoy all sorts of activities whatever their disability." Another member of staff told us about one person whose family had told them how much the person enjoyed swimming but had not had not been able to do this at their previous placement as it was deemed "too risky." Staff at the home had liaised with the person's family, considered and identified the potential risks and put measures in place to minimise the risks. This had resulted in a positive outcome for the individual who could now enjoy swimming sessions in the hydro pool which was in the grounds of the home.

Environmental risk assessments were undertaken to identify risks to people or staff by hazards inside or outside the home. To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Management also carried out regular health

and safety checks.

The provider had a business continuity plan to make sure they could respond to emergency situations such as adverse weather conditions, staff unavailability and a fire or flood. Recorded within each person's care records was a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated in the event of an emergency. People's safety in the event of an emergency had been carefully considered and recorded. An on call service was in operation for out of hours concerns.

People received their medicines when they needed them and the staff who administered medicines had received training and observations of their practice to make sure they remained competent to carry out the task. Medicines were securely stored in a designated room. The temperature of the room was monitored each day to make sure it remained within acceptable limits. Each person had a pre-printed medication administration record (MAR) supplied by the dispensing pharmacy. MAR charts detailed each person's prescribed medicines and when they should be taken. There was information about how each person preferred to take their medicines and there were clear protocols for the administration of medicines that were prescribed on an 'as required' basis. This ensured the medicines were administered in a consistent way in the accordance with the person's needs. Records showed people's prescribed medicines had been regularly reviewed by health care professionals to ensure they remained appropriate and effective.

Medicines were supplied by the pharmacy in sealed monitored dosage packages which provided details of the prescribed medicine, the name of the person it was for and the time the medicine should be taken. Staff explained they removed the tablets from the sealed package and transferred the tablets to a medicine pot. They then carried the pot through the home to wherever the person was. We discussed the potential risks relating to this practice with the registered manager who agreed to look into suitable lockable storage to transport medicines which would not impinge on the person centred and homely environment which was promoted.

## Is the service effective?

### Our findings

The service had strong links with external health and social care services to ensure people had the support they required to meet their needs. The majority of the people who lived at the home had very complex health needs which required skilled staff to support them. Health and social care professionals spoke highly of the service and the provider. One described the service provided as "exemplary." Another professional told us "I have been very impressed with everything. The staff are very knowledgeable and the communication is excellent."

In their completed Provider Information Return (PIR) they told us "The company employs a training and development manager who helps support the staff training needs and develop new areas of training if specific to one of the residents." Staff were very positive about training opportunities and they told us they always received the training needed to support the people who lived at the home. For example one member of staff explained they were not permitted to support one person until they had received oral suction training. Another member of staff told us they had received "excellent training" from a health care professional which enabled them to support a person who was diabetic. Other service specific training completed by staff included autism awareness, epilepsy and the management of percutaneous endoscopic gastrostomy (PEG). This is where a person requires their fluids and nutrition to be administered through a tube as they are unable to take this orally.

The provider also employed a physiotherapist who provided staff with training and support in meeting people's physical needs and the use of their mobility aids. A speech and language therapist was also contracted and visited the provider's services on a regular basis. They provided people with intensive interaction sessions and provided training to staff so they understood the best way to communicate with people. Intensive interaction is a practical approach to communication and socialising with people who do not find it easy communicating or being social. We observed a member of staff supporting one person with an intensive interaction session. The person looked relaxed and responded positively to the sensation of gentle touch, bubbles and sounds. A relative told us they attended their relative's weekly intensive interaction sessions and found them very beneficial. They said "[Person's name] comes home regularly so it is helpful to watch [person's name] having their sessions as I can replicate this when they come home. My [relative] is really benefitting from the sessions"

People were supported by staff who had undergone a thorough induction programme which gave them the skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. The Care Certificate had recently been introduced as part of the induction programme. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Information in the PIR said "We are a member of the Care Certificate Consortium and all new staff either complete the Care Certificate toolkit or the full Care Certificate if they are new to care. Seniors are trained in assessing the care certificate. The home has a thorough in house induction process and all new staff are allocated a mentor to support them through this process." A member of staff described their induction as "Brilliant."

The registered manager told us they had developed a programme to ensure all staff received regular supervisions as some staff supervisions were overdue. Supervisions helped to monitor the skills and competencies of staff and to identify any training needs staff might have. Staff were positive about the support they received. One member of staff said "I find my one to one's (supervisions) really good. You can talk about anything and if you feel you need more training you can ask. I am sure it would be organised."

People were protected from the risks of poor nutrition and dehydration. Care plans contained information about people's abilities and preferences. Staff were knowledgeable about people's needs and we observed people being supported in accordance with their assessed needs. For example one person required a very specialist diet where the weight and type of ingredients and texture were critical. We met with the cook and a member of staff who were extremely knowledgeable about the diet the person required and we observed a member of staff preparing the person's lunch as detailed in their plan of care. They told us apart from the cook, only senior staff and the person's keyworkers were involved in the preparation of the meals.

The home employed a very enthusiastic cook who was committed to ensuring people had "good fresh food." They were very knowledgeable about the people who lived at the home and they told us about each person's needs and preferences. They explained that they met regularly with a health care professional to discuss one person who required a diabetic diet. They also told us about three people who required a fortified diet to maintain a healthy weight. Some people required their meals to be prepared at a specific consistency as they were at risk of choking. Again, the cook was very knowledgeable about this and was able to tell about the different types of textures. The cook baked bread and cakes every day and menus were very varied and used only fresh ingredients including meat and fish. The cook told us about one person who was a vegetarian. They told us how they used a meat substitute to ensure the person received a nutritious diet.

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Care plans showed that people had received annual health checks by their GP and had access to other healthcare professionals including community nurses, speech and language therapists, opticians and dentists. Staff recorded the outcome of people's contact with health care professionals in their plan of care.

The people who lived at the home had very complex needs and required a range of specialist mobility equipment. The provider employed a physiotherapist who was based at the home once a week. They provided staff with training and support in meeting people's physical needs and the use of their mobility aids. Staff were confident and competent when assisting people. People were regularly supported to change position and have time out of their wheelchairs.

The registered manager, provider and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) Staff had been trained to understand and use these in practice. The 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. Staff spoke confidently about how they involved the people they supported to make decisions. For example, offering a limited number of choices to not overwhelm the person or visually showing people choices.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). 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

and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Assessments about people's capacity to consent to living at the home had been completed and DoLS applications had been completed for people who were unable to consent to this and for those who required constant monitoring by staff.

## Is the service caring?

### Our findings

There was a very cheerful atmosphere in the home and it was apparent that staff really cared about the people they supported. They spoke with great passion when they told us about people and they recognised and responded quickly where people became anxious. A visitor told us "When [Person's name] first moved in staff would phone regularly to check things with us. [Person's name] is non-verbal and one night they burst into tears out of the blue. [Name of staff member] telephoned in the morning to ask if this was normal for them or whether something could be bothering [person's name.] They said they had given them a big cuddle and had stayed with them until settled. This meant so much to us."

Staff showed kindness to people and interacted with them in a positive and proactive way. People were happy and laughing whilst enjoying being with staff. A relative we spoke with described the care their relative received as "second to none." They also told us "There is real attention to detail. I cannot fault the care my [relative] receives."

In a recent satisfaction surveys health and social care professionals there was a high level of satisfaction with the service provided. One comment included "The standards of care and attention I have witnessed over many years working within Cream Homes is absolutely outstanding. Any parent could not help but feel assured their relation is cared for to the highest standards, as a family member would care for them. I have always found the staff genuine, caring, well trained, respectful, thoughtful, encouraging and always having the individuals comfort, health and happiness as a priority. The consistently high standards are far above anything I have witnessed elsewhere." A staff member commented "The home is beautiful and so are the staff and residents. Cream provides the best care I've ever seen." A visiting entertainer described the home as "A fantastic place. The staff are amazing."

The home operated a key worker system. This was where the staff took responsibility for providing care to certain people who lived there. The staff told us that this worked well and helped them to develop very caring relationships with people and to provide people with a high level of care that they needed. Staff were able to tell us about people's individual personalities, their likes, dislikes and preferences, demonstrating that they knew people well. They said they often tried to match the staff to individual people so they could develop meaningful and caring relationships with them.

Staff were very caring and sensitive when a person was moving into the home. A member of staff and a relative told us about the experiences of two people who lived at the home. The relative said "My [relative] has lived at home all their life so moving here was one of the most difficult decisions to make. The staff were amazing. They supported all of us and the transition was brilliant. Staff visited [person's name] at home several times and really got to know them. I can't speak highly enough of the staff." A senior member of staff told us how they had supported a person and their family with the transition from a placement which was hundreds of miles away from the home. They explained how they, along with other staff who would work closely with the person, spent several days with the person at their placement so they could get to know them and to enable the person to see familiar faces when they moved to the home.

The provider and staff went out of their way to ensure people's bedrooms reflected their preferences. A relative told us "[Person's name] bedroom is beautiful. I know they love it. Before [person's name] moved in we were able to choose the furniture, the colours for the walls, the bedding and even the colour of the towels. We were given free rein to make it really special. That meant so much to us." A visiting professional said "I couldn't believe it when I saw [name of person's] bedroom. It is so beautiful. All pink and girly. Just like they had at home and loved so much."

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. Each person had their own bedrooms with en-suite facilities. This meant staff could support people with their personal care needs in the privacy of their own bedroom. Staff were very discreet when offering people assistance.

A relative told us how staff had supported their relative to be a bridesmaid at their wedding. They said "It meant so much to all of us that [name of person] could be my bridesmaid. Two members of staff were there and stayed overnight in the bedroom with my [relative]. It was amazing."

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships. Individual records were securely stored to protect people's personal information.

## Is the service responsive?

### Our findings

The majority of the people who lived at the home were unable to tell us about their experiences however one person answered "yes" when we asked them if they felt well cared for. Relatives felt staff understood people's needs and adapted care and support if needs changed over time. One relative told us "I'd give them top marks. We are kept fully informed and we know [person's name] gets the care they need." People's care plans were personal to them and detailed their hobbies, interests, daily routines and preferences. This helped staff to provide individualised support to people. For example, one of the care plans we read said the person liked lots of bubbles in their bath and like to have water poured over their tummy.

People participated in the assessment and planning of their care as much as they were able to. Others close to them, such as their relatives or other professionals involved in their care, were also consulted. A relative told us "We are always invited to my [relative's] reviews and our thoughts and views are always respected. It all seems to work very well." One of the care plans we read contained risk assessments which had not been regularly reviewed. We also found records which showed the person was being weighed weekly however; there was no care plan or rationale for this. We discussed this with the registered manager at the time who acknowledged this and told us they were in the process of reviewing all care and support plans. We did however observe that people received the care and support which was responsive to their assessed needs and the staff we spoke with had a very good knowledge of the people they supported.

Each person had a communication passport which helped staff to understand what a person maybe feeling. For example when a person was happy, sad or in pain and how they expressed this such as with facial expressions or vocalisation. For example, one person made a sound which meant they were distressed. A member of staff immediately went to them, put their arms around them and sang into their ear. The person very quickly looked relaxed and settled.

The cook told us about one person who liked to tell other people what was for lunch. They explained the person was unable to read so they were having a switch fitted near the kitchen door which, when pressed will provide an audio message detailing what was for lunch. They said "[Person's name] will love this and will be able to go and tell all the others what the choices are." The cook also told us they were in the process of taking photographs of meals to enable people to make choices.

Staff recorded information about each person at the end of each shift. These records included information about the person's well-being, health and how they had spent their day. This information helped to review the effectiveness of a person's plan of care and made sure people received care which was responsive to their needs and preferences.

On the days we visited routines in the home were relaxed and staff were able to respond to any requests from the people who lived there. For example, people got up when they wanted to and were supported to do the things they wanted to do. One person had wanted to have a soak in a bubble bath and this was facilitated.

People regularly accessed a range of activities both in the home and local community. On one of the days we visited a musical entertainer had provided a one to one session with a person who lived at the home. They were returning later in the day for a group session. Staff told us people really enjoyed these sessions. On another day of our visit we observed people engaged in making hats for a mad hatters tea party later that day. The cook explained how some people had chosen plants and had been involved in planting them out in raised beds. They said "The guys had great fun planting everything. This will make a lovely sensory area for people with lots of different colours, smells and textures."

Other activities enjoyed by people included sailing, swimming and trips out. Three people attended a college and two people went to a day centre where they could enjoy various activities such as cooking and crafts. People have access to an on-site hydro-pool and sensory room which is also used by the provider's other homes. The sensory room was equipped with recently developed technology known as the 'magic carpet. This is an innovative interactive floor projection system that enables people to engage with games, music and images simply by moving on or over the projected surface. A member of staff showed us photographs of one person enjoying an interactive session on the magic carpet. The provider offered people regular holidays. A relative told us "They took [name of person] on holiday. All booked and paid for and staff to support them. Amazing. We are so lucky to have found somewhere like this for my [relative]."

Relatives and friends were encouraged to visit and maintain relationships with people. Staff supported people to visit their relative's homes and the provider had a house which relatives could use at no cost. This was particularly important for relatives who lived a great distance from the home. Staff and relatives told us people were supported to use facetime to maintain contact with them.

## Is the service well-led?

### Our findings

The home was managed by a person who had been recently registered by the Care Quality Commission. The registered manager was available throughout our inspection. They were very visible in the home and they knew the people who lived there very well.

The registered manager was keen to develop and improve the service. In their completed Provider Information Return (PIR) they said "My first priority is ensuring that residents have high quality, person centred care. I achieve this by making sure that I am available and present to staff and residents on a day to day basis, closely involved in all care and support provided." Staff and relatives we spoke with described the registered manager as open and approachable.

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the registered manager there were two deputy managers, senior care workers and care workers. Staff were clear about their role and the responsibilities. Staff morale was good and staff told us they received good support from the management team and their peers.

Good practice and performance was recognised. The provider facilitated a range of team building and employee events such as summer and Christmas balls at which employees could be nominated for awards and recognition. For example, the provider had an 'employee of the month' award which recognises and celebrates staff's achievements. Staff are nominated by their peers and people's representatives. The employee of the month for July was the home's maintenance person.

There were quality assurance systems in place to monitor care and plan on going improvements. There were audits and checks to monitor safety and quality of care. The provider employed a quality and compliance manager who regularly visited the home to monitor the quality of the service provided. The quality monitoring system focused on the five questions we report on; Is the service safe, effective, caring, responsive and well-led? We looked at the findings of a recent audit. Findings were mainly positive. Where areas for improvement had been identified an action plan had been developed and action had been taken or was in the process of being taken, within agreed timescales.

Annual satisfaction surveys were sent to people's representatives, health and social care professionals and staff to seek their views. The results the most recent survey showed a high level of satisfaction about the quality of the service provided. The surveys asked questions based on the five questions we report on; Is the service safe, effective, caring, responsive and well-led? Responses had been either "Good" or "outstanding." A professional had commented "Without doubt the most efficient and professionally run care organisation I visit (out of 24!). Staff are always on hand to offer help and to point out any issues. Always a pleasure and delight - superb residents, superb staff."

The provider reviewed their policies and procedures to make sure they remained in line with current legislation and practices. The PIR stated "The Quality and Assurance Manager regularly updates policies and procedures. The staff are trained and updated within the period of time before training elapses." They also

said "As a manager, I ensure that I maintain my own training and professional development. I attend seminars, training sessions and conferences and keep up to date with changes in best practice and legislation. We are a member of the registered care provider association, the British institute for learning disability, Care England and expert care manager caring times."

The provider and the provider's staff had achieved recognition and awards for the quality of care and support provided to the people who used the service. The PIR told us "Cream Care were shortlisted in the South West Region of The Great British Care Awards in the Organisation of the year category. A Support Manager of Cream has received an external South West Regional Award from The Great British Care Awards for Frontline Leader. The Quality Assurance and Compliance Manager has been nominated for the Making a Difference Award for the National Learning Disability and Autism Awards 2016."

The registered manager told us there had been no significant incidents however; they were aware of their legal responsibility to notify the Care Quality Commission of any such events.