

Creative Care (East Midlands) Limited

Orchard End

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?	Requires Improvement ●

Summary of findings

Overall summary

We visited Orchard End on the 28 June 2018, the inspection was announced. We gave the provider 24 hours' notice of our visit, as the service is small and we wanted to be sure the registered manager, staff and the person who lived at the service were available to talk with us. The service is registered to provide accommodation for a maximum of six people with a learning disability. There was one person living at the home on the day of our inspection.

When we last visited the service we found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was, at that inspection rated as inadequate.

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Effective, Caring, Responsive and Well led to at least good. At this inspection we found the provider was no longer in breach of regulations, but still required further improvements and these needed to be sustained over a period of time.

There was a registered manager in post who was available throughout the inspection. 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.

The person living at the service was protected from harm as the provider had robust processes in place to ensure their safety. Staff supporting the person were aware of their responsibilities in relation to protecting them from abuse. They had received appropriate training to support their understanding of any safeguarding issues. The registered manager reported any issues of concern to both the CQC and the local safeguarding teams and worked in an open and transparent manner. There were clear processes in place to ensure lessons were learnt following any incidents or events.

The risks to the person's safety were clearly identified with measures in place to reduce these risks. The environment and essential equipment were well maintained and met the needs of the person who lived there.

The person was supported by well-trained and competent staff in sufficient numbers to keep them safe. Their medicines were managed safely and the person was protected from the risk of infection through good hygiene practices, and staff knowledge of reducing the risks of cross infection.

The person's needs were assessed using evidence based tools and their rights were protected under the Equality Act. Staff were supported with appropriate training for their roles. The person was supported to maintain a healthy diet, with staff showing good knowledge of their nutritional needs.

The person received support to manage their health needs through well-developed links with local health professionals.

Staff sought consent from the person before caring for them and they understood and followed the principles of the Mental Capacity Act, 2005 (MCA). The person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The person was treated with kindness and care by staff who supported them with respect and dignity. Staff developed positive relationships with the person in their care.

The person was able to maintain relationships with people who were important to them and relatives felt their views and opinions about their loved one's care were listened to.

The care the person received was person centred and met their individual needs. However, when treatments had been changed for one of their health conditions the information had not been up dated in their care plan.

The person was supported to take part in a range of social activities to prevent isolation. There was a complaints procedure in place and the person knew who to complain to should they have any issues.

The service was well led, the registered manager was visible and supportive towards the person, their relatives and the staff who worked at the service. The quality assurance systems in place were used effectively to monitor the majority of aspects of care. The registered manager and provider responded positively to changes and used information to improve the service and care people received.

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.

The person was kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

The risks to the person's safety were regularly assessed and measures were in place to reduce risks and promote their independence.

The person was supported by adequate numbers of staff and they received their medicines as prescribed. Medicines were managed safely and staff administering medicines were provided with training to ensure they were safe to do so.

People lived in a clean and hygienic service.

Is the service effective?

Good ●

The service was effective.

The person's needs were assessed using evidence based assessment tools.

The person was supported by staff who received appropriate training and supervision. They lived in a service that met their needs in relation to the premises and adaptations were made where needed.

The person made decisions in relation to their care and support and where they needed support to make decisions, their rights were protected under the Mental Capacity Act 2005.

The person was supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good ●

The service was caring.

The person was supported by staff who were kind and caring,

and showed a good knowledge of their preferences and choices.

The person and their relatives were supported to be involved with the development of their care.

The person had access to advocacy information should they require this.

Staff respected the person's rights to privacy and treated them with dignity.

Is the service responsive?

Good ●

The service was not always responsive.

An aspect of the person's health care was not updated in their care plan.

The person received individualised care and had access to a range of social activities.

The person had access to information in a form which met their needs.

The person was supported to raise issues and staff knew what to do if issues arose.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Although care had improved we were unable to see the sustainability required at this time.

There was an open and transparent culture in the service where people were listened to and staff were valued.

There were a number of robust governance systems in place to monitor the quality of the service. However these audits had not highlighted conflicting information in the person's care plan.

The management team worked to improve and sustain the quality of the service and worked with external health professionals to share knowledge to improve the person's care.

Orchard End

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.

We inspected the service on 28 June 2018 and the inspection was announced. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved with the service, and commissioners who fund the care for some people who use the service.

During the visit, we spoke with the person who used the service, one senior care worker, the registered manager and the regional manager. Following the inspection we spoke with a relative and a further care worker. We looked at the care record of the person who lived at the service, their medicines record, staff recruitment and training records, as well as a range of records relating to the running of the service including maintenance records and quality audits carried out by staff at the service.

Is the service safe?

Our findings

When we previously visited the service we found the provider was in breach of regulation 13 of the health and social care act 2008 (regulated activities) regulations 2014. Action had not always been taken to ensure people were protected from the risk of abuse or improper treatment.

Prior to and at this visit, we saw the registered manager had recognised potential safeguarding concerns and had reported these concerns to both ourselves at CQC and the local safeguarding team. The registered manager had worked with staff to ensure they understood the importance of reporting any incidents, so any safeguarding concerns could be highlighted, reported and investigated thoroughly. They had worked with the safeguarding teams to investigate issues of concern and followed guidance from health professionals to protect people in their care. Although only one person was living at the service when we visited, we saw records of investigations undertaken in relation to other people who had until recently lived at the service. These showed how the provider had worked in an open and transparent way that ensured the people in their care had been protected.

The person living at the service told us they felt safe and staff we spoke with were clear about their role in protecting people from potential abuse. We saw there was information for staff to give them guidance should they have any safeguarding concerns. Staff told us the training they had received on safeguarding people in their care had been useful. They felt confident any concerns they raised would be dealt with by the registered manager to ensure positive outcomes for any people who came to live at the service.

The positive actions the service had taken in relation to safeguarding since our last inspection showed they were no longer in breach of regulation 13

At the last inspection the provider was also in breach of regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. People were not always protected from risks associated with their care and support. Medicines were not stored or managed safely and Staff did not always have the necessary training or competency to ensure safe medicines practices were followed.

At this inspection we reviewed the risk assessments in place for the person living at the service. The risks to the person's safety were clearly identified and measures in place to reduce these risks and support the person to be as independent as possible. The information was detailed and gave staff guidance on how to support the person with the different aspects of their life. For example, the risk assessments gave staff guidance on how to manage the person's behaviour patterns, giving strategies on how to calm the person when they became anxious.

Staff we spoke with told us they had received training on restraint techniques, however one member of staff told us they worked to find alternative ways to manage challenging behaviours and restraint would only be used as a last resort. They went on to say the provider had undertaken a restraint reduction pledge and provided staff with training and strategies to manage behaviours through positive behaviour strategies.

During our inspection we saw staff using the strategies documented to successfully support the person during a period of anxiety. The risk assessments gave staff clear guidance on supporting the person in the community. This included planning trips with the person being clear about what would happen and not deviating from the plan discussed and agreed. Again, during the inspection we saw the person and a staff member planning and successfully undertaking a trip which the person appeared to enjoy.

Our review of the management of medicines during our visit showed these were being stored and administered safely for the person living at the service. The staff undertook regular checks of the person's medicines and we saw the person's medicine administration record (MAR) had been completed correctly. The person had protocols in place to guide staff for medicines the person took, on an as required basis and we saw these medicines were administered in line with the prescription and protocols in place. This ensured the person received these medicines safely and consistently.

Staff supporting the person had all received training in the safe handling of medicines. This meant should the person require medicines at any time during a twenty-four hour period there was a medicine trained member of staff on duty who could administer the medicine.

Based on the evidence we found in relation to the care of the one person living at the service the provider was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

When we previously visited the service we found the provider was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not always enough, adequately trained staff to provide care and support to people when they needed it.

During this inspection we saw the levels of staff met the needs of the person living at the service. The person at the service required one to one care and staff we spoke with told us this was always provided. The staff supporting the person had received appropriate training that ensured they would be able to meet their needs. For example all staff had been trained in first aid, physical intervention, autism awareness and positive behaviour support. Staff told us their training in positive behaviour support meant the likelihood of them needing to use physical intervention was low. They were able to reduce the person's anxieties or challenging behaviours through the techniques taught during this training. During this inspection staff we spoke with told us although there was a staff vacancy they worked together to ensure shifts were covered. This meant the person received care from a consistent group of staff and no agency staff had been required to cover shifts.

The registered manager told us when the numbers of people using the service increased they would ensure the numbers of staff reflected this. However, until the need for staff numbers to increase arose the registered manager made sure all staff were aware of the lone working policy and staff we spoke with were aware of the support available to them should they need it.

Based on the evidence we found in relation to the support provided by staff for the one person living at the service the provider was no longer in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The person who lived at the service was protected from the risks of infection as staff supporting them were aware of their responsibilities in reducing the risks of cross infection. Staff had received training in infection prevention and we saw them undertaking good infection prevention techniques in their practice during our inspection. Personal protective equipment (PPE) was used appropriately, such as when supporting the

person preparing food. There were regular cleaning schedules in place and the home was visibly clean. Foods stored in the fridge was clearly labelled, staff had undertaken food hygiene training and followed good hygiene practices when preparing food.

The registered manager supported staff to learn from incidents and accidents to reduce the risks of reoccurrence. Staff we spoke with told us following any incidences they would be debriefed. They also told us they completed an incident form. The form had sections for staff to give a description of the incident, and for them to consider if or how the incident could have been prevented. What aspects of the incident had been managed well and could be improved in the future. The registered manager used the information to review the incident and debrief staff. Recording their review of the incident on the form so all staff could benefit from the discussion. This showed the registered manager took their responsibilities seriously in ensuring learning from adverse events took place.

Is the service effective?

Our findings

When we previously visited the service we found they were in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's rights under the Mental Capacity Act (2005) were not respected at all times.

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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). We checked at this visit whether the service was working within the principles of the MCA.

Measures were in place to protect the rights of the person who lived at the service. The person told us staff asked for consent before providing care and our observations of staff interactions confirmed this. The person's records showed that mental capacity assessments had been undertaken to establish if the person had capacity to make their own decisions. We saw information in the person's care record to show they were able to make some decisions themselves, there was guidance for staff on how to enhance this for the person. For example, using clear straightforward language, giving the person time to think about the information so they could consider their response.

Where the person's mental capacity was in doubt, for example their ability to make complex decisions about their care. The registered manager had requested the support of the relevant health professionals to ensure robust mental capacity assessments were undertaken. We saw particular decisions had been referred to the court of protection. The Court of Protection is a court that deals with decisions or actions taken under the Mental Capacity Act. The Court can decide whether they think a person has the capacity to make a particular decision or whether something is in their best interests.

When we last visited the service we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As there was a risk that people may not always receive support with their health needs because some staff supporting them had not received the training required to manage those health needs.

Following this visit, the person's relative we spoke with told us they felt staff had appropriate training to meet the needs of their relation. The staff we spoke with told us they were happy with the training they received for their role. One member of staff said, "It's better, the manager made sure we all did it."

Staff we spoke with also told us they had received the appropriate training to support the health needs of

both the person and the people who had previously lived at the service. They told us they had undertaken training in areas such as autism awareness, diabetes, first aid, basic life support, epilepsy awareness, positive behaviour support and nutrition awareness.

Staff we spoke with told us they felt confident that the training they had been given gave them the skills to effectively manage the person's health needs. Both members of staff considered the Autism awareness and the positive behaviour support training to have helped them in their practice. They felt it had given them an awareness that had improved the support they gave to the person they cared for. The registered manager and regional manager told us as more people were admitted to the service they would assess people's health needs on an individual basis. They would then ensure staff received appropriate training to manage those needs.

The training matrix we viewed confirmed what we had been told. We saw staff had completed or received update training for 95% of the training modules the provider had considered necessary to support them in their role. And there were dates arranged for the outstanding modules to be completed.

Staff also told us they had received regular support from the registered manager through supervision. They told us this one to one time gave them the opportunity to discuss things with the registered manager such as possible future training and how they were feeling in their roles. This showed the person was being supported by suitably trained staff.

The above evidence shows in relation to the support provided by staff for the one person living at the service the provider was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The person had a number of health needs and was not always compliant in following their treatment plan for one of their health conditions. As a result the registered manager had supported the person with various appointments with health professionals to seek guidance to support the person. As a result there had been some changes to their treatment. However, the changes to the treatment for this health condition had not been up dated in the person's care plan. There was some information from health professionals in the form of letters giving updated information on the person's health needs. All the staff we spoke with had a good understanding of the changes to the person's treatment and how they should support the person but the updates had not been entered into their care plan. We discussed this with the registered manager who told us they sometimes did not get the feedback from health professionals as quickly as they would like. However, they accepted that the person's care plan should have been updated to reflect the changes to this aspect of their health care.

The person had a short summary in place to support them should they need to attend hospital, giving information on the support the person needed. However, the information relating the health care condition discussed above also needed updating to reflective the person's current treatment. The registered manager told us they would ensure this was also updated.

Other information on the person's health needs was up to date and reflective of their needs and staff supported the person to attend healthcare appointments and had documented outcomes of the appointments in the person's care record.

The assessments of the person's care considered their diverse needs to ensure there was no discrimination in relation to the protected characteristics under the Equality Act. The registered provider had policies and procedures in place in line with legislation and standards in health and social care to ensure best practice

was understood and delivered by staff.

The person was supported with their nutritional needs. They required a special diet due to a health condition and staff we spoke with told us they knew the different foods the person appreciated. Through negotiation and planning, they ensured the choices offered to the person supported their dietary needs and were foods the person enjoyed. We saw examples of how staff supported the person make healthy choices. There was fruit readily available for the person and through suggestion and discussion, we saw the person chose to drink bottled water rather than sugary fizzy drinks. This showed staff worked with the person to ensure their diet was in line with their health needs.

The person lived in an environment that met their needs. We saw that as well as their own room the person had a number of areas in the service to spend time. The environment was well maintained and decorated to a high standard.

Is the service caring?

Our findings

When we last visited the service we found the provider were in breach of Regulation 9 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. Some staff at the service did not know the people they supported and there was a lack of person centred support. Communication with people with complex needs was inconsistent and people were not supported to maximise their independence.

During this visit we found the staff we spoke with had a good knowledge of the person who lived at the service. We saw the approach to the person's care was person centred. The person told us the staff knew their preferences in relation to their care. Their choices around their day-to-day routine were respected by the staff who cared for them.

The person was cared for by a consistent group of staff who used the information and guidance on the person's care needs to provide care in the way the person wanted it.

During our visit we saw staff managed their duties in relation to the running of the service around the person's preferences and routines. For example, the person did not like to get up early and staff undertook maintenance tasks prior to the person getting up so they were free to spend time engaging with the person should they wish it.

One member of staff who was new to the service told us they had been working to build their relationship with the person as the person was sometimes anxious around new staff. The staff member told us they had familiarised themselves with the person's care plan and got to know how to approach them so the person felt comfortable in their company. The staff we spoke with told us the person did not always want a member of staff with them throughout the day. For example, the person liked to sit on their own and watch television in the evenings and staff would sit in an adjacent room, popping in to check on the person at regular intervals throughout the evening.

During the visit we saw some positive interactions between the person and staff at the service, this included the registered manager and regional manager. The person was able to and encouraged to undertake personal housekeeping tasks themselves such as their own washing and making their own drinks and snacks. They enjoyed shopping for their own clothes. These examples showed the staff worked to encourage the person's independence.

The above evidence shows in relation to the support provided by staff for the one person living at the service the provider is no longer in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the person's views were incorporated into their care plan. Their choices in relation to their care was documented in their care plan and there was guidance for staff to support the person give their views on their care. For example, the person expressed a wish to have a certain gender of healthcare professional to support them with their care. Relatives told us the registered manager had listened to their views on the

relation's care and they were encouraged to support the person to ensure their views were noted.

The person was supported by the services of an Independent Mental Health Advocate (IMCA). Independent Mental Capacity Advocacy was introduced as part of the Mental Capacity Act 2005. This gives people who have an impairment, injury or a disability that results in them being unable to make a specific decision for themselves, the right to receive independent support and representation. This shows the provider is committed to ensuring the person's views on their care form the basis for their care.

The person told us the staff respected their privacy and dignity. Staff were clear about the way they provided support for the person. They told us they may prompt the person, but they were led by the person when dealing with areas of personal care. Staff were aware of the importance for the person to have privacy throughout the day. Our observations of the interactions between staff and the person showed they were treated with respect.

Is the service responsive?

Our findings

When we last visited the service we found people were at risk of receiving inconsistent support as the quality of the information in their care plans was variable. At this visit we found the majority of information in the person's care plan was consistent and up to date. With the exception of some updates for one aspect of the person's care. This was around the person's non-compliance in relation to an aspect of their care. We found evidence to show staff were managing this aspect of their care, but there was some conflicting information in the plan that required updating. We discussed this with the registered manager who told us they would update that area of the care plan to reflect the current practice.

However, despite this the person's care plan contained clear detailed information and guidance for staff on all other aspects of their care. For example, the information for staff on supporting the person communicating showed how they could positively engage in conversation with the person. It discussed simple language and giving the person time to process the information given. There was information on the person's interests to help staff prompt conversations.

The person received individualised and person centred care, all the documentation relating to the person's support was written to maximise the person's independence, reduce anxieties and challenging behaviours. Their care plans and risk assessments were supported by an individualised Positive Behavioural Profile (PBP). This showed the triggers that may contribute to the person's anxieties such as excessive stimulation, changes in routines, unnecessary restrictions or boredom. There were strategies to manage the person's anxieties or challenging behaviours such as the low arousal approach. The strategy of low arousal approaches is one of non-confrontation responses from staff when faced with challenging behaviours from people. The registered manager told us the use of the positive behavioural profile and the low arousal techniques had been successful for managing the person's anxieties. The staff we spoke with told us they followed the strategies and worked together to offer a consistent approach to the person and they felt this had resulted in positive outcomes for the person. One member of staff said, "PBS is helpful for us as this stops us (staff) focusing on negative crisis behaviours and focus on preventing negative behaviours."

The person was encouraged to undertake social activities of their choice. The staff member we spoke with told us staff sat with the person to discuss the different activities they wished to undertake each week. However, the staff member told us the plan was flexible so if the person changed their mind about an activity this could be managed on a day-to-day basis. These activities included going out for a meal or a drive, seeing his relatives, shopping trips or activities within the home such as cooking or watching television. The person enjoyed routines and staff worked with the person so this aspect of their care was maximised as this gave the person a sense of control over their care and supported their well-being.

The provider was aware of the Accessible Information Standard. The Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. We saw that information was displayed in the person's care plan and around the service in a format the person could understand.

The person was provided with information on how they could make a complaint if they wished to. The complaints procedure was displayed in a format the person could understand and staff we spoke with told us they would document any concerns the person raised so any issues could be investigated by the registered manager. The relative we spoke with told us they know who to raise concerns to should they have any. We saw the registered manager had kept a record of complaints and how they had been dealt with. This was overseen by the senior management team to ensure any complaints were dealt with in line with the company's complaints policy. At the time of our inspection there were no outstanding complaints against the service.

At the time of our inspection the service was not providing end of life care and staff told us the person who lived at the service did not want to engage with them about their end of life care. As a result we have not reported on this.

Is the service well-led?

Our findings

Following our previous visit the service had been rated as inadequate overall, due to the number of shortfalls and concerns we identified in a number of areas. This had led to a number of breaches of regulations, including Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this most recent inspection completed in June 2018 we found improvements had been made and the provider was now meeting this regulation. However further work was needed to ensure the effectiveness and ongoing sustainability of the new systems and processes.

During this inspection we found the provider had made changes to the senior management team to better support their registered manager. They had introduced a comprehensive quality monitoring system to address our concerns in relation to the governance issues we had highlighted at the last inspection.

This oversight had led to improvements to the way the service was run. For example, incidents and accidents were investigated and analysed by the registered manager and all incidents were logged in the company's central auditing tool for further analysis to ensure all appropriate actions had been undertaken. The audits the registered manager undertook in areas such as medicines or the environment were comprehensive and showed the actions they needed to take when they found any shortfalls. Again, the senior management team oversaw these audits and undertook comprehensive monitoring visits. Prior to and during our inspection we saw how these provider visits had been recorded and the areas of the service audited. There was clear explanation of the findings of the audits and action plans to address any issues raised with dates for completion and who was responsible for completing the actions.

Further examples of how the increased oversight and governance of the service had improved the running of the home, were the better management of safeguarding issues, safer management of medicines and the training staff had received.

There had also been a recent visit from the local authority and the provider had just received their report. The regional manager had already developed an action plan to ensure the issues identified from this visit would be addressed.

However only one person now lived at the service which is registered for a maximum of six people. Whilst these improvements were positive, we would expect to see a period of sustainability following a service improving, where this care was provided to a number of people consistently. At this visit we were unable to see the sustainability yet, as there was only one person using the service. This meant we were unable to make a judgement about the effectiveness of the new systems we would hope to find with increased numbers of people at our next visit. Also some improvements were still required at this service as identified with information missing in a care record for the one person living at Orchard End.

When we last visited the service, we found the provider had not submitted some statutory notifications on events that happen in the service, which they are required to do by law. This was a breach of Regulation 18

of the Care Quality Commission Registration Regulations 2009.

Prior to, and during this inspection we saw the registered manager had submitted the required notifications in relation to events at the service in line with the regulations. Our conversations with the registered manager and regional manager showed they fully understood their responsibilities in relation to this regulation and the provider is no longer in breach of Regulation 18 of the Care Quality Commission Registration Regulations 2008.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating on their website and at the service.

It is also legal requirement for the service to have a registered manager in post and on the day of our inspection the registered manager was available.

The registered manager was well known to both the person who lived at the service and their relatives. We were told by the person that they regularly saw the registered manager and was able to talk to her. Their relative told us the registered manager would regularly ring them to keep them in touch with their relation's care. On the day of our inspection we saw good interaction between both the registered manager and the visiting regional manager with the person.

Staff told us they were well supported by the management team and felt they could talk to the registered manager about any issues they may have. One member of staff said, "Yes she (registered manager) does her job, she is easy to speak to, always helping out and pointing us in the right direction." Another member of staff echoed these comments and told us they felt well supported by the registered manager.

Staff told us there was an open culture at the service and there were clear goals for staff to work toward. One staff member said, "Yes we are working towards improvements, the last inspection highlighted the shortfalls and we are trying to improve this." They gave an example of how the risk assessments had improved. They felt because there was a better oversight, the risk assessments had been more comprehensive and had resulted in a better understanding for staff on how to support the person who lived at the service in a more positive way. For example, the better understanding of how to support the person in the community had resulted in them going out more and the staff member felt this had been a positive outcome for the person.

Staff told us there had been a lot of changes at the service and while this unsettled some staff it had resulted in better care for the person who lived at the service. One member of staff said, "There has been a 100% improvement." They told us staff had a good understanding of what was expected of them and the structure of the service was clear.

The person living at the service was encouraged to give their views on the way the service was run. We saw the person had been supported to complete a questionnaire, which was in easy read format and gave positive feedback on the way the person felt about living at the service.

Staff told us they were encouraged to attend staff meetings and we saw there were minutes of the meetings. The provider had also responded to a staff survey sent out in November 2017 and had addressed the issues raised from the survey. This included rates of pay, training and encouraged staff to nominate a colleague for "employee of the month."

The provider had since our last visit looked at ways they could improve their service and this had resulted in the improved oversight of the service and training for staff. The introduction of the positive behaviour support programme had had a positive impact on not only the person at this service but other for other people at locations run by the provider. The information and strategies this programme provided was shared with other health professionals involved in people's care. The provider had been asked to present their programme to the Care Home Provider Forum run by the local authority. The regional manager felt this showed how they had improved and worked in partnership with external agencies to achieve positive outcomes for people in their care.