Genesis Homes (Essex) Limited

# Whiteacres Residential Care Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

The inspection visit took place on 6 February 2017 and was unannounced.

Whiteacres Residential Care Home provides accommodation for up to 18 older people some of who live with dementia. At the time of our inspection 18 people were using the service.

The service had a registered manager. 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's nutritional needs were met. People had a choice of meals. On the day of our inspection we had to intervene to remind staff to check the temperature of the food. People who ate little of their meal were not effectively offered an alternative meal. People who required support with eating were supported.

People who used the service were safe. They were supported and cared for by staff who understood their responsibilities for protecting people from abuse and avoidable harm. The provider had recruitment procedures designed to ensure that only people suited to work at the service were employed.

People's care plans included risk assessments of activities associated with their care routines. The risk assessments provided information for care workers that enabled them to support people safely but without restricting their independence.

There were sufficient numbers of suitably skilled and knowledgeable staff deployed to meet the needs of the people using the service.

People were supported to receive their medicines by staff that were trained in medicines management. The provider's arrangements for storage and disposal of medicines were safe.

Care workers were supported through supervision and training.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2005. Staff had awareness of the MCA. There were people at Whiteacres Residential Care Home who were under a Deprivation of Liberty Safeguards authorisation. Staff were supporting people in line with the authorisations.

People using the service were supported to access health services when they needed them.

Where they were able to be, people were involved in decisions about their care and support. They and their relatives received the information they needed about the service and about their care and support.

We observed staff treating people with dignity and respect when they supported them.

People and their relatives contributed to the assessment of their needs and to reviews of their care plans. Their care plans were centred on their individual needs. People or their relatives knew how to raise concerns if they felt they had to and they were confident they would be taken seriously by the provider.

The provider had arrangements for monitoring the quality of the service. These arrangements included asking for people's feedback about the service and a range of checks and audits. The quality assurance procedures were used to identify and implement improvements to people's experience of the service.

## 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.

Staff understood their responsibilities for protecting people from abuse and avoidable harm.

The provider operated safe recruitment procedures. There were enough staff to meet the needs of people using the service.

People had their medicines at the right times. Storage of medicines and arrangements for disposal of them were safe.

### Is the service effective?

**Requires Improvement**

The service was not consistently effective.

People's nutritional needs were met, but some meals were cold by the time they had been served. Alternative meals were not offered in ways that people understood.

People were supported by staff who understood their needs. Staff were supported through supervision, appraisal and training and were supported to study for qualifications in health and social care.

Staff understood their responsibilities under the Mental Capacity Act 2005.

Staff supported people to access health services when they needed them.

### Is the service caring?

**Good**

The service was caring.

Staff treated people with dignity and respect.

People's views and opinions were sought and acted upon.

Relatives were able to visit without undue restrictions.

### Is the service responsive?

**Good**

The service was responsive.

People experienced care and support that met their needs.

People were supported to participate in activities if they chose to.

People's care plans were centred on their personal individual needs.

People knew how to make a complaint if they felt they needed to.

## Is the service well-led?

Good

The service was well-led.

People using the service and relatives had opportunities to be involved in the development of the service.

People using the service and staff knew how to raise concerns and were confident their concerns would be taken seriously.

The service had effective arrangements for monitoring the quality of the service which included seeking and acting upon people's feedback about the service.

# Whiteacres Residential Care Home

**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 visit took place on 6 February 2017 and was unannounced.

The inspection was carried out by an inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We reviewed information the provider had sent to the Care Quality Commission about incidents that had occurred at Whiteacres Residential Care Home since our last inspection on 30 October and 3 November 2014.

On the day of our site visit we spoke with eight people who used the service and relatives of two other people. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We spoke with a health care professional who was at the service on the day our inspection.

We looked at three people's care plans and associated records. We looked at information about support staff received through training and appraisal. We looked at a staff recruitment file to see how the provider operated their recruitment procedures. We reviewed records associated with the provider's monitoring of

the quality of the service. These included surveys and audits. We spoke with the registered manager, a senior care worker and a care worker. We observed how care workers interacted with people who used the service.

We contacted the local authority that funded some of the care of people using the service and Healthwatch Leicestershire, the local consumer champion for people using adult social care services, to see if they had feedback about the service.

Good

# Is the service safe?

## Our findings

People using the service told us they felt safe. A person who used the service explained, "It's very safe. I have a close relationship with staff and we trust each other". Another person told us, "Its safe" then added it was because "the doors are locked". A relative of another person told us, "I believe it is safe here. My relative is definitely safe, they are very settled here". A relative of a person who came to the service just weeks before our inspection told us, "It is safe here. [Person using the service] would have told us if they felt unsafe. They haven't said anything that gives us any worries".

Staff knew how to identify and respond to signs of abuse. They knew about the provider's procedures for reporting suspected or actual abuse. All staff had received training in safeguarding people from abuse or avoidable harm. Staff we spoke with demonstrated knowledge about the types of abuse recognised in the Health and Social Care Act 2008. A care worker told us that whilst they had not had reason to report any safeguarding concerns they were confident the registered manager would take any concerns they raised seriously.

They knew they could contact the local authority's safeguarding team and the Care Quality Commission (CQC) if they had concerns about people's safety.

People's care plans had risk assessments of activities associated with their care routines, for example supporting people with their mobility. The risk assessments were detailed and included information for care workers on how to support people safely and to protect them from harm or injury. A care worker we spoke with was familiar with the contents of a person's care plan. Staff supported people in line with their care plans and risk assessments. People were protected from the risk of injury, for example from falls because staff supported people to walk safely.

Staff safely used equipment to support people with their mobility. People who required support to change position or transfers to other seating told us that they were always supported by two staff working together. We saw this person supported twice during our visit and we saw that staff did this safely. A person told us, "Staff know what I need. I had four falls at home before coming here. I have had no falls since coming here". Since our last inspection two years ago there had been only one incident where a person had suffered a serious injury. The reasons for this had been investigated and steps taken to prevent a similar incident happening again. This showed that the provider identified and managed risks effectively.

A factor for people being safe was that the provider deployed a suitable number of staff to be able to meet people's needs. A person told us, "There is always somebody around and you can get attention from them. It is safe for everybody". Another person said, "I would say there are enough staff. They mix and work it out between them". A relative told us, "There are enough staff. Whenever I visit there are usually four or five staff". We saw that whenever a person requested support they received it quickly. Staff were deployed in all three communal areas used by people and were alert and attentive to people's needs.

The provider had recruitment procedures that ensured as far as possible that only staff suited to work for the

service were recruited.  Following an incident in June 2016 they had improved their checking procedures to ensure that people from overseas had a right to work in the United Kingdom. A candidate's suitability was assessed through a review of their job application form and at job interviews. All the necessary pre-employment checks were carried out before a person started work including a Disclosure and Barring Service (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using care services out of the workforce. People using the service and their relatives could be confident that the provider took the right precautions in deciding who they employed.

People were supported to have their medicines at the right times. This included medicines known as 'PRNs' which are given only in response to symptoms such as pain and discomfort. A person told us, "I'm on tablets and eye drops. I have glaucoma. I get my medicines regularly. They [staff] bring them to me and I take them myself after dinner".  People knew what their medicines were for because staff told them. Three people told us about the medicines they were supported with.

The provider ensured there were sufficient stocks of medicines by maintaining an effective working relationship with the pharmacy that supplied medicines to the service. A person told us, "I get my medicines on repeat prescription through the staff. I get my tablets in my room and the carer checks that I take it. I also have a spray that is as required".  We saw that people were supported to have PRN medicines. We saw this happen and we found that a person had been supported in line with their care plan and their medicine was provided as prescribed by the person's doctor. Only staff trained in medicines management supported people with their medicines.
The arrangements for the ordering, storing and disposal of medicines were safe.  This included storing medicines at the right temperature.

Requires Improvement

# Is the service effective?

## Our findings

On the day of our visit people had a choice of two meal choices at lunchtime; fish and chips which was a people's favourite or a home-made curry. Fifteen people chose fish and chips. A care worker went to a local food take away shop. After the food was brought to the service no checks were made of the temperature of the food until we suggested this was necessary some 15 minutes after the food was put onto plates. The fish and chip meals looked unappetising when they arrived and less so after they had been reheated in a microwave oven.

During the meal time two people told staff their chips were cold. A care worker asked them if they would like the alternative meal (curry) but the people did not appear to understand what the care worker was saying. The care worker wrote 'chicken curry' and showed it to the people. Neither person responded. Several people did not eat all of their fish and chip meals. Most were less than half eaten.

The registered manager told us that people's meal experience on the day of our visit was untypical. Staff had to improvise because the shop where the fish and chip meals were normally brought from was closed that day. Another supplier had to be used which caused a delay in the fish and chip meals being brought to the home. However, we found that the provider had not planned to ensure that the meals were served quickly without undue delay and at the correct temperature. Nor had they ensured that people had an alternative meal once it became evident the fish and chip meal was unpalatable to most people.

We found that the meal experience was compromised by lack of planning and availability of adapted equipment.

People spoke in complimentary terms about the meals they had at Whiteacres Residential Care Home. This showed that what we observed during our visit was not typical of people's experience. A person told us, "The food is good. You get a choice sometimes and plenty to eat. I can get a snack if I want. At tea time I get a cheese scone with coffee". Another person told us, "The food suits me. I think it's good. They tell us what is on the menu. Not much choice at dinner but more choice at tea time. I get plenty to eat and if I get peckish they will give you a sandwich". People were shown photographs of meals to support them to make a choice.

All of the people we spoke with felt that the staff were knowledgeable about their needs. A person told us, "The staff know what I want". Another person said, "I'm well looked after because the staff know what to do". A relative of another person told us, "My mother gets the care she needs from the staff". When we spoke with a care worker we found they were knowledgeable about the needs of the people who used the service.

The provider arranged training for all staff. A person who used the service told us, "I think they are trained enough". Care workers we spoke with told us they felt well trained and that their training had prepared them to care for and support the people using the service. One care worker who had been with the service for nearly six months told us, "I've had lots of training. It has included practical training like showing how to

lift people and use equipment".

The registered manager maintained a training plan to ensure that care workers received the training they required to support them to understand and meet the needs of the people who used the service. We saw a schedule of training staff had received and training that was due to take place. Training included topics such as dementia, understanding about behaviour that challenged people, the value of good nutrition and conditions that people who used the service lived with. Some of the training taught practical skills, other training was 'on-line' and included a wide range of subjects relevant to adult social care. New staff were supported to achieve the Care Certificate which is a recognised national qualification designed for people working in residential and nursing homes and adult social care.

Staff were supported through one-to-one supervision meetings. These took place every two months but could take place more often if necessary. A care worker told us that they found these meetings helpful. They told us, "The meetings are helpful. My manager and I can share and exchange information. I get an opportunity to discuss any aspect of my work".

Staff used different methods for communicating with people who used the service. They used language, signs and sometimes wrote what they were saying and showed it to people to aid their understanding. A person told us that when they first came to the service they felt staff were "abrasive". They explained this meant that they did not always understand what some staff were saying. They added, "I'm getting used to it. I have seen staff with poor English but they have been improving." Staff had training about understanding people's diversity and cultural needs. This was important because whilst the workforce was multi-cultural, there was only one person from an ethnic minority group who used the service. A health professional who visited the service on the day of our inspection told us they had no concerns about how staff communicated with people who used the service. We found that staff were able to make themselves understood.

Staff responded well when people presented behaviour that challenged them or others. They put training they had received about 'managing challenging behaviour' into practice. We heard a person being verbally challenging with other people for a short period. Staff supported the person to relax by speaking sympathetically to them and distracting them from what triggered their behaviour.

Staff communicated effectively with each other about people's needs. For example, they exchanged information about people's needs at 'handover' meetings and through a communications book. This enabled staff who were starting a shift to acquaint themselves about people's needs.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application process for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

A care worker we spoke with had a good understanding of the MCA and its importance. They knew which people at Whiteacres Residential Care Home were under a DoLS authorisation and why. They understood that people had to be presumed to have mental capacity unless there was evidence to the contrary; and that where people lacked capacity they were supported in their best interests in the least restrictive way. At the time of the inspection four people were subject to DoLS authorisations. We looked at one of the DoLS

authorisations. We found that the person was supported to receive care that was in their best interests. Without that care the quality of their life would deteriorate.

Care workers supported people to be independent but if people expressed a choice of an activity that was harmful staff supported people to manage the risk. They supported people to, for example, limit how many cigarettes they smoked or how much alcohol they consumed.

Care workers understood that they required a person's consent to receive care and support. We saw care workers ask people if they wanted support before they provided it. A person who used the service told us, "They do ask permission. I like showers and they ask if I want one". Another person said, "Generally, they ask for permission before doing things".

People told us how they were supported with their health needs. One person told us, "The manager arranged for my G.P to come. He did some tests and I'm waiting for the results". Another said, "The proprietor gets in touch on the phone if I need my G.P. The G.P comes if I need him. The optician comes here". A third person told us, "I go to my own opticians. I get a taxi and go there myself. Sometimes I will have a carer come with me".

We saw in people's care plans that people were supported to access health services when they needed them. An NHS health professional who was at the service on the day of our inspection told us, "The service is good at supporting people with their health needs. Whenever I visit the patients are always clean and well presented. They are well looked after. I've never seen anything that gave me cause to feel concerned".

Good

# Is the service caring?

## Our findings

People who used the service told us that staff were friendly and caring. A person told us, "Staff are like friends. They are kind and gentle". Another said, "I think the staff here are all very good. They are respectful and listening". Another person told us, "I would give the staff 10/10 for caring". People told us that that they got on well with the staff. A person told us, "Relationships here are pretty good". A relative told us, "It's very nice here, very friendly. It is good for [person who used the service]. I like everything about it".

People told us how over a period of time they had developed caring relationships with staff despite language barriers with the majority of staff. A person told us, "At first I thought the staff were abrasive [but they were not]". They explained it was because most staff spoke English as a second language and they sometimes found it difficult to understand them. They added, "But I'm getting used to it. I have seen staff with poor English but they have been improving". We saw lots of instances of staff engaging with people to help them feel that they mattered.

We saw and heard care workers use people's preferred names when they spoke with them. Care worker's regularly asked people if they were comfortable. They responded quickly when people requested support. Relatives told us that they felt staff treated people with dignity and respect. One told us, "[Relative] is always clean and dressed in fresh clothes whenever I visit. That's important to them and me".

The service promoted dignity in care through policies and staff training. We saw staff put their training into practice. For example, people's clothing was adjusted when they were supported to stand or return to a seat. Care workers described how respected people's privacy when they supported them with care routines. People told us that staff were kind and polite. A person told us, "Yes, they do respect me. They call me by my name" Another person said, "If I didn't want to be examined and I did not want that, they would respect my wishes".

People told us they were supported to be as independent as they wanted to be. A person said, "They are very helpful, listen to you and give you good advice. They encourage you to regain independence again".

We saw examples of staff being kind and caring. For example, when care workers supported people with foot baths they explained what they were doing and talked with people throughout the routine. People's reactions showed they enjoyed the experience. However, when we talked with the care workers about this none had thought to ask the people if they wanted to experience what was an essentially intimate moment in the privacy of their room. They told us people were happy to receive that care in the lounge. We discussed this with the registered manager who told us that in future people would be offered a choice about where they received that care.

The provider's promotion of and work on dignity had been recognised by a local authority who paid for the care of most people who used the service. The local authority gave the service a 'Dignity in Care Award' on 4 February 2016.

The majority of people using the service lived with dementia which meant they did not fully participate in longer term decisions about their care. However, their relatives had opportunities to be involved in decisions about how their care and support was delivered. A relative told us, "I've been involved. I'll be attending a meeting at the home with the social worker tomorrow".

People who used the service were able to make decisions about their care and support. A person said, "I can make choices about living here". People told us they felt confident about expressing their views and opinions. A person told us, "The carers give confidence in yourself and that gives me confidence in them".

People who used the service told us that they received information when they needed it. People's comments included, "Staff discuss things with me" and "Staff inform us of changes beforehand". A person told us, "If I want anything I ask them". The provider used a 'newsletter' to keep people informed about events and developments at the service, including things they planned to improve. One person told us, "I have it [information about their care and support] in writing".

Information was available on a notice board in the dining area. This included information about the day's activities and meals. However, the display lacked clarity and order and was not in a format that was suitable for people living with dementia.

People had a choice of two lounges; one with a television and another lounge that offered a quieter area. They were able to have visitors in the privacy of their rooms or in communal areas. People's relatives were able to visit Whiteacres Residential Care Home without undue restrictions. We saw from the visitor's signing in book that relatives visited the home from early in the morning to in the evening.

Good

# Is the service responsive?

## Our findings

People we spoke with told us that were well cared for at Whiteacres Residential Care Home. People's comments included, "They know what to do", "The staff know how to look after me" and "They know me and understand my needs". A relative of person who used the service told us, "[Person] definitely gets the care she needs".

We saw from information in care plans we looked at that people using the service contributed to the assessments of their needs or, if they were unable to, their relatives did so. A person who had recently begun to use the service was involved in the assessment of their needs and contributed to the development of their care plan. This was still in progress at the time of our visit which showed that their contribution was on-going.

People's care plans contained information about their life history, individual preferences and what they liked and disliked. The care plans also contained detailed information about people's assessed needs and how those needs should be met. The care plans supported staff to provide care that met people's needs.

People benefited from the care and support they received and for some it had made a difference to their lives. A relative told us, "[Person] looks a lot better since she has been here". The registered manager told us how a person had been supported to develop a better insight about life style choices they made. As a consequence, they understood the risks they were taking and had gradually modified their choices and led a healthier life style. That person told us the support they received was excellent.

Care workers we spoke with told us they referred to people's care plans. We saw from daily records that care workers made sure that people were supported in line with their care plans. Care workers were kept informed about changes in people's needs through 'handover meetings' and a communications book. This meant that people were supported with their current needs.

People told us that they liked that they had care routines. A person told us, "I can't walk so I need help with getting dressed in the morning. I choose what I want to wear. The staff help me gently. I have bandages on my feet so I'm washed sitting. Get a wash every day". Another person said, "When I get up, they get me dressed and let the bed air. Then they wash and dress me. Then they bring me downstairs. It's just how I like it to be". A health care professional who was at the service at the time of our visit told us they felt people's needs were being met. We found that people experienced care and support that was centred on their needs.

People were supported to participate in activities if they wanted to. Some people told us they chose not to participate in activities. One told us, "I like to spend most of my time in my room. I choose not to take part in the activities." Another told us, "There is lots going on but I prefer doing my own things". We saw people reading and completing puzzle books. Other people read books. Some people spent most of their time watching others. Care workers supported people with one to one activities, for example supporting people to exercise whilst in their armchairs.

A relative told us that whenever they visited they saw that staff offered people "lots of activities". Time was set aside in the morning and afternoon for activities involving the majority of people. These were led with animated enthusiasm by a care worker who sought to involve as many people as possible. Both activities lasted 15 minutes and involved dancing, singing and word games. People's level of participation showed that they enjoyed the activities.

A small number did not participate in the activity but they remained seated amongst those who did. They did not show signs of being distressed by the sounds and movements of staff, but staff did not ask them if they'd prefer to be in a quieter area. We spoke about this with the registered manager. They told us that people enjoyed the 'high energy' group activities.

The registered manager was planning to introduce 'individual' activities, for example individual reminiscence sessions and activities based on people's work experiences. People were told about those plans in the most recent newsletter.

Not all people were interested in whether there were activities. A person told us, "For me it's not a place where we are doing this or that. I'm more concerned about people being friendly with each other. The atmosphere has always been tops". This showed that staff respected people's choices and sought to achieve a balance that suited people.

The registered manager told us that they were aware of research about supporting people with dementia from a course of study they were attending. They had introduced new ideas into the service because of what they had learned. One creative innovation was to give people old bank notes that they used to 'pay' for drinks and cakes. Our observations were that people enjoyed this. Another was a growing collection of 1950s style furniture and fittings, for example radios and typewriters from that era to help people remember past-times. People were supported with their sensory needs through the availability of a wide range of tactile objects.

People with faith needs were supported to have these met. The provider arranged for a faith representative to visit individuals at Whitecares Residential Care Home. People were supported to read from the Bible when they wanted to. A person told us, "I'm Free Church and read my Bible. We get Church of England visits".

The provider had a complaints procedure.  This was in an easy to read format which meant it was accessible and understandable to people. People knew about the complaints procedure but none had cause to use it. A person told us, "I haven't found the need to complain. But could if I wanted and I would go to the manager". Another person said, "I'd be confident to make a complaint" and another told us, "If I had a concern I would go to the manager and explain to him".

Good

# Is the service well-led?

## Our findings

People using the service and their relatives had opportunities to be involved in discussions about developing the service. These included monthly reviews of people's care plans and daily 'walk arounds' by the registered manager. A person told us, "I know him [the registered manager], but I don't know his name. He is a very nice man. He checks on us daily".

People told us that the registered manager and staff were approachable. People's comments included, "The manager is approachable in the right way", "I know all the managers. They are approachable" and "They, the staff, are approachable".

Staff were supported to raise any concerns they had about poor or unsafe practice. They could do so using the provider's incident reporting procedures. They also knew they could contact CQC or the local authority's safeguarding team if they had any concerns. People who used the service told us they would raise any concerns with the registered manager. A care worker told us they felt confident that any concerns they raised would be taken seriously by the registered manager.

The registered manager supported staff to improve their verbal communication skills with people who used the service. For example, they arranged for the relatives of a person from an ethnic minority group to teach staff important words and phrases they could use in that person's language. They also had a 'communication passport' they helped them to know how to to communicate with the person.

The provider had procedures for regularly assessing and monitoring the service. These procedures included a series of scheduled audits covering areas such as the safety of the premises, audits of people's medicines and care records. The registered manager reviewed incident reports that staff completed. For example reports of incidents between people who used the service and accidents that had occurred. One report resulted in a detailed analysis of why a particular incident had occurred and actions to support staff through training and to prevent a similar incident happening again.

The registered manager carried out observations of care workers to check that they supported people in line with their care plans and in ways consistent with the Dignity in Care Award the service achieved in February 2016. On the day of our inspection we saw the registered manager make an intervention because they felt that the support people were receiving in the dining area was not prompt enough.

People's comments about the registered manager included that they were asked for the views. A person said, "I'm asked [for my views] personally". People felt they were listened to. For example, their suggestions about activities and outings were acted upon.

The registered manager shared their plans for the future of the service and improvements they wanted to bring about with people who used the service and staff. This was through residents meetings, staff meetings and a regular newsletter. The most recent newsletter included details of planned improvements. For example, there were plans to make the home environment more 'dementia friendly' by having an area of

1950s décor; there were plans to introduce a 'video call' facility for people to stay in touch with relatives. Work had begun to include a 'farm' area in the garden from which food products could be used in the kitchen.

Another objective was to secure a higher level 'quality assessment framework' (QAF) award from the local authority that paid for the care of some of the people using the service. Achieving a QAF results in a financial reward which recognises specific standards of care expected by a local authority. The registered manager was in the process of developing a written action plan to achieve this.

Care workers we spoke with told us they felt the service was well managed. They told us the registered manager was supportive.

The registered manager was aware of their responsibilities under the terms of their registration with CQC. They had arrangements in place to notify us of events that occurred at the service, for example serious incidents and deaths. They had sent the necessary notifications to us promptly. This was important because it meant we could monitor the service.

Feedback we received from a local authority was that the service cooperated whenever required with any matters the authority discussed. We found that the provider was committed to continuous improvement of the service.