

Curado Ltd

Cranleigh Gardens

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?	Outstanding ☆

Summary of findings

Overall summary

Cranleigh Gardens is a care home providing personal care to up to a maximum of five people. The service provides support to adults with mental health needs. The aim is to help people to live with more independence in the community and the average length of stay is approximately two years before people move to more independent living arrangements. At the time of our inspection there were three people using the service.

People's experience of using this service and what we found Cranleigh Gardens was well led. The provider's ethos and values put people at the heart of the service. This vision was driven by the leadership of the nominated individual and of the registered manager. The staff team were empowered to contribute fully to support a person-centred model of effective care. This helped people using the service, with complex needs, to achieve their hopes and aspirations for more independent living.

People, their relatives and professionals all praised the managers and the staff team and gave examples of the care that was delivered.

People received personalised care and support according to their needs and wishes. This was particularly effective in supporting people to achieve their goals and outcomes as it also helped people to be more confident in developing the skills they needed to achieve more independent living.

The provider created the right culture where their staff could develop and provided the right training and support to make sure they could fulfil their roles appropriately.

The service was flexible and adapted to people's changing needs and wishes and promoted their independence. Care was person centred and risk assessments were in place. Risk management plans helped staff as well as the person to minimise risks and included positive risk taking.

People's diversity and their unique individual needs were well-respected by staff. The staff team knew people extremely well and were able to provide appropriate support discreetly and with compassion.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service were all focused on achieving these outcomes.

People were encouraged and supported to lead as fulfilled a life as possible. They were supported to follow their hopes and aspirations.

There was clear evidence of collaborative working and excellent communication with other professionals in health and social care as well as in the community and education sectors. The provider used innovative

ways to build excellent relationships with the community and with health and social care professionals so that people using the service would benefit.

Staffing levels were good and appropriate to ensure people's needs were met in a safe, timely and consistent way.

Staff were supported and encouraged to continue their professional development in order to progress and provide the best outcomes for people.

People were kept safe. Staff demonstrated they knew how to raise safeguarding concerns and were aware of the processes to follow in order to keep people safe.

People told us they were kept safe and that they felt safe.

Care and support plans were developed to ensure people's needs and risks were met appropriately. People were assisted to work towards achieving their maximum potential in terms of their independence. Risk management strategies were in place to assist staff to help people to manage these risks and to identify triggers for behaviours that may challenge.

The administration of medicines was managed in a safe way. There were policies and procedures in place for staff to follow and staff told us they found them useful in ensuring people received their medicines safely.

The service was following safe infection prevention and control procedures to keep people safe.

People were assisted to become more independent with their menu planning and budgeting to enable them to eat more healthily and within their budgets. They were helped with developing their meal preparation skills.

People's health care needs were being met and they had access to healthcare services where needed.

Staff were kind and caring, they respected and valued people using the service.

People's privacy was respected, and people were supported to maintain contact with relatives and friends.

There was a comprehensive and effective governance system in place. People, relatives and staff were confident about approaching the registered manager if they needed to. They recognised that their views and feedback were valued and respected and consistently used to support quality service development. A wide range of comprehensive audits took place to ensure the quality of the service was maintained.

Robust processes were in place to manage and respond to complaints and concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This last rating for this service was good (published 15 September 2017).

Why we inspected

This was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Cranleigh Gardens

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Cranleigh Gardens is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cranleigh Gardens is a care home without nursing care.

CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection visit to ensure the

registered manager was available.

What we did before the inspection

We reviewed information we had received about the service since it was registered, including the notifications of accidents and incidents we had received from the provider. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with two members of staff and the registered manager.

We made observations around the service. We reviewed a range of records. This included three people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and policies and procedures were reviewed.

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by knowledgeable staff. Together with their relatives, people told us they were kept safe and that they felt safe. Comments from people included, "Yes I feel safe here", "The staff help us understand we need to take precautions so we can be as safe as possible, both here and outside the home".
- Staff completed regular updated safeguarding training and staff understood their responsibilities and how to report any concerns. A staff member said, "I have done all the mandatory training, which I have found very useful in helping me to do my job."
- The registered manager told us they regularly discussed safeguarding policies and procedures in team meetings. This was to ensure staff were up to date with best practice and to share knowledge and experiences amongst the staff team. Minutes of these meetings confirmed this.

Assessing risk, safety monitoring and management

- People were central to the assessment of their needs and risks. Staff worked together with people to ensure they had as much freedom of choice as possible when developing their care plans. Care and support plans were developed to ensure people's needs and risks were met appropriately. This was to assist people to work towards achieving their maximum potential in terms of their independence.
- Support plans and risk management plans provided staff with guidance about how to support people safely and how to work with people to achieve their goals and outcomes. People told us their main aim and objective was to live as independently as possible and they welcomed the constructive support they received to achieve this.
- The provider recognised the importance of co-working with health professionals in a structured way to better meet people's agreed care plan outcomes. This comprehensive approach was effective in helping people achieve their hopes and aspirations.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS) and work history checks and references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were appropriate numbers of staff on duty to meet people's needs. The staff rotas we inspected confirmed this as did a member of staff who said, "We have enough staff working on each shift."

Using medicines safely

- People received their medicines safely and as prescribed. There was a robust system in place to ensure

medicines prescribed on an 'as required' basis were used appropriately. Protocols were in place for the safe use of these medicines and staff were well aware of them.

- Medicines records were clear and accurate.
- The provider assessed risks relating to medicines for each person and staff had clear guidance to follow to keep people safe.
- People received medicines from staff who were trained and assessed as competent to do so each year. Additional training was available for staff who required more support.
- The provider regularly checked medicines management was safe by carrying out quality audits. Our checks of medicines stocks and records showed that stocks matched recorded levels and they were stored at the required, safe temperatures.

Preventing and controlling infection

- The home was clean and free from malodours. Comprehensive policies and procedures were in place to prevent and control the spread of infections. These were reviewed regularly and updated as necessary.
- People were helped to keep safe by staff who followed safe infection control practices. They received appropriate training in this, including how to use PPE to reduce the risk of COVID-19 infections.
- The registered manager regularly checked infection control practices to ensure staff followed current guidance and had access to a regular supply of PPE.
- The provider assessed risks related to COVID-19 for people using the service and staff. They took any action necessary to reduce risks.
- The staff completed food hygiene training and followed correct procedures for preparing and storing food.

Visiting in care homes

- The provider accepted visitors to the home in line with current best practice.

Learning lessons when things go wrong

- Policies and procedures were in place for all accidents and incidents to be reviewed and lessons to be learnt. The registered manager monitored any incidents to identify patterns and trends in behaviour and other risks. Action was then taken to reduce these behaviours.
- There was good communication with staff to make sure lessons were learnt together when things went wrong. We saw that records were maintained for all incidents and accidents so that they could be investigated. The registered manager regularly reviewed them.
- Learning from previous incidents was discussed with the staff team at team meetings where staff were encouraged to share ideas as to how further improvements could be made to identify any patterns and to prevent re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in line with best practice together with the person, their relatives and health professionals to ensure a coordinated approach to best meet the person's needs and wishes.
- People's care plans included their health and social care needs together with agreed outcomes. The care and support plans were reviewed and revised as people's needs changed in order to help them move on as part of their transition to less supported accommodation.
- People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- Staff were well supported with the provision of effective training and individual support.
- Staff told us they received a wide range of training that was relevant to their roles and they were extremely complimentary about it. Staff told us the training was of a high standard and supported them to develop and progress with their work effectively.
- We noted that the staff training went above and beyond the basic and mandatory training courses. It included higher level training, specific to meeting the needs of the people they supported. We saw training records that evidenced this. Staff training included: Client Centred Care in Mental Health, Safe Handling of Medication, Safeguarding Adults, Mental Capacity Act and Deprivation of Liberties Safeguards, Food Safety, Health and Safety and Infection Control.
- Staff told us they received regular supervision with the registered manager. This included one to one meetings and team meetings. We saw the provider's supervision matrix that set out regular individual supervision for staff members every six to eight weeks. These meetings included a review of the direct work staff undertook with people. These measures ensured staff had the support, skills, knowledge and experience to deliver effective care.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy balanced diet. The registered manager told us the staff team encouraged and supported people to understand the important contribution that eating healthy and nutritious food made to improved mental health.
- There was a strong emphasis in helping people make appropriate choices to do with the food they ate. This included assistance with supporting people to develop their skills in budgeting, shopping and preparing their own meals.
- People told us how much they enjoyed preparing their meals themselves. They said they had built up good

cooking skills that would come in useful in the future.

- A system was in place to monitor people's food and fluid intake where needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff and a range of different health and social care professionals to ensure there was a good coordinated approach to their care and that planned outcomes were effectively met. Staff supported people to access community healthcare professionals such as the GP, community mental health teams and psychiatrists.
- Records confirmed that people had regular appointments with these professionals. We saw doctors and dental appointments were made and regular check-ups took place.
- A Health Action Plan [HAP] was in people's care files. The HAP detailed what was needed to promote the person's good physical and mental health, their likes, dislikes and triggers to behaviour.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People had their rights and freedoms respected by staff who understood the principles of the MCA and the importance of enabling people to make their own decisions. This meant care and support was provided in the least restrictive way.
- Staff had received training in the MCA and DoLS and told us about the core principles of the MCA and how this was used when supporting people.
- Assessments showed that where a person was unable to make a specific decision, staff understood they needed to ensure any decisions made were in line with the person's best interests and were carried out in the least restrictive way. Records we looked at confirmed people were supported with their best interests and safety in mind.
- At the time of our inspection people had not required DoLS interventions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a visible person-centred culture that was evident with staff who were clearly well motivated to work with people to help them achieve their ambition to live a more independent lifestyle. One member of staff said, "We care about people, we want to help them to do the best they can do".
- We observed staff demonstrated kind and compassionate attitudes towards people.
- Other people told us they received good care and were well treated and respected. One person said, "The staff here do care and they always ask me how I am and if I need any help with what I am doing."
- People's equality and diversity needs were fully assessed as a part of the initial and ongoing assessment and care planning process. The provider had creative ways of reflecting people's personal histories and cultural backgrounds and staff were matched with people's interests and personalities.
- Staff demonstrated their commitment and passion for enabling people to be the very best they could be and as independent as possible in a caring and friendly environment. The nominated individual told us that at the start of each person's placement, staff were matched appropriately with people so that their needs could be best met.

Supporting people to express their views and be involved in making decisions about their care

- The service was good at helping people express their views so that staff and management understood their wishes, choices and views.
- People told us they were able to express their views and be involved in not only decisions about their own care but also in matters to do with the running of the home. People said this was always a topic of house meetings which were held every month. We saw the minutes of recent meetings, and we can confirm people were actively able to contribute in this way with their ideas.
- We saw staff interacting with people in a respectful, caring way that encouraged people to make their own decisions about their care. People told us staff developed good relationships of trust with them. This, they said, helped them with their confidence which in turn enabled them to make appropriate decisions about their care and support outcomes. More than this they said it had given them the courage to work much more successfully towards achieving their goals.
- The registered manager and the staff team made sure people got the support they needed. They were particularly focused where conflict and challenges presented themselves for people. Good working relationships had been developed with other health and social care professionals as well as voluntary agencies. This meant people received a comprehensive, effective and professional response which enabled people to overcome the challenges they faced in living more independently in the community.

Respecting and promoting people's privacy, dignity and independence

- The provider's values and principles of care embodied the need to respect and promote people's dignity and independence. People told us staff upheld these values and respected their privacy, dignity and independence more than anywhere else they had experienced.
- We saw the registered manager had developed a strong culture in the home where respect for people and the promotion of their privacy, dignity and independence was a foundation of the care and support provided to people by staff. They ensured people's autonomy and independence was promoted and that this was the central focus of their care.
- Some people had moved on to successfully live more independently since our last inspection. Care records detailed how this had been achieved and the incremental steps that led to people being able to move on successfully.
- The whole staff team demonstrated their commitment and passion for enabling people to be the best they could be in a caring and friendly environment. People were helped to develop their potential to attain maximum independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the person's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well and understood their history and future aspirations. This enabled staff to plan people's care in a way which was person-centred.
- As a part of planning people's individual care, the provider used a well-known tool for the measurement of mental wellbeing among people. This meant that people's individual mental wellbeing was assessed and planned for together with their overall wellbeing, including the physical and social aspects of their wellbeing.
- This process was used along with weekly key worker sessions and regular reviews with the person's community mental health team to understand if people's needs were being met and if they were happy and contented.
- People said they were central to their care. They said they felt they had been listened to and that their care and support plans reflected their contributions
- People said they always had choices as to how their needs would be met. They told us that as and when their needs changed, staff reviewed their care plans together with them. The registered manager ensured reviews of the care plans were as specific, measurable, achievable and realistic for the person as was possible.
- The service understood how to support people to pursue their interests and activities and develop their daily skills so they led as fulfilling and independent a life as possible. People's plans had a high level of detail on their likes and dislikes and how best to engage with them, with a clear understanding of how they communicated in every aspect of their daily lives.
- Each person had a personalised structured plan for each day. These involved learning skills as well as taking part in activities which they enjoyed and wanted to do. Care and support plans were well thought out and they were regularly reviewed and updated. The staff recognised people's needs sometimes changed quickly and this was reflected within the care planning and support being offered.
- People's care plans were based on a full and comprehensive assessment of their individualised needs, risks, religious and cultural background and lifestyle choices.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard [AIS]. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were known to staff and the provider was meeting the AIS standard. Staff

ensured people had access to information in formats they could understand. When necessary key policies and procedures were available in alternative formats to make sure people could more easily understand the information they were given.

- The registered manager assessed and recorded people's communication needs in line with the AIS and this was recorded in their care plans, including any assistance they required from staff.
- Staff had good awareness, skills and understanding of people's individual communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were well supported to develop and maintain relationships they said were important to them. One relative said, "Staff keep us well informed about our [family member's] progress and we know we can always talk with the manager or staff whenever we want."
- Because staff knew people well and had developed good trusting relationships with them, the staff team understood how best to support people to pursue their interests and activities. Staff also knew how to help people build their daily living skills so they could lead as independent a life as possible.
- The service had a key role in the local community and was actively involved in building further links. Staff told us they worked hard to support people to become more integrated into the community by encouraging and supporting activities such as further education, volunteering work and sports. People at Cranleigh Gardens had completed further education courses, undertaken vocational training and gained employment.

Improving care quality in response to complaints and concerns

- The service had suitable procedures to address complaints and concerns but had not received any. People and their relatives told us staff regularly contacted them to make sure they were happy with the service, share information and to make sure any concerns would be picked up at an early stage.

End of life care and support

- The people living at Cranleigh Gardens were all relatively young adults and end of life care was not a priority need for them. No-one using the service was receiving end of life care. The registered manager told us that if a person was diagnosed with an illness that might limit their life expectancy, they would work with the multidisciplinary teams to discuss their future care needs and how best to support them.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant service leadership was exceptional and distinctive.

Leaders and the service culture they created drove and improved high quality, person centred care.

- People's disabilities were not seen as a barrier to them achieving their goals. People and staff consistently spoke about the service as being an outstanding and inclusive culture where everyone felt valued. A member of staff said, "This is the best place I've worked in because we all feel cared for. We are all on the same page here regardless of our diverse needs and different cultural backgrounds."
- Staff told us the leadership, vision and management of the service was exceptional and contributed to the positive, open and empowering culture within the service for people and staff. Staff comments included, "They [the managers] always want our views on things to do with the running of the home"; "They are inclusive, they make us all feel part of the overall service development" and "Throughout the pandemic there was a good deal of fear around. The [registered] manager led the way and showed us how to implement the government guidance precisely and effectively to keep people and staff safe."
- The values, culture and ethos at this service was person-centred and inclusive. It took account of people's diverse needs and equality characteristics. A good example of this was where two people were considered ready to move on to more independent accommodation. When the time came the people were very unhappy with the resource being made available for them to move on to. The registered manager together with the relatives challenged the proposal and were able to overturn the decision and get a far more appropriate home for both these two people. One person told us how pleased they were with the support they received but also how they were enabled as a result of this support to move on with their lives.
- Another example was where people said they wanted help to develop their understanding of their individual cultural backgrounds. Staff started by helping people prepare and cook cultural dishes that they said they wanted to eat. This generated further interest for people which then led onto the exploration of their history and culture in a deeper way. People told us this had been extremely valuable in helping improve their mental health.
- The managers ensured there were regular meetings and forums where people and staff were able to discuss and share innovative ideas that helped to ensure the best outcomes for people. People told us they had previously suggested the frequency and inclusiveness of social events could be improved to include neighbours and people from the community as well as friends and relatives. This led to the suggested changes being implemented as a result of people's comments and wishes.

- Staff were clearly proud of the service and to be working in it. They embraced the culture within the service and had a real sense of personal value and a sense of responsibility and knowledge of their own strengths and capabilities. This was recognised by Investors in People [IIP] who awarded the service a Silver Medal, last year. This demonstrated the providers investment in training, development and wellbeing of their staff.
- The managers enabled and encouraged accessible and open communications with people, their relatives, staff and fellow professionals. Comments from staff included, "We all act together recognising that everyone's input is crucial to achieving the best overall outcomes".
- People and their relatives told us they were given every opportunity to engage and to be involved in their care. People were the central focus of their care, central to the care planning process and to the subsequent delivery of their support. They were fully involved in care plan reviews and in establishing and implementing their own pathway towards more independent living.
- Managers offered staff incentives that included the employee of the month award which rewarded staff for their commitment and dedication to the service. Staff comments included, "It is fantastic to be working in a service where I am so appreciated and recognised for the hard work we put in every day." An annual awards ceremony also held in December, incorporated into the company's Christmas party where company bonuses were given to staff for various awards.
- Staff team away days were held twice a year. This was designed to support staff's wellbeing and to increase their participation by providing a relevant forum for them to be able to discuss the way the service was provided. Staff told us they were all treated equally and all encouraged to contribute to any discussions so their views however diverse were heard and considered. Staff comments included: "They [the managers] make sure they look after staff so they feel valued, but it's fun for staff as well", "I was surprised most how much they care and creating a real fun day for their employees really impressed, that day was wow for me".

Working in partnership with others

- The managers worked extremely effectively to develop good working collaborative relationships with many different professionals and organisations such the National Institute for Clinical Excellence and Skills for Care. This was to develop best practice and new innovative ways of working in order to maximise the opportunities for people to receive outstanding care.
- They worked in partnership with local services and organisations to ensure appropriate support was coordinated for people, such as with colleges, service commissioners, mental health professionals, GPs and places of worship. For example, a range of activities were delivered by the provider together with local schools, colleges and universities and people were able to participate in careers fairs. The impact of this has helped raise the profile of the provider's services in the community and assisted people's integration when moving back into the community.
- The provider established a relationship with the Psychology department of Kingston University in 2021 where students had the opportunity to undertake a work placement for 2 – 3 months as part of their course. Most students have stayed on to gain employment with the provider as the experience they gained was invaluable. This has created an additional recruitment pipeline of highly qualified and motivated individuals who fit the company's ethos and values. It also reflected the positive attitude new staff had about working in this service.
- The provider was a founding member of Sutton's provider alliance meeting. This meeting brings many providers together to share information about best practice, to support one another and build on working

relationships with health and social care commissioners. This has helped the provider's integration into the local mental health service community.

- The registered manager made effective links with the local community to ensure people using the service could be involved in voluntary work and other community projects such as gardening with the local council leisure services and gardening teams. People told us they really enjoyed working in the community. They said, "It feels more normal to be working out there and anyway it's helping me get back to where I want to be with independent living"; "I'm glad to be doing volunteering work, I really enjoy the days I do that." This meant people in the home had access to work and education opportunities they might not otherwise have had. It raised the profile of the service with people in the community thereby enabling closer working and increased understanding of what the service was about with people in the community.

Continuous learning and improving care

- The provider ensured there were the resources available to develop the service and adapt to the changing demands from people and commissioners. For example, the need for appropriate move on accommodation became apparent for people living at Cranleigh Gardens who had successfully progressed to being able to live more independently. Resources were allocated and a new 'step-down' facility was developed as part of the provider's service to cater for those who are relatively well enough to live in the community but require low to medium levels of supervision. Three people were living in this new home, one person told us, "This is the best possible place for me, it means I'm getting there, so good!"

- The managers were committed to ensuring the service was the best quality and delivered the highest standards of person-centred care to people. They did this by having established a comprehensive multi layered quality assurance process that included gaining regular feedback from people, relatives and fellow professionals, by learning from complaints, compliments, incidents and regular reviews of the effectiveness of care planning and the care provided for people.

- The managers also kept up to date with best practice and liaised with centres of excellence such as The Royal College of Psychiatry in the field of mental health rehabilitation

- The registered manager recognised the individual strengths of different members of the staff team. Staff who wanted to extend their roles and use their individual strengths to help build a better service were encouraged and supported to do so. Staff members took lead roles and became champions in their roles.

- A quality improvement plan was in place and used to review and monitor all aspects of care in the home. An action plan was in place to help to ensure necessary or aspirational improvements could be made. This improvement plan enabled the provider to capture information about every aspect of the service together with best practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- Excellent governance systems were well embedded in the service to ensure there was a strong framework of accountability to monitor performance and risk. Managers and staff regularly reflected on their work and discussed new approaches and methods of working more effectively to support people.

- The registered manager fully understood their responsibilities to act with candour. Notifications to the Care Quality Commission were made appropriately, they were clear, timely and unambiguous. The managers ensured people, their relatives and staff were able to raise concerns freely so that improvements were made where necessary. People told us they felt listened to if they raised concerns and where possible action was

always taken to rectify issues and concerns that were raised. This open and honest approach taken by the managers has ensured the high quality of this service and a transparency for people that was reflected in their comments.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff understood their own roles and responsibilities as well as each other's and how it all fitted together to make seamless service for people. There was a clear organisational structure in place. The registered manager and staff understood their roles and responsibilities within the service.

- There were clear and appropriate policies and procedures in place which incorporated best practice and the provider's legal responsibilities. This helped to ensure people received the care and support they needed and wanted.

- Managers understood the importance of effective quality assurance systems. We saw they were comprehensive and included a range of audits within and from outside the service that captured the voice of all the participants including from people, their relatives, the staff team and other professionals. These audits also included identified risks and regulatory requirements. The managers had implemented effective quality improvement plans to monitor and improve services.