Care Quality Commission

Care Management Group Limited

Care Management Group - 95 Parchmore Road

Inspection report

95 Parchmore Road
Thornton Heath
Surrey
CR7 8LY
Tel: 020 8771 5423

Date of inspection visit: 11 September 2015
Date of publication: 12/10/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 11 September 2015 and was unannounced. 95 Parchmore Road is a residential care home that provides accommodation and personal support for up to five adults with learning disabilities. There were five adults using the service when we visited, and they were all male. We last inspected 95 Parchmore Road in November 2013. At that inspection we found the service was meeting all the regulations that we assessed.

There was a registered manager in post at the time of our 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

There was a relaxed and warm atmosphere within the home. Care records were focused on putting people first, and care arrangements placed people in control. Staff responded quickly when people had a change in their needs.

People's preferences were respected. Their strengths, life histories, disabilities and abilities were taken into account, communicated and recorded. Care and support was planned and delivered in a way that helped to promote people's safety and welfare. There were risk assessments in place for each person which were personalised and set out what staff had to do to keep people safe. Only suitably vetted staff were employed in the home. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. Staff sought people's consent before they provided care and support. Some people were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed. Staff put this into practice effectively to help ensure people had their legal rights respected.

Staff were highly motivated and flexible which ensured people's plans were realised so that they had meaningful and enjoyable lives. Staff had the training they needed to make sure they had the right skills and knowledge and could care for and support people. Equality and diversity was promoted in the service, staff were trained to understand their role in supporting people with developing relationships. People were cared for by kind and compassionate staff who were familiar with individual's needs and knew how to meet these. Staff showed concern for people's wellbeing in a meaningful way.

The service had good staff retention levels which brought stability and security to people. A family member told us they had full confidence in the staff team, they were compassionate and patient. Relatives felt included and were kept fully informed of any issues that arose. Staff described the manager as open, supportive and approachable. Staff were enthusiastic and spoke positively about their roles. The registered manager and the provider assessed and monitored the quality of care to ensure quality standards were met and maintained. People and staff were encouraged to be involved in service development and this helped drive continuous improvements. Continual improvements were made demonstrating the registered manager and provider were committed to delivering high quality care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. The home assigned sufficient numbers of skilled and experienced staff to support people's needs.

Staff understood how to keep people safe; they were able to recognise any signs of abuse and were confident in reporting procedures.

Medicines were administered safely by trained and competent staff.

Is the service effective?

Good

The service was effective. The service had procedures in place which staff followed to make sure they only deprived people of their liberty in a safe and correct way.

Staff were supported in their roles, and received the training and development they needed to care for and support people.

Staff supported people to access the healthcare services they needed.

Is the service caring?

Good

The service was caring. Staff supported people in a way that respected their dignity and maintained their privacy.

Staff were kind and compassionate to people in their care and upheld their dignity. The staff team was stable and positive caring relationships had been formed between people and staff.

Staff used a range of suitable methods to communicate with people as some had complex communication issues.

Is the service responsive?

Good

The service was responsive. People were able to lead their lives the way they wanted to. Staff took time to work with individuals at a suitable pace.

Each person had a key worker who had particular responsibility for ensuring the person's needs and preferences were understood and acted upon.

People were offered choice about their daily routines and activities were flexibly arranged so that people had control over the way they chose to spend their time.

Is the service well-led?

Good

The service was well led. Good quality care and support was consistently provided by a stable staff team who were motivated.

There was an open and positive culture promoted and people were put at the heart of the service.

There were effective systems in place that regularly assessed, monitored and helped drive improvements in the quality of care.

Care Management Group - 95 Parchmore Road

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 checked 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make. The PIR was well completed and provided us with information about how the provider ensured 95 Parchmore Road was safe, effective, caring, responsive and well-led.

We visited the home on 11September 2015. Our visit was unannounced and the inspection was carried out by one inspector. On the day of our visit we met with all five people who lived in the home. We spoke with two of them about their experiences. Three of the people using the service were unable to speak, they used signs and body language to help their communication. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager and three staff members. After the inspection visit we spoke with two family members, and a social care professional.

We examined two staff files, training records for the staff team, quality assurance reports, and records related to the running of the service. We observed care and support in communal areas, and looked at the care records for three people.

Good

Is the service safe?

Our findings

People told us they felt safe living at 95 Parchmore Road. They had lived there for a number of years and were familiar with the local area. The provider took action to minimise the risks of avoidable harm to people from abuse. Staff completed training in recognising and reporting abuse and were able to demonstrate their knowledge. They were all clear about the types of abuse that could occur and the steps that they would need to take if they had safeguarding concerns including the whistle blowing policy in operation. Staff understood the vulnerability of the person and were aware of how this could be protected. Staff made efforts to inform people about safeguarding and what to do if they had a concern. We saw the notes of in house meetings with people using the service; the records demonstrated that safeguarding was regularly discussed. Staff were familiar with their duty of care and the registered manager was aware of his responsibility to report allegations or suspicions of abuse to the local authority.

Care and support was planned and delivered in a way that helped to promote people's safety and welfare. People were supported by staff who understood how to and manage risk effectively. For each person staff had completed a detailed risk assessment. We saw that risks and harm to people were minimised through individual assessments that identified potential risks and provided information for staff to help them avoid or reduce the risk of harm. Staff told us, and we saw from the files, that incidents had reduced over the time people had lived at Parchmore Road. This was testament to staff understanding the individual needs of people, how they communicated with them, and the development of positive behaviour support plans. We saw that staff were available to respond to each person appropriately, and we saw evidence of good teamwork. Risk assessments covered support for people when they went into the community, participated in social activities and leisure interests and when they were in the home. Staff kept the risk management plans under review and made changes were necessary. For example in one of the management plans it said the person had become less stable in walking and required assistance from staff with carrying their books. Staff had responded to this appropriately, they also considered environmental aids with the occupational therapist; a 'mop stick' rail was fitted along the staircase to enable the person to use the stairs independently. Another person had some difficulty with swallowing and was at risk of choking if they did not have food of the correct consistency. In the management plan it was recorded that staff must cut up the person's food. Staff demonstrated a good awareness of these individual risks; we saw they followed the guidance in practice.

We saw that information was recorded about how to support a person who may behave in a way that put themselves or others at risk of being physically harmed. The person had a positive behaviour support plan and guidance and management plans considered their vulnerability in accessing the wider community and using public transport. The person had a two to one support when in the community. The care provider had a clinical team that supported the staff team with training and advice on issues such as behaviour management. The team was involved in supporting a person where this had been identified as a need.

The home employed sufficient numbers of suitably qualified, skilled and experienced staff to meet people's needs. There was five staff on duty on the morning of the inspection. Two of the staff had supported people to their day centre and stayed with them for the duration. During our visit, people using the service were supported with engaging in their chosen activities. Our observations and discussions with people confirmed that staffing levels were suitably meeting the needs of the people using the service, and provided flexibility around the lifestyles individuals chose. There was always between three and five staff available during the day with one waking staff at night and an on call sleep in staff member. The members of staff we spoke with felt there was enough staff on duty to support people. Where individual needs directed, staffing levels were increased or adjusted appropriately. For example, where there were planned outings or activities and a person required one to one support this was provided for. Key workers (dedicated workers) had specific allocated time to spend with individuals. Each person using the service was supported on a one to one basis when they went on holiday.

People were supported by suitably vetted staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff was employed to keep people safe. The staff records for two new staff members were seen. The staff records confirmed these checks were made and the

Good

Is the service safe?

required information was obtained prior to a new member of staff commencing employment. The staff files were audited by the responsible person as part of the quality audit visit every three months to ensure recruitment procedures were thorough.

People were protected by medicine policies and procedures. Medicines were stored appropriately and at the correct temperature. Medicine was administered as prescribed with medicine administration records maintained to confirm this. Weekly audits were completed to ensure medicines were stored and administered to people as prescribed. None of the people were able to self-administer their medicines; staff had completed assessments to determine this. People using the service had a medication profile which explained why the medicine was prescribed. Medicines were reviewed six monthly by the GP and confirmed in health action plans. There was guidance for staff about medicines that were used occasionally and in variable doses, for example pain relief medication. Staff were knowledgeable with regards to people's individual needs related to medicines. Where people needed medication 'as required' or only in certain circumstances there were individual protocols for administration. Appropriate arrangements were in place in relation to the receipt of medicines into the home. We saw that staff checked in carefully all medicines received from the pharmacist and recorded their findings. The records for the receipt, return and disposal of medication were up to date and fully completed.

The premises were clean and hygienic. We saw from records that checks on the home's internal and external environment were undertaken on a monthly basis, and systems were in place to report any maintenance issues, these were addressed promptly by the maintenance team. The equipment was regularly checked and safe for people to use. Fire evacuation drills were held involving both people using the service and staff. Fire exits were clear, fire equipment, alarms and emergency lighting had all been tested accordingly by an appointed contractor. Other records included appropriate maintenance contracts concerning gas and electrical safety and for servicing equipment such as electrical appliances. These actions helped ensure that people were protected from specific risks associated with the building.

Good

Is the service effective?

Our findings

People valued having staff that were familiar to them and had few changes in personnel in recent years. They were supported by a long standing staff team who knew people's needs and knew how to support them. Any unexpected absences such as sickness and emergencies were covered by existing staff or bank workers employed. This ensured that the people using the service experienced continuity of care. There was an on-call management support system in place within the out of hour's period.People received care and support that enabled them to live their lives as independently as possible. Staff received training and support to ensure they had the knowledge and skills they needed to support people effectively. A staff member told us, "Training opportunities are good here; it keeps us motivated and keen." The staff team had a variety of skills and experience and had undertaken relevant qualifications to support people using the service. The staff training information we saw supported this. Records showed new staff completed a planned induction to their work in the service, shadowing experienced members of staff and completing a range of training. Training for all staff included health and safety, safeguarding vulnerable adults, first aid, food hygiene, manual handling, medicines administration and autism awareness. Support staff told us the provider recorded all training and reminded them when refresher training was due. We saw that electronic records were maintained and that any gaps in refresher training were highlighted.

Staff had also attended training specific to individual needs, such as managing challenging behaviour, and mental health awareness.

Staff recently employed in the service confirmed they received a thorough induction programme and on-going training to develop their knowledge and skills. This they said gave them confidence in their role and helped them to follow best practice and effectively meet people's needs. Newly appointed staff told of shadowing other experienced members of staff until they and the management felt they were competent in their role. All new staff were closely supervised and had to complete a probationary period satisfactorily before they were employed. A supervision planner and matrix was in place, this showed staff received one to one supervision every four to six weeks, and also there was confirmation of staff having annual appraisals.

The provider had systems to monitor that these processes took place at frequencies advised, these processes included electronic monitoring and the provider visits. Staff attended monthly team meetings. We read minutes of these meetings, staff attendance was good, items on the agenda included training and development and safeguarding information.

Before people received any care or treatment they were asked for their consent and staff responded appropriately and acted in accordance with their wishes. We observed how staff respected people's choices in relation to their day to day routines which included what activities they wanted to take part in. We saw that where people were unable to communicate verbally, we saw detailed information about how each person expressed their needs. Staff were familiar with individual's mode of communication and demonstrated this by how they responded. For example a person raised their foot and tapped on their shoe, a staff member told us this was the person's way of requesting support with going out for a walk. Another person explained that he had a good day at the centre; he used body language to communicate this to the staff member.

Communication at the service was good; staff were kept up to date about people and of any new developments. There was a daily hand over of information as staff changed shifts. This included discussions about people using the service and their care and support needs, any contact with professionals or any concerns. The manager had displayed in the office useful information and guidance for staff. The contact details included details of social workers, speech and language.

The care records showed that an assessment was completed of individual's capacity to consent to decisions about their care and support. The manager recorded information about each person's ability to make decisions. Care plans informed staff how to support people to make everyday decisions and who to involve, on their behalf, when best interest decisions about their care had to be made. Staff understood their responsibility to follow the Mental Capacity Act (MCA) code of practice to protect people's human rights. Records included how they communicated their preferences and how staff could help them understand better how to make decisions. Staff had developed these where appropriate in Widget form to help engage the person and help them understand the information. People told us they were offered choices. One

Good

Is the service effective?

person said, 'It's my choice and if I do not want to attend activities outside staff respect this''. Another person told us, "I talk to the staff about things and they understand my fears."

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). This provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The manager had made DoLS applications to a number of local authorities for authorisations to enable staff support all five people safely while they were in the community. People lacked the capacity to understand the dangers involved with accessing the community and needed support from staff to leave the service safely. We saw the records relating to applications, the manager had informed the Care Quality Commission when one authorisation requests had been agreed by a local authority, they were awaiting a response for the other four applications.

The manager and staff had developed health action plans with each person using the service. These recorded details of the person's specific health needs and those professionals involved with supporting these. People were supported with staying healthy and they could see the doctor whenever they needed. People's healthcare records showed they had regular consultation with health care professionals. Staff also recorded information regarding the outcome of consultations. For example one person had become overweight and daily exercise was advised to combat this. We saw staff supporting them with a walk to the park. The manager told us they worked closely with the GP practice next door and with specialist health services for people with a learning disability or mental health needs. The GP came into the home every six months to undertake health and medicine reviews. Staff had developed a hospital passport with each person. This information was a summary of the individual's needs together with their medicine profile. This was provided when the person used hospital services and ensured that there was no breakdown in communication with the service.

Staff worked hard to maximise people's potential for independence and responsibility. Individuals told of being supported to choose and plan their own menu every week and participate in the house shopping to choose their own groceries where applicable. People said they had enough to eat and drink, we saw that people had free access to the kitchen and were able to help themselves to snacks and drinks in between meals. Staff involved people in line with their risk assessments to prepare food and drinks in the kitchen.

The cultural needs of people were considered in food planning. One person was supported weekly to enjoy a meal at his preferred Ghanaian restaurant in the local community. On the day of this visit others people using the service were having a fish and chip supper which they said was very popular. One person said, "I enjoy the food, it is good, I have as much as I want." People using the service and staff were involved in planning the weekly menu. The planned menu was shared with everyone and put on display, using pictures to make the information easier for people using the service to understand. During the inspection, we saw people enjoying a healthy lunch. Menus indicated that meals were varied and nutritious. Nobody was assessed as at risk of poor nutrition. Staff kept detailed records and regularly monitored and recorded people's weight every month; where there was a concern identified about a person's weight we saw they had monitored this and followed the support plan.

Good

Is the service caring?

Our findings

We received positive feedback from people, their relatives and social care professionals about the way people were cared for. One person's relative said, "Staff are great, very patient, and good to residents." Another relative said, "My family member is so lucky to live there, he is in good hands, the manager and staff are so enthusiastic."

We saw that staff communicated with people using communication tools such as pictures and Makaton (Signs and symbols to help communicate), objects of reference where people were non-verbal. Staff worked with people at the pace they were comfortable with. We saw they explained clearly what was happening and gave the person time to process their response and information. Staff turnover was low and provided a consistent quality of care, the communication was good. Some people were unable to fully understand the choices available to them. In the two care records we saw that symbols were used to help people understand the options available, decisions made and mutual expectations. The information helped staff understand better how to approach tasks and consider the person's mood, and positive reinforcements. Where they were able, people had signed agreements about their care plan.

Staff interacted with people in a kind, compassionate and dignified manner. Individuals expressed themselves in their day to day conversations with staff that they were happy with their care. We saw that people were comfortable with the staff present, they treated them with respect. Staff knocked before entering people's rooms and addressed people by their preferred name when speaking and supporting them. Care records included this information and staff said they read these records. A staff member said, "It has made a positive difference to us staff and we find we can care for people appropriately." Another member of staff told us, "We have worked with the group for many years and understand the person's past experiences and specific support needs." We observed that staff had developed good relationships with people, speaking about them respectfully, and warmly reassuring them when they showed levels of anxieties, these actions demonstrated they held them in high regard. Staff showed respect for people by addressing them using their chosen name, maintaining eye-contact and ensuring they spoke to people at a suitable pace. One relative said "Staff know my family member better than I do; they have spent all their adult life there."

People were supported in being as independent as possible and to be involved in the local community. The service has its own transport and this enabled people visit places outside of the local community. Routines were flexible in the home. For example people could choose when to go to bed or get up, what food to eat and what they wanted to do. One person had gone to their room for a rest for the afternoon which he found gave him "peace and quiet" and came to the lounge later in the day to join in with his friends. Staff told us that people were well known in the community, they used local parks and recreation centres, restaurants, day centres. Two of the people told us the favourite activity of people was going every week to the local pub.

Staff respected people's confidentiality. Staff treated personal information in confidence and did not discuss people's personal matters in front of others. Confidential information about people was kept securely in the office. There were policies and procedures in place to ensure staff understood how to respect the individual's privacy, dignity and human rights. Staff were issued with codes of conduct expected, and signed to acknowledge these. People's diversity, values and human rights were respected. Staff told us at the training it was emphasised the importance of understanding people's backgrounds, how to support individuals with developing relationships and their sexuality needs. The provider held special diversity days annually for people using the service and for staff. Care records included information about any specific ethnic or cultural preferences. We saw how staff respected and responded to people's individual needs. For example, one person was supported to visit a Ghanaian restaurant every week. The home had received an award in the past from the provider for their work in celebrating diversity.

The service had commenced advanced care planning so that they could provide care for people who wished to spend their final years of their life in their home. All of the people using the service had lived together in this home for many years and looked on their peers and staff as family and wished to remain there. The age group ranged from forty to seventy.The care plan we saw recorded where the person said they would like to be cared for, where they

Good

Is the service caring?

would prefer to die, their wishes for their funeral and who they would like to make decisions about their care, if unable to decide for themselves. A staff member who was experienced had helped develop this plan with the person. They understood the sensitivity of the subject and the importance of being compassionate. They told of fully involving the person in these important discussions about where they would like to be cared for. The registered manager told of their future plans for further training on end of life care for all the staff team.

Good

Is the service responsive?

Our findings

The service actively supported people to be independent and involved in all areas of daily living and to be socially included in the community. People were encouraged to do chores such as cook and help keep their home clean and tidy. Each person had a designated day to use laundry equipment. People were supported to make choices, try new experiences and follow their social interests and hobbies. There were photographs of people undertaking their chosen activities such as shopping, trampolining, going to day centres and clubs, the cinema and a weekly visit to the local pub.

During our inspection visit people were busy and engaged with their day to day activities. One person was playing a keyboard in a small designated area, another person was being assisted with their laundry and taking it off the clothes line. A social care professional told us a person they worked with "enjoyed a range of activities." A relative told us they felt their family member could benefit from more activities but acknowledged that they often refused to engage and staff showed their skills. Staff used gentle persuasion to in trying to encourage people to engage in activities. Where an individual declined to get involved in a particular activity, an alternative one was arranged for them. People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. Care records highlighted the importance of individuals maintaining a community presence and social inclusion. People confirmed and daily records showed they had been supported to engage in activities that reflected their hobbies and interests. Staff in discussions demonstrated they were confident supporting people outside of the home and accompanying them on holidays, and this enabled people to have more choice over the activities they wanted to do.

Staff demonstrated a good knowledge of the individual's needs, strengths and preferences. They were able to support people to lead a fulfilling life, accessing the community to enjoy the social facilities like the public house, restaurants and supermarkets. Staff had developed with each person a weekly activity planner which helped them pursue their personal interests. The service ensured that the individuals were supported to go on holidays every year. People had been on trips to Spain, Turkey, Rome, and Amsterdam. Staff told us they were exploring options for people who showed an interest in participating in volunteering. Staff ensured that the individuals were in regular contact with their family where possible and supported this through telephone contacts and visits. We saw that staff kept informed a person's relative who lived overseas, this was done via e mail. Relatives were able to visit without any undue restrictions. A family member told us staff were cooperative and helped ensure they maintained regular contact with their relative. We saw pictorial notes of regular residents' meetings which discussed a range of issues such as meals, holidays and activities. People were involved in interviews for recruiting new members of staff.

People's care records contained detailed information about their health and social care needs. These were written from the person's perspective and reflected how each person wished to receive their care and support. Records were well organised, gave clear guidance to staff on how best to support people and were reviewed frequently. Any changes in needs were noted and arrangements were seen to respond to people's change in needs. Records showed there were on-going reviews of people's care needs by the social worker, and staff had updated records accordingly to reflect individual's changing needs and circumstances. Each person had a designated member of staff who acted as a key worker. The key worker spent dedicated time each week with the person and wrote monthly reports on the person's progress; they ensured people's support needs were met. One person using the service told us they often sat down with their key worker and discussed how things were going. Staff also wrote daily records about each person's health and wellbeing, their daily experiences, activity participation, and any other issues that arose and needed to be responded to. This helped the provider monitor if the planned care and support was appropriate and responded to people's needs.

The provider produced information for people using the service in a format they could understand. We saw the provider's care planning and risk management forms included pictures and symbols to make the information easier for people to understand. An easy-read version of the provider's complaints procedure was also available. The service had received a large number of compliments since the last inspection, there were no complaints received in this period. People were assisted to hold meetings every month to discuss things relevant to their care, any issues

Good

Is the service responsive?

they may have. The minutes were produced in easy read form and were displayed in a number of areas within the service. There was a pictorial poster about how to raise concerns which was supplemented with symbols and pictures to help people understand the information.

Good

Is the service well-led?

Our findings

The service had a registered manager in post who was well known to people and their relatives. They had worked at the service for a number of years prior to their management appointment. We saw that the provider sought the views of people who use the service, and their families, representatives. The provider also sought the views of stakeholders about the quality of service provided. Annual surveys were completed to feedback their experiences.

Communication with relatives and representatives was actively encouraged, and this was confirmed by relatives. There was a communication book which accompanied people when they visited their families at home. They were asked to write notes about the person's wellbeing and on issues which they wished to bring to the manager's attention. We heard a staff member contact a relative to organise a home visit. We saw that decisions about care and treatment were made by appropriate staff involving a range of professionals and people's representatives where appropriate. For example best interest meetings were held concerning medical treatment and to take decisions when these were needed. The manager told us about the company's quality assurance and of the provider inspecting the service every quarter using specific audit tools. They completed a report and set actions as required. We saw a copy of the most recent provider visit in July 2015 which covered a wide range of topics, for example, the involvement of people in their care, medicines procedures, care planning, recruitment and staff performance, medical issues and health and safety and safeguarding areas. These identified areas where improvements were needed. We saw that where shortfalls were identified action plans were developed and these were followed up on at the subsequent visit.

The manager had a hands on approach and led by example, he encouraged the team to follow this. The manager promoted consistency within the service by having regular discussions on issues in handovers and team meetings. The staff rota was planned to accommodate the individual's day to day activities and increased as necessary at times to consider individual's need to engage in activities. Staff told us the service operated an open culture and staff were encouraged to put forward suggestions on improvements and air their views.

The self-assessment report for driving up improvement reflected that each staff member was asked to contribute to this. They had to identify an area where they felt they could improve the experiences of people who use the service.

The manager ensured regular staff supervisions were done and issues were discussed, and staff given feedback. At each team meeting the manager made sure that staff were reminded of safeguarding and whistle blowing policies. All information from the regional directors, safeguarding, clinical and manager's meetings was cascaded at team meetings so that the staff was aware of what was going on in the organisation. We were told by relatives information from families with regards to an individual was acted upon as quickly as possible. They were kept informed, and staff welcomed their suggestions and contributions.

Action plans from quarterly audits, manager's monthly audits and quality ratings were delegated and completed on time. The registered manager told us told us a finance audit was undertaken annually; at the last audit of finances in August 2014 by the head of finance the home was awarded an excellent rating. The service had staff from different cultures and backgrounds as were people who used the service. The registered manager told of tailoring their approach to care arrangements accordingly.

The service operated a no blame culture and staff were encouraged to learn from their mistakes and use this as a motivation for improvement. The organisation had policies and procedures relating to all aspects of staff accountability and performance, and these were reviewed in team meetings and in one to one supervisions. Staff told us they felt the service was well run, they felt confident in raising issues with the manager. The provider provided a comprehensive induction programme for new staff and there was continuing training and development for the staff team. Staff felt they received effective supervision and support. Staff told us they were clear about their roles and responsibilities. They had daily handover meetings with colleagues and a member of staff was assigned to lead the shift and take responsibility for procedures such as the administration of medicines. Staff also had team meetings every month, the minutes of these meetings showed that the attendance was good.

The provider promoted a user led organisation. They held forums for people using their services nationally where they met up and shared experiences, these were done

Good

Is the service well-led?

annually. The last provider service user forum was held in August 2015. The provider also held a family day in 2015 where people with a family member using their services were invited to attend; representatives from CQC and the Challenging Behaviour Foundation were invited as speakers.