Care Management Group

Care Management Group - 33 Egmont Road

Inspection report

33 Egmont Road
Sutton
Surrey
SM2 5JR
Tel: (020) 8642 6890
www.cmg.co.uk

Date of inspection visit: 11 July 2014
Date of publication: 10/10/2014

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

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, and to provide a rating for the service under the Care Act 2014. This inspection was unannounced.

33 Egmont Road is a care home for up to six people with learning disabilities. There were six people living at the home at the time of our inspection. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

Summary of findings

People told us they were happy at the home, and our observations and discussions with relatives supported this. Staff knew people's individual needs and how to meet them. We saw that there were good relationships between people living at the home and staff, with staff taking time to talk and interact with people.

People's representatives were involved in developing care plans, and we saw people were supported to make decisions about their care and support. Where people did not have capacity to make certain decisions the service followed appropriate procedures to support them. We saw that staff encouraged and promoted people's independence.

Staff were caring, and treated people with dignity and respect. People had access to the local community and had individual activities provided. There were enough qualified and skilled staff at the home to meet people's needs.

Staff received an induction and regular training in many topics such as the Mental Capacity Act (2005), safeguarding adults, supporting choices, communication, first aid, eating and drinking, food safety, record keeping, infection control, learning disabilities, person centred active support and dealing with emergencies. This helped to ensure that they had the skills and knowledge to meet people's needs.

There was an open culture within the home with people using the service encouraged to share their views and suggestions in different ways. There was a clear management structure in the home and staff, relatives and people using the service felt comfortable talking to the managers about their concerns and ideas for improvements. There were systems in place to monitor the safety and quality of the service provided.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the location to be meeting the requirements of DoLS. The service was reviewing whether any applications needed to be made in response to the supreme court judgement in relation to DoLS.

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?
There were enough qualified and skilled staff at the home to meet people's needs. We found that staff were recruited appropriately and they had the skills and knowledge to safely care for people. Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance to staff. Staff understood what abuse was and knew how to report abuse if required.

Good

Is the service effective?
Care was delivered according to people's care plans and people were supported to access health services. People had access to specialist equipment to meet their needs, and the environment had been adapted to ensure that it remained homely while accommodating people's particular requirements. People had a balanced diet and the provider supported people to eat healthily.

Good

Is the service caring?
People were treated with kindness and compassion and their dignity was respected. Care was centered on people's individual needs. Staff knew people's life histories, interests and personal preferences well and understood their complex ways of communicating. People were supported to build and retain independent living skills. Their skills and personal achievements were recognised, encouraged and celebrated in different ways.

Good

Is the service responsive?
People were supported to make decisions about their care and support as far as possible. People using the service, their representatives and staff were encouraged to make their views known about their care and support in different ways. People's needs were assessed and regularly reviewed. People, their relatives and friends were encouraged to provide feedback and were supported to raise complaints, if they were dissatisfied with the service provided at the home.

Good

Is the service well-led?
Systems were in place to monitor the safety and quality of the service and to get the views of people about the quality of the service. The provider supported care workers and managers with effective inductions, training and supervision and with regular meetings to share best practices. Care and support was provided by a consistent team of care staff who knew people well. Staff had the necessary knowledge, skills and experience to meet the needs of people.

Good

Care Management Group - 33 Egmont Road

Detailed findings

Background to this inspection

The inspection was carried out by one inspector on 11 July 2014. We spent time observing care and support being delivered. We also looked at records, including three people's care records, staff training records and records relating to the management of the service. We spoke with three relatives, three members of care staff, the deputy manager and person who managed a home locally within the same organisation and attended to support the inspection (referred to as the "visiting manager" in this report). We also spoke with five people who used the service. Some had complex ways of communicating and a few had limited verbal communication.

Before the inspection we reviewed the information we held about the service. At our last inspection in July 2013 we did not identify any concerns with the care provided to people who lived at the service.

Following our visit we spoke with a healthcare professional from the community learning disability team who was involved in the care of people living at the service, the local safeguarding team, a social worker, an advocate and two relatives to get more information about the service provided at the home. We also contacted the registered manager and regional director for the organisation.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People who lived at 33 Egmont Road were protected from bullying, harassment, avoidable harm and abuse. Three people were clear that they liked living at the home and liked the staff. One person gave us an example of when they had not felt safe in previous years and they had reported their concern to a manager. They indicated that they would do the same again if they were worried and were confident that the manager would help them. They also said, "I feel safe here". We saw records to show that personal safety was discussed regularly with people using the service in their monthly meetings.

We observed people interacting with each other and staff in the communal areas. People looked to be comfortable with staff and approached them readily. However, we saw that not all people using the service were comfortable with each other. There were behaviour management plans for staff to follow to provide people with support in this area which all staff we spoke with knew about. We saw staff following these on several occasions which were successful in keeping these people safe from each other. For example, when one person repeatedly called another's name, provoking them to shout and become agitated, staff successfully intervened. They interacted with both people to defuse the situation, offering one an activity in another room. There were enough choices of communal areas for people to have their own space, which helped in this situation.

Staff told us about the support the organisation's behavioural and learning disability specialists had provided to people in the home. This included developing positive behavioural support plans. Staff told us about discussion groups they had participated in, led by these specialists. They explained how these were useful in understanding more about why people behave in certain ways, and the support that people need in such situations. Staff were encouraged to discuss difficulties they experienced, and were given useful guidance to follow. Training records showed that staff had received training in the management of behaviours which challenged. Staff told us how this training focused on ways to prevent and de-escalate situations to keep people safe.

We saw that not all staff followed a person's positive behavioural support guidance. We observed an occasion where a staff member who had recently transferred to the home after a long period of absence told a person that they may be punished for a particular behaviour by not receiving their money for shopping. If this were to occur it could amount to abuse. However, the deputy quickly reassured the person that they would not be punished in this way and told us that this was not the practice in the home. The visiting manager told us about action which would be taken to ensure that all staff followed the guidance in place in future, including reviewing the support that was offered to those transferring within the organisation and those returning form long periods of absence.

We looked at the service's policy on safeguarding and saw this was up to date and appropriate for this type of service. Staff told us that there was a copy of the pan-London safeguarding policy "Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse" available for reference.

Staff knew what to do if safeguarding concerns were raised. They told us they had received safeguarding training and records confirmed this. We asked three staff members what they would do if they suspected abuse was taking place. The action they told us was appropriate. This included reporting to managers, the local authority and CQC. The registered manager had reported previous allegations of abuse to the local authority safeguarding team and to CQC and we heard about the action that had been taken by the service to safeguard people. We spoke to the local authority safeguarding team and found that the number of safeguarding incidents which had been reported to them matched the number which the service had notified CQC of. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively. The local safeguarding team did not express any concerns about the service.

Our discussions with the deputy manager showed that they had a good understanding of the Mental Capacity Act (2005). The three staff we spoke with also had a good understanding of this act and issues relating to consent. All said they had received training on this topic and training records showed that seven staff had completed this training within the last year. This meant that there were suitable arrangements in place to obtain, and act in accordance with the consent of people using the service.

The deputy also had a good understanding of DoLS. While no applications for DoLS had been submitted, proper

Good

Is the service safe?

policies and procedures were in place. The deputy told us that, since the recent supreme-court judgement in respect of DoLS, the service had started to assess whether any people would need applications made to deprive them of their liberty. We saw that these assessments were recorded for each person. The deputy told us that it was likely that applications were required for all people using the service, and these would be made without delay.

We found that when people were at risk, staff followed effective risk management policies and procedures to protect them. We looked at three people's care plans and risk assessments and saw they were written in enough detail to protect people from harm whilst promoting their independence. For example, one person had risk assessments and management plans in place in relation to the way in which they moved around the home. We saw staff encouraging them to use specialist equipment to mobilise which the person sometimes accepted, and at other times declined. This meant that risks were managed effectively whilst still promoting the person's independence.

Arrangements were in place so that people's belongings were safe. The deputy told us that one person had a history of entering other people's rooms without their consent, sometimes taking or damaging things. The deputy explained that fingerprint scanners had been installed at the doors of all bedrooms. People using the service had to press their finger against the scanner to access their rooms. This meant that only the person whose bedroom it was, and staff, could access their room. This system was detailed in the relevant people's care plans and risk assessments and we saw that it was working effectively across the home.

We looked at risk assessments for three people and found they were comprehensive, up to date and protected people appropriately from identified risks. Another person was at risk of choking when eating. We saw that a referral had been made to a relevant professional who had given the team guidelines as to how they should support this person. We saw that even though these guidelines had only been received around a week ago all staff we spoke with had a good knowledge of them. We saw staff following these guidelines, cutting up the person's food into small pieces, encouraging them to focus on their meal and staying with them throughout.

One person had guidelines in place regarding them putting inappropriate items in their mouth due to a particular condition. Staff were able to tell us about this condition and the guidelines in place. We saw staff following these guidelines on one occasion in a communal area.

Staff we spoke with told us that there were enough staff present during the daytimes. However, one staff told us that at night time they did not feel there were enough staff to meet people's needs promptly, with one staff working and another sleeping, being on-call in case of an emergency. They told us that several people regularly required support at night and people's needs were not able to be met promptly due to the staffing levels. The deputy told us they were currently reviewing the findings from a recent trial of having more staff working at night and would implement any necessary action to increase staff if this was an identified need. After the inspection the manager confirmed that there would be an additional waking night staff to work across this home and the adjoining care home in the same organisation.

People's safety was promoted because staff recruitment procedures were robust. We looked at three staff recruitment records and spoke with one relatively new member of staff about their own recruitment. We found that recruitment practices were robust and that the relevant checks had been completed before staff worked unsupervised at the home.

There were clear disciplinary procedures in place to use when staff's conduct or performance fall below the providers' accepted levels. The regional director confirmed that the registered manager had received training in how to investigate a disciplinary matter and that investigations and disciplinary training is also part of the managers training course that the organisation provide for managers coming in to the organisation. They also told us, "[The registered manager] has done several investigations" during their time with the organisation.

Good

Is the service effective?

Our findings

People were involved in decisions about their care and support. We looked at three people's care plans and saw they reflected people's assessed needs. The support plans described people's routines and how to provide both support and personal care. Staff we spoke with were knowledgeable about the people they supported and were able to tell us in detail about their preferences, backgrounds, medical conditions and behaviours.

Each person also had an activity plan which was recorded in pictorial format. One person told us they were happy with the level of activities they were offered and said, "Staff take me to the pub, I love the pub…" Staff reported that if there was no scheduled activity such as going to college on a particular day, then people could choose an activity to do individually and who to do it with. During our visit we saw that this system was effective because people were able to do activities of their choice, such as shopping and going to the cinema, with the staff they chose. We saw that every person living at the home was supported to do at least one individual activity of their choosing outside the home on the day of our inspection.

Looking through client records we saw an approach the service used to support people to develop skills. Staff explained to us that each person was supported by their keyworker through a programme referred to as the "Wheel of Excellence". Staff told us how each person worked with their keyworker to develop a visual "wheel" which reflected their level of skill in different areas. Staff would then work with each person to develop skills in each area. They would meet with staff again six months later and assess how much they had improved and this would be reflected on the wheel. This meant that people were actively supported to improve their skills and abilities, and achievements were monitored and recognised.

People's health needs were assessed, monitored and planned for. We checked three people's files and saw that they each had a health action plan in place. This was a plan about how people could remain healthy and who they needed to see to do this. For one person who was identified as overweight, we saw in care records that staff were supporting them with a healthy eating programme. The person told us they had lost a lot of weight recently and were happy about this. We saw that the home made regular records of people's weight and these confirmed that this person had lost weight. A community learning disability nurse told us how the home followed up on any actions from health reviews they had been involved in. They also reported, "They understand their role around annual health checks."

We saw that other people were also being supported to eat healthily. People were regularly offered fruit as snacks. Where another person was overweight, they showed us equipment in their room and in the lounge that they used to keep fit. Staff explained that this person was encouraged to exercise with this equipment regularly. The deputy told us how people were supported to exercise in different ways, according to their preferences, such as cycling, walking and swimming.

We observed a mealtime and saw that the food looked nutritious and people told us they were enjoying it. We looked at the menu for the week and saw that it was mainly traditionally British meals, which met the cultural needs and the preferences of the people living in the home. Staff told us that people were able to eat when they chose to. We observed that in the afternoon one person requested a sandwich, and staff supported them to make this.

For the three people whose files we checked, we saw that each had had an annual health review in April 2014. Documents from these reviews each listed the last time people had visited health professionals such as chiropodists, opticians, dentists and GPs. We saw that each person had had regular appointments, which indicated that their health needs were being well catered for. However, following the review of the health action plan for one person in April 2014 the outcome for them to be referred for further health checks had not been made at the time of our visit. Staff told us they were unaware of these requests. Once we identified this issue, the deputy told us that they would support this person to access the necessary services as soon as possible.

Staff ensured people received appropriate support from healthcare professionals. One relative told us, "They are very, very good with [my relative's] health needs. [My relative] is always taken to the GP and checked out when need be. They always go to the dentist. I can't fault it". The deputy told us of several cases where referrals had been made for people who required extra support to keep them safe. We observed two examples of the service following guidelines set out by specialist professionals. Another person had recently been re-referred to an incontinence

Good

Is the service effective?

service for support around continence management. We saw that all appointments with health professionals and the outcomes were recorded in detail. Records showed that people were attending regular appointments with various health professionals. We noticed that one person had had a number of appointments concerning an on-going physical health need. This meant that staff were effectively managing their health needs.

We saw that the adaption of the house supported people's individual needs. In the communal areas there were pictures of people using the service and other items on display. Staff explained that these were positioned out of reach because some people using the service had a history of damaging such objects. This meant that the service could remain homely despite such issues. We saw that the home had equipment in place to keep a person safe specific to their needs for when they displayed a certain behaviour, provided under specialist advice.

People received care from staff who were appropriately trained as staff received effective induction, training and support. We spoke with three staff and they told us they were well supported by the manager and they had regular team meetings and handovers. A relatively new member of staff told us that their induction had been thorough and they felt it had prepared them well for their role. We saw records to show that the induction for all new staff included e-learning in topics such as safeguarding adults, communication and health and safety, as well as shadowing more experienced staff. Staff told us that they got to know people well in this period. However, we noted that an induction or refresher programme was not in place for staff who had returned to work for the organisation after a long period of absence and had not been based at this particular home before.

The visiting manager showed us the training plan and staff training matrix. We saw that the majority of staff had completed core training and specialist training was planned and booked. All the staff we spoke with told us the training was "very good".

People also received care from staff who had received appropriate support. Staff we spoke with commented that they felt well supported by management and met regularly with their line manager for one to one supervision. We checked three staff files and saw that one to one supervisions took place around every six weeks. Staff confirmed that monthly team meetings took place. They felt that these meetings were useful as they were encouraged to discuss issues of concern and best practice and learning from each other.

Good

Is the service caring?

Our findings

One person using the service told us, "The staff are my favourite people, they are good to me, lovely people". We spoke with four people about how staff treated and supported them. They told us staff were kind and they liked living in the home. One relative told us, "[My family member] is always nicely cared for. If we ask for anything, like their hair to be done, they always do it." Another told us how their relative was always happy to return to the care home after visiting them, "If [their relative] wasn't happy to go home [their family member] would tell us, so it's a good sign." The advocate told us that all the interactions they saw between the staff and the person they were representing were "caring, appropriate and dignified."

We found the service was caring as people were treated with dignity and respect and were listened to. We spent time observing people in the lounge and dining area throughout the day and early evening. We saw that people were respected by staff and treated with kindness. We observed that staff treated people affectionately and recognised and valued them as unique individuals. During conversations with people, we found staff spoke respectfully and in a friendly way. They chose words that the people would understand and took time to listen. When people had spilt their food or drinks on themselves during the meal staff discretely supported them to wipe their clothing and the table. When a clothing of item for one person became torn, staff took prompt action to support them to change and made immediate plans to support the person to purchase replacements. Staff were positive about working with the people living at the home and told us they enjoyed their work.

Staff responded in a caring way to difficult situations. For example, when a person became agitated, we saw staff sitting on the floor with them talking with them in a way which helped them to calm down. When one person began crying, the visiting manager moved onto the floor to be near the person, at their level. They spoke reassuringly to the person and used appropriate touch to comfort them.

The care plans were centred on the person as an individual. We saw that people's preferences and views were reflected, such as the name they preferred to be called and personal care preferences such as, "I like to brush my teeth before I get in the shower." Each person had a communication support plan which detailed their own way of communicating and how staff should support them in this.

Staff knew the people they were supporting and caring for. They were able to tell us about people's life histories, their interests and their preferences and these details were included in care plans. One staff member told us how they regularly encouraged people to engage in board games in the home, as a way of building relationships. This staff member told us that they had found this effective in bonding with people.

People were encouraged to build and retain their independent living skills. Care plans set out how people should be supported to promote their independence and we observed staff following these. For example, we saw several people being supported to contribute to making and serving a meal in different ways as per their care plans. One person was supported to make their own sandwich later in the day. Another was prompted to lay the table and another to pass cups to everyone. Staff told us how they supported people to clean their own rooms, and people using the service confirmed this.

The visiting manager told us about various annual events which the organisation ran for people using their services across the company. There was an annual forum which people from this home were supported to attend and express their views, irrespective of their disability. There was an annual talent show where people using the provider's various services, including those with complex needs met together to showcase their skills. One person told us how they had sung at last year's show, and they were looking forward to opening the show this October. The deputy told us how people using the services plan and run the event, deciding which workshops and activities would be held each year. We heard about the annual award ceremony and annual sports day for people across the organisations homes. One person proudly showed us medals and trophies they had received at some of these events. The deputy explained how these events motivated people to develop skills and gave them a sense of achievement when they were recognised at a formal occasion.

We saw that people using the service were actively involved in the running of the home, including the recruitment of staff. The visiting manager told us how recently the national

Good

Is the service caring?

recruitment practices had changed. Workshops had been held with people using the services and interview questions had been written based on the ideas expressed. We were told that for staff interviews for this home, people using the service were asked if they would like any particular questions included. We heard how such questions were always asked at interview to ensure that people were included in the recruitment process.

Good

Is the service responsive?

Our findings

Where people were unable to make decisions due to a lack of mental capacity, decisions were made in their best interests. The deputy gave us a recent example of how a best interests meeting had been arranged for a person who did not have capacity to consent to an operation. The home supported the person to access an external advocacy service, and we heard how staff who knew people well, the person's care manager and healthcare professionals were involved in the decision making. We spoke with the advocate involved in this decision and they told us, "I couldn't speak more highly of the manager and deputy manager who I have been in regular contact with." They told us how they had been supportive when difficulties were encountered in the process, to ensure good outcomes for the person using the service.

We observed that throughout the inspection staff were responsive to people's communication styles. Staff gave people information and choices in ways that they could understand. Staff used plain English, repeating messages as necessary to help people understand what was being said. We saw that staff were patient when speaking with people, and understood and respected that some people needed more time to respond. We saw some staff communicating with one person in Makaton, a type of sign language. Staff told us how this person often used signs to express themselves, and we saw that staff were able to understand and respond to what was being said.

The relatives we spoke with told us they were asked their views about the care and support their relatives received. Staff told us how people's representatives were involved in assessments and care planning. One relative said that the staff regularly contacted them to keep them up to date with the condition of their family member. However, two other relatives told us that recently they had not been contacted as regularly as previously, because the staff who would contact them regularly had left, and they would prefer staff contacted them more often to keep them up to date with their relatives' life. One told us how, recently, the home had forwarded them a copy of their relative's new activity programme for their feedback. Another told us they had recently been sent a copy of their relative's updated care plan and risk assessments and were asked to review it. We were told that this was usual practice. After the inspection the manager told us that they had since implemented a new system to improve communication whereby they sent a monthly update about each person to their next of kin.

Staff supported people to express their views and listened to them. Records showed that people had meetings with their key workers each month or sooner if required to discuss any concerns they might have. We saw appropriate action was taken where required. People were able to decide how their rooms were decorated. Staff told us people had been able to choose the colour of their rooms and we saw they were personalised with photographs, pictures and other possessions of their choosing.

The service arranged monthly house meetings to give people an opportunity to express their views about the service. For example, in a recent meeting we noted that the menu had been discussed, with people expressing their choices about what food they would like to eat. We saw that these preferences had been incorporated into the menu. Staff told us how people were involved in weekly food shopping. We also saw that people had been encouraged to say where they would like to go on holiday in the summer time. Where people were unable to express their views verbally, staff used other indicators to assess their views such as their body language and behaviour.

Staff also knew people's preferences well and supported their right to choice. When we arrived for our inspection just after 11am we were told that one person was still in their room as they wanted to have a lie in. Our discussion with this person later in the day confirmed that this had been their choice. We saw that people were all given the opportunity to choose one member of staff to do an activity with outside the home. One person chose to go to the cinema, another to buy some items to support a hobby. Staff were knowledgeable about the types of activities people liked to do, and knew what activities they would likely choose.

People had access to activities that were important to them. Staff were clear that there was a focus on individual activities according to people's own preferences. Several people attended college each week, although staff told us that college had broken up when we inspected. Staff told us that a therapist visited weekly. The deputy told us that people were encouraged to do physical activities, and there were regular trips to a local cycling arena, as well as swimming and walks to local places.

Good

Is the service responsive?

People were supported to maintain friendships and important relationships with their relatives. We noted that in people's care records a circle of support was recorded. This detailed all of the people involved in the individual's life, both personal and professional and how they would maintain those relationships. When we arrived for the inspection we were told how, that morning, one person had been supported to travel to stay with their family. Their relative confirmed that the home supported their relative to maintain their relationship well.

We saw that complaints made to the home were logged in a specific book. Details such as the date of the complaint, its nature and action which had been taken to resolve it were all recorded too. Records showed complaints were recorded, investigated and resolved appropriately. Two relatives we spoke with told us they had not raised any complaints with the home but knew how to complain or raise a concern and would do so if necessary. Another relative told us they had made complaints in the past about issues such as their relative's appearance. We saw that these were logged in the complaints book. However, the relative told us they would like more communication and feedback from the home as to what action they would take when they raised issues. After the inspection the manager told us that a relatively new system had been implemented whereby a person at head office would investigate any complaints, liaising regularly with the person making the complaint and the service.

Good

Is the service well-led?

Our findings

The manager encouraged staff and people to raise issues of concern with them, which they acted upon. Observations and feedback from staff, relatives and professionals showed us the home had a positive and open culture. Staff spoke positively about the culture and management of the service to us. One staff member told us, "We are encouraged to discuss any issues and the managers listen." Staff we spoke with said that they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one to one or staff meetings and these were taken seriously and discussed.

The home sought the views of relatives in different ways. One relative told us how they would write requests to staff in their relative's diary when they visited them, and staff would action any requests made. However, one relative commented that the staff did not contact them as much as they used to since the current manager started working at the home and there had been changes in staff, and they would like to be contacted more often. Another relative told us that they would like more feedback from the home about their family member's life. The regional director told us that surveys had been sent out to families and professionals recently. However, they said that they had not received many responses and so they were planning "a focus group as part of a social event for families to try and get more feedback."

The visiting manager told us there had been a "Driving up Quality" conference a few months earlier where staff and people using the services had been invited to give their feedback on different aspects of care. Topics discussed included how to help people make choices and people's ideas as to how to provide better support were shared. This promoted an open culture and showed that the views of people using the service and staff were valued.

There was a clear management structure with a registered manager, a deputy manager, lead support workers in the service, and a regional director who worked closely with the home. Staff we spoke with understood the role each person played within this structure. This meant that people's roles were clear to staff so they would know the best person to approach for the issue at hand.

We saw there were systems in place for the maintenance of the building and equipment and to monitor the safety of the service. This included monthly audits of medicines management, staff records, environmental health and safety and infection control. There was also a system of daily audits in place to ensure quality was monitored on a day to day basis such as daily audits of medicines and of the fridge and freezer temperatures to ensure people's. We saw records to show that there were weekly checks of the hot water temperatures of all hot water outlets and checks of fire safety equipment.

Systems were in place to monitor and improve the quality of the service. We saw records to show that the manager carried out a monthly audit to assess whether the home was running as it should be. For example the audits included checking whether documents such as people's health action plans, support plans and risk assessments were reviewed and whether house meetings, staff meetings and one to one meetings with staff were taking place. We saw an action plan resulted from each monthly audit. Goals from the most recent audit had since been actioned. The visiting manager told us how these audits were sent to the regional director for review and approved each month. We also saw records to show that the regional director visited the service most months to audit different areas of the service.

The deputy told us how the organisation has its own internal quality rating system, and each home is awarded a rating each year by the regional director. The home had received a rating of "very good" in their recent audit. We saw a folder of evidence which the home had collated to help the regional director assess the home and heard how the rating was arrived at, through assessing the home following the same standards as CQC. The visiting manager told us how this annual assessment promoted much competition amongst the home managers across the organisation, and it motivated managers in their role.

We saw that the service had a service plan to address areas for improvements to ensure that these were clearly identified and to enable closer monitoring. The regional director told us, "The managers use the results within the service plan, in terms of determining some targets to set the service. This could be staff training, change in a process, décor…"

The provider had a number of arrangements to support home managers. Managers had annual conferences,

Good

Is the service well-led?

monthly meetings and one to one supervisions with their line managers. There was an additional conference last year on the management of medicines. We also saw records to show that the registered manager had done a range of training to help them manage the service effectively. This included handling difficult conversations, coaching, assessing medication competency, control of finances in the home, carrying out supervisions and also disciplinary investigations.

We looked at the provider's policies on equality, dignity, respect and encouraging people to be as independent as possible. We found the principles outlined in the policy documents were reflected in the behaviour of staff. Staff told us how they respect people's differences, for example, irrespective of disabilities, people were supported to access the community, such as going to the cinema and accessing the healthcare system.

Care and support was provided by a team of care staff who were clear about their roles and responsibilities and knew people well. When cover was required, the service was able to use a bank of staff who were able to work in any of the local homes in the organisation. We were told that agency staff were seldom used, and when they were there would always be permanent members of staff on duty with an agency staff member to support them.

We found accidents and incidents were recorded in a way that allowed staff to identify patterns. These were all logged onto an electronic system which enabled the registered manager and regional director to monitor and review them remotely to ensure that appropriate management plans were in place.

The service was proactive in promoting good practice. For example there were appropriate arrangements to support people with behaviours which challenged others. Care plans were in place and behavioural charts were routinely used by the service to help identify patterns of behaviour and to look for triggers to understand why people were behaving in that way. We saw records to show staff had received training in topics such as preventing and managing challenging behaviour, autism, communication and mental health awareness. Those we spoke with felt they had sufficient skills from this training and also adequate support to manage people's behaviours.