

Care Management Group Limited

Avenue Road

Inspection report







14 Avenue Road
South Norwood
London
SE25 4EA

Tel: 02089163247

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 16 November 2016 and was announced.

At our previous inspection in March 2014 we found the provider was meeting the regulations.

Avenue Road is a supported living service that can accommodate up to nine people with mild to moderate learning disabilities, diagnosis of mental health and challenging behaviours and other associated health or communication needs. Supported living services enable people live in their own home and receive care and/or support in order to promote their independence. People who use this service had their own flat with separate tenancy agreement and received 24 hour support. In supported living services personal care is regulated by the Care Quality Commission (CQC) but the accommodation is not. People using this service liked to be addressed as tenants.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Tenants and their relatives spoke of the excellent support received and how this impacted positively on their progress and wellbeing. Staff were providing new opportunities and experiences for people, they supported them to participate in education and training and develop skills. People felt totally empowered, they had education and developed skills that enabled them take up employment.

People felt safe and were able to express themselves or raise concerns without fear of recrimination. The manager and staff had an excellent understanding of managing risks and successfully supported people to reach their full potential. Positive risk taking was driven throughout the service, balancing the potential benefits and risks of taking particular actions over others, in order to support people to live fulfilling lives. In delivering this consistent approach people were supported to try new things and make positive changes in their lives.

Staff encouraged people to respect each other; there was a 'no blame' culture. Support plans were developed to provide guidance for staff in the positive management of behaviours that challenged the service and others. This was based on least restrictive best practice guidance to support people's safety. The guidance and training supported staff to provide a consistent approach to situations that may be presented.

Every tenant's voice was heard. The staff team empowered the tenants to communicate their thoughts wishes and aspirations by using creative ways of communication – pictures, social stories, and 'books without words'. A family member said, "We value the efforts made by staff to push for people to be as independent as possible."

People were supported by staff that were compassionate and treated them with dignity and respect. Interactions both verbal and non-verbal between staff and people who used the service were caring and respectful with staff showing patience, kindness and compassion. One of the great strengths in the service was reflected in how people were supported and developed the confidence to speak up for themselves. The manager and staff knew and understood the people they cared for and ensured people were provided with choices in all aspects of daily life by way of discussion.

Staffing provision was responsive to people's changing needs and preferences and enabled people to lead fulfilling lives, the utilisation of resources demonstrated the service's commitment to the culture of inclusion and participation for people using the service. Two tenants had been successfully supported to apply and attain paid employment as gardeners in response to their desire for increasing independence and contributing to the wider community. Both received training and were supplied with necessary safety equipment by the service. They had grown in confidence and their self-esteem has flourished as a result.

Staff recruitment was a rigorous procedure with only suitably vetted staff employed. Training provision for staff was excellent; the training constantly targeted needs and reflected the skills staff needed to respond to the needs of tenants. Staff received consistent support and supervision to help them carry out their role to the high standard required.

People accessed a range of community facilities and activities within the service. People's achievements were celebrated and their views were sought and acted on.

People and their family members were consulted and involved in assessments and reviews. Best practice guidelines were followed and the service was innovative and creative in its approach to support. The management and staff were not afraid to challenge decisions and advocate on behalf of the people they supported, often with excellent results.

Support provided ensured people's nutritional needs were well met and they had access to a range of professionals in the community for advice, treatment and support. Staff monitored people's health and wellbeing and responded quickly to any concerns. People received the medicines as prescribed by their GP. Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions.

The senior managers were positive role models, the manager actively sought and acted on the views of people. The registered manager had clear visions and values; these were shared with the whole staff team. People, their relatives and health and social care professionals without exception told us they thought the service was very well managed. Systems to continually monitor and drive up the quality of the service were effective. The service had sustained a history and culture of continuous improvement in standards,

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 operated was safe and not reliant on staff alone to promote safety. A positive approach was taken to managing risk. Tenants were trained on health and safety that encouraged empowerment in maintaining their own environment.

People's risk assessments were developed and used to enable people to live full lives as safely as possible.

There were systems in place to help safeguard people from the risk of harm or exploitation. People were educated with travel training and well informed on managing potential areas of harm.

The provider had a robust recruitment procedure in place in so that only suitable staff were employed. The service made sure there was enough skilled and experienced staff to support people safely. The service adhered to safe medicine procedures.

Is the service effective?

Outstanding ☆

The service was very effective. People experienced creative and person centred support that was based on their needs and wishes, the support arrangements helped people successfully achieve their goals

The service ensured that where people's consent and choices about the way in which they led their lives was always considered and respected. Where people did not have the capacity to make decisions the staff were confident in applying the Mental Capacity Act 2005 to ensure decisions were made in people's best interests.

Staff were well trained and skilled, and highly motivated, they understood how to protect people's rights and enable them to make decisions for themselves. Training was provided to people using the service to empower them, they developed more health and safety awareness and enabled them access employment.

People who used the service were involved in staff training to ensure staff understood things from their perspective.

People were supported to attend appointments, see their GP or

other health care professionals. Their dietary needs were met and healthy eating was promoted using innovative methods.

Is the service caring?

Good ●

The service was very caring. People lived in an environment where people felt valued and used behaviours that respected those around them. People's potential was recognised and independence was promoted in as many areas as possible. People were supported by a staff team who respected them as individuals

The manager and staff had high expectations of what people could achieve. They inspired and encouraged people to set goals and try new things, achievements were celebrated.

Staff were committed to a strong person centred culture which put people in the centre of the care provided. People and relatives were involved in decisions about their care and how they wanted to be cared for.

The service had plans to support people up to their final days if that was their wish. The manager and staff were participating in forums and training to help them develop with people appropriate advanced care plans.

Is the service responsive?

Outstanding ☆

The service was very responsive. The work undertaken at the service had made a real difference in people's lives and positive changes had taken place. People achieved positive outcomes which met their goals and aspirations. The service had the ability to respond promptly and deployed suitably skilled staff to respond to people's changing needs.

The service was flexible in responding to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. People were supported to take part in work opportunities and activities they enjoyed, and to maintain contact with friends and family.

People were fully supported by staff to engage in activities to stimulate and promote their overall wellbeing. Where there were changes to people's health and wellbeing these were responded to promptly.

People had confidence in how any issues or concerns were dealt with.

Is the service well-led?

Good 

The service was very well-led. The culture of the service was visibly person centred, open and empowering. The provider's focus was on respecting diversity. This helped staff raise awareness and recognise each person's potential, and to set out with them achievable goals.

The feedback we received from a range of professionals, families and staff was of an enabling and inspiring service.

Best practice guidelines were followed and the service was innovative and creative in its approach. Feedback was regularly sought from families and all comments or suggestions were promptly acted upon.

There were robust systems to ensure quality was monitored and to identify any potential improvements to the service. The audits were carried out by senior management and people who used other services provided by this provider

Avenue 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 was planned to check whether the provider was 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.

The inspection was announced and took place on 16 November 2016. We gave the provider 48 hours' notice before the inspection to make sure appropriate staff and the manager would be available to assist us with our inspection.

The inspection was undertaken by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our inspection planning we reviewed this information and other information that we held about the home including statutory notifications received from the provider. These statutory notifications include important events and occurrences which the provider is required to send to us by law. We reviewed previous inspection reports and we also contacted care and health commissioners and social care professionals who were involved with the service to seek their feedback.

Seven people (all male) were using the service when we visited; we spoke with all of them. We spoke with the relatives of three tenants. With their permission we visited two tenants in their own homes. We also spoke with four staff members and the registered manager. After the inspection visit we spoke with one social worker and a health professional who was a psychiatric nurse.

Is the service safe?

Our findings

Tenants shared with us they felt safe. They told us staff encouraged and supported people to be more responsible for their own safety in their homes, and helped them learn the skills to do so. One person said one of the many things staff did was to help them take control and understand their tenancy agreements, also supporting them with managing their finances safely. Another person told us staff administered their medicines and made sure it was taken at the correct times. Staff also helped them develop practical skills and look out for hazards; they arranged meetings for the tenants with the landlord about the housing provision. One person told us, "Staff work with us to ensure we are supported in a safe and person centred way" and "Staff look at risks and make sure everything in the environment is safe."

Detailed policies were in place in relation to safeguarding and whistleblowing procedures. Records showed staff received training in safeguarding adults at the time of their induction and this was refreshed annually, to keep them up to date with any changes in legislation and good practice guidelines. Staff told us this knowledge and continued learning helped to ensure they were competent in following local and national safeguarding procedures, so that people in their care were always protected. Staff were highly aware of their responsibilities; they were able to describe to us the different patterns that might indicate abuse was taking place. The manager was clear about processes and when to report concerns to the local authority, police and CQC. Records of incidents and the service history as well as feedback from social care professionals showed these protocols were followed correctly by staff.

There was a positive risk management culture within the service. Risk assessments and support plans were in place which enabled people to be independent and in control of their life, to build up confidence whilst the risks were managed to an acceptable level. Staff were familiar with support plans that ensured the risks were appropriately controlled while enabling and encouraging people to lead full and active lives. For example, we saw guidelines for staff to follow which enabled a person at risk of seizures to shower independently, something they had previously been unable to do. These arrangements were regularly reviewed to ensure that measures to manage risk were as least restrictive as possible. Individual support plans identified the support required by the individual to maintain their personal safety in their homes and in the community.

Staff demonstrated their skills in supporting people gain their goals and aspirations and to become more independent. They supported people with developing independent living skills so that they could access the community safely. We saw examples of personal goals being achieved, for example two people had developed travel skills and enjoyed going out and using public transport without support. A health professional told us, "Staff do things correctly and follow practice guidelines, they are competent at supporting people with complex needs, with supporting the person to manage risks and to avoid the risk of the person harming themselves or others." There were examples of staff adjusting work patterns to support people appropriately. When a tenant had a mental health crisis while out in the wider community during night they were supported by one to one staff to ensure they stayed in a place of safety until they felt well enough and able to return to the service.

A social care professional told us staff liaised well with tenant's care managers and other professionals. Clear audit trails were maintained of financial records, these were audited at regular and frequent intervals to ensure the processes were robust. There were arrangements in place to respond to foreseeable emergencies. Each person had a personal evacuation plan to be used in the event of an emergency. Each tenant was trained on understanding fire safety and the response to fire alarms. There were records held of all accidents and incidents and examples seen following an event included a debrief for staff to ensure that lessons were learned as appropriate. The service had a business continuity plan in place which identified persons to contact in emergency, designated places of safety and requirements to continue to provide a service.

Staff levels were appropriate for the needs of the tenants and were reviewed regularly. The number of staff on duty was sufficient to ensure that all planned activities are carried out. There was a flexible approach to rota planning - for example for evening or all day activities, shift start and finish times were altered or extra staff were bought in. Staffing rotas showed higher numbers of staff at particular times of the day. The manager explained the staff levels were tailored according to need and increased at specific times to accommodate individual needs such as supporting individuals to attend community events. The manager told us they had a full complement of staff. They used agency staff if regular staff were unavailable to cover absences; agency staff received a thorough induction to the service and tenants before commencing their first shift. The agency used was aware of the need to promote continuity of care for the tenants and supplied a small group of familiar staff on their books.

When we examined staff records we saw that rigorous checks were made before employing applicants. Records seen included the outcome of interviews, Disclosure and Barring Service checks (DBS), references and identity checking. DBS were routinely re-checked every three years. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

Some people were being supported to take their medicines and we saw this was managed safely by trained competent staff. Medicine was stored safely; medicine cabinets were fitted where possible in people's flats to store their medicines securely. Daily records and staff told us repeat prescriptions were requested on time from the GP and collected from the pharmacist. All staff were trained in administering medicine. They had yearly competency assessments. Weekly medicine audits were carried out by a staff member who was the service's medicine "champion." The manager also carried out a detailed medication audit every month. The medicine administration records (MAR) and medicine supplies we saw were completed correctly with no unexplained gaps. These showed that people were being given their medicines as prescribed. Staff told us they checked the medicine administration records each time they administered medicine, and if any discrepancy was found this would be reported and investigated by the registered manager without delay. There had been no medication errors within the last twelve months.

Is the service effective?

Our findings

People told us the manager and staff were excellent at supporting them, creating new ways of helping them be involved in support arrangements. One person said, "Staff are so thoughtful and encouraging. As a result I am able to do so much more for myself but if I have a problem I know staff will deal with it quickly and efficiently." One person's relative said, "Staff are very good at what they do. They are ideal for the job and are very skilled." A member of staff told us that before new staff members could care for people, they had to work alongside experienced members of staff first. This was so they could get to know people and how they needed to be supported.

Tenants at Avenue Road benefited from living in a person centred environment. Each person had a support plan developed with them and their family/circle of support. The support plans in place enabled people to be independent and in control of their life, they outlined their individual support needs and desired outcomes. Each tenant had a named keyworker who they met with to review their current situation, and progress towards identified desired outcomes and goals. Tenants had daily access to the manager. Support plans and arrangements were regularly reviewed by keyworkers. Staff told us they discussed each person's care needs and progress in meetings with the registered manager, this helped ensure there was an overview of people's progress.

We saw that every effort was made to assist people to be involved in and understand decisions about their care and support. Much thought went into developing the person's abilities and competencies to understand, and helping the person learn to cope with daily challenges of life. People and their relatives told us that this partnership approach greatly enhanced their self-esteem, quality of life and confidence. We saw excellent examples of the outcomes for individuals. One person moved from the family home where they had relied totally on parental assistance and their skills were minimal. With staff perseverance and support they developed a number of skills such as assertiveness. They told us they were proud to share their progression and new found confidence.

All seven tenants expressed high levels of satisfaction with the service and enjoyed being tenants. The service had made a difference to their lives. Everyone living at the service was a young adult who had moved out of their parental home or residential care home into the service. There had been positive changes for these adults which could be measured and evidenced through their personal achievements, their happiness and the fact they were able to try new things such as work opportunities.

There were numerous examples seen of the positive outcomes for people. One person had achieved milestones in attending a college and learning new skills. They attended additional certified health and safety courses that enhanced their work prospects. As a result they were empowered using these new skills and had now taken up employment. Staff worked with people in developing social skills, helping them build relationships with fellow peers. We saw how an individual was supported to develop skills resulting in them overcoming anxieties about attending events, or speaking up when attending any social gathering. One relative praised staff for the great success achieved by their family member who now went out in the community confidently and unescorted. Initially they had low self-esteem and were withdrawn due to experiences of bullying and discrimination in the community. They said, "Staff never stopped working with

us. Being autistic hasn't stopped my family member from achieving and pursuing their dreams thanks to the care and support received from staff." Two people moved on to more independence in the past 18 months. One family member told us staff had a great understanding of their relative's needs including communication, health and behavioural management. They said, "Staff had made an amazing difference to their relative's improved quality of life."

The manager and staff demonstrated they were committed to promoting people's health and wellbeing. Each person had a personalised health action plan which provided guidance for staff about how to monitor and improve people's health. The manager actively supported staff to make sure people experienced good healthcare. A healthcare professional told us, "Staff include in plans and care arrangements input from professionals like psychiatrist, nurses, and speech and language therapist to ensure people's health needs are met. This multidisciplinary approach helps to ensure that people maintain good health."

Staff had developed a communication passport with each person. This information was a summary of the individual's needs, how they communicated, as well their medicine profile. This was provided when the person used hospital or other essential services and ensured that there was no breakdown in communication with the service.

Staff were innovative in providing individual support with on-going health issues, for example one tenant had been advised to lose weight. The keyworker was keen to provide a prompt about portion control without compromising the tenant's dignity and sourced a china dinner plate with coloured sections which provided a visual aid. Monitoring of nutrition and diet was an on-going process for the tenants. Staff looked to improve the range of choice and options available for the tenants by introducing one to one cooking sessions to enable people prepare their own meals, plus enrolment at local colleges for 'cook and eat' classes and continued liaising with the community dietician.

Staff told us of training they received around the management of emotions to enable them be more effective in when supporting people. There were robust systems in place to support people to maintain successful relationships with people. They ensured people were provided with all relevant information and emotional support in a timely and professional manner. One person told us of a very sensitive time in their life when they found it hard to deal with a relationship breakup. They reflected on what worked for them in overcoming obstacles, they complimented staff on their valuable and additional on-going emotional support during this difficult time.

The manager told us new staff underwent a thorough induction process, and where required were enrolled to undertake the 'Care Certificate'. This is a set of standards developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support. Staff records showed that both new staff shadowed existing staff until they had sufficient knowledge and training to undertake care and support alone prior to being allocated as a person's support worker.

The provider showed they were committed to ensuring staff had the necessary knowledge and skills to do their jobs effectively. There was a clearly identified training and development programme, a matrix was held electronically for each staff member that ensured that training and refresher courses were current and relevant to the service. Staff undertook specific training in autism, epilepsy, diabetes. Staff told us training and development opportunities were excellent, these schemes included a support worker and manager development programme. Some of the training sessions included involvement from tenants so that staff could develop empathy by understanding the position from the tenants view. Every staff member had regular supervision. All staff had a yearly appraisal in which the previous year's achievements were reviewed,

and a development plan produced for the following year. One member of staff told us how the manager was so supportive in respect of a health and social care qualification they were studying and gave them support and the time to study for this.

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. The manager and staff were knowledgeable and confident in how they used The Mental Capacity Act without hesitation. Staff used a variety of methods to ensure that the tenants were fully involved in decision making, including easy read documents, pictures, and breaking down sentences in discussions. Excellent examples were seen of staff supporting and placing the person at the heart of decision making. There were numerous capacity assessments in place, and champions assigned to promote decision making within the staff team. We saw examples of these, one for a person making a large costly purchase, and another one for assessing capacity for a person with the day to day management of finances, and subsequent best interest consultation processes.

Is the service caring?

Our findings

Comments from people who used the service and their relatives included "I love being here and having my own flat with helpful staff available", "Staff are pretty respectful and treat us very well." Relatives told us they felt the staff and the service offered to their loved ones was excellent and very caring. One person's family member said, "Staff care so much about the people, we are so lucky to have such dedicated people supporting our relatives."

People were able to tell us the names of the staff that supported them and who they felt were particularly important in their lives. This and observations of their rapport with staff indicated long standing relationships people had developed with staff. Every tenant had an individual person centred support plan to ensure that their needs, hopes and goals were identified. These were reviewed regularly and staff were aware of the contents of these plans. A member of staff told us new staff did not provide one to one support to tenants until they had a detailed knowledge of people's support needs and had time to build up a rapport with the individual. Tenants were involved in selecting their own keyworkers, by discussion with the manager and their wishes were the prime consideration for allocation of the key worker. Tenants had communication passports to identify their needs and preferences with styles of communication. For some, use of pictures was a very important part of their decision making process.

Staff told us that core values were promoted by all involved in people's support, such as "feeling valued for who you are, for what you achieve and for your ambitions." Staff demonstrated a respectful approach towards the people they supported. Staff were aware of the need to maintain confidentiality both within the home and when in the community. At Avenue Road staff encouraged people to respect each other and promote the dignity by all to all. There was a 'no blame' culture, and issues or problems were addressed as they arose. Staff said "We value the differences that make a person the individual they are; we do not accept discrimination or offensive behaviour." We saw examples of how promoting these values of respecting people contributed to a person's confidence to grow and feel safe. One person told us staff had tactfully dealt with an issue they encountered; they felt more confident now the difficulty was resolved. The examples seen demonstrated the issues were addressed sensitively and resolved to the person's satisfaction. We heard too from individuals that people felt confident that personal information about their lives was treated with care and respect and kept secure. We observed staff promoting a supportive environment encouraging people to help each other to maintain personal dignity. Health professionals told us they felt the staff and people using the service had a mutual understanding and effective relationships were developed. Success was celebrated; several tenants received awards and medals at national CMG service user awards and sporting events. One person drew our attention to the photographs on display of these achievements.

People told us that staff respected their independence and encouraged them to pursue new things. One person told us, "Staff knew my problems due to my lack of confidence, I now feel more confident and in control thanks to staff encouragement." A relative we spoke with told us that staff and the manager acknowledged their family member had difficulty with undertaking tasks and gave up easily, but valued the efforts made by staff to push for people to be as independent as possible." Staff told us how they promoted

people's independence, a member of staff told us, "It is about giving people control." We observed a person's shoe lace had become undone and we observed the staff member supported the person by showing them how to do this up correctly.

Relatives we spoke with told us that people's privacy was maintained and they were treated with dignity. They told us that any personal care or discussions around personal care took place in private in individual's own flats and never in communal areas. One relative told us their relative needed some encouragement with personal care, but that staff dealt with this sensitively and conversations with the person were held discreetly and in private.

Friends and family were encouraged to visit freely. Family members told us there was good communication and co-operation with families and records were held of family contact. We saw that tenants chose family members to advocate for them. If this was not possible, staff assisted them to access independent advocates to ensure that the individual's own wishes were identified and met.

The provider CMG had introduced an End Life policy, with the aim of providing care to those with advanced, progressive, incurable illness to live as well as possible until they die. They had plans in place to train staff and work in collaboration with other members of the health and social care teams, to provide consistent high quality palliative and end of life care to people they support and their families. There was an Ageing Well Forum where managers came together to share valuable information and best practice guidance, and the latest developments to help them develop plans for supporting people over fifty. We saw from the agenda that on-going agenda items included healthy and active ageing, end of life care and dementia. Training for staff included workshops giving staff confidence to talk about dying; exploring end of life plans; sharing resources and accessible information and; embracing and embedding Priorities of Care for the Dying Person.

Is the service responsive?

Our findings

People told us that the service was very responsive to their needs and numerous examples supported their views. One person said, "We live in our own home and have staff around to give us the help we need," Another person spoke of the way the service was responsive, they said, "It is a great service. For things one finds difficult to do we just have to ask and staff give the help and explain things clearly." One relative told us of their confidence in the service, they said, "This service is working well for my family member; he has made progress and seems to be very happy here. I feel reassured that all is well and staff make great efforts to inspire them to aim higher."

We saw from records that people had their needs assessed initially to make sure the supported living environment was the most suitable place to meet their needs and to help them develop more independent living skills. Staff told us the manager was very thorough in their assessment. They said she fully understood what the service could and could not provide and was able to offer a placement which would enhance the person's life. They invited people to visit prior to moving into their flat and meet with others using the service. This helped ensure compatibility with others and reduce the likelihood of placement breakdowns.

Prospective tenants participated in a full assessment process which identified their values and beliefs, hopes and aspirations and choices and preferences. This was used to develop a support plan for the individual. Records showed and staff told us that any changing needs were identified and met appropriately. All aspects of support and care arranged for tenants was totally person centred and tailored to respond to individual need. The manager said the support was person specific. For example some people needed structured support and daily routines to enable them to function effectively. Staff were trained in person centred care that ensured people received consistent, personalised care and support. Their care and support was planned proactively with the person, the people who mattered to them and health and social care professionals involved in their care. Relatives were fully involved, where appropriate, in identifying people's individual needs, wishes and choices and how these should be met. They were also involved in regular reviews of each person's support plan to make sure they were up to date.

The provider worked very well with people to maximise their independence. People's goals and aspirations were an important part of the service and people told us about how they were enabled and empowered to achieve their goals. Staff were inspirational and worked extremely hard to guide and support people set goals and to pursue their aspirations. Most people had set their sights on becoming more independent and not need as much support. One person told us how they felt inspired by the progress made by another who moved into their own place. The records showed how staff had supported the person adapt with a timely transition to their own new accommodation. There was evidence that the work of staff had made a real difference in people's lives and positive changes had taken place. For example, staff recognised a person who spent many years in a long stay residential setting lacked the confidence since they were young to say how they felt; and expressed what they felt the listener would like them to say. This had changed since staff had helped them develop the confidence to express their own views. Other examples were seen of the responsiveness of the service and the impact of forward planning. One tenant with a degenerative neurological condition was finding it difficult to maintain their personal care. Staff worked with

occupational therapist and advocated for the person with housing. As a result they were provided with a complete refurbishment of the bathroom – and it was made into a 'wet room' with safety seating and grab rails. This was done in response to the tenant's clear desire to remain at Avenue Road for as long as possible. Provision of this facility ensured that their wishes were respected.

Tenant's choices regarding personal care were well known and recorded in their support plans, for example level of support, preferred gender of staff. Every tenant had their own timetable of activities and were encouraged to participate in the wider community. Tenants were supported to attend college, maintain existing jobs, seek new employment (voluntary and paid), attend social clubs, gyms, and go to the cinema, the pub, local cafes. The views of family members were taken into consideration, and staff ensured they worked creatively in ensuring that tenants could visit or communicate with their families freely and easily. For example a tenant (with very limited verbal communication skills) who had previously been in foster care had no active communication with either parent for several years. Staff helped them pursue their wishes with success. They now had regular visits from them as a result of staff's determination to 'find a way' for safe and nurturing contact after they were supported to identify people they loved and wanted to see. There were weekly visits from the parent which has improved the sense of self-esteem and self-worth of the tenant. There was a good rapport between the staff and relatives -- evidenced by communication/contact sheets and feedback from families in the annual survey form. The feedback received was incorporated into a report and actions for improvement were identified, and feedback was given to the family.

Systems were in place to ensure people's support plans were reviewed on a regular basis. Daily records maintained held detailed information about the care and support provided. We noted that information on the individual's wellbeing, achievements or concerns was added to the records; information was also cascaded verbally at handover. Two tenants had been supported to apply and attain paid employment as gardeners in response to their desire for increasing independence and contributing to the wider community. Both were supplied with necessary safety equipment by the service. Staff told us, "they have grown in confidence and their self-esteem had flourished." Another tenant who had autism, socially challenging behaviour and communication difficulties was supported to attend paid employment as a recycling operative for two hours once a week. This involved travel on trains, interaction with the general public and overcoming anxieties and compulsions held since they were a child. This had only been possible due to the perseverance and positive 'can do' attitude of the staff team, constantly reviewing and amending support to meet the needs of this individual during their journey.

Tenants had input from various other services within the wider community. They attended MENCAP clubs and training opportunities, they enjoyed physical exercise such as 'wheels for wellbeing' at Croydon Arena – some tenants attended evening social events regularly as part of the 'stay up late' campaign that the service had signed up to. (This was introduced so that young adults in residential and supported settings were enabled to attend social clubs in the evening and weekends like other people).

People told us that staff listened and reassured them that any worries or concerns would be dealt with. Relatives knew how to complain, they had regular contact with the service about any updates or concerns in relation to their relative. All the relatives we talked with spoke of the excellent communication with the manager and staff. One family member told us, "I have such confidence in the manager, what they promise to do they always keep their word. They always keep our family up to date on any changes."

People also had opportunities to discuss their care and support with their keyworker and at tenant meetings. People told us that they had not had any reason to complain but if they did 'they knew what to do'. The service had an accessible complaints procedure; this information was supplied on admission to the supported housing unit, and was displayed in a communal area. If any concerns were raised, they were

acknowledged and responded to in a timely manner. The manager shared with us that this approach had led to a decrease in the number of formal complaints raised. With permission of the tenants, the manager provided feedback to a nominated family member from appointments and health or other issues. This ensured a consistency of approach, and family members reported of feeling secure that they were not left 'in the dark'.

There were monthly tenant meetings so that tenants could raise any concerns they had and be involved in the day to day running of their home - choices of décor for communal areas, communal meal planning, and group social activities. The service demonstrated how it was responsive in many actions taken in response to requests from people. People using the service had expressed they wished to have a communal meal with a traditional Sunday roast served every Sunday which staff prepared.

Is the service well-led?

Our findings

Comments from people who used the service and their relatives were highly complementary about the manager, the staff and service they received. Comments included "I am so happy after living in a care home to be able to have my own flat; this is what works best for me." "The manager and staff are wonderful, they seem such a happy group and very good at what they are doing."

The registered manager was highly regarded, very experienced and qualified for her role. There was a positive, 'can do' and welcoming culture within the service which was commented on by visitors and professionals. There was an 'open door' policy for both staff and tenants, and the manager was visible and approachable. Person centred values were embedded within all processes and the aims and vision of CMG well promoted and demonstrated. There was a visible presence of senior management within the service, with regular unannounced visits by the chief executive officer, the operations director and regional director.

Comments from people included "A great place to lead my life, the best place I have lived." A relative told us it was a real supportive environment, they said, "Staff really care about the people they support, and also the whole family are kept included in everything." One person's parent said, "This has been a wonderful service for our family member, they have come on in leaps and bounds and overcome a number of obstacles. The manager and staff are inspirational."

There were regular quality audits for the service, and required actions were completed in a timely and positive way. The staff were supported by regular supervision and annual appraisals in which development plans are agreed and reviewed throughout the year. There was an emphasis on developing staff to achieve their full potential by training, coaching and mentoring. There were monthly staff meetings at which current trends and legislative developments were cascaded.

Communication between staff members was effective and monitored by the manager, who had a good oversight of daily life within the house. Staff had designated responsibilities in addition to their regular job role, and inclusion of the tenants was encouraged in fields such as health and safety and Infection control checks. Encouragement of 'skill sharing' was evident within the team, and acknowledgement of staff success was celebrated.

Openness and accountability were key characteristics of this service. Safeguarding concerns were reported and acted upon without delay. The importance of 'whistle blowing' was emphasised at team meetings, by use of posters and by the open culture that the manager promoted. Staff were complimentary about the leadership and the way they felt motivated and supported by the manager. Staff told us that the service was very well managed and everyone knew what their role was. Comments included "I love working here. Everyone feels valued at this service and very much part of a team." and "I think that the leadership from the manager is excellent, she is a great role model for all staff." Staff praised the opportunities and the training provision made by the provider. One health care professional said they had great confidence in the service due to the leadership, they said, "The style of management is personable and works very well for people, the manager is very hands on and I observe every member of the staff team is motivated and happy."

People's needs were well known to the manager, they were involved in each person's support from the initial assessment throughout regular review meetings. They told us about tenant's background including how and why they were supported, what did or did not work for the person. The manager had a clear vision about what person centred support meant for each person and effectively cascaded their vision, and passion and commitment to the staff. Each person using the service was consistently supported in their own home by a regular team of staff developed by the manager. They had the required number of support workers available to ensure people's needs were met at all times.

Since the last inspection, 18 months ago, there was evidence of continuous improvement in standards, which has resulted in an increase in the esteem that the service and the manager were held in. One of the social care professionals spoken with said they had more confidence in the service as they had seen continued improvements in outcomes for people. There has been regular formal and informal seeking of views from all stakeholders, especially tenants. The manager regularly attended provider forums held by Croydon – which encouraged sharing of best practice and ensures that new trends, legislation and developments are acted upon in a timely manner. . Relatives feedback to the inspector included, "I have such confidence in the manager, what they promise to do, they always keep their word" a consistency of approach has led to increased confidence from families who no longer feel as if they are 'kept in the dark'."

The manager and the staff were supported by a visible presence of senior management within CMG. There were announced and unannounced visits and the quality of the service was thoroughly assessed. Information was cascaded to all staff. People told us of the driving up quality initiative underway. To implement this they introduced other methods to facilitate and encourage feedback from all who had involvement in the service. As well as regular monthly tenant meetings, tenants were invited to attend a group meeting with the manager only present, the idea was to enable them share freely any issue and encourage them to give feedback about any aspect of the service. They told us this worked well and the manager recorded minutes of discussions. There was an easy read newsletter produced to share with people on some of the ventures underway. The issues discussed included suggestions and ideas people felt could benefit new people moving to this supported housing unit, suggestions for senior managers to consider. People told us they liked that other senior people visiting the service including the chief executive, they came unannounced to find out if everything was alright.

The provider used their quality monitoring systems to continually improve and develop the service. We saw examples of improvements and changes that had been made as a result of feedback from people. For example people raised with management that further meetings and assessments were needed to determine the compatibility of new tenants with existing tenants before moving to the service. There were two vacant flats and the manager had organised for all new referrals to spend more time at the service meeting with other tenants before an offer of a tenancy was made.

Relatives, staff and professionals all spoke highly of the registered manager and the ethos of the service. Relatives described the positive differences the service had made to their family members quality of life. One relative told us "I can never thank them enough for providing me with peace of mind. The managers and staff are just amazing. They are skilled, professional, caring and reliable."