

Outward

Carterhatch Supported Living Services

Inspection report

104 Linwood Crescent
Enfield
Middlesex
EN1 4UR

Tel: 02083668600

Date of inspection visit:

10 February 2021

16 February 2021

17 February 2021

18 February 2021

22 February 2021

Date of publication:

18 March 2021

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 ●

Summary of findings

Overall summary

About the service

Carterhatch Supported Living Services is a domiciliary care service providing personal care to people living in their own home within supported living projects. At the time of the inspection the service was supporting 13 people who needed support with their learning and physical disabilities, autism and mental health.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People who were able to communicate with us expressed content and happiness with the care and support they received from Carterhatch Supported Living Services. We also observed people who were non-communicative engaging with support staff positively and confidently.

Relatives of people using the service spoke positively of the service and the care and support that their family member received stating that they had developed caring and respectful relationships with the support staff that supported them.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The model of care and setting maximises people's choice, control and independence. Care is person-centred and promotes people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

We observed people interacting with support staff in ways which assured us that people felt safe and were happy in the ways in which they were supported. Staff knew the signs to look for if abuse was suspected and told us of the actions they would take to protect people from abuse.

Support plans detailed people's identified risks associated with their health and care needs, with clear guidance to staff on how to manage those risks to keep people safe.

Safe medicines management and administration processes in place ensured people received their medicines as prescribed and on time.

We observed sufficient numbers of staff available to assist people with their assessed needs. Staffing levels were reviewed and adjusted depending on the level of support people required daily. Recruitment processes ensured that only those staff assessed as safe to work with vulnerable adults were employed.

People were supported by support staff who had been appropriately trained and were skilled in their role. Support staff told us they were regularly supported through supervision and annual appraisals.

People were supported to eat and drink to maintain a balanced and healthy diet. The service supported people to lead healthy lives and supported them to access relevant health care services where required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Support plans were person centred and detailed, giving support staff the appropriate information and guidance to support people with their needs and wishes.

People approached managers and support staff with their questions and concerns whenever they wanted and we observed staff attending to them immediately. Relatives knew who to speak with if they had any complaints and were confident their concerns would be dealt with appropriately and in a timely manner.

Management oversight processes in place enabled the service to monitor the quality of care people received. Where issues were identified these were addressed immediately with further learning and development implemented to improve people's experiences.

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

Why we inspected

This was a planned inspection. The service was registered with us on 28 February 2019 and this was the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Carterhatch Supported Living Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and one Expert by Experience who made telephone calls to people and relatives of people using the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

This service provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of COVID-19 pandemic on the service and needed to be sure that the registered manager would be available to support the inspection. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic. We also wanted to make sure that people's consent to a home visit from an inspector was obtained.

Inspection activity started on 10 February 2021 and ended on 22 February 2021. We visited the office location and two supported living schemes on 10 February 2021. On 16, 17 and 18 February 2021 we spoke with people, relatives and staff. Feedback of the inspection process was provided to the registered manager on 22 February 2021.

What we did before the inspection

We reviewed information we had received about the service and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We briefly greeted and spoke with three people. We also spoke with the registered manager, an area manager, one service manager and one team leader. We reviewed a range of records. This included two people's care records and four people's medication records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a further two care plans, six staff files in relation to recruitment and staff supervision, training data and quality assurance records. We spoke with a further three people using the service and five relatives. We also spoke with an additional five members of staff including one deputy manager and four support workers.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service worked in line with policies and procedures that were in place to ensure people were safeguarded and protected from the risk of abuse.
- People responded positively when asked about feeling safe in their own home. One person told us, "They're [support staff] are very good, they help me." Another person stated, "I am happy."
- Relatives we spoke with also did not raise any concerns regarding the safety of their family member. One relative told us, "We're very happy and satisfied, we have no worries, she's safe."
- Support staff demonstrated a good understanding of safeguarding, how they would recognise the signs of abuse and the actions they would take to report their concerns.
- Support staff also knew when to whistle blow and named agencies they could contact to report their concerns, including the CQC.
- The registered manager and team leaders were clear of their responsibilities in relation to reporting and investigating safeguarding concerns where required.

Assessing risk, safety monitoring and management

- People were supported to remain safe and free from harm.
- Comprehensive and individualised risk assessments assessed each person's identified risk with clear guidance on how to manage and mitigate risk to keep people safe.
- Each risk assessment detailed the risk, the hazards and impact of the risk on people and how to manage or mitigate the risk whilst working with the person in a person-centred way.
- Assessed risks included specific health conditions such as diabetes and epilepsy, managing finances, behaviours that challenge, distress and self-harm.
- Risk assessments were reviewed annually or sooner where risks or the management of risk had changed.
- Health and safety including fire safety at all the supported living schemes was regularly checked and monitored to ensure people's safety.

Staffing and recruitment

- People were supported by sufficient staff based on their assessed support needs. Staffing levels were determined based on people's needs and support hours commissioned by placing authorities.
- Throughout the inspection we observed support staff to be available supporting people as required. Feedback from relatives was also positive. One relative stated, "There seems to be very good staff retention."
- All staff recruited by the service had had been assessed and verified as safe to work with vulnerable adults.
- Pre-employment checks included checking the Disclosure and Barring Service for any criminal

convictions, conduct in previous employment and proof of identification.

Using medicines safely

- People received their medicines safely, on time and as prescribed. Policies and systems in place supported this.
- Medicines were stored securely in people's own flats.
- Medicine administration records were complete and no gaps in recording were identified.
- Where people had been prescribed 'as and when required' medicines, there were clear protocols in place giving guidance on how and when these medicines should be administered.
- All staff responsible for administering medicines had received training followed by an observed competency assessment to ensure that they had the required skills and were competent to administer medicines.
- Daily, weekly and monthly medicine checks and audits were completed to ensure people received their medicines safely and as prescribed.

Preventing and controlling infection

- People were protected by the safe use of infection control procedures and practices. At this inspection we found that the schemes were managing infection prevention and control well especially during the COVID-19 pandemic.
- People were supported to access a variety of information and training material to help them understand the current pandemic, the dangers associated with COVID-19 and the importance of hand hygiene, cleaning and using PPE especially when accessing the community. This had helped people understand the reasons behind the precautions and changes implemented around social distancing, accessing the community and the increased use of PPE.
- An increase in daily cleaning had been implemented around the schemes during the pandemic to prevent cross-infection.
- People were responsible for keeping their flats clean and staff supported them where required. We saw two people's flats and observed that they were clean and in a good state of repair.
- Personal Protective Equipment (PPE), in line with government guidance, was available for support staff to wear when delivering personal care and supporting people. Staff had received training on infection prevention and control and the effective use of PPE.
- People are also provided with a variety of PPE to ensure their safety especially when accessing the community.

Learning lessons when things go wrong

- The service worked proactively to ensure prevention, improvements and development were key considerations following an accident or incident or when something had gone wrong.
- All accidents, incidents, safeguarding concerns and complaints were documented and included details of the event, actions taken at the time and any follow up required to prevent any future re-occurrences.
- Systems in place enabled the registered manager, area managers and team managers to review, analyse and identify trends and patterns related to all recorded incidents across the service, so that learning and development could be shared with all staff.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed upon referral to determine whether the service was able to effectively deliver care and support in line with current standards and best practice.
- The service had not had any new referrals or placements during the pandemic, however, revised processes were in place which focussed on additional health screening questions and testing for COVID-19 where possible, prior to admission to the service.
- Assessments of need involved the person, the person's relative or representative and involved health and social care professionals. One relative told us, "Before she started they took a really detailed history and we contributed to her care plan as well."
- People were also encouraged to visit the scheme before moving so that they could look at their flat and experience first-hand the level of support that they would receive.
- Information collated included people's specific health and care needs, how they wished to be supported and their protected characteristics under the Equality Act. For example, people were asked about their sexuality, religious or cultural needs so that this could be considered as part of the care planning process.
- Comprehensive support plans and risk assessments were developed based on the information gathered at assessment.

Staff support: induction, training, skills and experience

- People were supported by support staff that had the required induction, training, knowledge and skills to support people safely and effectively.
- Relatives stated that support staff knew their family member very well and supported them in ways which effectively met their needs. One relative told us, "The last time I spoke to one of his carers I really felt she knows him, I'm sure she does, that was very reassuring."
- The service delivered a wide range of mandatory and specialised training to support staff which included safeguarding, learning disability, positive behavioural support, person centred care and nutrition and hydration.
- Support staff confirmed that they had received an induction followed by regular training and refresher courses. Support staff also stated that they were appropriately supported in their role through regular supervisions and annual appraisals.

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

- People were supported to eat, drink and maintain a balanced diet.
- People could choose what they wanted to eat daily and were supported and encouraged to participate in

related activities such as shopping and meal preparation by support staff where required.

- During the inspection we observed people accessing kitchen areas to make themselves a drink or get a snack.
- At certain times during the week, support staff would cook meals where people could all come together and eat their meal if they wished.
- Support plans documented people's cultural and dietary requirements, their likes and dislikes along with details of the level of support they required.
- The service had also introduced a health and well-being group for people to be part of which organised cookery classes, specialist menu days, afternoon teas and cultural meals so that people were involved, engaged and empowered to lead healthier lives.

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

- People were supported by the service to access a variety of agencies and health care services so that they were able receive effective and timely care, enabling them to live healthier lives.
- Staff knew and understood people's needs well and where a change in people's health or wellbeing was noted, staff reported their concerns so that referrals could be made to access the appropriate support.
- We saw records confirming involvement by GP's, mental health professionals and dentists,. Records confirmed the reason for the involvement and any follow up actions required.
- People received support and encouragement to maintain their oral hygiene. Support plans documented the level of support people required.

Adapting service, design, decoration to meet people's needs

- Both supported living schemes that we visited were seen to be clean and well maintained.
- People were encouraged and supported to maintain their own rooms where possible. People also had access to communal areas such as the communal lounge and outdoor spaces.
- People had decorated and personalised their own room as per their choice.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People supported by Carterhatch Supported Living Services were not deprived of their liberty. Currently no one had been placed under a court of protection order.
- Where possible, people were able to access the community independently. People were not restricted and were encouraged and supported to go out as and when they wished.

- Where people had capacity to make decisions, records confirmed their involvement in the care planning process and had signed their support plan confirming consent.
- Where people had been assessed as lacking capacity to make decisions, managers were able to explain the processes that had been followed in relation to capacity assessments and best interest decisions which involved relatives and health professionals.
- The registered manager and support staff demonstrated a good understanding of the MCA and how people were to be supported in line with the key principles of The Act.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed people to be happy and well-supported. People knew support staff and managers well and approached them with confidence. One person told us, "Everybody is kind and helpful."
- Relatives spoke positively of the care and support their family member received. Comments included, "We do a weekly zoom meeting and we can tell just by the way he interacts and looks at his carer he loves her and she loves him" and "I honestly do feel the current staff really do care."
- Support staff told us about how they had established positive and caring relationships with the people they supported and their relatives which helped them to deliver good, person centred care. One support staff explained, "If you are friendly and compassionate about looking after that person there is nothing that would stop you from bonding with that person. On a day to day basis if you talk to people about what they like and enjoy. Once they feel comfortable with you, you are going to be fine."
- People's diverse needs, as defined under the Equalities Act 2000, were respected. For example, people's needs related to their sexuality, relationships, religion and culture had been documented in their support plan and staff were aware of these. One support staff told us, "I would treat people with respect, making sure their needs are fulfilled. For example, on Valentine's day one person wanted to buy a card and present for their girlfriend and they were supported to do this. If they want to cuddle and kiss, it's their choice, we just make sure they are safe."

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

- Support plans documented people's needs, preferences, likes and dislikes on how they wished to be supported.
- People told us and records confirmed that they had been involved in decisions made about their care provision.
- People were supported to express their views and choices on how they wished to be supported. One person stated, "The staff are reasonable and always listen to me."
- Support staff explained what person-centred care meant to them, listing ways in which they made sure people received care that was individualised and personal to them. One support staff explained, "The main focus is on the person and what they want and how they want to be supported, they are the main person in the middle."
- People were encouraged and supported to attend monthly tenants meetings where they had the opportunity to express their views and opinions on how the service was run and managed. Meetings also included discussion on topics such as safeguarding, COVID-19, activities and staff support.

Respecting and promoting people's privacy, dignity and independence

- People described support staff as being "helpful", "good" and "kind." Relatives also described support staff as "kind and respectful." One relative told us, "She [person] can be very stubborn and tell you what she wants but the staff are kind and caring."
- We observed support staff speaking with people with respect. We also observed people being supported in ways which respected their privacy and dignity. We saw one person who wanted to speak with the manager who was supporting the inspection. The manager immediately excused herself and attended to the person so that they could talk.
- Support staff described various ways in which they respected people's privacy and upheld their dignity. One support staff told us, "We work with people according to their support plan, we respect their preferences, making sure that people are comfortable around me when supporting them with personal care, supporting them in the way they want."
- Throughout the inspection, we observed that the attitude of staff and the culture of the service was to promote people's independence. We saw people were able to access all areas of the scheme and treated it as their own home. One person walked into the communal lounge, saw that the flowers on the window ledge needed watering so watered the plants before they left.
- Support staff explained how they encouraged people to do as much for themselves where possible. One of the Support staff said, "Involving, empowering, engaging. We promote independence in that way, maintain what they already can do and then look at things that interest them to develop their skills in that area."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and support that had been designed and planned to meet their needs and preferences.
- Support plans were person centred and comprehensive providing information and guidance about people, their health and care needs, their choices and how they wished to be supported.
- Support plans documented people's life history, important relationships as well as their goals and aspirations and how staff could support them to achieve these. This enabled staff to get to know the person and adapt their approach in ways which supported people to lead an inclusive and fulfilled life.
- The service embedded the key principles of Right Support, Right Care, Right Culture through person centred care delivery, which support staff were fully aware of. One support staff told us, Observation and communication are really important, reading the support plan and risks and get a feel for how their rooms are decorated, what kind of things they like. We have one person who we helped get an Alexa and I am supporting them to get to know how to use it."
- People told us that they were involved in the care and support they received and that support staff listened to them and supported them accordingly. One person told us, "If there's anything I want I tell them." Relatives also stated the same. Comments included, "His keyworker is excellent and we are always given an opportunity to write in or update his care plan" and "My sister manages her food plan because she has to have a low fat diet and the staff have responded well to that."
- Some people received support with behaviours that challenged. Behavioural management plans in place detailed trigger behaviours, early warning signs that challenging behaviour was likely to occur, what the behaviours looked like, the strategies to de-escalate and calm the person that worked and those strategies that should be avoided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people had specific needs relating to the way in which they communicated or the support required around their communication, this was recorded in their support plan. This included information about any support aids that the person may use to support them.
- We observed people had access to various tools to support them when communicating. These included assistive technology applications and pictorial cards which support people to express themselves and their emotions.

- Staff we spoke with were aware of and knew how to support people with their communication needs.

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

- People were supported to maintain relationships and pursue their interest and hobbies with support provided where required.
- Support plans documented people's interests and hobbies and the support they required to follow their interests or participate in certain activities.
- During the inspection we observed people engaging in a variety of activities which included painting, listening to music, board games and painting staff nails. People were also supported to access the community as and when they wished.
- The service had also introduced a health and well-being group which promotes and encourages people to lead a healthy lifestyle. Organised activities and events include gardening groups, knitting sessions, cookery and exercise classes.
- One person told us about the time they went to visit the football stadium of the football team they support. The person was excited to discuss their experience when we spoke and named the support staff who went with them.
- People were also supported to use technology as a way of keeping in touch with their relatives, especially during the current pandemic and in the absence of being able to meet them due to lockdown restrictions in place. One relative told us, "Zoom calls have been set up during COVID and we have been kept up to date."

Improving care quality in response to complaints or concerns

- Policies and processes were in place to support the service to investigate and respond to complaints which promoted openness, transparency, learning and improvements.
- The service had not received any complaints since their registration with CQC.
- People knew support staff and managers well and we observed people confidently approaching staff to talk with them whenever they wanted to.
- Relatives knew who to speak with if they had any concerns and were confident these would be addressed immediately. One relative said, "If I have any concerns I know where to go, previously any issues have always been addressed pleasantly and helpfully."

End of life care and support

- Where people had expressed their wishes on how they wished to be supported at the end of their life, this had been documented within their support plan.
- Involved relatives had also been able to contribute to end of life support planning where appropriate.
- The registered manager told us that where possible they would support people with their end of life journey, working in partnership with specialist health professionals such as the palliative care team to ensure the person received appropriate care.
- The service also supported people who had established friendships with people who had been ill and had passed away to say their goodbyes. For one person who had recently passed away, the service had organised for their friends and acquaintances at the schemes to pay their last respects and be part of the funeral service virtually. A celebration of life event had also been planned.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider, registered manager and team managers and leaders worked towards promoting a positive culture within the service that promoted good care and aimed to work towards achieving positive outcomes for people.
- People knew the registered manager, team managers and team leaders for each of the schemes and all the staff that supported them. Throughout the inspection we saw people approaching them with confidence and staff responded positively to their requests and needs.
- Support staff clearly knew and understood the providers values of involving, engaging and empowering people they support. One support staff explained, "Involving, empowering, engaging people, promoting independence in that way, maintain what they already can do and then look at things that interest them to develop their skills in that area.....help them feel more accomplished."
- People and relatives told us that they had all been involved in the support planning and review process.
- Regular telephone and written contact had also been maintained, especially during the COVID-19 pandemic to provide relevant updates. Relatives told us, "I get phone calls and letters, and invited to different things" and "Staff are available anytime I need to speak to someone."
- Staff spoke positively about the registered manager and the service managers. Staff told us that they were well supported, offered continuous training and development and were able to approach any of the managers at any time.

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

- The registered manager clearly understood their legal responsibilities in relation to being open and honest with people when something went wrong. Accident, incidents, complaints and safeguarding records confirmed this.
- Where required, the registered manager, area managers, team managers and team leader were also aware of their responsibility of informing the CQC and other involved agencies where specific incidents had taken place or allegations of abuse had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and registered manager had systems in place to monitor quality and risk on a weekly, monthly and annual basis to ensure regulatory requirements were adhered to.

- Team managers and leaders were also responsible for checking and auditing various aspects of service provision which included medicines management, support plans, rotas and health and safety.
- These processes enabled the service to analyse the quality of service provision, continuously learn, identify issues and make the necessary improvements where required.
- The service demonstrated a willingness to learn and reflect to improve the service people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People using the service, their relatives and all staff were engaged and involved in care delivery and the day to day running and management of the service.
- People were encouraged to participate in monthly tenants meetings and key work sessions where they were encouraged to give their views and opinions on how the service was run and managed.
- The provider has several locations registered with the CQC and organised for people from different services to visit Carterhatch Supported Living Services as quality checkers and speak with people to get their feedback about the care and support they received. Due to the pandemic this exercise had not taken place since 2019 but the registered manager hoped to restart this as soon as possible.
- People and relatives were also asked to complete satisfaction surveys and the last exercise was completed in August and September 2020. Feedback was positive.
- During the inspection we reviewed several compliments that relatives had sent to the service about the quality of care their family member received. One relative had written 'Whilst [person] was a resident at Outward, he was cared for, not only with professionalism, but with respect and love.'
- Staff also told us that they were always encouraged to engage and be involved in the management of the service. This was facilitated through supervisions, annual appraisals and monthly staff meetings.
- We saw that the service worked in partnership with external agencies such as GP's, psychiatrists, and mental health professionals to maintain the health and wellbeing of people.