

Care Management Group Limited

# Care Management Group - 52 Croydon Road

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on the 7 July 2015 and was unannounced. At the last inspection on 15 January 2015 the provider met all the requirements for the regulations we inspected.

52 Croydon Road provides support and personal care for up to nine people. Some of whom have learning disabilities and or mental health needs. One the day of the inspection there were nine people living at the service.

There was a registered manager who had been in post for approximately 18 months. A registered manager is a person who has registered with the Care Quality

# Summary of findings

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.

People told us they felt safe and well looked after at the service. Staff understood signs of abuse or neglect and knew how to report concerns. Individual risks to people were identified and monitored and guidance given to staff to reduce risks. Any risks related to premises and equipment were also monitored. The service worked closely with the placing local authorities and local health and social care professionals and sought advice and guidance when needed.

There were processes in place to manage emergencies and staff knew what to do in these circumstances. There were enough suitably qualified staff to meet people's needs. People told us staff were available to support them at all times. The staff team consisted of a manager, deputy manager, senior support workers and support workers. Medicines were administered safely. There were adequate and safe recruitment methods. Not all records were readily available at the service to verify checks had been done but these were sent to us following the inspection. We found one missing record which was logged as received but not available. The provider arranged for an audit of staff records to be conducted to ensure all records were present and correct.

Staff received suitable training and support to enable them to carry out their role. Staff were aware of the need to seek consent and people were asked for their consent before they were given support. People's capacity to make decisions was assessed in line with guidance and the law. People were supported with their dietary needs and encouraged to be as independent as possible with their menu planning, budgeting, shopping and cooking. People's weight was monitored to reduce risk and they were encouraged to exercise promoting a healthy life style.

We received consistent, positive feedback about the caring and supportive nature of the staff team from people, their relatives and professionals. People told us the staff were caring, kind and gentle. We observed warm conversations between staff and people at the service. Their independence was promoted and the support was personalised. People were not rushed and their privacy and dignity was respected.

People were involved in the planning and review of their support and there were regular key worker and tenants meetings for people to express their views. People's needs were assessed to ensure they could be safely supported. They received planned support that met their needs and was flexible according to any changes. People were supported to find employment or voluntary work and activities within the community to meet their need for stimulation. They were encouraged to take an active part in the service and people knew how and where to complain if they had a problem.

People, their relatives, staff and professionals all told us the service was well led and there was a strong staff team. There were a number of ways for people to express their views about the service including meetings, questionnaires and forums. The provider and the management team looked for ways for the service to improve and the provider had joined the government drive up quality initiative. This had involved seeking detailed feedback on the organisation from people, relatives, staff professionals. This feedback was available on their website. The service looked for ways to continually respond to feedback they received. The views of people at the service, relatives, staff and visiting professionals were sought and used to make improvements. Overall, there was a system to monitor the quality of the service with regular audits being carried out and actions identified from these audits were carried out.

# 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?

The service was safe. People who used the service told us they felt safe. Staff were clear about how to report any safeguarding concerns. People's medicines were safely managed.

There were enough staff to support people's needs. Risks to people had been assessed and reviewed regularly to ensure people's individual needs were safely met. There were processes in place to deal with emergencies.

Good



### Is the service effective?

The service was effective. Staff had training relevant to the needs of people using the service to ensure they had the necessary skills to provide support.

Staff sought consent before they provided support. Procedures were in place to act in accordance with the Mental Capacity Act 2005.

People told us their dietary and nutritional needs were planned for with them and they were supported to be as independent as possible. People had access to health care professionals when they needed and were supported by staff where this was appropriate.

Good



### Is the service caring?

The service was caring. People and their relatives told us staff were kind and caring. Relationships between support workers and people were characterised with humour and care. Staff were person focused and not task orientated. People told us their privacy and dignity was respected.

Staff knew people well and were aware of changes in their moods or routines. Professionals commented that staff respected people's individuality.

People and their relatives told us they were involved in making decisions about their care and their views were regularly sought. Regular tenant meetings and key worker sessions were held to provide opportunities for people to express their views and for staff to get to know the people they supported well.

Good



### Is the service responsive?

The service was responsive. People and their relatives told us they received support that met their needs. People using the service had personalised support plans that were regularly reviewed with them to make sure they got the right support.

People told us they were supported to look for either paid or voluntary work or further training and education to increase their skills. People were supported to engage in a range of activities within the community to encourage social inclusion and meet people's need for stimulation and social interaction.

People knew how to complain and said they were confident any complaint would be looked into. There was an easy read guide to complaints accessible to everyone at the service.

Good



# Summary of findings

## Is the service well-led?

The service was well led. People, their relatives and professionals told us the home was well run and organised and the manager was approachable. There was a culture of continual improvement at the service, the manager sought out guidance and support to improve the quality of care.

There was a stable staff team that we observed work well together and internal meetings enabled staff to be kept informed and improve consistency and quality of care.

People's views about the service were sought and used to drive improvements and there was a system of internal and external audits and checks to monitor the quality of the service. People using the service were involved in some of the auditing. Areas that needed addressing were acted on.

Good



# Care Management Group - 52 Croydon 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 July 2015 and was unannounced. The inspection team consisted of a single inspector. Before the inspection we looked at the information we held about the service including information from any notifications they had sent us. The provider had completed a Provider Information return (PIR). A PIR is a form we ask the provider to complete that provides some key information about the service; what the

service does well as well as any improvements they plan to make. We reviewed the information on this form. We also asked the local authority commissioning and safeguarding service for their views of the service.

At the inspection we spoke with six people who use the service and asked for their views. We observed the interaction between support workers and people during the course of the day. We spoke with three support workers, the deputy manager and the registered manager of the home. After the inspection we talked with three relatives by phone to gain their views about the service.

We looked at five records of people who used the service and five staff recruitment and training records. We also looked at records related to the management of the service such as records of any accidents, staff meeting minutes, quality checks and policies. Following the inspection we asked five health and social care professionals for their views about the service and received three responses.

# Is the service safe?

## Our findings

People told us they felt safe at the service, with staff and the people they lived with and free from discrimination. One person told us “It is safe here. Staff help you feel safe.” Another person said “I do feel safe here and staff help me stay safe when I am out.” Relatives told us they felt people were safely supported. One relative said “It is very safe there. There is no bullying or discrimination.” Another relative told us “I know my (family member) is safe there.” People knew what to do if they had any concerns and tenants meetings included discussion about aspects of safety and how to keep safe.

Support workers told us they received regular training about safeguarding adults from abuse and we confirmed this from records. They knew what signs might indicate possible abuse or neglect and how to report any concerns. We observed a support worker guiding people effectively in relation to keeping their money safe during the inspection. People told us how staff supported them to be safe in the community. Safeguarding policies and procedures provided additional guidance for staff and were accessible. All staff had signed to say they had read and understood the policy. There had been no safeguarding concerns since the last inspection.

Risks to people were identified and monitored and guidance was available to staff to reduce these risks. A full assessment was carried out before someone started to receive support. This outlined possible risks to people. These were then discussed and assessed with people and their relatives, where appropriate. A written plan was made to reduce likelihood of these risks occurring. For example possible risks in the community were identified and explored and plans were in place to reduce these. Relatives told us they thought staff did well at promoting people’s independence and also enabling people to be as safe as possible. A relative told us how the service had worked with their family member gradually to enable them to travel independently. Where risks changed we saw that people’s risk assessments were updated and further guidance was provided to staff.

Individual risks for example risk of falls or choking were regularly assessed as well as possible risk to others. There was detailed guidance for staff on what may trigger the risk

and the likelihood of it occurring. Accidents and incidents were recorded and records included what action staff had taken to respond and minimise future risks. These were analysed for learning and discussed at staff meetings.

There were arrangements to deal with emergencies to reduce risks to people. Support workers knew what to do in response to a medical emergency and received first aid training so they could support people safely in an emergency. There were first aid kits available that were regularly checked. There were suitable arrangements to respond to a fire and manage the safe evacuation of people in such an event. There was always a manager present or on call for support or advice if required and contact numbers were displayed for easy access. There was a business contingency plan for emergencies which included contact numbers for emergency services and gave advice for care workers about what to do in a range of possible emergency situations. There were health and safety checks made on the premises and equipment and any concerns were reported to the landlords to ensure people were safe.

There were safe recruitment practices in place and appropriate checks were conducted before staff started work so that people were cared for and supported by staff that were suitable for the role. Support workers we spoke with told us that pre-employment checks including criminal records, identity and character checks were carried out before they started work. However references for two staff members which had been obtained by the provider’s recruitment office were not available at the inspection and were sent on to us subsequently. One was for a long standing staff member and was recorded as received but was not available. The provider told us they were auditing all staff records at the service to ensure all documentation was available for long standing staff members.

People told us there were enough staff to meet people’s needs and care workers were available to support them when required. One person commented “There are always staff around.” Relatives confirmed that there were always staff available when they visited and they could also speak with staff by phone. Staff told us there were enough staff to meet the needs of people they supported. The manager told us there was one vacancy at present but this and any leave and sickness was covered without the use of agency staff through the existing staff group and regular bank staff. This helped ensure consistency among the staff team.

## Is the service safe?

Staffing levels were arranged to cover the needs of people at the service. For example if someone had an appointment and needed support in the community this would be organised on the rota. There was waking night staff to support people at night. The manager told us this could be increased if there was an increase in people's needs at night.

People told us they were supported to take their medicines when needed. One person explained "Staff help me with my tablets. They always remember." People were risk assessed to consider if they could manage aspects of their medicines independently and this was monitored. Medicines were administered by staff that were trained to do so. Staff had their competencies to handle medicines regularly reassessed. The Medicine Administration Records (MAR) were up to date and corresponded with the amount

of medicines administered. People had detailed records for their medicines these included guidance on when to offer as required (PRN) medicines, an identity photograph, and details of any allergies or possible side effects of medicines for care workers to be aware of. People's medicines were suitably and safely stored. Monthly medicines audits were completed to check for any issues. The provider had guidance for support workers about procedures for medicine errors should they arise. There had been no medicines errors reported. An external pharmacy audit had recently been completed and there were no concerns raised. Recommendations that had been made for example to register for notification of any drug alerts with the Medicines and Healthcare Products Regulatory Agency had been completed.



# Is the service effective?

## Our findings

People told us staff knew how to support them effectively. One person told us “Staff know what they are doing.” A relative said “The staff seem knowledgeable about their role and what they need to do.” Another relative commented “The staff are brilliant. They give the right amount of support and care and the right amount of independence to people.” Support workers told us they received training to help them with their roles, and this was refreshed regularly. One support worker told us “Training is one of Care Management Group (CMG’s) strong points. They give you training about everything.” Records showed that staff training was up to date. Training was provided across a range of areas that was in line with recognised training bodies and included for example first aid, medicines, safeguarding adults and person centred support. Support workers told us they were encouraged to undertake extra training where they wished; for example qualifications on the Health and Social Care Diploma. They also received training on a range of specific areas to provide them with knowledge to support people better such as autism and schizophrenia.

New staff had an induction to the service to enable them to learn how to support people effectively. We spoke with the most recent new support worker and they confirmed they had undergone a period of induction that included shadowing, reading and training. They told us they had felt well supported throughout this process by the manager and the whole staff team. Staff files showed support workers’ ability to complete tasks was monitored during their induction and the induction process was completed when both the staff member and manager were happy with their progress. Staff told us they received regular supervision and an annual appraisal and we confirmed this from records. They told us the manager and deputy manager were always available to offer support and advice if needed.

People told us staff asked for their consent before they provided support. One person said “Staff always ask if I want help first.” Staff demonstrated a good understanding of people’s right to make their own decisions independently but where necessary to act in someone’s best interests. Staff sought permission to support people and handover discussion and our observations evidenced that gaining consent was respected by staff from the

contributions they made to the meeting. We observed staff sought people’s permission before supporting them and ensured they understood what was being suggested. The manager had a clear understanding of the code of practice for the Mental Capacity Act 2005 which protects people who may not be able to make particular decisions for themselves. There were easy read guides about mental capacity available for staff and people at the service for reference. Best interests meetings were arranged with families and or professionals where a person lacked capacity for a specific decision and these were recorded so it was clear what decisions had been reached in their best interests. Support workers had received training on MCA and promoted people’s rights to make choices and decisions as evidenced in their interactions with them and in people’s support plans.

People’s nutritional needs were identified, assessed and plans made, where needed, to support their needs. People told us they were encouraged to be as independent as possible in relation to their eating and drinking needs. One person said “I do my own planning and shopping but staff support me twice a week to cook a healthy meal, so I don’t have too many ready meals.” Another person told us “I need help so staff help me cook, we do it together. They don’t do it all.” Some people did their own shopping with budgetary support from support workers. Other people were supported to shop and cook. People’s support plans detailed what aspects of these tasks each person could manage so that their life skills were developed. We saw there were prompts for healthy menu planning in the communal area with a pictorial guide to healthy food and drinks available as a reference. The manager told us the service was actively trying to encourage healthier eating within menu planning and fruit was available in communal areas. We saw a recent tenants meeting had included discussion of health eating. People’s weight was monitored to identify and unplanned increase or decrease. Staff supported people to enjoy a weekly communal meal together to encourage positive relationships. The service linked with health professionals such as the GP and dietician if professional advice was needed.

People’s health needs were recognised and assessed. People told us they were supported to have access to relevant health professionals such as the dentist, optician and GP when they needed. One person commented. “Yes, staff help me make appointments.” The manager told us the level of support required was assessed for each person



## Is the service effective?

and the particular appointment. Detailed records of visits were maintained in care records so that all staff were updated about any changes in people's health and treatment. People had a detailed health action plan based on their needs to cover all aspects of their health for staff to follow. They also had a hospital passport that accompanied them to hospital to give hospital staff an understanding of their needs. Health professionals told us

that the staff at the service worked closely with them and were good at following guidance and identifying any changes that might require further appointments. One professional told us "The manager and staff are very helpful." A comment in a questionnaire from a visiting professional said "The service is very good at advocating on behalf of service users and liaising with placing authorities."

# Is the service caring?

## Our findings

People told us staff were easy to get on with, caring and supportive. One person told us “The staff are kind and care for me.” Another person said “I get on with all the staff. They will help you.” A third person commented “They are very nice staff who help you do as much as you can.” There was a relaxed and welcoming atmosphere at the service; particularly in the communal area. People seemed at ease with each other and support workers and conversed happily as they were supported during the course of the day. The focus was on providing individual support and care to people to enable them to participate in arrange of activities. We observed people being supported with a board game and support workers involved were including others that were in the room. Other people were supported in the community and went readily to support workers when they needed some reassurance or to ask advice. We observed that support workers knew people’s individual characteristics and what might trigger changes in mood for some people. One person told us “Staff know me very well. They know what I like and what I don’t like.” We observed the afternoon handover in which each person’s needs were considered. Where people had expressed a choice about which particular support worker helped them with a specific activity this was respected and accommodated. We saw staff communicate effectively about people’s needs and how to deliver support throughout the day.

Relatives were positive about the caring nature of the staff team. One relative told us “The staff are very patient, kind and caring, all of them.” Another relative said “The staff are dedicated to people’s welfare (my family member) is very happy there. I think sometimes they know them better than I do.” Another relative commented “Staff are kind and supportive and welcoming when I visit.” When we spoke with staff about their work it was clear that they enjoyed their job and felt they could make a difference to the quality of people’s lives at the service. One staff member told us “I am really passionate about my job and being part of a team. We offer people choices and respect and a shared responsibility.” Professionals commented positively on the supportive and caring staff team. One professional told us “The staff are very caring and do offer personalised care.”

People said they were involved in planning their care and support. They told us they each had a key worker who was a particular staff member they could talk to about any concerns. We saw there were regular formal monthly key worker sessions to ensure people were happy with the support provided. We saw staff ask people about their care and support needs and check they were happy with the support they were given. People’s cultural, spiritual and sexual identities were addressed and ways to meet their needs were considered with them. For example people’s cultural dietary needs were planned for and supported. Tenants meetings were held on a monthly basis and we saw people’s views were sought about a range of areas including what the service did well and could do better, suitable group activities or volunteers to carry out health and safety checks at the service. At the last tenants meeting people had been asked if they wished to attend the provider’s annual conference. Any areas for action were identified, addressed and followed up at the following meeting.

The manager told us people were encouraged to develop positive relationships amongst each other and some group activities were arranged to promote this such as an evening meal or visit to a pub and summer barbecues. Some people using the service described an enjoyable trip together to the coast the previous weekend. It was clear that both people and the care workers who attended had enjoyed it. One staff member told me “It was lovely to listen and talk with people and learn more about them.” A person using the service commented “It was a great day. I’d like to go again.” People were encouraged to answer the phone at the service, rather than it being a role for care workers.

People’s privacy and dignity was respected. People had their own front door keys and told us care workers knocked and waited to be let in. Care workers were aware that personal information about people should not be shared and that people’s privacy needed to be maintained when they gave personal care to protect their dignity. Staff described how they did this by knocking on people’s bedroom doors and checking if people were dressed before they entered.

# Is the service responsive?

## Our findings

Care and support provided was focused on people's individual needs. People told us they had a support plan or service delivery plan and that the plan met their needs.

One person told us "I have a plan for what I need and what I do. It works for me. I know what I am doing each day."

People's needs were fully assessed before they arrived so staff knew how to provide support. A service delivery plan based on this assessment and discussion with the person concerned was completed. We saw people had signed their plans to show they agreed with the support provided.

These were available in pictorial formats for ease of understanding and were in the process of being updated at the time of the inspection. Relatives told us they were invited to take part in reviews of the plan with their family member where relevant.

People's plans were personalised and reflected their current needs. They contained guidance for staff on the support people required, what they could manage independently and what preferences they might have. For example one plan explained that the person concerned was able to choose their own clothes to wear but may need prompting about their choice from staff giving regards to the weather or what they were doing that day. Another plan demonstrated how someone's communication skills had developed through art. People were supported with their employment needs and staff supported people to apply for paid or voluntary work where possible or to gain further skills through attendance on courses. One person had been supported to pass their driving test and with budgeting and planning to buy a car to enable them to get to work more easily. Another person had been supported on a holiday of their choice with a staff member of their choice and a second person was about to go on their choice of holiday. Another person worked as a 'DJ' at some of the events organised by other services within the same provider organisation

The service worked closely with the learning disability team and sought professional advice when needed to discuss how best to respond to behaviour that requires a response. The manager explained how they had recently requested a local authority review and support from the provider's clinical team in relation to aspects of behaviour that required a response. Staff told us they felt they received sufficient support and guidelines about managing such

behaviours. We found new guidelines had been written in response to recent incidents. A social care professional commented "The staff really tailor care to meet the needs of the people and not the other way round. It is person centred not task centred." Another professional told us "It is one of the better supported living placements. They provide good person centred care that is very responsive." Professionals commented on the progress people had made since they had been at the service and one professional had commented "I am highly impressed with CMG ability to settle them in a new community. We have already seen great progress."

People's needs for stimulation and socialisation were met. People were supported by their key workers to plan and attend activities of their choice throughout the week as well as plan time for their routine tasks of laundry and cleaning. Links had been made with the local community to find suitable activities of interest for different people. One person attended a day club and others attended arts and craft activities or the gym. The provider organised an annual 'Olympics' event for people to take part in across all of its services and celebrate the learning of new skills. There was also an awards ceremony to celebrate people's achievements and participation in various roles.

People were supported to maintain relationships with their families and friends. Relatives told us they always felt welcome by the staff and could visit at any time. They felt involved in their family member's care and confirmed they were invited to review meetings. One relative told us "We work well together to support my family member. They listen to my views and explained why they do things the way they do."

People told us they knew how to complain and would not be worried about doing so if they needed to. There was an easy to read complaints policy on display in the hallway and a comments guide. One person told us "I know how to complain. But I would just see staff if I needed too." People and their relatives told us they had never needed to complain but were sure any issues would be addressed. The complaints log showed no formal complaints had been made. There was a complaints policy with time scales for response. The manager told us they had an open door policy for people and their relatives and any issues would

## Is the service responsive?

be promptly dealt with. Some compliments had been received and one comment said “A very lovely and personalised service, very friendly staff and great hospitality.”

# Is the service well-led?

## Our findings

There was a system of checks to monitor the quality of the service effectively. Regular monthly audits were completed that included support plans, medicines, infection control, staff supervision health and safety, staff training and other records related to the management of the service. People at the service helped carry out the health and safety and infection control audits with support from staff. The provider carried out their own three monthly audits which included checks that the service's monthly audits had been completed. We saw where actions were identified such as the updating of records, these had been carried out. However we found that although staff recruitment records were audited the issues we had identified about missing references had not been picked up. The provider told us they would audit all staff records to ensure the correct documentation was present for all staff to verify the checks they made before staff commenced work.

People told us the service was well led and that they had confidence in the staff team. One person commented "All the staff are good here. If there is a problem they help sort it out." Relatives were positive in their comments about the service and told us that the whole staff team worked well together to support people. One relative said "The manager is good but it's a whole team effort and that makes them consistent." Professionals told us the manager and the staff team promoted a person centred culture that respected people's independence and dignity. We observed this to be the case at the inspection. People's uniqueness was respected and they were encouraged to respect each other. People's independence was promoted, they were encouraged to answer the phone and to take part in interviews of new support workers and quality checks on the service. The provider had organised training for people to be able to undertake these checks properly. There was a culture of open communication; people were encouraged to express their views and wishes and staff told us they felt able to raise anything they needed to at staff meetings.

The service had won an award for the quality of its quality monitoring in the provider's own internal award system. The manager attended managers meetings organised by the provider at which any safeguarding alerts across the organisation were discussed and any learning identified was discussed at staff meetings.

There was a registered manager in post who had been registered for 18 months. In recent months she had been supporting other services and was away from the service for a few weeks at a time. Staff told us they had felt well supported as she made regular contact in these absences. One support worker told us "She is the best manager I have ever had." The manager understood her responsibilities as a registered manager and had submitted relevant notifications to CQC although notifications of recent events to CQC of events that required notification had not been as prompt as required. The manager agreed they would ensure notifications were made promptly in future.

Staff described the manager and deputy manager as good leaders and "very supportive." commented they felt the way staff worked together as a team was a great strength. One staff member said "There is a structure, we work really well as a team and know each other well." The majority of the staff team had worked there for several years and told us they were open in their discussions about any issues at team (staff) meetings or handover meetings. Monthly team meetings were held which covered a range of areas of support. We saw actions were identified from audits to be completed such as a review of people's health plans or keeping training up to date. There was a reminder to staff about encouraging people's skills and independence "Don't do for but do with" people. There was a "Read and Sign folder" in which any changes to support plans or updates for staff were kept for a period of time and staff signed to confirm they had read them. Staff told us they always checked this folder for any new information.

There was a culture of continual improvement, the manager and other staff members talked about a need to always consider ways to improve the service. We saw that the aims the manager had included in their PIR return in 2014 had been put into place such as seeking more detailed feedback about improvement staff could make in the key worker sessions and recording these on key worker reports.

People, their relatives and staff were able to express their views about the service and the organisation through a number of means. These included a range of different meetings, questionnaires and forums for staff and people. We saw a recent tenants meeting had discussed what staff did well and could do better. Comments included "Staff help you get your life back on track," and Staff help us with

## Is the service well-led?

medication and emotional support,” as well as staff help you look for jobs and keep you safe.” Areas for improvement were more group outings and better support with time keeping and employment.

Any feedback from questionnaires was reviewed and considered as to whether improvements could be made. The feedback we viewed from people, relatives’ staff and professionals was positive. Some staff had suggested a greater emphasis on healthy eating and we had seen efforts had been made to put this into action. They were also reviewing improvements to group activities. One of the people at the service held a position as an MP for the provider’s parliament. They told us this involved attending meetings and giving people’s views and visiting other

services to hear people’s views about the organisation. The provider had signed up to the ‘Driving Up Quality Code’ a government launched idea aimed at encouraging providers to improve quality in services. This had involved a self-assessment day across all services which included service users, relatives, staff and commissioners of service. A report had been written that identified areas of good practice and areas for improvement. This was available in an easily read format on the providers’ website. One of the recommendations for improvement was greater involvement of people using services in the training of staff. The manager told us this had been offered out to people at the service but currently no one had expressed an interest.