

Care Management Group Limited

Care Management Group - 51 Rutland Gardens

Inspection report

51 Rutland Gardens
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Date of inspection visit: 22/09/2015
Date of publication: 22/03/2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Care Management Group 51 Rutland Gardens on the 22 September 2015. The service provides supported living to people living in a residential area of Hove. The service supported six people at the time of our inspection. The service provided 24 hour support for adults with a learning disability. The Care Quality Commission inspects the care and support the service provides, but does not inspect the accommodation people live in.

This inspection was announced which meant the registered manager and staff knew we were coming shortly before we visited the service.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

Summary of findings

People told us they felt safe and were happy living there. One person told us, “Yes, of course I feel safe here, because the staff look after me”. We saw people were aided by staff who knew them well, gave them individual support and looked at providing additional assistance as and when required.

The service had safeguarding policies and procedures in place. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place. This helped protect people from the likelihood of abuse or neglect. Recruitment procedures were robust and only suitably vetted staff were employed to work in the service.

People and their relatives spoke positively of the service. People and their relatives all commented on the warm, friendly attitude of all staff. We were told, “I am feeling much better here now, very well. I was not good in my last place so it is nice to know that I am accepted here and it is good for me mentally and has helped me a lot.” Staff respected people’s privacy and dignity and their individual preferences.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

Staff and the registered manager were knowledgeable about the Mental Capacity Act 2005. They were aware this legislation protected the rights of people who lacked capacity to make decisions about their care and welfare.

Staff received training to support them with their role on a continuous basis to ensure they could meet people’s needs effectively.

People’s nutrition and hydration needs were met exceptionally well so that people enjoyed eating and drinking and maintained a healthy lifestyle. Each person planned their individual menu for the week with staff support. Comments about the mealtime experience were positive.

The staff team was dedicated to providing an outstanding service to people. People and their relatives were all extremely positive about the support that was delivered. They went the extra mile to support people’s social

needs. They creatively supported people to maintain and foster interests and relationships that were important to them. People were central to the innovative practices involved in the planning and reviews of their support.

People were supported as individuals and encouraged to explore ways they could maintain and extend their independence. Five people voted for the first time in the General Election. They were helped to understand the voting process by sharing and discussing easy read information that was then used as the basis for by meeting and discussions.

People told us they were exceptionally well supported to maintain their independence and maintain their life skills with the support from staff. One person said, “I feel that I am getting on much better here, I am being helped to get well here and I am moving onto the community soon to live independently thanks to this place.”

People received regular assessments of their needs and any identified risks. Records were maintained in relation to people’s healthcare, for example when people were supported with making or attending GP appointments. People had up to date health action plans which gave an overview of the person’s health needs. People said they liked the service because it provided support which was varied to meet their needs at the time.

The registered manager and provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement. A person from another Care Management Group location visited the service to talk to people to get their views to feedback.

People were encouraged to express their views. Feedback from people through surveys was used to continually drive service improvement for people. People were actively involved in developing the service and interviewed and met with new staff. People also said they felt listened to and any concerns or issues they raised were addressed. People, relatives and staff spoke positively about the registered manager. One person said, “The manager is also my keyworker, she is totally amazing and the staff love her too which is great.”

Staff were asked for their opinions on the service and whether they were happy in their work. Staff enjoyed their

Summary of findings

work. They felt supported within their roles and described a caring and 'open door' management approach. They described how management were always available to discuss suggestions and address problems or concerns.

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 felt safe. There were appropriate numbers of well-trained and appropriately recruited staff available over twenty four hours to support them.

Staff were confident about what to do if someone was at risk of abuse and who to report it to. The registered manager assessed risks to individuals and gave staff clear guidelines on how to protect people.

Good



Is the service effective?

The service was effective.

Staff provided people with individual support to develop their skills so that they became more independent.

People received effective support as staff knew people well. They supported people, listened to what they wanted and treated them as individuals.

Staff and the registered manager were knowledgeable about the requirements of the Mental Capacity Act 2005.

People, including people living with medical conditions such as diabetes, were supported to eat and drink a healthy diet which met their dietary and health needs.

Staff received regular training, supervision and appraisal which ensured they had the skills and knowledge to meet people's needs.

Good



Is the service caring?

The service was caring.

Staff knew people and their preferences and went out of their way to make people feel valued, cared for and cared about.

Staff were very passionate about being respectful when supporting people.

People were actively involved in making decisions about all aspects of their support. Staff actively supported people to make day-to-day decisions about their support and they respected the choices people made.

The promotion of privacy and dignity was central to the way support was delivered. It was embedded in staff practice. The registered manager ensured that staff had a sound understanding of why this was important to people.

Outstanding



Summary of findings

Is the service responsive?

The service was responsive.

People's support was reviewed regularly. Where the need for change was identified, support plans were creatively updated in consultation with people, significant people in their life such as family, key staff and external stakeholders such as advocates.

Support plans were detailed, highly personalised and contained information to enable staff to meet people's needs.

Staff communicated with each other and the registered manager on a daily basis to ensure that information was shared about people's needs.

People and relatives told us they felt confident to raise any issues with staff and the registered manager and felt their concerns would be listened to.

Good



Is the service well-led?

The service was well-led.

The culture of the service was open and friendly. Staff were supported and described a caring and open management approach.

There was an effective quality assurance process that audited processes and monitored outcomes experienced by people.

People, their relatives and professionals were routinely asked for their views of the service.

Good



Care Management Group - 51 Rutland Gardens

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. The inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home and to provide a rating for the home under the Care Act 2014.

The inspection was carried out on 22 September 2015. The provider was given 48 hours' notice because the location provides a supported living service for adults who are often out during the day and we needed to be sure that someone would be in. It was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We contacted selected stakeholders including two health and social care professionals, the local authority and the local GP surgery to obtain their views about the support provided. They were happy for us to quote them in our report.

During the inspection we spent time with people who were supported by the service. We focused on speaking with people and spoke with staff. We were invited by people to spend time with them and we took time to observe how people and staff interacted. We spoke with four relatives or friends of people. We spoke with the registered manager and three support staff.

We looked at three sets of personal records. They included individual support plans, risk assessments and health records. We examined other records including three staff files, quality monitoring, records of medicine administration, financial records and documents relating to the maintenance of the environment.

The last inspection was carried out on 29 January 2014 and no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe when staff were present and provided them with support. One person told us, "Yes, of course I feel safe here, because the staff look after me." They said staff talked to them about how to keep safe when at home and out and about in the community. Another person said, "There are always staff present which makes me feel safe."

There was an up to date safeguarding policy with guidance for staff on the steps to follow if they had concerns about the safety of anyone using the service. All staff had received up to date training and there was a programme of refresher training to ensure that staff knowledge was maintained and current. Staff understood safeguarding and their role in following up any concerns about people being at risk of harm. Staff were able to describe what they would do if they thought someone was at risk of abuse and how they would raise any concerns. They said they had received training in safeguarding and there was a written procedure to follow. Safeguarding was discussed on a regular basis with staff and recorded. This helped to ensure all staff were aware of the type of incidents that can arise and that they responded to these in a consistent way.

People's support records showed risks in their daily lives had been discussed with them. Where risks had been identified, these had been assessed and information recorded. This was so staff would be aware of the risks and what to do to ensure people's safety. People told us they were able to speak with one of the staff or management team if they had a concern. The registered manager said there was an on-call system in place; this meant people or staff could talk to one of the management team outside office hours. People had reported incidents to staff where there was a risk of harm. These had then been followed up with other agencies in order to reduce the risk and to prevent a reoccurrence. A member of staff said, "The focus of our work is assisting people to be as independent as possible. A lot of support is around safety and finances, minimising vulnerability so people could express and fulfil their choices in life."

Staff did not administer medicines to people but support was given to check with the person that they had taken their medicines. This helped to ensure the person did not come to any harm if they had not remembered themselves. For example, one person described how they needed

support to check their blood sugar levels. Staff prompted the person to carry out the check and reminded them what the safe range for the reading should be. We heard a friendly enquiry of them from another person asking if they had their injection that day.

Medicines were kept in locked cabinets in each person's flat. Staff prompted people to take their medicines each day and this was recorded consistently. Staff told us they were familiar with the provider's policy on medicines. There was a clear audit trail of medicines received, administered and returned to the pharmacy. The registered manager and dispensing pharmacist provided information on good practices so that medicines were prompted to be administered safely. This ensured medication processes were carried out using a safe and consistent approach. The provider carried out regular audits of medicines to ensure they were correctly monitored and procedures were safe.

People told us they were supported by staff they were familiar with and who had got to know them well. They found this reassuring and told us it was easier to talk about any concerns they may have. People had experience of trying new opportunities and taking steps to greater independence in their life knowing staff were there for support. The registered manager told us, "We support people to make positive choices. I think it's one thing we excel at. We are the security blanket for people when perhaps taking a risk doesn't work out. For example, [A person] is unrecognisable from when I first joined. They are now much more confident to express themselves and be independent." The registered manager shared with us an email from the person's relative that expressed thanks and remarked how they had progressed to, for example, attending a full day at the provider's service users' conference.

The registered manager told us staff were flexible and available to provide people with support. Staffing rotas seen were determined by the levels of dependency of people who lived at the service. One staff member said, "We don't have a problem with staffing. There are only six service users and we do have one to one support at times when people need it." People were supported out and about in the community when they needed it and at home. One staff member said, "The people are so independent a great deal of what we do is give the social support that

Is the service safe?

people need." There was 24 hour support available to people. Feedback from people and the staff indicated there were enough staff to ensure that people's busy schedules were met as planned and people received a safe service.

Reports and guidance had been produced to ensure that events and incidents affecting people were followed up appropriately. We saw contingency plans had been produced which set out the action to take, for example if the person was involved in an accident. Incidents involving people had been documented to provide a record of what had happened and the action taken to help prevent a reoccurrence. We saw from the minutes of meetings that information was being shared between staff and learning points arising from incidents were discussed.

Records showed a range of checks had been carried out on staff to determine their suitability for the work. For example, references had been obtained and information received from the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and indicates whether they were barred from working with vulnerable adults. Other checks had been made, for example in order to confirm an applicant's identity and their employment history.

Is the service effective?

Our findings

People we spoke with told us they received effective care because they were supported by staff who understood their needs and promoted their independence. One person said, "I trust the staff here and feel that if they say something, I listen to it because I feel they are well trained and stuff."

We saw an example of how the team approach at the service had been successful in terms of outcomes for people. An individualised programme of support enabled people to live happy, fulfilled lives while enjoying improved overall health. A person described their experience at 51 Rutland Gardens as giving them increased confidence to be independent. One person told us, "I am feeling much better here now, very well. I was not good in my last place so it is nice to know that I am accepted here and it is good for me mentally and has helped me a lot."

Staff members said they were well supported in their work. Training was described as good and staff said that requests for further training were well received. We were told the training covered a range of subjects relating to subjects concerning support and people's health needs. For example, training in diabetes had been arranged as a response to a training need. Staff said they felt they were able to confidently support the person with diabetes as they had received appropriate education about this. Records confirmed training covered mandatory instruction, for example in safeguarding vulnerable adults, first aid and fire safety. One staff member said, "Training is always available." We saw that the registered manager arranged to receive training from people about the conditions they lived with. We heard about one person who was scheduled to present a talk on their rare syndrome called William Syndrome to the regional managers of the Care Management Group. This showed creative and inclusive practice around sourcing information from people about conditions they lived with in order to inform best practice within the service.

Staff said they attended supervision meetings with their manager. The meetings provided staff with individual time to discuss their professional development and any concerns they may have about their work. Staff meetings were held and these provided the opportunity for staff to discuss and keep up to date with the range of issues about the people and the service itself.

Records and feedback we received showed a structured approach to supporting staff. There was a plan for regular supervision meetings and records of each meeting held. The registered manager kept an overview of the provision of training across the service. This identified when staff were due to receive further training. A staff member told us that refresher training was arranged and this helped them to maintain their knowledge of subjects.

Policies were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. The registered manager was aware of DoLS and identified that DoLS can apply in supported living settings. Clear procedures were in place to enable staff to support the assessment of people's capacity, should there be concerns about their ability to make specific decisions for themselves.

We spoke with staff who were knowledgeable about the legal requirements of the Mental Capacity Act 2005. They were aware this legislation protected the rights of people who lacked capacity to make decisions about their care and welfare. Staff said the people they supported were able to give consent to the support they received. This was reflected in the records we saw; people had been given the opportunity to read and sign their support plans to confirm their agreement to them.

People received assistance with preparing food and drinks. Information about this was recorded in people's support plans. The rich and rewarding social aspect to preparing and, where appropriate, sharing food and drink was recognised and promoted within the service. People told us they looked forward to the opportunities for sharing that meal times offered. People told us, "The staff share tips about healthy foods but I do the cooking myself." And, "I feel that I am getting on much better here. I am being helped to get on well here and I am moving onto the community soon to live independently thanks to this place."

Each person planned their individual menu for the week with staff support. A food shopping list was created and people were supported to purchase the things they needed. They could change their menu if they wanted to have something different. We asked if the food available was sufficient and nutritious. A person said, "The food here is very good. We get supported to cook and sometimes the

Is the service effective?

staff tell us recipes and stuff and help us cook so they food is great because I can choose what I want." A staff member said, "The people are very independent and we try to make sure meal times are relaxed and enjoyed by everyone. They have their individual meal choices but people generally choose what they wish to eat on the day. We are there to help when it's needed."

Healthy eating events gave people opportunities to try new food and drinks and expand their knowledge of nutrition and hydration. For example, a healthy drinks session organised by staff, encouraged a person to substitute a popular carbonated sugary drink with one based on aloe vera and coconut water. The friend of a person said, "I have noticed she is now taking the mother role with me and advising me on how to cook lasagne from scratch. It's brilliant her knowledge has widened and she holds a very good conversation."

Every month people chose a country that they would like to learn more about. Staff supported people to research

the country selected and from this they made the national flag, found out how people dressed and explored the country's culture and music. At the end of the month a themed evening was held where the food of that country was cooked and everyone shared a meal together.

People received support to obtain services they needed in relation to their health and care. People's healthcare needs were monitored and discussed with the person as part of the supported living planning process. This was documented in people's records. Support records seen confirmed visits to and from General Practitioners and other healthcare professionals had been recorded. A staff member told us an important part of their job was to, "Signpost" people to the other services they needed to stay healthy and to be able to live independently. We saw easy read 'dental passports' for people. These were easily accessible documents that helped make sure people got the dental healthcare they need.



Is the service caring?

Our findings

People spoke positively about the staff who supported them and felt they had privacy, respect, dignity and support on a day to day basis. They told us the staff were friendly and helpful. People mentioned qualities in the staff they particularly liked, such as staff who were friendly and easy to get on with. One person said their staff, "The staff are polite and kind, they are a good bunch here." The relative of one person said, "I feel the staff there are amazing. We have privacy on visits."

A real strength of Care Management Group 51 Rutland Gardens were the arrangements in place to make sure people were actively involved in the decision making process around practices that influences their care and support. We observed an interview with a potential employee. One person took an active part in the interview and asked lots of questions. This was confirmed by another, who told us they played a full role in the recruitment process, they said, "It's great that we are involved in their [staff] interviews, we have a say." The involvement of people in the process was embedded into the recruitment practices at the service. All staff employed at the service were interviewed by a panel that included people as part of the application process. A member of staff confirmed this and said, "I was interviewed by you [indicating person at the service with them] and two other tenants." People had an equal say in the offer of a job within the service. The registered manager told us, "Applicants are chosen from a shortlist and following interview people were fully involved leading up to and beyond the offer of a job." An outstanding feature was the real and meaningful interaction within the recruitment and interview process, appointment and induction. People's feeling of purpose and wellbeing was enhanced as they had a real say over who was employed to provide them with support.

People were proactively supported to express their views. People both accessed and advised on advocacy services for people with a learning disability. One person was a committee member for a local advocacy group for which they received payment. This meant that people could pass on their views to others who were independent of the service. The ability to express views with support was given as an example by people who told us they exercised their right to vote in the general election held in May. The service

helped people understand about the voting process by sharing easy read information that was then used as the basis for discussions. We heard how people and staff considered the difficulties they faced to understand the, frequently complicated, instructions on how to cast a postal ballot or distinguish between candidates on the ballot paper. The impact was that people were put off voting in an unfamiliar environment like polling stations where they could feel overwhelmed by the formal systems in place. The interventions enabled people to consider questions that included; why and how people vote? They looked at the different parties manifestos. We were told the election was the first time five of the people living at the service had voted. It meant, for some people well into middle age, they were supported to participate and feel part of the democratic process for the first time in their lives, with the attendant feelings of civic belonging that go with exercising their right to vote. Although there has not been another election we heard how this created the groundwork for familiarisation with process to enable future participation.

The feedback we received showed that good relationships had been established between staff and the people they provided support to. People said they felt staff knew them well and they appreciated this continuity and the consistency of support it provided. A person said, "The staff here are lovely, I love it. I like everyone here and even my sister in law likes it so much that she said she wants to live here too and asked for a room." This was reflected in the nominations for the employee of the month competition and the provider's annual staff awards ceremony. Three staff were nominated by people and other staff for the awards. The staff nominations reflected the passion and commitment held by the nominees for the people they support.

People received support from staff in the way they wanted and which fitted in with their lifestyle. Support emphasised people's abilities and personal goals. For example, we saw that information was obtained and phrased in people's own words from easy to follow headlines such as, 'What people like about me', 'What makes me happy' and 'How I want to be supported'. Guidelines to different areas of daily living clearly related to assessed need. There was clear, concise and unambiguous guidance for staff to follow, based on an in-depth knowledge of the person and what worked for them. For example, people were supported to consider how they could be active daily. Supportive comments from



Is the service caring?

staff to people included, 'You can do this; you've done well so far; don't give up.' One person told us, "The staff here are excellent, they are super staff, they take me out and we go on holiday together, they are like my family. I even went to America with one of the staff. I had to pay for the trip which was quite expensive but it was worth it."

People's records included information about their personal circumstances and how they wished to be supported. The information had been added to over time and helped to give a good picture of people's preferred routines and their interests and the things they did not like. The registered manager and staff followed the principles of privacy in relation to maintaining and storing records. There were arrangements in place to store people's support records, which included confidential information and medical histories. There were policies and procedures to protect people's confidentiality. Support records were stored securely on either the provider's computer system or in support files. Staff had a good understanding of privacy and confidentiality and had received training.

People's privacy and dignity was respected and maintained. Staff we spoke with were able to explain the way they worked with people and focused on people's individual needs. They told us their role was to respect individuality and independence. Staff spoke respectfully about the people they supported. They described a highly personalised and holistic approach when talking about the support they facilitated for people. This was seen in the support provided by staff on a day to day basis. For example, one person returned at the end of the day and told us about their full and active life which included broadcasting. They said, "I get a lot of fresh air here and I get daily walks because I like that. I also wanted to get out more so I got a voluntary role in a nursery on Fridays and I do radio on Mondays and Tuesdays".

Support records contained details of religious and spiritual beliefs where they were important to people. People told

us they made decisions about their lives and made lots of choices every day. One person told us, "I am able and reminded to go to the church on most Sundays and I can go on my own because it is not far. So as far as that, I do feel very supported." A relative we spoke with said, "Whenever my daughter wants to do something or wants support in going somewhere, she is supported to do so."

People had meetings held in their service to discuss issues important to them. People unanimously told us that staff consulted them about how they wanted their support provided and gave them choices. 'Tenant Meetings' minutes showed these were held monthly and took as their starting point ideas suggested by people. So people were asked for their feedback on such topics as, 'Is there anything about the house we need to change' and 'What are we looking forward to?' The registered manager also had other means in place for obtaining feedback. For example, we saw that one person chose not to attend the meetings. They spoke with their keyworker before the meeting about the questions to be discussed and were asked for their views which could then be included in the meeting.

Staff were highly motivated and inspired to offer kind and compassionate support to people. This was reflected in attempts to gather people's views and included the use of surveys. These were sometimes undertaken on a one-to-one basis in keyworker meetings. It gave the person the chance to reflect on their feelings at the time, good things that happened, their health, plans and goals. Feedback included responses to how caring staff were. We saw for example, that as a result of a response in a survey a person got to go on their dream holiday to a location that held special personal significance to them. As a result of people's feedback they achieved greater access to, and enjoyment of, community events and we saw examples of art days, fun runs, country shows, theatre trips and birthday parties.

Is the service responsive?

Our findings

People told us they could talk to staff about their support and any changes they wanted to be made. One person told us "The staff here listen to me and what I say and take action when needed." They told us they worked towards goals they had wanted to achieve and felt their confidence was increasing as a result of the support they received. One person said, "I go out for trips here. We went to Buckingham Palace recently."

People said they liked the service because it provided support which was varied to meet their needs at the time. Staff told us they aimed to provide a service that was responsive and flexible to take account of people's individual circumstances. We were told about the support and advice people received about maintaining their physical, social and emotional wellbeing. A person described their experience of having a key worker. They sang a song to us to show us how happy they were with current arrangements and talked about their involvement in a choir that drew members from all walks of life. They asked us to look at their support plan with them, they said, "There's nothing hidden, you will see what I've been doing and why they [staff] are so helpful here."

People led full social lives, participated in continuing education opportunities and were also active in the world of work. For example, one person attended a local tai chi group that was open to all sections of the community and we heard how they made a number of friends there.

The representative of one person said, "I take my hat off to them. They are a lot better off now than when they were. They are a happier person and they recognise that. They are always going out and doing things. I hear about it all. They have more of a life than me!"

People's support plans creatively set out the support they required in order to meet their personal needs. There was in-depth information about what the person could do for themselves; the plans also identified the need for staff to check with the person whether certain tasks had been undertaken, and to prompt them if not. This approach promoted the person's independence whilst also helping to ensure they maintained their personal care routine. The excellent outcomes for people were commented on by the relative of one person who said, "[My relative] has been there for eight years and I feel she has really got on much

better. It's really incomparable to how she was before. I give a lot of credit to them there for how they have transformed my daughter into being an independent sociable young woman".

Plans set out the very different aspirations of the people living at the service. For example, they included aims to improve independence by going independently to the local shopping street, going on holiday and going to work. Each goal showed the small incremental steps to achieving the aim. The steps were marked as achieved as the person met and moved beyond them. They matched what the person and key worker told us they had achieved, together. For example, the person had got to the stage of walking alone around the block as a step towards getting to the shopping street, efforts continued to seek work opportunities and holiday plans were refined and put in place over time with the full involvement of the person.

Staff demonstrated a flexible approach to helping to meet people's changing support needs. Staff said they regularly met with people to talk about their needs and new things they wanted to do. They told us formal review meetings were held at least once a year but could be arranged more often in response to a particular concern. A staff member said the reviews often focused on the level of support people needed to maintain their independence in a safe way. We were told of times when a person's support had increased as a result; also when a person had been able to manage with a reduced number of hours they were directly supported.

People told us they received support from staff in different areas of their lives. This included prompting around personal care but also related to matters such as building and maintaining social relationships, dealing with finances and managing day to day affairs. People said staff did what was agreed with them and were skilled and professional in how they provided support. People described their staff support and told us, "My key worker is amazing. I've done so much this year with him. He helped me with buying a new bike and now I'm having cycling lessons." The keyworker was present for the interview at the invitation of the person and said, "I think you're the one that's done it all." The person thought about this and replied, "I'm a tenant, it's a team in the house, tenants and staff together." Another person said, "I feel that I am getting on much better here, I am being helped to get well here and I am moving onto the community soon to live independently

Is the service responsive?

thanks to this place." Staff developed excellent communication skills that involved reflecting back positively to people and empowered them to achieve their goals.

Relevant information was available when people's needs were being reviewed and the outcome of their support was evaluated. Daily reports were written by staff about people's well-being and support. Staff said the reports helped to keep them up to date with people's needs, for example when they were returning to work with people after not having provided them with support for a few days. The reports provided a summary of people's day to day support. Other records were maintained in relation to people's healthcare, for example when people were supported with making or attending GP appointments.

Reports and guidance had been produced to ensure that events and incidents affecting people were followed up appropriately. We saw contingency plans had been produced which set out the action to take, for example if the person was involved in an accident. Incidents involving people had been documented to provide a record of what had happened and the action taken to help prevent a reoccurrence. We saw from the minutes of meetings that information was being shared between staff and learning points arising from incidents were discussed.

Daily diaries were kept for all people and updated twice a day. Staff said, "Tenants sometimes participate or ask what is going in the diary, but it's all factual, no judgements." We were told staff shifts always started with a handover meeting, when staff changed each day but that they were

also expected to read all communication book entries for any time they had been away. Staff said that handover meetings were a useful way of keeping up to date with changes in people's needs. This helped to ensure that staff had good information when they supported people who they hadn't seen for a while. The minutes showed that people's support and welfare were considered at meetings and any new risks or concerns were highlighted. Staff who had been away for a week or more received an extended handover from a lead support worker.

People said they knew who to speak to if they had any concerns or complaints. We were told about meetings when people met with the staff and could raise any matters they were concerned about. People had been given information about making a complaint and who they could contact for advice in a format they could understand. The service had a complaints procedure on display in both standard and easy read format for people to see. This included a 'Tenants Handbook' that set out the responsibilities of the landlord, information about what to do if they wanted to move out and who to ask for help, including information of external agencies such as the Citizens Advice Bureau. The manager informed us the staff team worked closely with people and relatives to resolve any issues. We saw that the registered manager kept a record of complaints or concerns raised and the action taken in response to these. One person told us, "I have made complaints here about little things in the past and they were dealt with very quickly by the staff. The issues were so petty I can't remember what they were but I do remember that it was sorted out."

Is the service well-led?

Our findings

People and staff spoke highly of the service and the registered manager. A person told us, "The manager is also my keyworker, she is totally amazing and the staff love her too which is great." A relative said, "The manager calls me regularly telling me [my relatives] plans for the week and giving feedback. [My relative] is very happy where they are now and I feel the management play a big part in that. The feedback and communication is really good and when I visit I feel staff morale is very high and the team work really well together there."

The service was small, with only six people and most of these people had lived together for seven or eight years. People appeared to have a close bond of friendship with each other across the generational divide in the service, with people ranging in age from 38 to 67 years. One member of staff reflected on the friendship that existed between people and said, "We are like a family and close as a group. You see this in small ways. For example, when we went up to London people sat next to each other on the train and were chatting away for the whole journey. There was one person for who the trip may have caused anxiety but they handled it really well and were supported by us all."

Staff told us they were well supported in their work. We heard that staff were provided with training and supervision. A member of staff said there was, "Trust and support, it makes you want to give of your best back. Supervision is a highlight, monthly with [the registered manager]." Supervision covered aspects such as; relationships within staff team and all people, key working role, training needs and where they felt they needed support. The same member of staff said, "And I get feedback about what I'm doing well."

Staff told us they felt able to discuss any issues with their manager or with the provider. They said there was a policy on whistleblowing. They knew this meant reporting any concerns they had about poor practice or wrong doing at work. One staff member described how it felt safe to raise concerns or issues. The registered manager was described as very approachable by everyone we spoke with, "Not that we have needed to but people know how to go straight above the manager, that's tenants and staff. We can go straight to the CEO and that's encouraged. He's the same with us, he's actually listening not going through the

motions." The relative of one person we spoke with said, "I was really impressed with [the manager] with my interactions with her and she seemed to have a real passion and understanding. I felt it was a breath of fresh air."

Staff understood how their work contributed to the quality of service people received. They were consistent in how they described the aims and values of the service and applied these in their support for people. We were told for example there was an, "Emphasis on people's abilities and personal goals" and a focus on enabling people to live as independently as possible. The registered manager told us, "I can't fault my team. I am so proud of them and what we have created. We all want to achieve the same goal." We saw that the registered manager was generous to share with the team the praise they felt they deserved. We saw an entry in the communication book to staff from them which said, 'I'd like to thank the team for being so amazing. Thank you all for your hard work.'

There were systems in place to monitor the quality of the service provided. We saw that the regional director carried out monthly unannounced visits and also in-depth quarterly audits. The audits focused on standards and showed how the provider closely monitored the quality of the service. Any areas for improvement were identified in an action plan. We saw that these were kept under review and informed the annual quality survey. Questionnaires were sent to people using the service, families, advocates, staff and other professionals involved in people's support. From the findings and analysis, an evaluation report was written up that identified the aims and outcomes for the following year.

Regular health and safety checks were carried out on all aspects of the service; these included the premises and equipment. Other audits were undertaken weekly and monthly and looked at areas such as, food safety, infection control and fire safety. The provider employed some people who lived at other services within the group to check the quality of services. A person from another service visited Care Management Group 51 Rutland Gardens to talk to people to make sure they were happy with the care and support they received. Feedback was shared on the day and a report was written after the visit and feedback given to head office.

The registered manager told us they used different ways of gaining feedback. Some relatives of people, for example,

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provided information by email and other people were met with on an individual basis. The results had been analysed and a plan had been drawn up in response to people's feedback. A staff member we spoke with was proud of the positive feedback people had given about their support. We saw the service received a number of compliments. Relatives and friends of people using the service told us they felt involved and were kept up to date by staff about their family members. A relative we spoke with described the confidence they had in the management team, "I'm kept informed by email and letter and [my relative] is supported by staff come up to see me."

The registered manager was aware of the relatively new statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open & honest when untoward events occur. The registered manager was able to describe unintentional and unexpected scenarios that may lead to a person experiencing harm and was confident about the

steps to be taken, including producing a written notification. They were able to demonstrate the steps they would take including providing support, truthful information and an apology if things had gone wrong.

The registered manager explained how they met their CQC registration requirements. They explained the process for submitting statutory notifications to the CQC to ensure that they were sent in a timely manner. This meant we had the most up to date information available about incidents that had occurred.

The registered manager was clear about their priorities within the team. These had focused on team building and on developing a consistent approach to supporting staff. Different ways of obtaining people's views had also been established to ensure good feedback was obtained about the service. The registered manager was committed to on-going improvement in the service and was able to describe key challenges, large and small, looking forward. Throughout the inspection process itself the registered manager was open and responsive to the issues we discussed.