Care Management Group Limited

Catherine House

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

Summary of findings

Overall summary

On 1 December 2017 we carried out an unannounced inspection to Catherine House. Catherine House is a supported living service for up to eight adults with a learning disability, such as autism. This service provides care and support to people living in a 'supported living' setting, 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.This was the first inspection of Catherine House since it had registered with the Care Quality Commission (CQC) and on the day of our inspection, eight people were living in the service.

There was a registered manager in post. A registered manager is a person who has registered with 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. The registered manager assisted us with our inspection.

People received responsive care by staff who knew them well. People's support plans were comprehensive and contained guidance for staff. People's needs were assessed before they moved in to Catherine House and robust transition plans were arranged to help ensure people moved in in the way they wished. Staff followed the requirements of the Mental Capacity Act 2005 and were able to demonstrate to us their understanding of it.

People were shown respect by staff and encouraged to make their own decisions and be independent. Staff were caring and kind and had good relationships with people. People were happy living in the home and we found the environment was clean, hygienic and homely.

People's medicines were managed safely. Important information about people's healthcare needs and medicines were recorded in their support plans. Staff worked alongside healthcare professionals to meet people's health needs. Where any accidents or incidents occurred staff took appropriate action in response to them.

People were cared for by sufficient numbers of staff. We did not see people having to wait to receive care or support. Appropriate checks were carried out when recruiting staff to ensure that they were suitable for their roles. Staff were aware of their responsibilities in relation to keeping people safe. Both in respect of keeping people safe from harm because individual risks had been identified and also in respect of signs of abuse. People were comfortable with speaking with staff if they had any concerns.

There was a procedure in place to help ensure that people were kept safe in the event of an emergency. Regular checks were made on equipment and services within the home to check they were well maintained. Quality assurance audits were carried out to help ensure people received a good quality of care.

People were enabled to make their own decisions about the food they ate. People had access to activities

that were meaningful to them and had the opportunity to socialise with friends in the local area. People's individuality was recognised by staff and as such staff supported people in relation to their personal needs.

The registered manager created a positive culture and staff felt supported by her. Although there was a clear management structure in place it was evident that all staff worked together as a team. The registered manager was very hands on throughout the day. Staff received training appropriate to their roles. Staff had regular supervision and appraisals, together with team meetings in which they could discuss all aspects of the service.

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.

People received the medicines they required.

People were cared for by a sufficient number of staff who had gone through a formal recruitment process before commencing work.

People lived at a service which was free from infection.

People were kept free from harm as staff understood their safeguarding responsibilities and risks to people had been identified.

Where accidents and incidents had occurred staff took action to help ensure these did not reoccur.

Is the service effective?

Good

The service was effective.

People's legal rights were protected because staff worked in accordance with the Mental Capacity Act (2005).

People could make their own decisions about the food they ate.

Staff followed the guidance of healthcare professionals to meet people's needs. People had access to healthcare services when they required it.

Staff received appropriate training and supervision for their roles.

People's needs were assessed before moving into the service.

Is the service caring?

Good

The service was caring.

People's independence was promoted by staff. This included them making decisions about their care.

People were treated in a respectful way by staff.

People's privacy and dignity was maintained by staff.

People were treated with kindness by staff who knew people well.

Is the service responsive?

Good

The service was responsive.

People received responsive care and support plans for people were detailed.

People's concerns and complaints were listened to.

People had access to activities to help ensure they were not isolated.

Is the service well-led?

Good

The service was well-led.

Quality audits were carried out to help ensure people received a good service.

The registered manager promoted a positive person-centred culture within the staff team who felt supported by her.

People were involved in the running of the home.

The registered manager was aware of their statutory requirements and duties in relation to CQC. Incidents occurring were used by the registered manager as a way to learn.

Catherine House

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 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 service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 December 2017 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we gathered information about the service. We reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with five people, one relative, the registered manager, two staff and a social care professional. We observed caring interactions between people and staff. We reviewed the care plans for three people, medicines records and the records of accidents and incidents.

We looked at three staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of meetings of staff and people.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us, "Oh yes, most definitely I feel safe here. Having staff around 24 hours a day is very reassuring." Another said, "Yes of course (I feel safe). Everyone is friendly to me. I assure you nothing is wrong here." A third person said, "Just having the staff to go to if I have a problem – they talk through things with me." A relative said, "He is 100% safe."

People were cared for by staff who were aware of their responsibilities in relation to safeguarding people. A relative said, "He would be the first to say to me if he was worried about anything." The provider told us in their Provider Information Return (PIR), 'Staff receive training around safeguarding with annual updates; knowledge is reinforced at supervision and team meetings'. We found this to be the case as staff had no hesitation in telling us what they would do if they had any concerns that someone was receiving unsafe care. A staff member told us, "I would report it straight away to [the registered manager] write an incident form and discuss it." Another said, "I would report it to [registered manager] make an assessment and if need be go to the GP so they could check the person." We noted there was information on abuse displayed for people with contact details for the provider as well as the Local Authority. The registered manager also demonstrated their understanding of abuse as they had notified CQC in the event of any safeguarding concerns. We had been made aware of one safeguarding issue which at the time of our inspection was being investigated by the police. The registered manager demonstrated to us they were cooperating fully with all parties involved.

People's personal risks were assessed and plans were in place to manage them. One person said, "Yes, they (staff) talk through these things with me. Like my money, they talk about if I really need the thing I want to buy (as I can overspend)." Records in relation to people's risks were up to date and available to relevant staff. These included one person who had a medical condition that may require them to have hospital treatment and another person who liked to have tattoos and the risk around skin damage. This person told us, "I have a tattoo and we had to do a risk assessment about it to make sure I understood (the risks)." Staff were aware of the risks to people. A staff member told us, "[Name] needs to have his room kept clean because of his health and when we are out walking with people in the dark we encourage them to link arms with us." Another said, "We have one to one's with people and provide 24-hour staffing. We guide people with cooking and make sure they are financially safe when going out."

Where accidents or incidents occurred these were recorded and we read that appropriate action had been taken. For example, one person cut their finger and staff took them to accident and emergency for immediate treatment. We noted there were very few accidents and incidents within the service; this was because people were independently mobile. However the registered manager attended the provider's health and safety sub-committee, part of which involved discussing learning from incidents both internal and external. The outcome of discussions was cascaded to staff. One person told us, "I got into an incident in college and the staff talked through what happened with me and agreed I had done the right thing."

People were cared for by a sufficient number of staff who had the right skills. One person said, "Oh yes, there are enough staff. There is always someone on." A relative told us, "Staff have the time (to spend with him)."

We did not see anyone needing to wait to be supported and when people wished to go out for external activities or shopping, staff were available to accompany them if they needed it. One staff member told us, "The majority of the time we are well staffed." Another staff member said, "Mainly yes, we have enough staff and staff are good at doing extra to fit in with people's activities."

People were kept safe from being cared for by inappropriate staff because the provider carried out checks on all new staff that they recruited. We found evidence of staff's previous work history, a health declaration and a right to work in the UK. Potential staff had also undergone a DBS check prior to commencing work. DBS is the Disclosure and Barring Service which helps to ensure prospective staff are suitable to care for people in this type of setting. A staff member confirmed they had to provide references and had a DBS check. They said, "I didn't support the guys until my DBS came through."

People received the medicines they required. We saw each person had a Medicine's Administration Record (MAR). This recorded any allergies people were subject to and any other relevant information in relation to their medicines. We did not identify any gaps or mistakes in the MAR records. The provider told us in their PIR, 'Medication training by boots e-learning and face to face competency assessments completed regularly'. We saw evidence that where staff had undertaken medicines training, the registered manager had carried out competency assessments on them to help ensure they continued to follow best practice. A staff member told us, "[Registered manager] will observe us to check we're still up for the task." People who required as needed (PRN) medicines had protocols in place which gave relevant guidance to staff on dosages. One person self-medicated and we saw the registered manager assist them to organise their medicines for the following week. People told us they got the medicines they needed. One person said, "They (staff) do the ordering as that's all a bit complex, but most of the rest I do myself with a bit of prompting." Another told us, "If I need a pain killer I just ask them (staff)."

People lived in an environment that was clean and hygienic. People generally did their own cleaning of their rooms and assisted staff with the communal areas. One person said, "I do most of my own cleaning in my flat. They (staff) come and help and go through why it's important for me to keep everything clean (due to my medical condition)." We asked staff about the prevention and control of infection. One staff member said, "I wash my hands very often – before and after tasks – ensure work areas and surfaces are clean. We do daily fridge and freezer checks to make sure food is stored in the correct place."

People were kept safe in the event of an emergency. The provider told us in their PIR, 'A fire log book has been implemented and completed daily. A Fire risk management plan with detailed floor plans which are displayed. Fire safety checks, evacuations and PEEPS are in place'. We saw evidence of this at our inspection. People had personal emergency evacuation plans (PEEPs) in place. These reflected people's needs and provided staff with information on how to best support them in the event of an emergency. The home had assessed risks such as fire and all equipment for use in the event of an emergency was regularly serviced. Regular fire alarm tests and drills took place. There was a contingency plan in place which informed staff of what action to take should the service have to close for a period of time. Staff knew what action to take in the event of a fire. One staff member told us, "We have all gone through fire marshal training. We have to get people out as safely as possible. We take the 'fire' bag out with us and go to the assembly point by the tree."

Good

Is the service effective?

Our findings

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 people 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's legal rights were protected because staff followed the guidance of the Mental Capacity Act (2005). One person told us, "They (staff) ask my permission and respect my choices." The registered manager told us that everyone receiving the service had capacity to make their own decisions and as such there were no restrictions for people. They said that they were currently in discussion with the family of one person who they felt may be lacking capacity in some areas which may result in them carrying out a mental capacity assessment and best interests discussion if necessary. We saw people had signed their own medicines consent forms. These forms had been produced in easy-read format which helped ensure people could understand the decision they were making. Staff understood the principles of the MCA. One staff member told us, "We have to respect that people are capable of making their own informed decisions."

People could make their own decisions about the food they ate. One person told us, "I cook for myself in my flat. I get help if it's a complicated recipe. They try to encourage me to eat a healthy diet." Another said, "Staff support me when I need it to make my meals. We had a Chinese meal the other day for a housemates birthday." We saw people make sandwiches, pasta or heat up sausages rolls for their lunch. Each person was supported if they needed it or otherwise were enabled to independently prepare their food. No one had a specific dietary need that required them to eat a particular food type or needed food to be prepared in a particular way. People were responsible for organising their own shopping in relation to the meals they wished to cook. Each person had a handwritten menu plan for the week and we saw that people's plans contained foods in line with what they told us they liked. On a Sunday a staff member told us, "Everyone chips in to make a roast."

People had access to a GP and other healthcare professionals and staff supported them to maintain a healthy lifestyle, taking professional advice into account when necessary. Staff worked well across organisations to deliver effective care and seek treatment for people. One person told us, "I get to see the doctor if I don't feel well." One person was slightly overweight and we saw the GP had made a referral for them to a dietician and a gym. Staff were reminding this person to eat healthier foods and had encouraged them to join a gym. The provider had told us in their PIR, 'Staff draw on their own personal strengths to share within the service. And staff are matched to
tenants for keyworkers around shared interests and skill abilities. Tenant's individual interests are catered for like attending cycling, going to the gym'. As such we found that some staff members had an interest in

fitness and in turn inspired people to participate in healthy regimes. We noted one person, 'lifts weights with staff' and others attended a martial arts class.

Each person had a health action plan which included an assessment of their medical needs together with a record of any intervention they had with a healthcare professional. People were supported to receive ongoing healthcare support and staff monitored people's general health routinely, such as weighing people regularly. One person told us, "I have my own specialist at (hospital) and staff support me to go there." We saw people had been to a GP, dentist, optician, hospital appointments and podiatrist. In addition each person had a care passport which would be used if a person required a stay in hospital as this contained important information about the person. One person had filled in their own dental care passport which was in pictorial format. This 'talked' them through what would happen when they went to the dentist and how they felt about attending the appointment. A relative told us, "[Registered manager] keeps in contact with me about optician and dentist appointments."

People's needs were assessed prior to moving in to Catherine House to help ensure that it was a suitable environment for them. The provider told us in their PIR, 'Working with the assessment team, care managers and family we made sure that transitions to the home were led by the tenant'. This was confirmed by a social care professional who told us, "They did an amazing transition plan for him to move in. It was so detailed. When he decided he wished to move in earlier, they adapted the plan to accommodate this." We read other's had transition plans in place which were detailed and took into account their individualised requirements when transitioning between a previous location and Catherine House. One person's transition plan recorded each meeting and visit that had been done over the course of five months as they slowly got used to the service and the change to their life that it had. They had been given plenty of time to adjust, get to know the staff better and other people who lived at the service.

People were supported by staff that were trained to meet their needs. One person told us, "They (staff) are often out training. They really know about my condition, all the staff here do." The provider told us in their PIR, 'Staff new to care work on the Care certificate and previously the skills for care induction, they receive 6-8 weekly supervisions & annual appraisals with objectives set for development over the coming year'. We found evidence at our inspection to support this statement. Staff undertook a selection of mandatory training courses when first starting at the service, this included food hygiene, moving and handling, health & safety, positive behaviour support and first aid. Compliance with refresher training for staff in September 2017 was 100%. One staff member told us, "I am more than happy with the training we receive. We were given training specific to one person living here." Another said, "They (the provider) are good with the training. It keeps me up to date." When staff commenced work at the service they underwent an induction in line with the Care Certificate (a set of nationally recognised modules for people working in care). One staff member said, "[Registered manager] showed me around and I had quite a few training resources made available to me."

Staff training included equality and diversity courses and records showed these had been attended to by all staff. We also saw a pictorial equality poster in the kitchen for people. The registered manager told us that some people attended the Black History Day event run by the provider which one person in particular had really enjoyed. She said they were dancing and playing the drums during the day.

Staff had the opportunity to meet with their line manager for supervision. One staff member told us, "I feel supported. I have monthly supervision and I have appraisals. They give me a chance to talk about anything – areas I need to progress and areas I am doing well in."

Good

Is the service caring?

Our findings

People and relatives told us they were happy living at Catherine House. One person told us, "I love it here. The shops are nearby – it's a perfect location. Staff are nice to me." A relative told us, "He is happy. Staff are teaching him and looking after him. "

During the inspection we observed relaxed, easy-going, kind and pleasant interactions between people and staff. Everyone was clearly comfortable in each other's company. There was general chatter about day to day topics and as people made lunch of their own choice there was interest shown in each other's meals by both people and staff. The atmosphere felt very family-orientated. People told us they got on with each other and the impression was that everyone was friends. We heard two people chatting about one person's haircut, the style it was cut in and which barbers they had been to. One person told us, "I get on really well with staff." Another said, "I am really happy here." A third person said, "Staff are pretty good; ace in fact."

People were encouraged to be independent. People lived in an environment that enabled them to lead as independent a life as possible. We noted two kitchens were in the service which meant people had space to prepare their meals. At lunch time people prepared lunch for themselves and one person made tea for the staff. Another person had been supported by staff to make a chocolate cake to have at their review meeting. An annex has been built to allow one person to move on from the house to a more independent environment. The registered manager told us how everyone at the service liked baking. One person had a mixture of chocolate spread sandwiches, sausage and crisps for their lunch and we observed that staff respected their choice, leaving them to eat as they wished. People sat wherever they wished to eat their lunch. The registered manager told us how they had purchased one person a slow cooker in order that they could prepare their meals in the morning to be cooking during the day as they had a busy timetable. A relative told us, "He is so much more independent."

People were shown respect by staff. We heard staff calling people by their preferred name and showing them respect when they spoke with them. We heard staff knocking on people's doors before entering and a staff member said, "I would always knock even if I knew they weren't in their room." One person told us, "Yes, I do think they (staff) respect me."

People were supported by staff who showed people attention and recognised and promoted people's achievements. There was an 'achievement' board displayed in the dining area and we saw certificates displayed for people. These included, '[Name] shortlisted for Ochre Print Studio textiles prize', '[Name] course in food safety and hygiene', '[Name] functional skills qualification in Maths' and, [Name] added some excellent pictures to power point presentation and spoke in full sentences]. A further person had a 'hard worker' award. We observed staff listening to people, not interrupting and giving people time to finish what they had to say before responding. When people required staff attention and they were speaking to us, staff stopped what they were doing to address the person. One person told us, "They (staff) make me feel good about myself." Another said, "They (staff) actually help me and talk to me, especially if they sense something is wrong with me."

People were involved in their care and could express their views. We noted throughout people's support plans they had signed to indicate they had been involved in reviews or changes. One person told us, "They just help me out and talked to me (so I feel involved)."

People lived in an environment that was homely and staff promoted people's privacy and dignity. Each person's bedroom door had a different sign to say who the room belonged to and most reflected their interests, such as a sports care or cartoon character. One person spent much of their time in their room and staff respected this. Other people chose to sit in other parts of the service. People's rooms were individualised and reflected their interests. For example, one person who had a keen interest in football had a football premier poster which they showed us. One person said, "Yes, I think they respect my privacy."

People were supported to maintain relationships that meant something to them. The provider told us in their PIR, 'We have an open house policy for family members and friends. Family will pop in ad-hoc and spend time with tenants in the home'. A relative visited on the day of our inspection and it was clear from them that they had good relationships with staff within the service and were made to feel welcome.

Good

Is the service responsive?

Our findings

People had access to a complaints procedure which was written in a way that could be understood by them as we saw it was in pictorial format. One person told us they could speak to the registered manager if they were unhappy. Only one formal complaint had been received by the service since its opening in 2015. This was in relation to some damp in a person's bathroom due to the window not being opened when they took a shower as well as damage to their TV. The registered manager told us they had addressed both issues after meeting with the complainant. The TV had been replaced and there were now notices in the person's room to remind them to open the window when showering. One person told us, "Definitely know (how to complain), but I have not needed to. I think she (the registered manager) would put things right if I did complain."

We noted several compliments had been received at the home. These included, 'We are always made to feel very welcome when visiting our son', '[Registered manager] and her team are a credit to CMG', 'The house has become a lovely warm welcoming home. Really gotten to know our son and all his various little ways. Growing in confidence' and, 'We are always grateful for the hard work everyone puts into caring and ensuring [name] is safe, healthy and happy.

People took part in meaningful and individualised activities. One person liked football and as such had taken part in the provider's football tournament, winning a cup as a result. Another liked wrestling and they told us how they had gone to watch a match in a nearby town. A third person had a real interest in bagpipes and staff had supported them to go to Glasgow for their holiday this year to watch Scottish bands. One person told us, "I really enjoy college." Another person talked about their passion for movies. They told us, "I have been watching Christmas movies because I really like them at this time of year." They also talked about the latest blockbusters which demonstrated to us they had been supported to see them by staff.

People were able to meet friends in the local area and maintain relationships that were important to them. The provider told us in their PIR, 'Friendships have been maintained from a previous respite home and staff are welcomed to come and spend time with the tenant'. We were told that each week people from Catherine House and those living in other supported living service got together for karaoke. One person attended Disability Initiative in Camberley and went on the bus and train to Woking and Guildford. The provider also stated in their PIR, 'Staff attended meetings to discuss items that were on the curriculum. We have now built up good relationships with the colleges supporting tenants as they continue their education'. As such we noted one person's review of their care identified that they had enrolled at college to attend a course on cooking and media. People were supported with their social inclusion. Two people had started aqua fit classes at the local gym and another a spinning class. These were both mainstream sessions. One person told us, "I am always out. I'm at the day centre today and we do lots of stuff like playing games, practising social interactions, we have tablet computers to access the internet and we do cooking." Another person said the best thing was, "The friends I have made and the things we do together. We go on outings and I really like the cinema."

People's support plans reflected their needs and preferences and people received responsive care because

staff knew them well. Support plans included details of people's medical conditions and reminders or prompts people may need to help ensure they maintained good health. One person had a medical condition which required them to attend the hospital every two to three months. We read staff supported them to do this. Where people had specific needs, individualised support plans were in place. For example, in the case of one person who had diabetes. Other information in people's support plans included their needs in relation to continence, mobility, sleep, diet, mental health and personal care.

People's support plans were reviewed routinely and regularly to ensure they contained the most up to date and appropriate information. One person told us, "Oh yes, they (staff) go through my support plan with me and we make changes if I want them." We saw that people had signed their support plans to show they had been involved. Each person had a keyworker. This was a member of staff who took a specific interest in a person in relation to their health and wellbeing as well as achieving any goals. Monthly keyworker meetings were held which recorded news, difficulties, activities, health care professional contact and any other important information about the person. These were used to monitor progress against a person's individual goals. For example, one person's keyworker notes recorded improvements in their communication with staff as they had started to reply to staff with a sentence, rather than just a 'yes' or 'no'. One person told us, "(The best thing) is they help us to achieve our goals in life. I have a martial arts grading at the weekend – I'm supported by staff to do it." A staff member told us, "My responsibility is to look after him and help him with his daily life." In addition, annual reviews took place which included service commissioners, family members, staff and the person involved. One such review took place on the day of our inspection. The social care professional told us, "They hold annual reviews which are very transparent. It's a wonderful service."

Good

Is the service well-led?

Our findings

People told us that they got along with staff and the registered manager and that the registered manager ran the service well. One person told us, "There is nothing better they (staff) could do. They are top!" A social care professional said, "[Registered manager] is very professional. She runs the service really well." The registered manager delegated tasks to staff. One staff member told us, "I tend to shift lead which means I have to ensure tasks are done. [Registered manager] gives us a few jobs each. For me, it is to check the first aid boxes."

The provider told us in their PIR, 'The Manager completes shifts mentoring, coaching and likes to work closely and hands on with and as part of the team'. We saw this during the inspection as we observed the registered manager interacting with people. People responded warmly and it was evident that they got along well with the registered manager. The registered manager worked alongside staff to meet people's needs and was very hands on.

The registered manager promoted a positive culture within the staff team and it was evident she cared for people that lived at Catherine House. One staff member said, "Our team work is really good. We talk and sort out issues. [Registered manager] is brilliant. Best manager I've ever had. She is hands on and comes and supports the guys. Any issues, she is straight on it." Staff told us they felt supported by the registered manager. One told us, "I feel supported and on the whole staff work well together." Another staff member said, "[Registered manager] is very kind. I can go to her for anything."

We asked staff about the ethos of Catherine House and what they felt they did best. Staff were clear that they were there to support people to live independent lives and to support them long term into employment or living alone. One staff member said, "The best thing about Catherine House is its friendly, down to earth and very sociable." Our observations on the day supported this. Another told us, "The activities are the best. We keep their days busy. We want everyone to be socially included and involved in mainstream activities."

In turn the registered manager told us they felt supported by the provider and senior management. They said they attended a manager's meeting monthly and were a member of the provider's Health and Safety sub-committee which enabled them to work with their peers in others of the providers supported living services.

The registered manager and staff worked closely with external professionals to help ensure people receive the most appropriate support. The registered manager told us their vision for people was to enable them to start employment. They had links with some local charities and were hoping that through these they could find some part time work for people. A professional told us, "The communication with CMG is amazing. They look at each person as an individual, that is why people live together with no conflict – because they have been correctly placed."

The registered manager used internal and external resources and innovation to enhance knowledge and best practice. One person had an 'app' on their mobile phone which linked to the hospital. This enabled

them to 'send' their glucose readings which in turn meant their medical condition could be monitored remotely and action taken in the event it was needed. The registered manager was able to produce a monthly print out of readings to check they were within target.

The registered manager recognised commitment in staff and as such supported staff to attend development programmes in order that they could progress professionally. The provider stated in their PIR, 'At monthly team meetings staff are encouraged to contribute to the agenda with ideas for the service and their allocated responsibilities. We discuss what is and is not working well and how this can be improved'. Staff confirmed this. They told us they had regular team meetings in which they discussed all aspects of the service. This included cultural views, potential employment for people and the mental capacity act. Other topics discussed included medicines, training and road safety when out as a group. A staff member said they found staff meetings beneficial stating they discussed people individually and the registered manager asked each staff member for their contribution and suggestions. They told us they had suggested writing guidance for staff for one person who removed and hid their hearing aids. They did this and as such it had helped this person as staff now took a consistent approach to this issue.

People, relatives and other stakeholders were encouraged to give their feedback about the service that was provided and comments were responded to. We read the results of the 2016/17 survey. In total 10 responses had been received. We read that people knew about their health action and support plan, felt they had their independence and knew how to complain. Relatives said that there were happy with the service in general. However some said they were not aware of the complaints procedure, felt staff had not received training in relation to specific health needs and felt staff were tired as they worked long shifts. Professionals were positive in their feedback, but had noted that there was a lack of transport at times. We saw that the registered manager had collated and responded to all comments. For example, the registered manager had reorganised the staff rota to a four-week rolling rota and had arranged for staff to go on bespoke training.

People were involved in the running of the home. Regular meetings took place and we noted from the minutes of the last meeting that people had discussed recycling (and its importance), complaints, themed nights and new ideas for activities. One person told us, "We have tenants meetings where we talk about what needs to be done and things like that. They ask us for suggestions." Another person also told us about the tenants meetings and said, "I suggested ideas for some meals. I really like hot curries."

The registered manager was aware of their statutory requirements and duties in relation to CQC. Services registered with us have a duty to notify us of any safeguarding or serious accidents or incidents. We found that the registered manager had submitted appropriate notifications to us in line with their requirements.

Systems were in place to regularly check and assure the quality of the service that people received. The provider told us in their PIR, 'We have robust quality assurance systems such as internal quarterly audits completed by the regional director and home manager, annual quality reviews, monthly medication audits, finance audits, monthly manager online reports and monthly and annual health & safety checks'. We saw evidence of this. Monthly medicines audits took place. We noted the last audit had identified no shortfalls. A health and safety audit had identified some items needed removing from outside which we noted had been done. Electrical, water and gas checks were carried out to help ensure people lived in a safe environment and vehicle checks were undertaken. People participated in the audits. For example, we noted two people had carried out infection control audits and had checked that bins were emptied, soap was in toilets and bathrooms and the floors were clean. The provider also carried out routine quality audits. These covered all aspects of the service together with a finance audit. We noted the last audit had identified one person's specific health related support plan require updating which we saw had been done.