

# Care Management Group Limited

## Chetwynd Road

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Chetwynd Road provides personal care and support for adults with a learning disability, who may also have physical disabilities and/or other complex health conditions. This is a supported living service where people reside in self-contained flats. The service operates from an office within the building. There is a communal lounge and kitchen/dining area on the ground floor and a garden to the rear of the building. The service can support up to 14 people. At the time of our inspection 13 people were living at Chetwynd Road.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The provider's governance systems were not always effective in identifying concerns in the service to drive the necessary improvement. At times there was a lack of clear and accurate records regarding people's medicines, mental capacity and any potential risks to them. We have made a recommendation about this.

People felt safe living at Chetwynd Road and staff had a good understanding of safeguarding procedures. Staff were recruited safely and there were enough staff to support people effectively.

There were some restrictive practices in place around people accessing the community and other aspects of their lives being managed by the service. It was not clear that people had consented to this or had the capacity to do so. We have made a recommendation about this. However, staff supported people to make decisions and respected the choices they had made.

Staff were well supported and received appropriate training and supervision to meet people's needs.

People were happy living at Chetwynd Road and their relatives were complimentary about the service. People were supported by staff who were kind, caring and who understood their likes, dislikes and preferences. Staff understood how to support people in ways that promoted their privacy, dignity and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Staff supported people to set and work towards meaningful goals. They provided people with support to access their local community, plan activities and maintain important relationships.

Staff were positive about the management of the service and told us the registered manager was very supportive and approachable. People and their relatives felt listened to and knew how to raise concerns.

The provider used meetings and surveys to gather the views of people and staff, however it was not always clear how suggestions made had been acted on. Staff and the registered manager shared information effectively as a team and with other organisations when needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Outstanding. (Report published 20 April 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chetwynd Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Chetwynd Road

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was conducted by two inspectors.

#### Service and service type

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.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service. We spoke with five members of staff including the registered manager, a deputy manager and support workers. We carried out observations of people's experiences throughout the inspection. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including accident and incident records and policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives about their experience of the care provided and sought feedback from four professionals.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Records needed improvement in relation to the management of medicines.
- Where people were prescribed their medicines on an 'as required' (PRN) basis such as pain relief or topical creams, the provider had not provided enough guidance for staff to know why, when or how this should be given. Some people had PRN protocols that had been put in place by the GP, but these lacked personalised information about the most effective way to support people with their PRN medication. This meant people were at risk of not receiving their medicines in the most effective way. We discussed our concerns with the registered manager who told us they would put PRN protocols in place for all of these medicines.
- On occasion, staff had handwritten an instruction onto the medicine administration record (MAR) which was not consistent with the prescriber's instruction. For example, for one person, the instruction on the MAR stated their tablets should be given (one or two) four times a day but it had been changed by a staff member to PRN. These had not been signed by two staff members as is considered best practice by the National Institute of Clinical Excellence (NICE).
- The instruction for some people's topical creams were 'as directed' but there was no further information about what the directions were. This meant there was insufficient guidance for staff to follow.
- We identified other instances where instructions for medicines were not clear. For example, on one person's MAR, it stated their medicine should be given twice a day, but the following information indicated it should only be given alternate days. We discussed the concerns about medicine records with the registered manager who told us they would put actions in place to improve these.
- Medicines were stored safely, and the medicine stock was appropriate. Relatives told us people received their medicines as prescribed. Staff completed medicine training and had been assessed as competent to manage medicines.
- The provider had signed up to the STOMP pledge. STOMP is a national NHS England campaign which is aimed at stopping over medication of people with learning disabilities, autism or both. We found people were not prescribed medicines that can unnecessarily sedate or restrain people.

### Assessing risk, safety monitoring and management

- The provider assessed risks to people's safety and well-being. This included risks associated with health conditions, mobility, choking and activities. Plans were put in place to lessen risks. However, we identified some instances where risk assessments did not sufficiently provide guidance to staff as to how to lessen these risks. For example, on one person's risk assessment it stated they could be at risk of drowning when swimming but there was a lack of detail about what staff could do to lessen this risk. On another person's

risk assessment, it stated an action should be carried out regularly to lessen a risk but did not specify what regularly meant.

- People's risk assessments did not always contain accurate or up to date information. For example, a medicine risk plan stated a certain medicine was in use, but we found this had been discontinued. We discussed our concerns about risk assessment records with the deputy manager and they told us of their plans to improve them.
- Staff had a good knowledge about the risks associated with people's needs and could tell us what actions they took to mitigate these. This reduced the risk of harm to people. However, it is important that risk assessments are detailed and accurate so staff who are unfamiliar with people have the necessary guidance.
- Risk management supported people with their independence. For example, one person had been supported to access the community independently.
- The environment was mainly safe and well maintained. However, one person had accumulated a lot of belongings in their flat which posed a safety risk. This information had not been included on the providers fire risk assessment or on the person's individual personal emergency evacuation plan despite a staff member telling us a fire officer had raised concerns about this. The registered manager told us they would include this information and put plans in place to manage this.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded, acted upon and analysed for learning to prevent similar incidents from occurring again for individuals. For example, for one person who had fallen, measures had been put in place to reduce the likelihood of them falling again.
- There had been some recent medicine errors in the service. The registered manager told us they had investigated each of these and attributed them to human error as they were unable to identify a pattern. However, when we looked at medicines during our inspection, we identified multiple issues with medicine records. This indicated that a trend of medicine records being unclear was not identified by the provider.
- Monthly management meetings took place with the provider which enabled the management team to share learning from incidents/accidents and complaints in the provider's other homes and to reduce these risks in practice across the provider's services.

#### Systems and processes to safeguard people from the risk of abuse

- People, relatives, professionals and staff thought the service was safe. One person told us, "I do feel really safe here."
- The provider had a safeguarding policy in place. Staff understood their responsibility around safeguarding and knew how to recognise abuse. Appropriate safeguarding notifications were made.
- Staff were confident if they raised a safeguarding concern with the provider or registered manager, it would be taken seriously. One member of staff told us, "[Registered manager] would take it seriously, I know I could take it higher or to CQC if necessary though."

#### Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection.
- Staff received training on infection control and were provided with personal protective equipment such as disposable aprons and gloves.
- Staff had assisted people to keep their bedrooms and communal areas clean.

#### Staffing and recruitment

- There were enough trained and consistent staff to provide the care and support that met people's needs.
- Relatives and staff thought there was enough staff to safely meet people's needs. One relative told us, "There's plenty of staff."
- People were protected against the employment of unsuitable staff as the provider followed safe



recruitment practices.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

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

We checked whether the service was working within the principles of the MCA.

- Some people's liberty was restricted for their own safety and they could only go out when accompanied by staff. When people who lack capacity have their liberty restricted, and they are under continuous control and supervision, the local authority should be made aware and an application to the court of protection should be made. This had not been done.
- We discussed our concerns with the registered manager who told us people understood why their liberty was restricted, however from conversations with staff we were not assured this was always the case. No mental capacity assessments had been carried out to determine if people were able to make this decision. Although these people had not attempted to access the community on their own, there was potential that people's liberty may be restricted in an unlawful way.
- The MCA states that people should be assumed to have capacity (until established otherwise) to manage their own lifestyles, including their medicines. Staff looked after most people's medicines. If these restrictive practices were in people's best interests, mental capacity assessments and best interest decisions should have been carried out and recorded on their care files, however, they were not.
- Although staff told us that people were happy for staff to manage this aspect of their life, records around consent and capacity did not always provide a clear indication that people understood and were happy to consent to this practice. This was not in accordance with the providers policy which stated, 'If a decision could be regarded as a restriction or an infringement of that person's human rights, the person's agreement must be sought, and evidence must be in place'.

- For one person who the service had deemed to have capacity, we saw records that stated their next of kin had made a health decision on their behalf. It was also recorded that due to a health condition the person would be kept 'on a need to know basis'. There was no capacity assessment or best interest decision making around this. This meant the principles of the MCA had not been followed.

We recommend that the provider seeks guidance from a reputable source to ensure the principles of the MCA 2005 are followed and clear records regarding consent and capacity are maintained.

- In all other respects, people were given choices as to how they lived their day to day lives. People's choices were also respected. One person told us, "The best thing about living here is not being forced to go to bed. You're not forced to do anything you don't want to do. They ask you before." A relative echoed this sentiment, they told us, "Staff always respect the decisions [Person] has made."
- Staff had received training about the MCA and described how they sought verbal consent from people before providing care and support. A staff member told us, "We always give people options and ask them if it's OK before we give them support."

Adapting service, design, decoration to meet people's

- People had tenancy agreements in place and the landlord had the overall responsibility for the maintenance and decoration of the properties. However, people could personalise their rooms as they wished, and we saw people's flats reflected their individual preferences. Staff had supported people with this.
- Information for and about staff had been put up in some of the communal areas of the supported living house. This detracted from the idea that it was people's home. We discussed this with the registered manager and deputy manager who told us that people had helped with some of this and did not mind. However, they removed some of the information at the time of inspection and told us they would consider what to do with the other information.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were provided with a variety of meals and drinks and supported to make their own choices.
- Where specific health risks around food intake were identified for people, referrals had usually been made to healthcare professionals and their guidance followed. However, we identified that on two occasions, people's diets had been modified because staff had identified either a choking risk or had concerns about a person's swallowing. The provider had not followed local guidance to utilise an assessment tool to determine if these people required a referral to a speech and language therapist.
- Risks and dietary needs were recorded in people's support plans and on people's individual placemats. Staff had a good understanding of people's dietary needs and supported people in line with this guidance.
- Records reflected the involvement of other professionals in people's care including doctors, dentists, opticians, the learning disability team and social workers.
- Health and social care professionals told us the service worked well with them. One professional told us staff at Chetwynd Road kept them informed about changes to the person they supported and sought medical help promptly and when needed.
- The registered manager told us how they ensured people were supported by staff when they went into hospital. This helped to ensure people received joined up care.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were clearly recorded in their support plans and contained information from a range of health care professionals. Care records demonstrated that staff followed any guidance issued by healthcare professionals, including specialists.

- Staff at the service worked hard to help people attend healthcare appointments. For example, one relative told us, "[Person] is very scared of hospitals, we all work together with her keyworker and the rest of the staff to make it work. We put a plan in place ...[Keyworker] always tries to come, she supports [Person] while I'm talking to consultant. It works really well."
- People were supported to be healthy. One relative told us that staff supported their relative with swimming and encouraged a healthy diet for them to achieve a healthy weight.

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

- People's needs were assessed prior to moving to the service and appropriate referrals made to other services, to ensure people's holistic needs were met.
- Care was planned and delivered in line with people's individual assessments. Staff were knowledgeable about people's needs and explained how they supported people. We saw this was in line with the information recorded in people's care plans.
- The provider had an equality and diversity policy and staff understood how to ensure people's individual needs and wishes were met.

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant training, skills and experience to care for them.
- All staff had a comprehensive induction at the start of their employment and did not work unsupervised until confident to do so.
- Staff had completed regular training to support people effectively which included, safeguarding, infection control, moving and handling and the Mental Capacity Act. Staff were also provided with training specific to people's needs, such as awareness for autism and learning disability.
- Staff felt the training they received had equipped them well for their role and helped them to develop. One staff member told us, "The company have provided me with so many opportunities to progress, I wouldn't be where I am today without those opportunities or the support from [Registered manager]."
- Staff told us they were supported well. They said they were comfortable to approach any member of the management team, who they described as always available to them. Staff had ongoing support through supervision and appraisals which they told us they found useful.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were supported by kind and caring staff. One person told us, "They [staff] are caring, they look after people." Relatives echoed this, comments included: "Staff are absolutely brilliant, you couldn't wish for better." and "Staff are genuinely caring."
- Health and social care professionals were also positive about the support people received from staff. One health care professional told us, "They [staff] are caring, supportive and responsive to [Person's] particular needs. They always strive to give the best support and care in often challenging situations."
- Except for one time, staff interacted with people in a respectful and professional manner. We discussed this instance with the registered manager who told us they would act to address this with staff. We were confident this was not a widespread concern across all staff and that the registered manager would address this.
- Staff were kind and caring in their approaches to people. Staff recognised when people needed support and reassurance and provided this. Staff supported people in a patient, good-humoured way and it was evident they had developed good relationships with people.
- Staff were passionate about providing the best possible care and support and placed value on the relationships they had formed with people. For example, one member of staff told us, "The people we support are all amazing, it's great seeing how far they have come and enjoying life."
- The registered manager and staff told us that they would always aim to ensure people's equality, diversity and human rights needs were respected and supported. Through talking to staff and relatives, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Staff had received training in ensuring equality and valuing diversity.

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

- People and relatives told us people were involved in making decisions about their care. One person told us, "I get to decide what goes in my care plan."
- Staff understood peoples' communication needs and information was provided in a format that people needed to help them understand. For example, the registered manager had developed a file with information about care, support and health related topics in an accessible format. This meant people could refer to this to help them make decisions about their care.
- Throughout the inspection, we heard people being consulted about how they wished to spend their day.

All people's choices were respected.

- Staff ensured that family members and others who were important to people were kept updated with any changes to the person's care or health.
- People had keyworkers, who were key members of staff allocated to provide additional support to one person. Their role included supporting the person to maintain contact with family members, reviewing their care plan and supporting the person to express their views and make decisions. Relatives were positive about this and told us that keyworkers had developed good relationships with people.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. The registered manager gave us numerous examples of where people's independence had been promoted. For example, one person had recently started employment locally, another had succeeded in college and another person had been supported to go shopping independently. Staff has supported people in small steps until their goals had been achieved.
- Relatives were positive about how the service supported people to be independent. One relative told us, "[Person's] independence skills have come on in leaps and bounds, she's come on a long way and her speech is really developing."
- Staff understood how to promote privacy and dignity. One staff member told us, "I make sure the door's closed if I help someone with personal care and always knock on a person's door before I go in." One person told us, "They knock on my door, if you don't want them then you don't have to let them in. I've been told that." However, they went on to say, "When I have a keyworker meeting it should be confidential, no other staff should listen, but they do. It should be done in a private place." The deputy manager told us that all keyworker meetings were held in a private area.
- Care files and information regarding people who used the service had been stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored appropriately.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to good.

This meant people's needs were met through good organisation and delivery.

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

- Staff knew people well and how they liked to be supported. This helped to make sure people received care which was personal to them. People were treated as individuals and were able to follow their own routines.
- People received well-planned, person-centred support that was individual to the person. People's care and support plans were person-centred and included preferences, interests and dislikes as well as their physical and emotional well-being.
- People were able to choose how they were supported. For example, one person only wished to be supported by female staff and this was respected.
- People's support focused on them having as many opportunities as possible to gain new skills and experiences, increase in confidence, independence and well-being. For example, one person spent much of the day in bed when they first arrived at the service, ate food that was unhealthy and displayed behaviours that others found challenging. Staff at the service worked with them in small steps. The registered manager told us that the person was now "Completely different". They were now in paid employment, eating healthily and enjoyed getting up each day.
- Staff celebrated people's achievements, and this helped to promote people's self-esteem. We saw examples of this where one person had achieved a high attendance rate at college, another had attended a medical procedure and a third person had successfully managed their money when shopping.
- Staff responded and adapted to people's changing needs. We were given an example of one person who had reached their potential at college. The staff recognised the person was no longer enjoying this and supported the person to attend a day centre instead. The deputy manager told us the person was "Thriving" and was now more involved in the community. One health professional also told us, "One of my clients has deteriorating health needs. Staff are responsive to these needs and extra support is being put in place to reflect the higher needs."

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

- People were supported to live full and active lives and to maintain relationships with people important to them. Staff told us they were proud of the work they had done in the service to ensure people were socially included and provided numerous examples of how people enjoyed activities that were socially relevant to them.
- People had some structure to their week and activities such as food shopping, attending day centres, work and swimming were pre-arranged with people. Other days were 'choice' days. Staff supported people with

their chosen activities which were varied. Choices included; going to the cinema, out for lunch, attending football matches, disco's or staying in the service undertaking activities such as colouring or listening to music. One relative told us, "[Staff] help [Person] with what she likes to do."

- The provider organised numerous events where they brought people together such as Christmas parties, summer barbeques and themed events. On the day before our inspection, a neon 80's party had been organised to celebrate the new organisational structure.
- Two people had recently been on a cruise and staff had supported them to do so. Relatives and health professionals were complimentary about the input from staff as the holiday had taken a great deal of planning and support based on staff's knowledge of people as individuals. We heard how much the people had enjoyed this experience and an external professional told us, "[Person] had a lovely time. Staff were genuinely happy that she had gone on the holiday she wanted."
- During the inspection, we observed people were busy doing the activities that they had chosen. One person had been to the New Forest and had enjoyed seeing the horses.
- Some people had their own cars and a designated member of staff supported people to ensure the cars were well maintained and safe. This helped to ensure people were able to access the community when they needed to and promoted social inclusion.

### Meeting people's communication needs

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

- People's communication abilities and needs were identified in their care plans and staff knew people's different communication methods.
- We saw from a survey that one relative expressed a wish for all staff to be able to communicate with their relative using Makaton (a form of language using signs). We asked one staff member if they had received training in Makaton and they told us they had not. The registered manager told us all staff would receive Makaton training in the near future. All relatives we spoke with told us they felt the staff communicated with their relatives in their preferred way.
- The service was working hard to ensure people were given information in a way they could understand. For example, they had developed 'Oops' pictorial cards to help people choose a different activity if they were unable to go to activity previously arranged.

### Improving care quality in response to complaints or concerns

- There was an accessible complaints procedure in place which was made available to people.
- Relatives told us they knew how to complain but had not needed to. One relative said, "I've never needed to complain but [Registered manager] and the staff would always listen."
- Records of complaints were made and although the registered manager described how these complaints were resolved for people, this were not always recorded. We discussed this with the registered manager who told us they would record this in the future which would demonstrate the outcome for people. However, complaints were recorded on the providers electronic system and the registered manager told us these were seen by the senior management team and if there were any patterns or areas for improvement these would be highlighted and addressed.

### End of life care and support

- End of life care was not currently being delivered at the service.
- Discussions about people's end of life plans and wishes were recorded where people wished to do so.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to requires improvement.

This meant systems and processes were inconsistent and did not always support the delivery of high-quality, person-centred care.

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

- The provider had a quality assurance system in place which included a range of audits. However, we identified shortfalls with medicines records and the application of the MCA 2005 which the provider's quality monitoring system had not identified. We have reported on this in the Safe and Effective sections of the reports.

We recommend the provider ensures their quality assurance system is used effectively to ensure the service provides safe, consistent and high-quality care and that accurate records about are maintained.

- The registered manager was responsive to our feedback and told us about some of the changes they were going to implement following the inspection. The registered manager and deputy manager demonstrated an open and positive approach to learning and development and were keen to continually drive improvement to ensure positive outcomes for people.
- The registered manager attended care forum meetings with other local managers. They also shared good practice and learnt from other managers in their own organisation through regular meetings. The senior management team cascaded changes in legislation and practice at these meetings and the registered manager told us these were useful.
- Information was shared between the provider's services to improve service provision. Staff meetings were also regularly held where important information was shared with staff. Records of staff meetings demonstrated staff discussed individual's needs and looked at ways to improve life for them.
- The registered manager was very much involved in the day to day running of the service and were available to staff, people and relatives; A clear staffing structure was in place and everyone knew and understood their roles and responsibilities.
- The registered manager fulfilled their regulatory requirements by submitting notifications to CQC about events and incidents that happened in the service as required by law. A copy of the latest inspection rating was also on display at the service as required.

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

- The registered manager and staff expressed an ethos for providing good, quality care for people, that was

based around their needs, wishes and future aspirations. Staff we spoke with clearly put people at the centre of the service.

- The provider had a set of values that had been developed by the people using their services. The registered manager told us, "We (people and staff) went on a 'driving up quality' day. The company wanted to change the values and they asked the people they supported. It's not hierarchical." This demonstrated the open, inclusive and empowering culture of the provider.
- People received care from staff who worked well together and as such supported people to live a varied and busy life. The registered manager had developed a culture within the staff team where staff felt supported and valued which meant they were open with each other and worked well as a team. One member of staff told us, "It's brilliant here, I love it. I love helping them (people) to lead as normal life as possible, overcome challenges and seeing them achieve. The team is great, and they genuinely care."
- Staff felt respected and valued and told us they were fairly treated. One member of staff said of the registered manager, "She's brilliant, I do think she's very good." Another member of staff said, "[Registered manager] is very supportive, she's approachable and friendly, I can go to her with problems and she tries her best to help." All staff believed the service aimed to provide good quality, person centered care to people.
- Relatives were positive about the service and told us they felt the support provided was safe and enabling. One relative told us, "I feel very lucky [Person] is there. [Person] is happy there and that's the main thing. Another relative echoed this sentiment and added "It's wonderful, why they haven't won any awards, I don't know."

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

- The provider demonstrated an open and transparent approach to their role. Where any safeguarding concerns were raised, or accidents occurred, relevant people were informed, in line with the duty of candour requirements, and CQC were notified of all significant events.

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

- People and their representatives had opportunities to feedback their views about the home in a variety of ways. This included through meetings and surveys. The feedback received was predominantly positive. However, there was no evidence that when individual issues were raised, these were resolved for people. For example, we saw comments from relatives such as 'I feel communication is lacking between staff' and 'One shift doesn't always let the other know, sometimes things are left to drift'. People had made suggestions such as going to a particular place or trying a certain exercise in meetings but there was no evidence that these had been actioned.
- Despite this, the relatives who we spoke with were confident that anything raised was resolved for them. For example, one relative told us, "Any issues are acted on promptly."
- The service engaged and involved people's representatives. For example, one relative told us "When they have new staff, they'll introduce them to me, I can go through [Person's] support needs. It reassures me that they know her needs, it's useful for me and for them."
- There was a good communication maintained between the registered manager and staff; Regular meetings with staff took place to share and encourage feedback. Staff were recognised for their achievements and contributions.
- We found the registered manager and staff worked closely with other professionals to support development and ensure people received effective, joined up care.
- People were supported to access services in the local community such as day centres, dating agencies and volunteer opportunities. These services fully considered people's equality needs and enhanced their well-being.

