

Mitchell's Care Homes Limited

Mitchells Domicillary Care Services

Inspection report

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Tel: 01737852177

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Mitchells Domiciliary Care Services is a supported living service providing personal care for people with a learning disability, autistic spectrum disorder or physical disability. At the time of this inspection the service was supporting 25 people across nine properties. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Staff understood their safeguarding responsibilities and were confident if they raised concerns these would be fully acted upon. People told us they felt safe. Risks had been assessed and detailed plans to minimise these put in place. Staff told us they supported the same people to maintain consistency and did not feel rushed when providing care.

People received exceptional personalised care which met their needs and wishes. Care plans contained detailed information about how people wished to be supported. People were encouraged to set and achieve goals and fulfil their potential. Staff had received an outstanding award in June 2019 from a charity specialising in ketogenic dietary therapies. Staff had attended a course so they could learn more and understand the Keto diet to better support a person.

People were supported by caring and compassionate staff that sought to understand people's backgrounds, current situations and future goals to ensure they delivered meaningful care.

Care plans demonstrated consideration for people's culture and the differences in which people chose to live their lives.

Health action plans recorded good detail about people's medical history, ongoing health and how they took responsibility over their own health care needs.

The agency was well led by the registered manager and their deputies who led by example. The provider promoted a positive and supportive culture that was person-centred, inclusive and empowering. Quality monitoring systems ensured that the care provided was reviewed regularly and improvements made where

required.

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

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

Rating at last inspection: The last rating for this service was Good (published 5 July 2017).

Why we inspected: This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Mitchells Domicillary Care Services

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do 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 five people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager. We visited the main office and one property shared by three people, so we could meet them and the staff supporting them.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also received feedback from one health and social care professional.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I can talk to staff about anything, if we are upset, they are there for us. I feel safe here, staff keep me safe" and "I feel safe with the staff, they listen to me. I see the same staff." One relative said, "If [person's name] comes home to visit, they never want to not go back. If [person's name] felt they were being mistreated they would let me know."
- Staff understood their safeguarding responsibilities and were confident if they raised concerns these would be fully acted upon. Staff told us, "I have completed training, I went to a safeguarding course for financial abuse which was good", "Safeguarding means the overall protection of a person and making sure their cultural needs are being met and they are happy and safe" and "Nothing here has ever made me feel uncomfortable, I would report to the registered manager if it did."
- The management team felt strongly about embedding a transparent culture within the service and stated in their PIR, "We plan to introduce the use of sometimes 'shock' stories. We will remind our staff that such programmes inform the public perception of how the social care sector operates and that we all have a duty to redress this balance."

Assessing risk, safety monitoring and management

- Risks to people had been assessed and detailed plans to minimise these put in place. The plans considered the independence of each person alongside the safety aspects, so a balanced approach could be taken.
- An on-call system was available within the service. The management said this had been helpful to one person who had previously made frequent non-emergency calls to the emergency services. Instead the person would now use the on call to talk with someone who knew them and could support them effectively.
- The service supported people with complex behaviours which at times could be physically and verbally challenging. Staff were confident in their approach and knew how to react to prevent an escalation in people's anxiety.
- Behaviour plans were clear and personalised to each person. Guidance was available for staff on people's triggers and what worked best to try and reduce these behaviour symptoms. The registered manager told us, "We have been doing a lot around transitioning and seeing how other staff support people and this has been really good. With one person we went back to their psychiatrist and requested their medicines were reviewed and it had a positive impact."

Staffing and recruitment

- Staff told us they predominantly supported the same people to maintain consistency. Staff felt there had been an improvement in staffing numbers and did not feel rushed when providing care. Comments included, "There is enough staff now, we were very short but now it's settled, and we have new staff" and

"There is enough staff, we are not rushed."

- The management team told us they did not have any issues in recruiting new staff. The registered manager said, "We don't use agency staff, we have our own bank team. If a staff member was sick, we could get the bank staff to support and work in the same home for consistency."
- We reviewed the recruitment procedures for new employees to ensure these were undertaken safely. We saw that the provider had completed checks with the disclosure and barring service (DBS). The DBS help employers to make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. People were supported to take their medicines as prescribed. People had a medicines administration record (MAR) which was used to record what medicines were given and when. The MARs that we reviewed were fully completed. In addition, people had a medicines care plan which detailed the support they needed and information relating to their medicines.
- Staff spoke confidently about the procedures around administering and disposing of unwanted medicines. Competency assessments were completed to ensure staff maintained safe practices following training. One person told us, "Staff help me manage my medicines, and make sure I have the right amount when I need it." The management told us their dispensing pharmacy would complete an audit for medicines within the service commenting, "It's a good practice to have someone separate to come in and do this."
- For people that had medicines prescribed to be taken 'as required', a protocol was in place to guide staff. These were clearly detailed and tailored to the individual. Indicators of symptoms and behaviours that may be shown prior to use were recorded and how staff were to ensure they monitored the person following administration.

Preventing and controlling infection

- People were encouraged to take responsibility for keeping their homes clean. Staff told us they would prompt and support where needed. Relatives commented, "They keep the house beautifully clean" and "The flat is kept very clean and tidy."

Learning lessons when things go wrong

- A folder was in place which detailed any accidents or incidents that had occurred in the service. Information included actions taken and any medical interventions needed.
- The registered manager analysed all incidents as part of the overall monitoring of the service commenting, "We did a lot of work around medicines and how we audit, from this we implemented better forms. We always learn from incidents, it's an ongoing thing."

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had a thorough assessment of their needs prior to any service being offered. Assessments covered people's health, physical and social needs.
- Staff had access to the assessments and knew people's needs well. There was detailed guidance for staff to follow on all visits in people's care and support plans.

Staff support: induction, training, skills and experience

- New staff received a three-month induction into the service during which they completed training, shadowed other staff and received support. One staff commented, "My induction was supported by a team leader, I started to support people and there were lots of staff around to help. There is always someone I can call."
- Staff had the opportunity to undertake training courses online and refresh these as required. Training was supported by formal competency assessments observing staff practice and knowledge quiz. We saw some gaps on the training matrix where staff training had expired, the registered manager explained that staff were in the process of refreshing this training.
- The registered manager was an autism champion and had completed a training qualification in order to deliver training of staff. The registered manager told us, "We are looking to have champions and have specialists to give people more support in these areas."
- Staff received regular supervisions and an annual appraisal which were kept recorded. We saw that actions were recorded about staff progression. Staff told us, "Opportunities are good here if you want to grow" and "The registered manager is always there to help me or direct me." One manager said, "We always ask if staff want to progress."
- The registered manager told us "We have three staff looking to be team leaders so are working with them, we support higher qualifications up to level five and give staff the opportunity to do further training." Another manager commented, "We do supervisions, observations and audits. We have our training competency assessments, get feedback from professionals and are in the homes all the time."

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

- Staff took an active interest in supporting people with any specific dietary needs they had. We saw that people were encouraged to make their own drinks and prepare meals with staff on hand to support where required. Staff told us they ate with people and we saw them enjoying a chat whilst sat around the table having a drink made by one person.
- Information on people's dietary preferences was clearly recorded. One person's care plan stated they did

not always want to eat breakfast and that staff should respect their choices. Good detail was recorded on any support a person needed.

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

- Staff supported people to maintain their health needs and attend appointments as needed. Staff spoke about supporting people to see professionals at home instead of in a clinical setting if they were uncomfortable, commenting, "The dentist has come to one person's house as they do not like going to appointments. We ensure everyone has their appointments" and "For people like [person's name] it's so important they have their health appointments but are not pressurised into being uncomfortable at appointments externally. The health professionals are really good and help de-sensitise him."
- We saw health action plans recorded good detail about people's medical history, ongoing health and how they approached their own health care needs. Detailed care passports were in place should a person need to transfer into a medical setting, so other professionals would know important things about the individual.
- Staff worked well with external health professionals to ensure people's needs were met. We saw a letter from one health care professional that praised the staff for attending an appointment with a person and the knowledge and understanding shown by staff about that person. Another health and social care professional told us, "The service have referred to us appropriately and have attended health appointments as required."

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

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

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

We checked whether the service was working within the principles of the MCA and found that they were.

- The registered manager kept details of everyone that they had applied to deprive of their liberty. These were regularly reviewed, and reminders sent for an update on the application status.
- We saw that where a person was unable to make a decision appropriate procedures had been followed and a mental capacity assessment undertaken. We saw that these had involved the person's relatives and other professionals to make a decision that was in the person's best interests.
- Assessments were clear on how the person had firstly been supported in various methods to try and make the decision. For example, with one person they had used easy read formats, including pictures and information from websites to establish whether the person had capacity to consent to a procedure.

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 now 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 well supported by staff that were caring and kind to them. Comments included, "Staff help me with meals, my hair and shopping. Staff are really nice, helpful and kind. My keyworker is really nice", "My house is lovely, and staff here are brilliant" and "I have been using the service long time. They are fantastic. They have been outstanding. They have been there for me, I can ring them, they care about me."
- Staff demonstrated a genuine interest in people and enjoyed their role. One staff said, "I enjoy doing this work and going out with people. Just supporting them to do whatever they want to do." We observed that people were comfortable in staff presence and conversation flowed easily and jokes shared. The registered manager told us, "A massive part of the support is to spend time with people. The communication for people is really key and people seek staff out for conversations."
- Care plans demonstrated consideration for people's culture and the differences in which people chose to live their lives. One care plan recorded how a person's faith impacted some of their daily routines.

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

- People told us staff enabled them to express their preferences over how they wanted to be supported. Comments included, "I love staff, they are kind. They ask us before doing things" and "We are not restricted or stopped from doing things." The registered manager told us, "We let people tell us what they want them to do. For those who aren't able to speak, we ask families what they like to do, what lives they were leading before, to bring it into their lives now."
- We saw that people's care plans respected people's choices, but also considered where if choices were unhealthy or risky how staff could gently support and encourage people to make healthier choices.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they took care to ensure people's dignity was maintained during more personal aspects of providing care. This included closing doors, asking permission, explaining the support and checking if the person was comfortable. One person told us, "Staff help me with the things I need because I can't do loads for myself."
- Staff demonstrated an understanding for respecting people's homes and affording them privacy where possible. During our observations we saw staff take the lead from the people they supported.
- The registered manager completed an in-depth dignity audit for each home. This looked at areas including "Do staff understand that they should not assume they know what people want because of their culture, ability or any other factor and always ask?" and "Do staff value the time spent supporting people

with decision-making as much as the time spent doing other tasks." Time was spent observing staff interactions and any actions that needed to be taken were recorded.

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 Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Each person had a tailored and detailed care plan in place which had been designed to meet their individual requirements and wishes. We saw people had been involved in what went into their care plan and staff had taken time to get to know people and understood them as individuals. One person said, "Staff listen to me and do things I like and help me with what I want and don't want to do."
- Staff ensured people's goals and ambitions were included as part of their support plan. The registered manager told us, "We pride ourselves on supporting people to achieve their goals and to develop their independence." We saw the service used an 'Opportunity chart' to monitor what people had been doing and to check what level of enjoyment had been reached from different activities.
- We noted a number of specific examples of outstanding personalised care. Staff had received an outstanding award in June 2019 from Matthew's Friends (a charity specialising in ketogenic dietary therapies for drug-resistant epilepsy). Staff had attended a course so they could learn more and understand the Keto diet to support a person in preparing and being able to enjoy a range of appropriate food. This had meant the person's Keto levels kept stable and within the required limit.
- Care plans were transparent in recording people's history and ensuring staff had important information available in order to fully meet each person's needs. One person's mental health plan reminded staff of the importance to take the time at the end of each day, to review how their day had gone and to check in with them about how they were feeling. This meant if the person was having a bad day they would be given the opportunity to talk, reflect and if needed prompt action could be taken to support them further.
- The management team spoke passionately about understanding root causes in order to meet people's needs more effectively and how involving them in this process had given more successful outcomes. For example they had helped to create a sensory room for one person in their home, which had shown a positive impact on their ability to remain calm. Staff had recognised and spoke about the importance this space had on the person's wellbeing. The deputy manager has been attending 'Behaviour Support Network' meetings with the aim to support staff and people where required and positive behaviour support training was available within the service. Staff planned personalised care around the needs of people with complex behaviours and spoke confidently on how they supported people to reduce these.
- Senior staff ensured that they adapted to people's changing needs and full annual reviews took place alongside monthly visits to touch base with people and support staff. People and their relatives fully participated in these reviews alongside external professionals where required. 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
- Staff understood the importance of helping people maintain close relationships that were important to

them and develop new meaningful connections if they wished. One person had been supported to join a dating agency and another person supported and respected within their relationship had got engaged. The management team told us, "We encourage relationships with people if they want them, we support them to visit their partners and maintain these relationships."

- The service took an active role in promoting these relationships. For example, some people's family lived abroad so they set up skype calls when they held a review, so the relatives could still be included in this event. One relative told us, "I am made to feel to welcome at any time I want to come." Care plans detailed who the person was close to and contained pictures of these people.
- The service was passionate about encouraging and supporting people to access both the local and wider community and live as full and ordinary a life as possible. People were supported with a personalised timetable of activities and placements that they chose to attend and told us, "I like going shopping, or out with my friends for dinner", "They support me with shopping, going out. They help me cook meals that I like" and "I would recommend the service to anyone, they deserve a lot of credit."
- One of the management team explained, "We look for opportunities in the local community ensuring people have access to things. Nothing is off limits." One health and social care professional commented, "Staff help people to access favoured activities in the community and cook meals that are preferred or even culturally appropriate for the residents. They have taken the time to learn this. Staff promote access to places of worship that are important to that person."
- People's wellbeing was improved by being encouraged to continue with current passions or learn new skills. One person was assisted with pursuing their dream of an acting career with staff supporting them to attend performing arts sessions in London. This has enabled the person to find acting roles in various theatre performances. Staff told us proudly how they had then been able to watch the person perform in one show and fulfil their passion.
- People using the service were encouraged and supported to access voluntary and paid jobs to help develop independence and increase future options. One person was supported to find paid employment at a local supermarket and was now working on the tills.
- Staff understood the importance and beneficial effects of supporting people in being able to go on holiday. People spoke happily about their experiences saying, "I went to Turkey this year on holiday, been abroad six times" and "I went on holiday this year and went swimming and had a massage, it was brilliant." The registered manager told us about two people who they had supported to visit Barry Island in Wales, due to them being avid fans of a popular TV show in which the location featured. One relative commented, "They go on holiday and that's brilliant."

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.

- The service had effectively integrated the use of assistive technology, to support people to maintain their independence and help them remain safe and well. This included epilepsy sensors and communication aids through the use of IPAD's. The service was looking to expand this further but were mindful they wanted to get the right system in place to fully benefit the people they supported.
- People had communication plans which sought to identify their specific style of preferred communication and any support needed to enhance this. We saw that people's communication needs were highly visible throughout the care plans so staff were clear on how to best meet these needs.
- We saw detailed information on not only how a person communicated, but how they needed staff to communicate back to them in return. One person used words that weren't typically used to describe some things but were specific to them, were recorded for staff to understand and respond appropriately. Another

person did not verbally communicate but staff knew they communicated through touch, such as holding or reaching for their hand. Although this person did not talk themselves their care plan recorded the personal significance of having someone still sit and talk to them.

- Another person who was unable to verbally communicate had information on their hospital passport about their preferred radio station. The registered manager explained that during a hospital visit they had become upset that a certain radio station had not been played which impacted on their behaviour and experience. Action had been taken to ensure that when this person transferred into another setting this would be known.
- The providers information that they had sent described the importance of meeting specific communication needs by "Making sure that all professionals who will support those in our care are aware of the needs and the actions that we must all take in order to deliver our services in a way which includes and enables people."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place, which was also in an easy read format for people who needed this. Where a formal complaint had been received, we saw an apology was offered, an investigation took place and actions and outcomes set.
- The management team completed a monthly analysis of complaints received and told us in the provider information return that, "We believe a failure to listen to or acknowledge a complaint can lead to problems getting worse and a breakdown in relationships. We believe that it is far better to deal with a complaint early, openly and honestly, for everyone's benefit."
- The service had received 20 compliments in 2019 which included thanking the staff team for the care shown to people and how well people had settled into using the service.

End of life care and support

- People had 'My future and end of life' care plans in place. The plans detailed the purpose of this plan for people to think about how they wished to be supported and was sensitive in its approach. We saw that staff had worked with other health professionals to provide people with supportive care that met their wishes at this time.
- The service had carefully considered these conversations with people to ensure thoughtful information was gained. We saw preferences had been asked which included, if a person wanted their room temperature kept warm or cool and if they wanted someone to stay and talk with them when they were unwell. Different foods a person may like offered could be recorded if they were able to manage eating at this time.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- At our last inspection in May 2017, a recommendation was made for the provider to ensure that where quality assurance checks had taken place these were always used to make improvements. At this inspection we saw this recommendation had been embedded. The provider information return informed us that, "We have used the information from: our last CQC inspection, contract monitoring, internal audits and external audits to develop a continuous improvement plan."
- The registered manager understood their responsibility to inform us of any notifiable incidents. Staff we spoke with understood their roles and felt able to ask any questions if they were not sure of anything. We saw that the rating from the last inspection was displayed at the main office site.
- The management team undertook quality monitoring within the service to ensure people received a good and safe service. The quality assurance system followed the inspection process. We reviewed the audits completed and saw they identified any areas of improvement to be taken.
- The director had completed a full quality assurance visit in November 2019. This had covered areas including, complaints, care records, medicines and if the Accessible Information standard was being met. The service was found to be fully meeting the provider's criteria.
- The registered manager told us they felt well supported with two deputy managers and two directors commenting, "We have two directors, and both are willing to listen, be on the phone and be supportive. Even with the smallest things they are happy. People in the home will ring them and staff wouldn't hesitate to call the directors."

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

- People using the service were positive about the management team and knew them well. People told us, "I see the managers and I have one manager's number if there is a problem. I go into the office", "We can ring the managers if we want" and "The managers I see them all. They are fantastic. I can always get hold of them."
- One health and social care professionals told us, "I have confidence in the manager of this service who has always been able to provide or access accurate information about service users. They are extremely approachable and responsive. The manager has shown professionalism and diplomacy in handling difficult situations."
- Staff told us they received good support from the registered manager and management team commenting, "Support managers are good. Can talk to them. We see the managers in the service" and

"Management are quite good, we have one deputy and she's always on the phone and in and out if needed. We have the other deputy who is good in making sure everything is done. The registered manager is very good, I talk to her a lot and I always call her."

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

- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people and their representatives in relation to care and treatment.
- Staff files contained an explanatory sheet detailing the definitions of CQC guidance and information relating to the duty of candour for them to understand and be aware of.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were able to share their views about the service using annual quality questionnaires. The responses were analysed, and any actions required were set and lessons learnt and shared.
- Staff were able to attend meetings at their place of work and relevant information relating to that house was shared. A senior member of staff would always be on site so if people or staff needed to raise anything they had a point of contact.

Working in partnership with others

- The service was an active member of Surrey Care Association and regularly accessed the training and networking sessions offered. We also received positive feedback from a health and social care professional who worked alongside the service.
- The registered manager told us other community professionals had completed hoist training with staff and the behaviour team would also offer guidance to staff on supporting specific individuals. The provider information return highlighted that the staff team continually seek to find more opportunities for people through youth charities and specialist colleges.