

Independence Homes Limited

Independence Homes Limited - 14 Cranley Gardens

Inspection report

14 Cranley Gardens
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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Independence Homes Limited - 14 Cranley Gardens is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Independence Homes Limited - 14 Cranley Gardens accommodates six people with a learning disability in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. At the time of this inspection there were 6 people using the service.

This inspection took place on 21 March 2018. At our last inspection of the service we rated the service 'good'. At this inspection we found the evidence not only continued to support the rating of good, we also found for the key question 'is the service caring?' the service had improved to 'outstanding'. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

Staff had formed open and honest relationships with people and their relatives to gain their trust and build confidence that the care and support provided would be caring, considerate and reflective of people's specific needs and preferences. Staff dealt with any tensions and conflicts that arose with empathy and compassion and went the extra mile to enable people to express their views so that their preferences and choices would be understood by everyone supporting them. They encouraged people to explore different options with regard their care.

People and relatives praised staff for their care and kindness. Staff were considerate and attentive to people's needs, spoke about people with great respect and affection and clearly knew people well and what was important to them in terms of their day to day support. Staff respected people's right to privacy and to be treated with dignity. They were warm and welcoming towards people's relatives when they visited the service.

People were safe living at Independence Homes Limited - 14 Cranley Gardens. Staff understood how to safeguard people from the risk of abuse. Staff followed current guidance on how to minimise identified risks to people to keep them safe from injury or harm.

Risks posed to people by the premises were appropriately managed. The provider maintained a servicing programme of the premises and the equipment used by staff to ensure those areas of the service covered by these checks did not pose unnecessary risks to people. The premises was kept clean and clear of slip and trip hazards. Staff followed good practice to ensure risks to people were minimised from poor hygiene and cleanliness when providing personal care, cleaning the premises and when preparing and storing food. Medicines were stored safely and securely and people received them as prescribed.

There were sufficient numbers of staff to keep people safe. The provider maintained recruitment checks to assure themselves of staff's suitability and fitness to support people. Staff had regular and relevant training to keep their knowledge and skills up to date with best practice.

Staff adhered to current best practice, legislation and standards in the delivery of people's care and support needs to help them achieve positive outcomes in relation to their physical, emotional and mental health and wellbeing. People were actively involved in planning and making decisions about their care and support needs so that they would continue to receive highly personalised care and support, tailored to meet their individual needs. People's care and support needs were discussed and reviewed with them regularly to ensure the support provided continued to meet these.

People were encouraged to keep healthy and well, to eat and drink enough to meet their needs and helped to access healthcare services when needed. The provider's bespoke epilepsy alarm system ensured people received timely support from staff when required.

The design and layout of the premises provided people with flexibility in terms of how they wished to spend their time when at home. People were supported to participate in a wide range of personalised and group activities and events to meet their social and physical needs and to build and maintain friendships and relationships with others. They also had access to education opportunities to develop skills and promote their independence.

People were asked for their consent before care was provided and prompted to make choices. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and supported people in the least restrictive way possible. The policies and systems in the service supported this practice.

People, relatives and staff were asked for their views about how the quality of care and support could be improved. Senior staff demonstrated good leadership and were approachable and supportive. Senior staff monitored the quality of care and support provided. They undertook surveys and regular audits of the service and took appropriate action if any shortfalls or issues were identified through these. If people were unhappy and wished to make a complaint, the provider had arrangements in place to deal with their concerns appropriately.

The provider supported the service to continuously improve and worked in partnership with others to develop and improve the delivery of care to people. The provider was assisting in trials of new technology to improve outcomes for people living with epilepsy. The service was also participating in the Sutton Homes of Care Vanguard Initiative to provide ambulance and hospital staff with the information they needed to help them determine the treatment a person may need in an emergency.

The service had a registered manager in post who was aware of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service.

Further information is in the detailed findings below.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service has improved to outstanding.	Outstanding ☆
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Independence Homes Limited - 14 Cranley Gardens

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 21 March 2018 and was unannounced. The inspection was undertaken by a single inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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.

During the inspection we spoke to five people using the service. We also spoke to the registered manager and deputy manager. Throughout the day we observed interactions between people using the service and staff. We looked at two people's care records and three staff records. We reviewed medicines management arrangements and records relating to the management of the service.

After the inspection we spoke to five people's relatives to gather their views of the service and the support their family member received. We also spoke again to the registered manager to request further information about current management arrangements and to one care support worker.

Is the service safe?

Our findings

Relatives told us their family members were safe at the service. One relative said, "I trust the place and feel [family member] is safe...I have no fears." Another relative told us, "They absolutely keep [family member] safe. [Family member] comes home (to visit) but is always happy to go back though. That's her home."

Since our last inspection the provider had continued to support staff to keep people safe from abuse or harm. Staff had been trained to safeguard adults at risk, understood the different types of abuse that could occur and could recognise signs that could indicate a person was at risk. Senior staff at the service had received specific training to support people to manage relationships with others. They had been able to put this training to good use to support people to understand how they could stay safe in relationships to reduce risks to them from abusive and exploitative behaviours from others. Staff had also received training in equality and diversity to help them ensure people's rights were respected so that they did not experience discriminatory behaviours and practices when being supported with their needs. Records indicated any concerns about a person's safety and wellbeing were reported promptly to the appropriate investigating authority and senior staff cooperated fully with the authority's enquiries and investigations when required.

One person told us they felt reassured that staff knew how to keep them safe from injury with regard to risks posed to them from their specific healthcare condition. Individual risks posed to people's safety were continuously assessed, monitored and reviewed. Staff had access to current information in people's support plans on how to manage identified risks to keep people safe from injury or harm. Staff had a good understanding of the specific risks to each person and how they could support people to stay safe.

The provider had carried out an environmental risk assessment to identify risks to people by the premises. We saw measures had been put in place to mitigate some of the identified risks, for example, guards were in place on radiators to reduce the risk of people being burned from the hot surface and window restrictors had been used to minimise window openings to prevent people from falling out. However, we noted that the current environmental risk assessment was a generic document used by the provider for all their services and did not fully reflect potential risks posed to people by this service. For example, one of the measures identified to reduce the risk of burns and scalds to people was to use induction hobs for cooking. However, the registered manager told us the service used a gas hob. There was no separate risk assessment for the use of the gas hob at the premises and how this could pose a risk of injury or harm to people. This meant staff did not have appropriate guidance or information on how to use and maintain the gas hob safely.

The provider had maintained a regular programme of maintenance and servicing of the premises and of the equipment used at the service to check these did not pose a risk of injury or harm to people. Checks had been undertaken within the last twelve months of the gas heating system, water hygiene, fire equipment, alarms and emergency lighting and portable electrical appliances used at the premises. The environment was clear of slip and trip hazards and people could move freely around without restrictions.

The provider had systems in place to review and investigate any incidents or safety concerns about people,

if these should arise, so that appropriate action could be taken to protect people when required. Incidents involving people were reviewed in detail by the senior staff to discuss any learning in terms of new, emerging or changing risks to people so that appropriate measures could be put in place to ensure their continuing safety.

There were enough staff at the time of this inspection to support people safely. A relative said, "I think the numbers are right. They have waking staff at night which I think is good and makes me a little relieved." Staff rotas had been planned to take account of the level of care and support people required each day when at home and in the community to ensure there were sufficient numbers of staff on duty to support people safely. Throughout our inspection staff were present and providing support and assistance to people when this was required. All staff had been trained in fire safety and first aid to help them to respond appropriately to emergencies.

The provider maintained recruitment procedures to check the suitability and fitness of any new staff they employed to support people. They checked staff's eligibility to work in the UK, took up character and employment references, sought evidence of qualifications and training and undertook appropriate criminal records checks.

People were supported to take the medicines prescribed to them. We checked stocks and balances of medicines and people's individual medicines administration record (MAR) which showed no gaps or omissions. This indicated people received their prescribed medicines. There were protocols in place instructing staff when to give people their 'as required' medicines (PRNs). Medicines were stored safely and securely. Senior staff undertook regular audits of medicines to assure themselves these were being managed safely and appropriately. Staff were suitably trained and their competency to safely administer medicines was reviewed and assessed by senior staff.

Staff followed appropriate procedures for minimising risks to people that could arise from poor hygiene and cleanliness. Staff received training on infection control, wore personal protective equipment (PPE) when required and understood how to use cleaning materials and equipment appropriately to reduce the risk of spreading and contaminating people with infectious diseases. The premises was clean and tidy. Communal toilets and bathrooms were well maintained and equipped with soap and hand towels to promote good practice in hand hygiene.

Staff had received training in basic food hygiene so that they were aware of the safety procedures that needed to be followed when preparing and storing food to reduce the risk of people acquiring foodborne illnesses. This information had been shared with people who were able to assist in the preparation of their meals so that they too could follow safe practices when handling and storing food. A relative said, "When [family member] is at home she'll ask for different chopping boards and checks the dates on food to make sure it's in time and still good to eat!"

Is the service effective?

Our findings

Senior staff carried out comprehensive assessments of people's needs to help them plan and deliver appropriate care and support to people. The provider had specialist in house teams made up of healthcare professionals such as nurses and therapists and staff at the service worked collaboratively with these teams to use their expertise and knowledge to plan how people's needs should be met in relation to their specific healthcare conditions. This meant staff could access clinical support to help people manage their medical conditions and therapeutic support to help people with their physiological health needs. The support provided from these internal resources ensured senior staff adhered to current best practice, legislation and standards in the delivery of people's care and support needs to help them achieve positive outcomes in relation to their physical, emotional and mental health and wellbeing.

People's records set out how staff should support them to manage their health and medical conditions and access the services they needed such as the GP and other healthcare specialists involved in their care and treatment. Staff maintained records about people's current health and wellbeing and had been prompt in referring any concerns they had about this to the relevant healthcare professional. People were supported to attend healthcare and medical appointments and outcomes from these were documented and shared with all staff so that they were aware of any changes or updates to the support people required. Relatives told us staff kept them informed about outcomes from healthcare appointments and any other changes in their family member's health and wellbeing. A relative said, "They respond very quickly when they need to and will watch people closely if they're not well which makes me feel very comfortable."

Staff liaised with health and social care professionals to ensure effective care and support was provided to people. A good example of this was the provider's partnership working arrangements with the specialist epilepsy unit at Kings College Hospital in London through which the service could seek referrals and support for people with regard to the treatment and management of their epilepsy. Nurses from the specialist unit attended locally run clinics hosted by the provider to support people with their specialist needs so that people didn't have to travel to London for these appointments. This had proven beneficial for people who sometimes found it challenging to travel to London for their appointments.

People were supported by staff to keep healthy and well and we heard about and saw good examples of this. A relative told us their family member's medical condition had been significantly impacting on their life when they first started using the service. The relative said, "They found the right mixture of medicines to make her life a lot better. I feel she's more confident now as a result and good at meeting new people...they gave her that." For another person we saw they had discussed with staff that they wished to lose weight and together they agreed goals for the person to achieve this, through initially eating more healthily. The person's key worker, a member of staff responsible for meeting with them regularly to discuss their needs and changes to the support they received, met with the person each month to discuss their progress and other things the person could try to support them with this goal. Staff noted as the person grew in confidence as they began to lose weight they felt able to take up exercise at staff's suggestion which had now become a regular activity they undertook. Written feedback the service had received from the person's relative commended staff for the support and input provided to the person to help them achieve their goal.

We saw a provider led initiative had recently been introduced to improve the wellbeing and health of all the people that use their services. The '2018 Wellbeing Challenge' was launched in February and focussed on a different theme each month aimed at improving people's health and wellbeing. The first challenge launched in February 2018 was "Fruit February" which aimed to encourage people and staff to eat at least two pieces of fruit every day and to try a new fruit every week. People from the service had participated in the challenge by preparing and making dishes such as pies and tarts using different fruits. As a result of participating in this challenge one person was choosing to eat more fruit as part of their regular diet.

People were supported by staff to eat and drink sufficient amounts to meet their needs. People's support plans contained detailed information about their specific dietary requirements including their likes and dislikes and any known allergies. Staff had a good understanding about people's dietary requirements and monitored what people ate and drank to check they were eating and drinking appropriate amounts to meet their needs. Should any concerns about people's food and fluid intake arise, the service was able to respond quickly in this instance as staff could access the in house nutritionist for advice and guidance about any additional support people might need with their nutritional and hydration needs.

Staff continued to be well supported by the provider and received regular and relevant training to help them to meet people's needs. This included refresher training to keep their knowledge and skills up to date with current best practice. New members of staff could only support people unsupervised on completion of their induction training and once senior staff were satisfied of their competence to do so. Staff had supervision meetings and an annual performance appraisal with their line manager which enabled them to reflect on and review their work practice, discuss any issues or concerns they had and identify how they could improve through further training and learning. A relative said, "Staff are asked to do a hard job and they do this to the best of their ability."

The design and layout of the premises provided people with flexibility in terms of how they wished to spend their time when at home. A relative told us, "It's a lovely big house. There are lots of private places for people but communal spaces are also very inviting and big open spaces. There are lovely gardens too." In addition to their own bedroom, which people had personalised to their own taste and preference, people also had use of a large living room, dining room, kitchen, conservatory and a large well maintained garden. Corridors were wide enough for people to move freely around the premises and we observed that when people were at home they were free to spend their time as they wished.

People's ability to make and to consent to decisions about their care and support needs continued to be assessed, monitored and reviewed. Staff prompted people to make decisions and choices and sought their permission and consent before providing any support. Staff ensured people's relatives or representatives and relevant healthcare professionals remained involved in making decisions in people's best interests, where people lacked capacity to do so.

We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

Applications made to deprive people of their liberty had been properly made and authorised by the

appropriate body. Records showed the provider was complying with the conditions applied to the DoLS authorisations. The registered manager reviewed authorisations regularly to check that they were still appropriate.

Is the service caring?

Our findings

One person using the service told us, "I'm really happy here. I feel I can do more now myself than before." Another person said, "The staff are nice and I'm happy." Relatives praised staff for their thoughtfulness and kindness towards them and their family members. One relative told us staff kept them constantly updated with news about their family member and often sent pictures showing the different activities that their family member had taken part in. They said, "When the staff send me pictures and I see how happy [family member] looks it makes me feel so comfortable with what they're doing. It's so important to me to see that [family member] is happy and enjoying life." Another relative said that their family member was prone to anxiety and could sometimes become worried about things but when this happened staff were always quick to respond and used positive distraction techniques to lift their spirits. Relatives told us staff were warm and welcoming when they visited the service. One relative said, "I often turn up without telling them but it never fazes them. They always seem pleased to see me and offer me a cup of tea."

We observed many positive interactions between people and staff. The atmosphere within the service was friendly and relaxed. We saw people and staff laughing and joking together and staff constantly engaged people in conversations and activities getting people to talk about how they were and what they would like to do. Staff were considerate and attentive to people's needs and when one person expressed that they were in pain they were quick to respond and ensured the person received prompt and appropriate pain relief. On the wall a board displayed photographs and names of all the staff that worked at the service so that people would know who would be supporting them. This included pictures of the two house cats and 'Winnie' the company dog who visited with people at the service twice a week. Staff spoke about people with great respect and affection and clearly knew people well and what was important to them in terms of their day to day support. This was evident from the different examples they gave us about people's specific preferences and choices for the support they received and why this was important to them.

Staff formed open and honest relationships with people and their relatives to gain their trust and build confidence that the care and support provided would be caring, considerate and reflective of people's specific needs and preferences. We saw a good example of this for one person. Prior to the person moving in to the service staff were very mindful of the person's anxieties and fears about moving into a care home setting. They agreed with the person and their relatives to support the person through a transition period during which the person and their relatives were invited to attend various social events, take part in activities, meet other people using the service and the staff team. Over a period of time this helped the person build familiarity with the environment and to start developing relationships and friendships with others. Staff met with the person and their relatives to review their experiences and how this had impacted on their thoughts and feelings about moving in to the service to allay any lingering concerns or anxieties that they may have had. Staff encouraged the person to make choices and decisions before they moved in about how they would like their support to be provided and then used this information to develop a person centred support plan that reflected the person's preferences for this. The person successfully moved in to the service and staff continued to encourage the person to build on the good work already done by supporting them to increase their confidence to make decisions, take part in activities and develop their network of friends.

Staff dealt with any tensions and conflicts that arose with empathy and compassion. A relative told us how staff had sensitively dealt with conflicts involving their family member and others. They said they had done this by sitting down with their family member to explore with them the reasons why these situations had occurred and how these could be resolved. The relative said staff were never judgemental in these instances and remained patient, caring and supportive towards their family member at all times. We saw another good example of this for another person who had been at risk of losing their job due to issues they had encountered at work. This job was very important to the person who took great pride in going to work. Staff sat down with the person to discuss the incident to help them understand why this had happened and how this had put their job at risk. They encouraged the person to think about and agree a solution for how future incidents could be avoided. Through further joint meetings with the person and their relatives and the person's employer, a new working pattern was agreed that would reduce the risk of these incidents reoccurring. The person was very happy with this arrangement as this meant they were able to retain their job and continue to earn their own money to maintain their independence.

Staff went the extra mile to enable people to express their views so that their specific preferences and choices would be understood by everyone supporting them. We saw for one person who was experiencing complex relationships with others, senior staff attended specialist training in supporting people to manage relationships. They then used their learning to support the person to raise their awareness of sexual health issues and how they could ensure their physical and emotional safety and wellbeing in relationships which included setting boundaries with others that they were comfortable with. Staff listened to the person's choices for how they wanted to manage this aspect of their life and supported the person to access sexual health services in the community to enable them to get further information and guidance on how they could have their specific needs met. As a result of the support provided to the person they now had better awareness and understanding about relationships and was very comfortable approaching staff to ask for advice or if they had any questions or concerns.

Staff encouraged people to explore different options with regard their care. They supported people to get the information they needed to make informed decisions about this and did this with great care and sensitivity. We saw a good example of this for one person who over time and with staff's support had developed the skills and confidence needed to undertake a significant number of tasks and activities independently. Staff recognised the potential for the person to move on to a supported living setting where they could live as independently as possible and explored with the person if this was something that they may wish to consider. To help the person make an informed decision about this they supported the person to visit two different supported living schemes to get a feel and understanding about what this kind of environment would be like and how they would live in such a setting. Once the person expressed an interest in moving on to such a scheme staff worked with them and their relatives to address any anxieties and concerns they had about such a move. This involved undertaking in-depth travel training with the person prior to them moving to build their confidence in being able to travel safely to and from their potential new home to their job. Staff also helped them to build the confidence they needed to discuss the move with their relatives as the person was aware that this may cause them some anxieties and concerns and wanted to be able to explain how such a move would be beneficial to them. Staff also provided reassurances and positive feedback to their relatives to give them the assurances they needed that this would be a positive move for their family member. The information, guidance and support provided by staff helped the person them make a final decision to successfully move in to their own flat in a supported living setting. The person had recently been in touch with staff at the service to tell them they were very happy living in their new home and looking forward to taking up new opportunities that this move had given them.

Staff respected people's right to privacy and to be treated with dignity. People's support plans prompted staff to ensure support was provided in a dignified and respectful way at all times. Staff clearly understood

how to maintain people's privacy and dignity at all times and gave us examples of how they did this for example by making sure people were offered choice, respecting people's decisions and right to refuse support, supporting people sensitively and discreetly, particularly when providing personal care and respecting people's personal space and right to privacy when they asked for this.

Is the service responsive?

Our findings

Since our last inspection staff ensured people continued to receive personalised care by enabling people to be actively involved in the planning and delivery of the support they required to meet their needs. Prior to moving in to the service people and their relatives were involved in assessing the support they required from staff and this was continuously reviewed with them once they moved in through monthly key worker meetings and annual reviews of their care and support needs. People's records contained detailed information about how they communicated their needs through speech, signs, gestures and behaviours. This helped staff to respond appropriately to people's choices and preferences as well as provide information to people in a format that met their specific communication needs.

Records showed people and their relatives stated their views and preferences for how care and support was provided and this information was used to develop person centred support plans that reflected these preferences and choices taking account of people's social and cultural needs, values and beliefs. Support plans covered all aspects of people's day to day lives such as their personal care needs, dietary needs, their physical and psychological health, the support required to manage personal finances and with their social needs. Support plans instructed staff on how people's needs should be met whilst maintaining their safety from identified risks.

People continued to take part in a wide range of activities to meet their social and physical needs. People had access to a wide range of activities delivered through the provider's in-house 'FOCUS' programme such as sport and fitness classes, arts and crafts sessions and social gatherings and events. As many of these activities were delivered across the range of the provider's services this gave people opportunities to develop and maintain friendships and relationships with others. People also undertook activities based on their own personal interests such as going to a night club or seeing a show in London. Staff at the service arranged regular outings such as day trips and holidays abroad for people take part in. People also had access to a range of courses and programmes delivered by the provider aimed at helping people learn the skills needed for work, volunteering skills and promoting personal independence. Some of the people using the service worked and staff encouraged and supported people to maintain this important aspect of their lives.

The provider had enhanced and improved their bespoke epilepsy alarm system in response to people's changing needs so that people would receive more timely support when required. The current system enabled staff to detect seizures more quickly, warn staff a person had fallen out of bed and was used by people to call for help if they needed their assistance or help. Information recorded by the system provided useful data about people's seizures which could then be used to inform reviews of people's care and support.

Relatives praised the support provided to their family members. One relative said, "I'm delighted with it... can't fault them. [family member's] very happy and seems to have an active life." Another relative told us, "I think it's a very good service, I think the people are so happy." And another relative said, "Got no complaints and if I was unhappy I would say something." Relatives told us senior staff had been responsive when

dealing with their concerns and complaints when these arose. The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns. The complaints procedure was made available in an accessible format for people to raise their concerns.

Staff at the service had received training to support people at the end of their life. This had been delivered and accredited by a local hospice. Although the need for this support was not required at the time of this inspection these skills and knowledge would ensure that people would be afforded the comfort and dignity they deserved at the end of their lives when if this need should arise.

Is the service well-led?

Our findings

Since our last inspection the provider had appointed a new registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their registration responsibilities and submitted statutory notifications when required about key events that occurred at the service. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

The provider had also changed the management arrangements at the service from January 2018. The registered manager now had management responsibility in addition to this service for two of the provider's other services. The registered manager was being supported with day to day management functions by two deputy managers working across the three services. The registered manager told us as a result of these changes managers were now on site at the service between two to three days a week but were accessible to people, relatives and staff by phone at other times when required. Relatives had been informed of this change but told us they had not been consulted about this before it had happened. Although relatives did not have any immediate concerns it was too early for them to judge the effectiveness of these new arrangements and the impact this may have on their family members. One relative said, "I don't see the manager so much now but we'll just have to see how they get on." Another relative told us, "We just need to keep an eye on the management changes...the new manager is a fresh pair of eyes and can give a new perspective but it is a bit worrying that they also have to look after another service." A staff member spoke positively about this change. They told us, "Nothing has changed from my perspective. [Registered manager] is there at the end of a phone call and the deputy manager is wonderful and able to respond really quickly when they're needed." We gave the registered manager feedback after the inspection about relative's views about the recent management changes. They responded positively by suggesting ways in which they intended to reassure relatives about the changes to allay any concerns they may have about this.

People, relatives and staff spoke positively about the registered manager and deputy manager. One relative said, "There's good communication and we can resolve things. I feel like I'm in a partnership with them." Another relative told us, "There's excellent management at the service. The new manager is totally different to the previous one. [Registered manager] is very determined to get things done for people." And another relative said, "I think the management are very good." A staff member said, "I feel very happy with the management support at the service." We observed both managers interacting with people and staff during the course of our inspection. People clearly knew the managers well and looked happy and pleased to see them, engaging them in chatty conversations about what they were doing or things they planned to do. Staff appeared relaxed in the presence of managers and we saw discussions and informal chats between them were friendly yet professional.

People, relatives and staff were encouraged to share their experiences and views about how the service could be improved. People's views and suggested improvements were sought through monthly key worker

meetings and annual surveys. People could also attend bi-monthly 'service user boards' hosted at provider level and attended by people using all of the provider's services as well as senior managers within the provider's organisation. The registered manager told us the provider's '2018 Wellbeing Challenge' had been developed and introduced across all the provider's services as a result of people's feedback and suggestions from the service user boards.

Relatives were asked for their views about the quality of support provided to people through surveys. The registered manager told us they had not developed an action plan in response to the last survey to show how any improvements or changes that were required at the service would be made. They acknowledged that this would provide relatives assurances that the service would respond appropriately to making quality improvements where these were required. We were aware at provider level action was being taken based on feedback from these surveys to improve awareness amongst relatives about the 'family quality checkers' scheme so that they would be better informed about how this work helped to improve the quality of support people experienced. This scheme formed part of the provider's quality assurance framework and was made up of relatives of people using the provider's services, who carried out unannounced audits of services to check the quality of care and support provided to people.

Staff were well supported and motivated. One staff member said, "I love working here. I like the homeliness of the place and I get to work one to one with people...it's a nice place to work." Staff's views about the service were sought through individual supervision and staff team meetings. The provider also undertook an annual employee survey and used this to identify where improvements were needed to increase staff morale and productivity.

The provider had clear values and vision for the service which were focussed on people experiencing good quality care and support. All staff were set work objectives which reflected these values and vision which were monitored and reviewed through individual supervision meetings at which staff were asked to state how the support they provided improved the quality of people's lives.

The provider continued to monitor, assess and improve the safety and quality of the service. Senior staff at the service and from within the provider's organisation undertook regular checks of key aspects of the service. Checks covered areas such as medicines management arrangements, the quality of people's care records and support plans, the management of people's finances, checks of records relating to staff and environmental health and safety checks. Observations of the quality of care provided to people were also undertaken along with unannounced management visits of the service at nights and weekends. When these checks highlighted aspects of the service that fell below required standards senior staff responded appropriately to make the required improvements. Records relating to people, staff and to the management of the service were accurate, up to date and well maintained.

The provider worked in partnership with other agencies and professionals to develop and improve the delivery of care to people. Through partnership working with the specialist epilepsy unit at Kings College Hospital in London staff were able to assist in trials of new technology for managing epilepsy that could have potentially life changing effects on people living with this condition. The service was also participating in the Sutton Homes of Care Vanguard Initiative. When people needed emergency support from healthcare professionals, staff made sure these professionals had access to the person's individual 'Red Bag' which contained current information about their general health, any existing medical conditions they had, the medication they took and any current health concerns. This would provide ambulance and hospital staff with the information they needed in an emergency to help them determine the treatment the person needed more effectively.

