CareTech Community Services Limited

CareTech Community Services Limited - 25 Garrads Road

Inspection report

25 Garrads Road
Streatham
London
SW16 1JS

Tel: 02088358173

Date of inspection visit:
12 January 2017

Date of publication:
09 March 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 12 January 2017 and was unannounced. CareTech Community Services Limited - 25 Garrads Road is a residential care home that provides accommodation for people who require personal care and support. The service accommodates up to 14 people who have a learning disability and mental health issues. At the time of the inspection there were 10 people using the service.

There was a registered manager in post. 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 is on maternity leave since the last inspection.

We carried out an inspection of this service on 20, 22 and 27 May 2016. Six breaches of legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. You can read the report from our last inspection, by selecting the 'all reports' link for CareTech Community Services Limited - 25 Garrads Road on our website at www.cqc.org.uk.

At this inspection we found that the registered provider met the legal requirements we inspected. We could not improve the rating to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

One of the key factors of change we observed was in the daily management of the service. There was a new home manager employed at the service. The manager has taken action to develop the service to improve the quality of care people received.

People lived in a service that was clean and odour free. The communal areas and people's bedroom were clean, tidy and odour free. The service was well maintained and repairs were identified and reported promptly to the maintenance team for action. However we found that the maintenance team did not always respond in a timely manner to act on the repair requests made.

Safeguarding processes in place supported staff to protect people from harm. People were protected from the risk of abuse and harm. Systems in place provided guidance for staff to reduce the risk of financial abuse and there were robust financial audits carried out. Staff understood how to identify the signs of abuse and to raise allegations of abuse with the local authority for investigation promptly.

Risks to people's health and well-being were managed by staff in a way that was effective. Risk management plans provided staff with guidance to reduce their occurrence so people were kept safe.

The level of staff was sufficient to meet the needs of people. The registered provider's recommended levels of staff were on duty to safely support people. Additional staff were used to support people with individual activities. The registered provider followed a robust recruitment process. Pre-employment checks were carried out to ensure suitable staff were employed. Newly recruited staff were assessed as safe before they provided support to people at the service.

Medicines were managed safely. People had their medicine from staff, these were stored appropriately and medicine administration charts were accurate with gaps for non administration of medicines explained. There were systems in place for re-ordering, recording and the safe disposal of medicines.

Staff had access to training, supervision and appraisals. Staff completed regular e-Learning and face to face training which prepared them to care for people effectively and to develop and build on new knowledge. Supervision meetings were held on a regular basis and staff confirmed this. Staff had the opportunity to discuss concerns about their role during these meetings. There was a schedule for an annual appraisal planned for all staff which helped them focus on their professional development and role within the service.

People gave staff their consent to care and support. Staff provided people with enough information to enable them to make decisions on the care and support they received. Staff understood what Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were and how to support people who had a DoLS authorisation in place.

People had meals of their choosing as they wished. There was sufficient to eat and drink that met people's wishes, needs and health conditions which people said they enjoyed.

People had access to health care services to meet their health needs. When people's healthcare needs changed these were acted on promptly and action taken to resolve their health concerns.

People were treated with dignity and respect and their privacy valued. The interaction between people and staff were friendly and respectful. Staff showed they respected people's wishes and their personal space.

People's care needs were assessed and the support planned met those needs. People and their relatives were involved in assessments and development of their care and support. People contributed to their care needs by making care choices for themselves. People had regular reviews of their care and their support was tailored to meet those needs. People were supported with social activities which met their interests and hobbies. Staff supported people to take part in activities at the service or within their local community as they chose.

People and their relatives knew how to make a complaint about the service. People were provided with details on of how to discuss concerns they had about the quality of care they received.

The registered provider had surveys which people and relatives were able to record their feedback about the service. There is a process in place for regular feedback of the quality of care. Any areas of concern were identified and action put in place to resolve those concerns.

The manager undertook regular monitoring of the service to review the quality of care provided. Any areas of concern were identified and an action plan developed to resolve issues and to improve the service.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this

timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was safe. There were safeguarding processes in place and staff used them to protect people from harm.

There were sufficient numbers of staff to support people.

Risk assessment were in place and risks to people were managed safely.

Medicines were managed safely and people had their medicines as prescribed.

We could not improve the rating to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Requires Improvement

The service was effective. Staff had access to support from the registered provider. Training, supervision, induction and appraisal were in place to support staff in their role.

People and their relative were able to make decisions on their care needs.

Health care support and advice was available for people when their care needs changed.

Staff had an awareness of the principles of the Mental Capacity Act 2005 (MCA), and Deprivation of Liberty Safeguards (DoLS).

We could not improve the rating to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service caring?

Requires Improvement

The service was caring.

People were treated with kindness and their wishes and views respected by staff.

People took part in activities that met their preferences. Staff knew people well and understood their preferences and wishes.

We could not improve the rating to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service responsive?

Requires Improvement

The service was responsive. People were involved and contributed to the assessment or review of their care.

People, relatives and staff gave feedback to the provider on a regular basis. People were encouraged and supported to access services and social activities.

There was a complaints process to guide staff and people to make a complaint about the quality of care they received.

We could not improve the rating to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Requires Improvement

The service was well led. The new manager of the service had implemented improvements to the service.

Quality assurance systems in place were used to review and monitor the service. Quality audits were carried out to assess the quality of care provided.

The manager had informed CQC of notifiable events that occurred at the service.

We could not improve the rating to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

CareTech Community Services Limited - 25 Garrads Road

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 was planned to check 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.

We undertook this inspection of CareTech Community Services Limited – 25 Garrads Road on 12 January 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our inspection in May 2016 had been made.

The inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service

During our inspection we spoke with six people using the service. We also spoke with four care staff, the deputy manager, the activity coordinator and the manager. We also observed people in the communal areas and the general environment of the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They returned a PIR and we took this into account when we made the judgements in this report. We also looked at information we held about the service, including notifications sent to us by the service.

We reviewed six care records, three staff records and three medicine administration records. We looked at

health and safety records and other records for the management and maintenance of the service.

After the inspection, we spoke with two health and social care professionals from the local authority.

Requires Improvement

Is the service safe?

Our findings

At the last inspection of May 2016 we found that the provider was in breach of regulations12, 15 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were at risk of financial abuse because staff did not identify and manage their money safely. People's medicines were not correctly stored according to the registered provider medicine policy. The service was in need of repair and there was an odour of urine. Repairs to the service were not followed up promptly. People were at risk in the event of a fire because the fire extinguisher on the ground floor did not have a date when it was last checked, which meant it may not work correctly in the event of a fire. In addition we found the service experienced a high number of staff sickness and absence. There was no consistency in the cover arrangements for staff sickness or absence. At this inspection of January 2017 we found that the provider had taken sufficient action to meet the regulations we inspected.

People told us that they felt safe living at the service. One person told us "I feel safe. I know because I like it here." Another person said, "Yes, it is safe here. It is very nice here. I can walk about." A third person said, "Yes, I feel safe in the home. I am not scared."

People were supported to live in a safe environment. The service had procedures in place to ensure repairs identified were reported in a timely manner. The service procedure for reporting repairs requests had a three tier process. Repairs were classified as either emergency work, urgent work or routine and general work. The maintenance file contained action to be taken outside of office hours and who to contact. Once work had been completed the manager then recorded the date of completion. We looked at the maintenance file for the service and saw there were instances of repairs being identified, recorded and requests made by the registered manager to the maintenance team to complete the repairs. However, there were two instances where requested work was not completed in a timely manner, for example a window restrictor on the top floor was broken and a significant pile of mobility aids, cushions, boxes and a commode outside the service which had failed to be disposed of despite the registered manager's repeated requests. We raised our concerns with the manager during the inspection and before the end of the inspection the window restrictor was fixed. The provider agreed that the items due for disposal would be removed within 24 hours of the inspection. After the inspection the registered manager confirmed that this had been completed.

Staff followed the provider's safeguarding policy that helped them to reduce the risk of harm and abuse. Staff understood the types of abuse and referred safeguarding allegations to the local authority for investigation. This meant that people could be confident that staff kept them safe from abuse and allegations would be raised promptly. People were protected from the risk of financial abuse. The safeguarding procedures in place ensured the safe management of people's money. There were systems in place to monitor the income and expenditure for people's money. People had an individual financial record. Each financial transaction was recorded and signed by two members of staff. The manager of the service completed weekly financial audits to ensure the financial records were correct and matched the balance of money available to people.

There was a whistle-blowing policy in place. This gave staff guidance on how to make a complaint about the

service if the manager was not dealing with their concern about the quality of care. The guidance allowed staff to report poor care or bullying at the service. One member of staff said, "I am fine here and stand up for my rights. I don't feel bullied." Another member of staff said, "I don't allow myself to be bullied. If there is a complaint, I take it to the senior first, and then the matter is taken further. I know I needed to follow the right channel once, but never again." Staff understood what actions to take to ensure people and the care they receive are safe.

Staff managed risks to people's health and wellbeing because there was a plan in place to manage them. People who use services were protected against the risks associated with unsafe care. For example, one person was at risk from a complication from their medical condition. Their risk management plan had actions staff should take to minimise that risk. We saw another example with a person whose behaviours challenged staff and other people using the service. Staff had guidance in place which helped the person manage the behaviour that kept them and other safe. The risk management plans for people guided staff to reduce their recurrence.

People were safe in the event of an emergency. People had a personal emergency evacuation in place in the event of a fire. Staff had guidance to support people in the event of a fire or an emergency in the service. We found the service undertook regular checks of fire safety equipment to ensure these were maintained and in good working order. This meant that people were cared for in a way that ensured methods in place kept people safe in the event of an emergency.

There was a robust recruitment process in place so that suitable people were employed. Staff had pre-employments checks returned before they began working with people. We looked at records for a newly employed member of staff which showed those checks were completed. This ensured staff were assessed as being safe to provide care and support to people.

There were sufficient levels of staff to care for people safely. One person said, "There's enough people here looking after me, at night too. I like the night staff." The manager ensured that there were sufficient numbers of staff caring for people. We looked at staff rotas from November 2016 to January 2017, they showed there were enough staff during the day and night shifts. When people required individual care additional staff were arranged for this. This meant that people had enough staff available to meet their health and care needs. When there was a need for the cover for staff sickness this was managed by the service through permanent staff or through a regular care agency the service used. This meant that the level of staff was at the provider's recommended level.

Medicines were managed safely for people. People medicines ware administered as prescribed and we checked that medicines were given to people as per the prescriber's instruction. Medicine administration records (MARs) showed these were recorded accurately with no gaps. One person said "Yes [I get my medicine from staff]." Another person said, "I always get my medicine when I need it." The medicines stored for people matched the medicine stocks recorded. There was regular monitoring of medicine stocks and staff ensured there were sufficient medicines for people. Staff re-ordered medicines every four weeks to ensure there was enough medicines for people. There were systems in place for the ordering, administration, storage and disposal of medicines. This ensured that people had their medicines safely and as prescribed.

Requires Improvement

Is the service effective?

Our findings

At the last inspection of May 2016 we found that the provider was in breach of a regulation regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff were not supported in their role through regular training, supervision or an appraisal. When people's health care needs changed these were not managed well. At this inspection of January 2017 we found that the service had made improvements to the service and quality of care so they met the regulation.

People were cared for by staff who received support in their role. There was a training programme in place and we saw a copy of this was displayed in the office. One member of staff said, "I have completed all the mandatory training for this year. But there is always new training coming up." Staff completed e-learning and face to face training. Training staff attended included medicine management, safeguarding adults, MCA, personal centred planning, epilepsy awareness and nutrition. Staff completed conflict management training which gives staff guidance on how to support people who may display behaviour that challenges others. Records of training were recorded on the registered provider's system to monitor staff attendance.

Staff were supported with regular supervision. Supervision meetings provided an opportunity for staff to discuss concerns regarding their caring role. We saw records of staff supervision. These discussed concerns staff had for example supporting a person with the care needs. The concerns were discussed and any additional advice or support was provided by the manager and recorded in their supervision record. Staff told us that they had supervision on a regular basis. There was a system in place to plan staff supervision for each member of staff throughout the year.

Newly employed had support from their manager so they cared for people effectively. Staff induction gave new members of staff the opportunity to learn about the organisation. New staff completed training and became familiar with people, the policies and procedures of the service.

Staff had access to an annual appraisal. An appraisal gave staff the opportunity to review their role and responsibilities. Staff identified goals they wanted to achieve and targets were set and reviewed to ensure actions were taken to achieve them. Appraisal meetings were arranged each year and these were planned for each member of staff.

People had their wellbeing monitored and maintained. People were encouraged to liaise with health care professionals to ensure their health was monitored and maintained. One person told us, "I had a hip operation. The staff made sure I got an O.T. [occupational therapist] after I had my hip replacement. I also got a new walking frame." Another person told us, "I go to the doctor when I need to. The staff take me there, which is good." Visits to health care professionals were documented in people's 'My Keeping Healthy' file. These files documented people's health needs, and guidance for staff on how to ensure people's health needs were met. For example, the 'What I need help with' section, clearly documented what level of support people wanted and needed. People's keeping healthy files had recently been reviewed to reflect people's changing needs. We found people were supported to access the G.P, nurse, dentist, optician, mental health learning disability team, chiropodist and the psychiatrist as and when required. Guidance from health care

professionals was shared with all staff though the communication book and during handover. One staff told us, "If they [health care professional] give us [staff] advise, we then document this in their care plan and communication book. We then share this information with the senior staff and the registered manager. At the end of the shift this information is shared with all staff in the handover, and they have to sign to say they understand and agree. This is repeated for a week to ensure all staff who may have been absent are kept up to date."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that when people had a DoLs authorisation in place this was followed. For example, when a person was assessed as being unsafe to go out of the service by themselves staff ensured they accompanied people to ensure their safety. We checked people's DoLS authorisation and found this practice was in line with the recommendations in the DoLS. This meant that people were cared for in a way that did not demonstrate an unlawful deprivation of their liberty.

The service had submitted a DoLS application to a 'Supervisory Body' for authorisation to lawfully deprive someone of their liberty. We saw the manager had acted appropriately by complying with the conditions applied to the authorisation. Staff had received training in MCA and had an understanding of the requirements of the Mental Capacity Act in general, and (where relevant) the specific requirements of the DoLS.

People gave their consent to receive care and support. Staff ensured people had explanations of the care and supported provided. This allowed people with the opportunity to understand what care they were receiving so they were able to give their consent. People made choices on the care received and gave informed consent to staff that supported them.

People had food and drink that met their preferences. People had enough food and drink for their needs. Staff supported people to make their meals as they were able. One person said, "Staff help me make a cup of tea." Staff ensured people had meals of their choice and at a time they chose. For example we saw that some people preferred their main meal in the evening, this was recorded in their care records. We spoke to the people and they also confirmed this. This meant that staff supported people with their meals and those preferences were respected. People we spoke with enjoyed meals provided at the service. People were involved in the development of a meal plan for the service. Each Sunday the people sat together and planned the menu for the week. Meal plans allowed for alternative meals to be catered. For example, when someone wanted to eat something else on that occasion.

People said they enjoyed the variety of meals provided for them. "I use the kitchen for a cup of tea. I help myself." People had the opportunity to eat outside of the service. One member of staff said "Yesterday [person] had been taken to Weatherspoon's [local pub] because [person] had asked. [person] had a cheese burger there, something [person] hadn't tried before." Two people told us they liked to have brunch on Saturday and staff supported them to go out to have this when they chose.

Requires Improvement

Is the service caring?

Our findings

At the last inspection of May 2016 we found that the provider had breached regulation 9 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. People were not supported to be independent and engage in social activities. This meant that people were at risk of social isolation because they did not have activities provided for them that met their needs. The provider had taken action to meet the requirements of the regulation. At this inspection of January 2017, we found that the service had made improvements to the service and quality of care so they met the regulation.

People had the support from staff to be independent and engage in social activities. At the last inspection on person was paying the registered provider for additional care hours. This was used to support them with staff when they went outside of the service. Since that inspection the person had a review of their care and they no longer paid for the additional care. The person continued to have support from staff with outdoor activities. For example, staff supported them to go to their favourite local restaurant. The person told us, "I enjoy going to the pub." There were records of when people took part in social activities outside of the service. People told us that they enjoyed going out. One person said "I like it when staff take me out. It's good."

People were encouraged to participate in a wide range of activities of their choices. One person told us they go home every Saturday and Sunday to see [their relative] and their dog. Another person told us each Sunday they go to church with staff. People's care plans contained a personalised activities schedule, which contained activities they liked. Activities included both in-house and community based activities, for example, art work, beauty sessions, magazine and television time, meals out, visits to local shopping centres and markets, trips to the London Eye, shopping and bowling. The activities coordinator told us, "By sitting with people and working with them, you find out what it is people like to do. We [staff] try to encourage people to engage in activities they may not have tried before. We are looking to arrange swimming sessions, we need to complete the risk assessments and see who would like to participate." A staff member told us, "People are going out quite a lot now, people tend to go out every day and the activities are planned in advance. People have allocated time in the one-to-one with their keyworkers and discuss activities they would like to do."

Staff encouraged people or their relatives to be involved with planning of their care. Care was planned so they included people's life histories, their likes, dislikes. One member of staff said, "We ask [the person] what they want and we find out why." Care was planned with people and their relatives to ensure the care was relevant and met their needs. Care records were person centred and placed the person in the centre of all assessments completed with them. Staff knew people well and understood their needs so they could deliver care to meet them appropriately.

People told us staff were kind, caring, and respectful. One person told us,"[support worker] is my favourite." Another person said, "The staff are good. I have a laugh with "[support worker] I talk to "[support worker] about music." A third person said, "I like all the staff." We found staff treated people with dignity. Staff and people's interactions showed they were comfortable with each other. Staff engaged with people and

provided them with an opportunity to respond to questions when required. This meant that people were treated with respect, kindness and compassion.

Staff treated people with dignity. One member of staff said, "We knock on doors. We close the doors during personal care. When someone has a seizure we reassure the other service users so that they don't get scared." Staff ensured people were cared for in a way that protected their privacy and dignity. Care and support was carried out in the privacy of people's bedrooms.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection of May 2016 we found that the provider had breached the regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not always receive a service that was responsive to their needs. The registered manager failed to act promptly on concerns raised by staff to minimise risks to people's health and support needs. This meant that people were at risk of unsafe care. At this inspection we found that the service had made improvements to the service and quality of care so they met the regulation.

People received a service that was responsive to their needs. People and their relatives were able to contribute to their needs assessment before coming to live at the service. One person told us, "[my support worker] knows what I want. They make sure that I get what I need." Care records reflected that people were also involved with the review of their assessments and their views were recorded. Following an initial assessment people had regular reviews of their care needs. This was to ensure that the care people received remain accurate and relevant. Where people's care needs changed those changes were recorded and appropriate care and support implemented. Information from care assessments were used to develop care plans. Care plans reflected people's needs and wishes and included how people wished to have their care needs met.

Care was planned in a way that showed the person was in the centre of the planned care. Health and social care systems that supported people were recorded with the details of the relevant professional who was involved in their care. Health and social care professionals were invited to take part in care reviews or assessments and could contribute to them. People had regular care reviews. This ensured that staff provided appropriate care to meet people's current needs. Monthly reviews of people's a care needs took place with them and staff. Care records were updated so they reflected the outcome from the care reviews. For example when a person's health needs had changed this information was included in their care records. People received care that was person centred. This ensured people had the care and support they needed. This demonstrated that people's assessment and care was person centred and focussed on people's individual needs.

People were supported to take part in activities that interested them. One person told us, "I am asked what I'd like to do, [I like] swimming, shopping and staff help me do this." Another person told us "I say I'd like to go to Wimpey, have a bus ride or go to the cinema, or feed the ducks. I'd like to go to Chessington and Stamford Bridge." Staff supported people to follow their interests for example one person went to London Zoo, and was given the opportunity to play football in a local park which they enjoyed. This meant that people were actively supported and encouraged to take part in activities that interested them and to reduce the risks associated with social isolation.

People gave their feedback on the quality of the service. People were able to give feedback verbally or by using the provider's survey. People were supported to discuss their opinions of the service. Surveys were written in a format that people understood they used signs and symbols that people were familiar. This provided people with the opportunity to understand the questions asked. They were able to provide their

response to them in the way they chose.

The registered provider had systems in place to make comments and complaints about the service. A person told us that they had "no complaint about the care or service." People had a copy of the information of how to make a complaint about their care or any aspect of the service. The complaints procedure was displayed around the home and in a format that people understood. There were no records of complaints made.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection of 20, 22 and 27 May 2016 we found that the provider had breached regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. People were at risk of poor management of their medicines because the registered manager did not complete regular medicine audits to ensure people had their medicine as prescribed. Therefore, errors with medicine management could not be detected promptly and acted on. This meant that people were at risk of unsafe care and treatment. There were errors with the financial audit for people that did not detect the risk of financial abuse. People were at risk from financial abuse. People and their relatives did not provide formal feedback of the service and staff did not feel that they were valued or able to contribute to the development of the service. this meant that people were unable to give feedback to the quality of care they received. At this inspection we found improvements were made at the service so they met the regulation.

People lived in a service that was well-led. There was a new manager employed at the service. People and staff we spoke with were complimentary about him. One person said, "When he is not busy, I have a chat with him." Another person said "I like to sit in the office with him and he doesn't mind." A member of staff said "[person] sees the manager every morning. [People] are free to talk to the manager any time. The manager goes round the premises eight to ten times a day; he keeps checking on what's going on."

Staff spoke highly of the manager. One member of staff told us, "There has been 100% improvement in the service. Everything is much better and things are now picked up on quickly. He [manager] is very passionate about the service and gets results quickly. He explains why he is doing things and is strict yet fair." Another staff told us, "Things are so much better now the new [manager] has joined, he's very communicative. He makes sure that things are done properly and he gets things done. He has people skills and knows how to approach people and talk to you. I find him approachable and believe he really does listen to me. He takes notice of what you're saying and if there's a problem he will sit you down and find a way round it, you're not left to cope alone." Another member of staff said, "Before the team didn't work as a team." They told us that their experience of working at the service was improved with the manager in post.

Staff were supported by the manager with regular team support. Staff attended regular team meetings with the management of the service. Staff were able to discuss any issues related to their caring roles. The team meeting minutes showed that staff were able to discuss their concerns and these were acted on. For example, staff discussed the staffing rota. Staff raised their concerns that the rota was completed each week which proved difficult for many members of staff to arrange to make plans outside of their work. The manager listened to staff views and in response arranged the staff rota to cover a month instead of each week. Staff said that there were happier with this arrangement. This meant that staff had the opportunity to discuss their concerns and this allowed the manager to listen to them and act on those their concerns quickly.

The quality assurance systems in place were used to monitor and improve the service. The manager and senior staff completed monthly audits of the service. The audit looked at various aspects of the service including the living environment, quality of care and records. Concerns raised through the audit had a plan

put in place to resolve them. For example the audits completed in December 2016 and January 2017 identified that the removal of rubbish from outside of the service was required and the window restrictor needed replacing. Appropriate actions were taken to follow up this request. This meant people lived in a service that was regularly monitored, reviewed to ensure it was a safe place for them to live.

The registered provider ensured the Care Quality Commission (CQC) was kept informed of notifiable incidents, which occurred at the service. The manager had sent appropriate notifications relating to the notification of other incidents to the CQC.

People had support from health and social care organisations to meet their needs. Staff had developed working relationships with people's care coordinators and other staff involved in people's care. This ensured people's care was coordinated in a way that supported their health and well-being and advice and guidance could be requested in a seamless way.