

Care Management Group Limited

# Care Management Group - 53 Rutland Gardens

## Inspection report

53 Rutland 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The Care Management Group - 53 Rutland Gardens is registered to provide accommodation and personal care for up to six adults with a learning disability. Some people lived with autism, physical care needs and some used alternative forms of verbal and non-verbal communication to express their views.

This inspection took place on 19 January 2016 and was unannounced.

We last inspected Care Management Group - 53 Rutland Gardens on 13 January 2014 and we found no concerns.

The service had a registered manager. 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.

Feedback received from people, relatives and visiting professionals throughout the inspection process was positive about the care and support, the approach of the staff and atmosphere in the service. Staff supported people to maintain and build on their independence. They showed respect and maintained people's dignity. People had access to health care professionals when they needed it. One person said, "I feel very safe here, due to the staff always being around to support me with any general problem I may have."

People told us they felt at home at Care Management Group - 53 Rutland Gardens. Visitors were warmly welcomed and people were supported to maintain their own friendships and relationships.

Staff had a clear understanding of the procedures in place to safeguard people from abuse.

Medicines were stored, administered and disposed of safely by staff who were suitably trained.

Recruitment records showed there were systems in place to ensure staff were suitable to work at the service.

The registered manager understood the Mental Capacity Act and worked with the local authority to assess people's mental capacity and to make decisions about their support.

Systems for effective management were been established in all areas. For example, records were up to date and completed in a consistent way.

Staff were provided with an induction and training programme which supported them to meet the needs of people. One member of staff said, "It was the most thorough induction training I have ever had. There were

sixteen learning modules and I had to pass each one. It really made me think about the job and my role."

There was a variety of activity and opportunity for interaction that championed people's preferences and choice. We saw that people had a range of commitments during the week, from attending adult education courses, to helping out at a lunch club and rehearsing in a band. For others, who liked to spend more time in their bedroom and in the communal areas, staff supported them in their choices.

People liked the food provided and were involved in the planning of menus. One person said, "The foods not too bad here actually. I help out with the cooking a lot, to help me with my independence in the future".

People and their relatives were given information on how to make a complaint. Feedback from people was asked for and responded to.

There was an open culture at the service and this was promoted by a respected a visible, respected and popular registered manager. One person said, "We all love the manager. She gets on well with everyone here."

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

Care Management Group - 53 Rutland Gardens was safe.

Arrangements for keeping the service clean and maintained to ensure people were protected from acquiring an infection were in place across all areas.

Staff were trained in how to protect people from abuse and knew what to do if they suspected potential abuse.

Staffing numbers were sufficient to ensure people received a safe level of support.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

### Is the service effective?

Good ●

Care Management Group - 53 Rutland Gardens was effective.

Staff were trained and had the knowledge and skills to support people.

People's nutritional needs were known and responded to.

Staff received regular supervision and an annual appraisal to monitor their performance and development needs.

People had access to appropriate health professionals when required.

### Is the service caring?

Good ●

Care Management Group - 53 Rutland Gardens was caring.

People were helped to make choices about how they wanted to be supported and their feedback was responded to.

People were treated with respect and dignity by dedicated support staff.

### Is the service responsive?

Good ●

Care Management Group - 53 Rutland Gardens was responsive.

Staff knew people well and had a good knowledge of their needs and responded to these in a consistent way.

Person centred plans contained guidance to ensure staff knew how to support people. People and their representatives were involved in developing individual support plans.

People were supported to maintain contact with their family and friends and take part in activities that they enjoyed.

### Is the service well-led?

Good ●

Care Management Group - 53 Rutland Gardens was well-led.

The registered manager was seen as approachable, supportive and took an active role in the service and sought out the views of staff.

Staff held a clear set of values based on respect for people, ensuring people had of choice and support to be as independent as possible.

There were robust quality monitoring systems in place within the service.

# Care Management Group - 53 Rutland 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. The 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 home and to provide a rating for the home under the Care Act 2014.

The inspection was carried out on 19 January 2016 and was unannounced. It was carried out by an inspector 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 service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. It included information about notifications. Notifications are changes, events or incidents that the home must inform us about. We contacted selected stakeholders including four health and social care professionals, the local authority and the local GP surgery to obtain their views about the care provided. They were happy for us to quote them in our report.

During the inspection we spent time with people who lived at the service. We focused on gaining the views of people, and spoke with all the people who lived at Care Management Group - 53 Rutland Gardens. We spoke with three relatives of people. We spoke with the registered manager and two support workers.

We observed the support people received. We spent time in the kitchen, lounge and dining area and people's own rooms when we were invited to do so. We took time to observe how people and staff interacted.

We looked at two sets of personal records. They included individual support plans, risk assessments and health records. We examined other records including two staff files, quality monitoring, records of medicine

administration and documents relating to the maintenance of the environment.

The last inspection was carried out on 13 January 2014 and no concerns were identified.

# Is the service safe?

## Our findings

People and relatives told us that they felt people were safe in the service and with the support provided by staff. People reflected that they liked spending time with staff and felt comfortable and safe with them. One person said, "I feel very safe here, due to the staff always being around to support me with any general problem I may have." Some people took a long time to form comfortable and trusting relationships with people they did not know but had been able to develop these with the key staff that supported them. A relative praised the way staff made their relative feel safe within the environment and with the support provided, they said, "[The registered manager and staff do their very best to make [my relative] feel safe. They have everything they need. The CEO went to [my relatives] home and wrote about it in his blog. We are kept up to date with everything that's happening."

Staff received training on safeguarding adults and understood their responsibilities in raising any suspicion of abuse. Staff and records confirmed training was provided on a regular basis and this gave staff the opportunity to discuss abuse and how it was recognised. Staff described different types of abuse that they may come across and referred to people's individual rights. They talked about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be quickly identified and addressed immediately. Staff knew how to raise concerns with the provider or with outside organisations such as the Local Authority or the Care Quality Commission directly.

Risks within the environment had been assessed and responded to. A thorough environmental risk assessment had been undertaken to identify and respond to any possible risk. For example, we saw that wooden shutters were installed in one person's room to ensure their safety and protect their privacy and dignity. Support records contained individual risks assessments about health and support and recorded the actions necessary to reduce the identified risks. The risk assessments took account of people's levels of independence and risks associated with health needs. For example, one person had risks associated with receiving aspects of personal care and these had been suitably risk assessed with clear guidelines for staff to follow to promote this persons and staff safety. The management of the risk helped to ensure person received consistent care and support.

Care Management Group - 53 Rutland Gardens was clean with equipment and services that were suitably maintained. Processes ensured consistent cleanliness. For example, cleaning rota's were found to be in place and followed by staff. A person said, "It is very clean here, the staff make sure of it, but I like to help out where and when I can." A member of staff said, "I really like this place to be kept clean, I treat it like my own home, it has to be spotless here and I want to be a safe environment for the service users. Besides, some of them like things to be in order as a result of their condition so we try to do that whenever possible."

The registered manager had systems to deal with foreseeable emergencies. Contingency and emergency procedures were available and covered what to do in the event of a fire, gas leak and electrical failure. Staff had access to relevant contact numbers in the event of an emergency. Staff knew what to do in the event of a fire and told us about procedures they would follow.



There was an established recruitment procedure. The provider ensured that within staff recruitment, appropriate checks were completed on staff before they started work in the service. Records included application forms, clear evidence of identification and references. The history of past employment for staff was documented and the most appropriate references, including the applicant's most recent employment were requested. Each member of staff had a disclosure and barring check (DBS). These checks identified whether prospective staff had a criminal record or were barred from working with children or adults at risk.

Medicines were managed safely. Storage arrangements were appropriate and included suitable storage facilities in an area where the temperature was monitored to ensure medicines were stored at a temperature that would not have a detrimental effect on how they worked. Staff administered medicines and completed the Medication Administration Record (MAR) chart once the medicine had been administered. Staff ensured people had taken their medicines safely. Records confirmed that staff administered medicines in accordance with the prescription and these were found to be clear and accurate. Some medicines were 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they experienced pain. Individual guidelines for the administration of PRN medicines were detailed to ensure staff gave them in a consistent way. Staff knew how to approach the administration of medicines to ensure individuals were comfortable to take their medicines.

Staffing arrangements took account of people's individual needs and ensured staff were available to support people when they needed it. Staff were available to support people around the service safely and to ensure they were supervised, when required. People, their relatives and staff told us they thought there were sufficient staff working in the service to meet people's needs during the night as well as the day. Relatives told us staff were always around and allowed for an appropriate level of supervision and individual support. One relative said, "I know it changed when one service user needed more input for a time and they got it. I have no concerns." Staff told us minimum staffing levels were maintained. One member of staff said, "It was a struggle for a while because of leave and sickness. I did eight sleep-overs one month. But it's getting better as staff have returned to work. I get my requests fulfilled for annual leave and days off and that's important to me." The registered manager included themselves on the rota to provide direct support to people for around two shifts a week but was often active in the service providing additional support. There was an emergency on call system available for help and support when it was required.

## Is the service effective?

### Our findings

Staff knew people well, they had the knowledge and skills to support them. People approached staff when they needed support and staff responded to them appropriately. During our inspection one person approached a staff member and expressed some anxiety. Staff used their knowledge and skills to support and reassure this person.

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.

We checked whether the service was working within the principles of the MCA. The procedures for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). Providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm. There were DoLS applications in place for two people.

Staff understood the MCA and DoLS. They were able to tell us about what restrictions were placed on people and how this may constitute a deprivation of their liberty. They had received training and had an understanding of its principles. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. Staff had a clear understanding of people's capacity. Staff asked people's consent before providing support. We saw within support plans that consent had been actively discussed and considered with and for people.

Training records confirmed that staff had completed an induction programme. The structured induction programme included an orientation during which they were introduced to the policies and procedures of the provider. Staff spent time getting to know people and read their support files and risk assessments. Time was given to shadow other staff. The registered manager told us they worked to ensure new staff completed the provider's induction booklet. This supported the induction process as it adapted the care certificate to reflect people's individual needs. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensured staff had appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us the induction programme provided them with a good understanding of the support people needed. One member of staff said, "It was the most thorough induction training I have ever had. There were sixteen learning modules and I had to pass each one. It really made me think about the job and my role."

Staff received ongoing training and support. There was a training programme in place and we saw further training and updates were arranged for mandatory training. In addition, staff received training to understand and support people with specific needs related to their disabilities, for example in autism and handling conflict. Staff completed training that the provider considered mandatory. It included such areas

as safeguarding, moving and handling, fire safety, basic first aid, food hygiene and infection control. They had also completed training on the MCA and DoLS and other training relevant to the needs of the people. Staff told us that they received a range of training that ensured they were able to meet people's needs effectively. It included, for example epilepsy awareness and a positive person centred approach to support. The latter explored strategies and methods to increase the person's quality of life through teaching new skills and adapting the environment to promote achievement and change. This was vital for people who experienced difficulties in communicating and used behaviour and alternative communication techniques as a way to express themselves.

Staff received regular supervision which was booked in advance. They also had an annual appraisal. Supervision was of good quality and because of this staff told us they had job satisfaction and commitment to their job. Management and staff used supervision to develop their understanding and improve the support they provided to people. They told us they were able to also speak informally with their supervisor if they required further support. This was possible because it was a small, intimate home where everybody regularly worked with each other. Prior to supervision they were provided with the opportunity to think about areas they may wish to discuss. They were also reminded that supervision was also used as a method of identifying staff training and development needs. Staff said supervision was useful and they were able to ask for support whenever they needed it. One member of staff said, "I get supervision once a month, regular as clockwork." The same person described how they used a supervision to talk about an incident they had experienced. They said, "I took it to my supervision knowing that they would listen and it would be documented. I then get feedback and get to have a copy of the notes."

People were involved in choosing and making their own meals and drinks. Menus were designed to meet the individual likes and dislikes of people. Staff understood people's individual skills and abilities and were able to support them with their choices. For example, some people liked and were supported to be involved in the whole meal preparation process. Staff supported those people with their choices to ensure they were able to participate and this promoted their independence. Meals were prepared with fresh ingredients and staff supported each person to ensure they were able to participate as much as possible to maintain their own independence. One person said, "The foods not too bad here actually, I help out with the cooking a lot, to help me with my independence in the future".

Where a need was identified, staff monitored people's weight. This was done to ensure people were drinking enough or not eating too much. People enjoyed their food and when people wanted a snack they were encouraged to make 'healthy' choices. A member of staff said, "We try to make sure diets are balanced. There's always fresh fruit and vegetables in the house. People are encouraged to choose to have a side salad with their meals and lots of vegetables with a roast dinner, for example." We heard one person talking to staff and telling them about a healthy food choice they had made. People were involved in choosing their own hot and cold drinks throughout the day.

Everybody had a health component to their support plan in place. These identified the health professionals involved in their support, for example the GP or learning disability specialist. They contained important information about the person should there be a need to go to hospital. These were clearly written and provided health care staff with information about supporting each person. A healthcare professional commented, "I have always found the service to be effective at meeting the needs of the people they support. They respond well to advice given."

## Is the service caring?

### Our findings

People were supported by staff who knew them well as individuals. They were able to tell us about people's needs, choices, personal histories and interests. We observed staff talking and communicating with people in a caring and professional manner and in a way people could understand. One relative said, "I have no worries about the care [my relative] receives. It's good. The staff know all about autism and how it affects [my relative]. They do a difficult job well."

Staff spoke with people in a kind and respectful way. They demonstrated warmth and it was clear that all staff we spoke with were genuinely fond of the people they supported. Friendships had grown between people while living at the service. Positive, caring relationships were fostered between people and staff. Staff told us meeting people's individual needs was the most important thing they did each day. They told us they put people first to improve their lives and enable them to have more choices. We observed people enjoyed the company of staff and opportunities for friendly talk and banter that it offered. People told us they were well looked after and happy living at the home. One person said, "The staff always ask me how I am doing and make sure that I am okay, it's much better than places I have been to before."

People were supported and encouraged to make choices for each day, including participating in structured and dynamic activities. For example, people chose when they got up or when they went out. We also saw that people had a range of commitments during the week, from attending adult education courses, to helping out at a lunch club and rehearsing in a band. For others, significant and enjoyable activities included mingling with people in local cafes and walking to a post box to post letters, something they valued and had done throughout their life. We heard how the service arranged for the person to receive a letter of reply from Buckingham Palace. Staff also knew how people liked to spend their time at the service. Some liked to spend more time in their bedroom and others preferred to be in the communal areas and staff supported them in their choices. A person told us, "I like to sing, the manager helped me get the karaoke machine in my bedroom." A member of staff said, "The service users come first here, whatever they want we will try to provide just to ensure that they are happy, as if they are happy then we are happy."

People had an allocated key worker. A key worker is a person who co-ordinates all aspects of a person's support and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives. Key workers told us it was essential there was a bond and mutual respect between the person and their key worker to ensure people received the best possible support. People were able to express their views and were involved in making decisions about their support. People met with their keyworkers and planned how they were able to achieve more independence. For example, we heard how discussion and planning was ongoing about placing a medicine cabinet for one person in their bedroom, allowing them greater autonomy in taking their medicine. The aim had grown from an aspiration of the person to have greater independence. They had discussed the idea with keyworkers and planned how they might achieve the goal. A person said, "I meet with my keyworker, it should be once a month but doesn't always happen. But the keyworker focusses on me during the meeting." In another example, we heard how staff worked to build a person's confidence in crowds, something they had always struggled with in their life. A member of staff said, "Two years ago I would never have dreamt that [the person] would be able to go and

see a football match. Now, he's able to do it and we have taken him to see Brighton and Hove Albion play at their home ground."

People's privacy and dignity was respected. For those people that needed it, there was support and encouragement to go to their bedroom, bathroom, or toilet whenever they needed to address aspects of personal care that was inappropriate in a communal area. This support, where it was required, was discreetly managed by staff, so that people were treated in a dignified way in front of others. For example, we observed a staff member gently suggest to a person they may like to rearrange their clothing. The person responded appropriately and the staff member acknowledged this when they returned. Staff also made sure that doors were kept closed when they attended to people's personal support needs. Staff knocked on people's doors and waited for a response before they entered the room. A person said, "The staff always knock on the door here and respect my privacy and stuff". Staff told us they maintained people's dignity by promoting their independence and involving them in decisions. A staff member said, "[A person] will give us signs that they want time to be left alone. They may not be able to say it but the signs are there when we know the person and know what to look for." A relative said, "We live away from [our relative] but staff set up skype for him so he can see us and we can see him and then leave the room to give us privacy."

People's bedrooms were individually decorated and furnished with people's own items. We heard how staff supported people to choose how they would like their bedrooms decorated and furnished. The rooms were spacious and people were able to personalise their rooms as they wished. For example, one person had a large national flag of his home country hanging from their bedroom ceiling while another had covered his walls in posters and photographs. A relative said, "[My relative's] got everything they need. They like to spend a lot of time in their room and he has everything up there. I know he's getting a new cabinet and stereo for his music. It's been ordered we hear. He loves his music."

The management and staff followed the principles of privacy in relation to maintaining and storing records. There were arrangements in place to store people's support records, which included confidential information and medical histories. There were policies and procedures to protect people's confidentiality. Support records were stored securely on either the provider's computer system or in support files. Staff had a good understanding of privacy and confidentiality and had received training.

## Is the service responsive?

### Our findings

People told us they had control over what they did during the day. Relatives told us people were supported to be as independent as possible. One relative said, "I am impressed how they do their best to involve people and their families." A visiting professional told us the service provided good person centred care and demonstrated flexibility to the support of people with varied needs.

Staff had a good understanding of the support people needed. Each person had an individual person centred support plan. This was maintained as a tool to enable staff to work with people as individuals. They were written from the person's perspective and contained such headings as, 'Helping me to say what I want' and 'Types of choices I make'. They contained detailed information and guidance about likes and dislikes and what was important to them. Records included guidance to ensure effective communication. It detailed approaches to recognise and meet behaviour that may challenge others. For example, it gave staff clear instruction on how to respond to one person's repetitive language which, if left unacknowledged, may escalate to more serious behaviours that may challenge. The information ensured staff supported people appropriately and consistently.

People's support plans clearly reflected their individual preferences for all aspects of daily living. Support documentation contained personal profiles, including family and other sources of support. One staff member told us, "I found the support plans really helpful. They helped me to begin to understand people's background and present needs." Support plans demonstrated assessment of people's individual needs and clearly identified how these could be met. Areas included their independence, nutrition, personal care needs and communication. Support plans contained sections that set out information for staff when they supported people with alternative verbal communication. Likes and dislikes identified where people were able to make choices and retain control in aspects of their daily routines such as clothing and meals. Plans were regularly reviewed, followed by a more comprehensive review involving family and/or advocates, social workers and the person's key worker. The registered manager told us, "We review support plans every six months unless changes occur," and we saw an example of this in a person's support plan which had been amended to reflect changes that had happened between review dates.

Relatives and professionals were positive about the way support was tailored to people's individual needs and all commented on how people had progressed. A close relative to one person that had the right to know, said they felt fully involved and informed about the support of their family member. They told us that they were updated with any changes or issues that affected their loved ones support. One relative said, "Carers give us an update when we phone. But they also ring and let us know if there's a change. For example, [my relatives] keyworker changed and they contacted us to let us know. They are also in touch by email to give an update." Another relative said, "I requested a review with [a healthcare professional] through the Care Management Group and they were good. They listened to me and coordinated the arrangements for it." One visiting professional told us the service provided person centred care and looked after people with varied needs. They said, "Staff work closely with visiting professionals and have embraced a joint working culture."

For some people living with autism, routines were a crucial part of the day and person centred plans reinforced positive routines that provided consistency and security for the individual. Staff had a good understanding of people's individual needs and routines. For example, one staff member described how, "Some people like things to be in order as a result of their condition so we try to do that whenever possible. Let's take the example of the Connect 4 game. It has to be set up in a specific way and left alone otherwise the resident will get distressed." Daily support records provided clear informative descriptions of people's activities, demeanour and behaviours. Staff told us these were useful to review each time they came into work. They said they were given time to ensure documentation, including daily notes, were up-to-date.

Important information was recorded within the provider's daily communication book. Any changes or observations of people's support needs were discussed at handover and also in regular conversations between staff. Staff had a handover between shifts during which the completed daily support records were reviewed. They provided staff with a clear summary of the life of the people in the service for that part of the day and focussed on individual updates. It planned for the allocation of staff duties. It provided staff with the time and opportunity to ask each other questions and make plans for the day ahead.

We looked at the completed satisfaction questionnaire surveys for 2015. People, their relatives and stakeholders were surveyed. Feedback was seen to be positive. The information that was captured was collated and the results were shared with people. The registered manager told us that if anything was raised that required a response, it was identified. For example, a comment included, 'Getting things done for example, painting seems to take forever.' The attention to maintenance was then identified as a priority in the Service Delivery Plan and we saw that one lounge had been painted. Typical comments from the survey included, 'The service has given [my relative] a peaceful and pleasant place to live,' and '[My relative] is well looked after and treated as an individual.'

A complaints procedure was available to people within the home. We saw this was also available in a pictorial format. People were informed of their rights and had easy read information of how to complain or raise a concern if they were unhappy. People and relatives told us they felt able to raise concerns. A person said, "I would let the manager or their deputy know if I had a complaint. I would expect them to resolve it if they could." One relative said, "I've never had a complaint but I did have to raise one against [another health and social care provider] in my relatives life and the Care Management Group supported me in this." This confirmed that the service had systems in place to respond to issues promptly.



## Is the service well-led?

### Our findings

People told us they were happy living at Care Management Group - 53 Rutland Gardens and felt the service was well run. People said they were listened to and could talk to the staff about anything. The registered manager was supported by a deputy manager. People and relatives liked the relaxed and friendly atmosphere and said they had good relationships with the staff and management. One person said, "We all love the manager. She gets on well with everyone here." A visiting professional was also positive about the management of the home saying the staff were well organised and supported people to lead happy and healthy life.

The provider had produced their vision and values and these ran through the policies and procedures for the service. The service's philosophy of care was recorded within the services documentation. The vision for the service was summed up as, 'Delivering the highest quality of care by placing the needs of the service user at the centre of everything we do.' Staff reflected on their team values at meetings. Staff were clear on the vision and philosophy that underpinned the service. One staff member told us, "The service users come first here, whatever they want we will try to provide just to ensure that they are happy. As, if they are happy and have the most fulfilled life possible, then we are happy."

Staff spoke highly of both the registered manager and their deputy and the leadership they provided. One member of staff told us, "They both have a proactive style of management that's caring for both service users and staff." The registered manager reflected on their philosophy of management and said, "I try to ensure that staff feel respected. That they are treated as equals whose opinions are known to be important and they feel valued." One relative said, "It's been a really happy time in [my relatives] life and the management have been instrumental in that achievement." Another relative said, "The registered manager and the deputy both have strengths that complement each other." They continued, "Care management group recently invited us to an event to encourage family participation and it was nice as it gave us our say." Staff demonstrated a clear understanding of their roles and the lines of accountability. One member of staff told us, "I know I could always approach the manager if I had a concern." The registered manager and deputy both worked a combination of management and care leading shifts and were available to staff. All staff were aware of the 'on call' system in place when a manager was required out of hours and this ensured management overview throughout the week.

Staff meetings were held monthly. The meetings provided an opportunity for staff to raise and discuss issues and for managers to remind the staff team about key issues in the running of the service. The registered manager told us, "They are a chance for us to get together and talk about each service user and the progress they are making. Each member of staff is encouraged to take a lead in the conversation. In addition, we have three key messages which we look at each month and these change from meeting to meeting." We looked at the minutes for the last meeting held in December 2015. The minutes reflected the discussion at the meeting and looked at the actions arising from the last meeting and whether these had been met. Staff who were unable to attend were able to read minutes of the meetings. Staff told us they found these meetings useful and provided an opportunity to share ideas and provide each other with updates on individual people. Individual staff supervisions were also held regularly and staff told us they were used to share information



and raise any concerns.

Quality assurance systems were in place to monitor the running of the service and the effectiveness of systems in place. Audits were undertaken for a wide range of areas, these included medicines, care plans and health and safety. Audits were undertaken by the registered manager and quarterly audits by the regional director, they provided a picture of the quality of the service and, where it was required, an action plan for each area looked at. For example, there was a section for the registered manager to indicate what actions they had taken in response to issues identified. We noted the comment from the local authorities finding that, 'The Quality Assurance systems as noted in the quality assurance section carried out by offsite managers are extremely thorough documents and provide a robust system of managing health and safety.'

The registered manager was aware of their responsibilities under the Duty of Candour which aimed to ensure that providers were open, honest and transparent with people and others when untoward events occurred. The registered manager was able to describe unintentional and unexpected scenarios that may lead to a person experiencing harm and was confident about the steps to be taken, including producing a written notification. They were able to demonstrate the steps they would take including providing support, truthful information and an apology if things had gone wrong.