Care Management Group Limited

Care Management Group - Carlton Avenue

Inspection report

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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

This unannounced comprehensive inspection of Care Management Group - Carlton Avenue took place on the 31 May 2016.

On the 23rd March 2016 we carried out a focused inspection of the health and safety arrangements of the service and found the service met the regulations inspected.

Care Management Group - Carlton Avenue is a care home that is registered to provide accommodation and care for up to nine people with profound and multiple learning disabilities. On the day of our visit there were seven people living in the home. Public transport and a range of shops are located within walking distance.

The service currently does not have a registered manager. However arrangements for managing the service were in place and we were informed that a new manager had been recruited and would be commencing their post in June 2016 and would apply to register with us. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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.

People were treated with respect and staff engaged with people in a friendly and courteous manner. Throughout our visit we observed caring and supportive relationships between staff and people using the service. People told us staff were kind to them. Staff respected people's privacy and dignity.

There were procedures for safeguarding people. Staff knew how to safeguard the people they supported and cared for. Arrangements were in place to make sure sufficient numbers of skilled staff were deployed at all times. People's individual needs and risks were identified and managed as part of their plan of care to minimise the likelihood of them being harmed.

Care plans reflected people's current needs. They contained the information staff needed to provide people with the personalised care and support they wanted and required. People were supported to make choices and to take part in a range of activities they enjoyed.

People were encouraged and supported to make decisions for themselves whenever possible and their independence was upheld and promoted. People were provided with the support they needed to maintain links with their family and friends.

People were supported to maintain good health. They had access to appropriate healthcare services that monitored their health and provided people with appropriate support, treatment and specialist advice when needed. People were supported to make choices about what they wanted to eat and to be involved in the preparation of their own meals. People had their specific dietary needs met by the service.

Staff were appropriately recruited and supported to provide people with individualised care and support. Staff received a range of training to enable them to be skilled and competent to carry out their roles and responsibilities. Staff told us they enjoyed working in the home and received the support and training they needed to carry out their roles and responsibilities.

Staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They knew about the systems in place for making decisions in people's best interest when they were unable to make one or more decisions about their care and/or other aspects of their lives.

There were systems in place to regularly assess, monitor and improve the quality of the services provided for people.

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

The service was safe. People told us they felt safe and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and measures were in place to protect people from harm whilst promoting their independence.

Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective. People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People were provided with a choice of meals and refreshments that met their preferences and specific dietary needs.

People were supported to maintain good health. They had access to a range of healthcare services to make sure they received effective healthcare and treatment.

Staff were aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and their implications for people living in the home.

Is the service caring?

Good

The service was caring. Staff were approachable and provided people with the care and support they needed. Staff respected people, understood their range of communication needs and supported people to be involved in decisions about their care.

Staff understood people's individual needs and respected their right to privacy. Staff had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important

to them were promoted and supported.

Is the service responsive?

Good

The service was responsive. People received personalised care.

People were supported to take part in a range of recreational activities.

Staff understood the procedures for receiving and responding to concerns and complaints. People's relatives knew how to make a complaint.

Is the service well-led?

Good

The service was well led. People using the service and staff informed us the management staff were approachable, listened to them and kept them updated about the service and of any changes.

People were given support to provide feedback about the service. Their relatives and those important to them were asked for their views of the service and had the opportunity to provide feedback about the service during meetings. Relatives of people told us that issues raised were addressed appropriately.

There were a range of processes in place to monitor and improve the quality of the service.

Care Management Group - Carlton Avenue

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.

The inspection was carried out by two inspectors. Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the home since the previous inspection. We also viewed the report of the quality monitoring checks of the service that the host local authority had carried out in February and April 2016.

During the inspection we engaged with all the people using the service and spoke with two managers, a maintenance person and three care workers. People using the service were not able to tell us in detail about their experience of living in the home and some people communicated by sounds and gestures, so to gain further understanding of people's experience of the service we spent time observing how they were supported by staff.

Following the inspection we spoke with five relatives of people using the service. We contacted one health professional but had not received a response at the time of this report.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of people living in the home, seven staff records, audits, and policies and procedures that related to the management of the service.

Good

Is the service safe?

Our findings

Most people using the service were unable to tell us verbally if they felt safe living in the home, but when we asked people if they felt safe they smiled, nodded and gestured to indicate they did not feel unhappy or unprotected living in the home. Relatives of people told us they felt people were safe and said they did not worry about people's day to day safety. They told us they would inform staff if they had concerns about people's well-being. Comments from relatives included "Yes, I feel [Person] is safe," "Person is 100% safe. I am happy with the home," and "I don't worry about person, I am quite happy, I would know if [Person] was unhappy."

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe including when they suspected abuse or became aware of any poor practice from other members of staff. The whistleblowing policy and information about reporting abuse were displayed. Care workers we spoke with were aware of whistleblowing procedures and were able to describe different kinds of abuse. A care worker told us that they would always report any poor practice carried out by staff. All the care workers we spoke with told us they would immediately report any concerns or suspicions of abuse to management staff and were confident that any safeguarding concerns would be addressed appropriately by them. Care workers knew how to contact the local authority safeguarding team and they informed us they had received training about safeguarding people. Training records confirmed this.

There were systems in place to manage and monitor the staffing of the service so people received the care they needed and were safe. Care workers told us they felt there were enough staff on duty during each shift to meet people's needs. They informed us staffing levels were adjusted to make sure people received the support they needed to attend health appointments and take part in a range of activities. A care worker told us "If we don't have enough staff we use regular agency staff. We can ask for more staff when people have appointments and outings." We found no indication during the inspection that there were not sufficient staff deployed to ensure people's needs were met. A person's relative told us that they thought there were enough staff on duty. Another person's relative said "As far as I know there are enough staff."

We saw staff had time to engage with people and were available when people required assistance. Staff told us and records showed agency care workers were employed when no permanent staff were available. Management staff told us the service made sure that if possible they employed agency staff who had worked in the home and knew people using the service well. Care workers told us they took appropriate steps to make sure they did not get very tired by taking regular breaks. Records confirmed this.

Care plans showed risks to people were assessed and guidance was in place for staff to follow to minimise the risk of people being harmed and to support them to take some risks as part of their day to day living. Risk assessments included risk management plans for a selection of areas including; bathing, personal care, nutrition, skin integrity, behaviour that challenged the service, choking and use of equipment including kitchen knives, bedrails and overhead hoist. Examples of risk management plans included; a showering risk management plan of a person which stated, 'Before the shower is switched on, staff members are responsible for checking the water temperature'. Another person's skin pressure area risk management plan

stated, 'Before she has her shower, staff will check for any changes to her skin integrity, bruising or pressure sores'. Care workers we spoke knew they needed to report any changes in people's needs and risks to management staff.

Care workers we spoke with were aware of people's risk assessments. A care worker told us about a person's risk of choking and how that risk was minimised by providing the person with pureed meals. Risks to people were monitored and reviewed during staff 'handover' meetings at the start and end of their shifts. We observed there was good communication between staff about risks to people and the action required to keep people safe. Records showed staff had signed that they had read people's risk assessments.

Accident and incident reports showed appropriate action had been taken following any accidents and incidents which had occurred within the service, and that these were reviewed by management staff and monitored for any trends and managed and recorded centrally by the provider's governance system. The provider's safeguarding team, meet monthly to collate and analyse incidents, and when needed make improvements to services.

There were various health and safety checks and risk assessments carried out to make sure the premises and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the hot water, Legionella water checks, and checks of the fire safety, gas and electric systems.

There were arrangements in place to deal with possible emergencies. The emergency procedure was displayed and included details of local hotels to go to in the event of an emergency when people had to evacuate from the home. Staff we spoke with knew what to do to if there was an emergency and we saw there was information available for staff on each floor. Fire drills were carried out regularly and staff were aware of their roles. There were up to date fire assessments for the site and fire safety policy. Each person had a personal emergency evacuation plan [PEEP]. London fire and emergency planning authority carried out an inspection on 20 July 2015 and found compliance with fire safety regulations.

People received a range of support with the management of their finances. The individual support people needed with their finances was described in each person's care plan. We saw appropriate records were maintained of people's finances including their spending. To reduce the risk of financial abuse staff carried out daily checks of people's monies. Records showed that people's finances including financial records were regularly audited by staff including management staff.

The seven staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included a formal interview, obtaining references and checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support. Checks were also made on agency staff before they came to work at the service.

People's medicines were stored securely. A medicines policy which included procedures for the safe handling of medicines was available. Records of medicines received by the home and returned to the pharmacist were maintained. People had a specific care plan relating to the management and administration of their medicines and there was accessible information about each person's medicines. Medicines administration records [MAR] showed that people received the medicines they were prescribed. Staff also had access to an up to date pharmaceutical reference book and a computer where they could look up medicines they were not familiar with.

Care workers administering medicines told us they had received medicines training and assessment of their competency to administer medicines. Records confirmed that staff received medicines training. We observed care workers administering medicines to people in a considerate and safe manner. Checks of the medicines were carried out daily. The Regional director also carried out quarterly audits. A recent audit had identified an area to improve the recording of medicines in the Controlled Drug [CD] register and a manager told us staff had been told to ensure they update the CD log each time medicines were administered.

The home had an infection control policy which included guidance on the management of infectious diseases and minimising the risk of infection. Staff were aware of hygienic practices such as washing their hands before preparing food, medicines and ensuring that the premises were kept clean. The environment was clean. We saw a record of the environment and kitchen appliances having been deep cleaned recently. Colour coded mops and buckets, and chopping boards were seen. There were records of kitchen cleanliness checks that were carried out twice a day. Soap and paper towels were available and staff had access to protective clothing including disposable gloves and aprons, and liquid hand cleanser was available to staff. Housekeeping duties were carried out by care workers who recorded when tasks had been completed. We noted that the lid of a bin in a bathroom was in need of repair or replacing to minimise the risk of infection.

Regular infection control checks were carried out by managers and the regional director. We read audits that were carried out on 4 April 2016 and 4 May 2016. The first audit had identified a few shortfalls, including that people were sharing slings [used for transferring], and this had been addressed to ensure each person had their own individual sit and bath sling.

Good

Is the service effective?

Our findings

People using the service were unable to tell us if they were happy with the care and support they received from staff. However, when we asked people if staff were kind to them people smiled, nodded their heads and/or made a gesture that indicated they were content. Care workers spoke in a positive manner about their experiences of working in the home caring and supporting people. They were very knowledgeable about people's needs and told us about the care they assisted people with. People's relatives told us they felt staff were competent and understood people's varied needs. They told us "They [staff] know [Person] well, they seem well trained," "They [staff] seem to know what they are doing," "I feel the staff are well trained," and "Keyworkers know [Person] well, I work with them."

Staff informed us that when they started working in the home they had received an induction, which included learning about the organisation, people's needs, risk assessments and shadowing more experienced staff. They informed us the induction had helped them to know what was expected of them when carrying out their role in providing people with the care and support they needed. A care worker told us that their induction had given them "time to learn" about the service and people's needs. Another care worker told us "The induction was very thorough." The provider was currently using the Care Certificate induction which is the benchmark set in April 2015 for the induction of new care workers. It includes a range of topics including policies and procedures, staff conduct, information, person centred care and health and safety. A care worker told us they had completed the Care Certificate which they had found to be "Very good and helpful."

Care workers told us they received the training they needed to provide people with effective care and support. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; moving and handling, basic first aid including cardiopulmonary resuscitation [CPR], safeguarding adults, fire safety, medicines, dealing with emergencies, working safely and food safety. Staff had also received training in other relevant areas including; communication, epilepsy, sexual relationships and people with a learning disability, autism, diabetes, person centred active support, postural management [managing a person's posture to improve their quality of life], understanding equality and diversity and mental health and people with a learning disability. Records showed that during a staff meeting staff who had attended training in the previous month were asked to feedback about what they had learnt from training courses and to share the learning with the staff team to develop and improve their skills in caring and supporting people.

Care workers were positive about the training they received, and confirmed they regularly had refresher training in several essential areas including; moving and handling and safeguarding adults. A care worker told us they found the refresher training useful as it kept them informed and helped develop and maintain their skills. We saw care workers using moving and handling equipment appropriately. We heard them explain to people what they were doing prior and during assisting them to transfer. Care workers had completed vocational qualifications in health and social care which were relevant to their roles. Relatives of people told us they felt care workers and management staff were competent and knew people well.

Care workers told us they felt well supported by senior staff including the management team. Care workers told us and records showed that staff regularly had the opportunity to meet with senior staff during one to one supervision attend team meetings. Staff supervision meetings included covered a range of areas, for example one member of staff's supervision records showed topics covered; staff well-being, policies and procedures, issues relating to people, person centred care, key worker meetings, safeguarding and safety. A care worker told us "At my last supervision, I was asked how I am and we spoke about my progress and service users, I have also had an appraisal." A care worker told us they could request a supervision meeting earlier than planned if they wished to discuss a significant issue.

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). Care workers and management knew about the requirements of MCA and DoLS. Care workers knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. Records showed that some people using the service were subject to a DoLS authorisation at the time of our visit. There was a DoLS tracker that was used to check they had not expired. We saw people could access all shared areas of the home when they wanted to. This showed that people could have the independence and freedom to choose what they did with as little restriction on their liberty as possible.

Care plans identified the support people needed with their care and other aspects of their lives.
Care workers knew that if people were unable to make a decision about their treatment or other aspect of their care, health and social care professionals, staff, and family members would be involved in making a decision in the person's best interest. Relatives told us they were fully involved in supporting people with making a range of decisions to do with people's care and treatment. Records showed that a person's relative had been involved in making a decision in the person's best interest.

Care workers were knowledgeable about people's communication needs which they told us was important when seeking people's consent when supporting them with their care and in other areas of their lives. We heard staff asking people if they wanted assistance. We observed that staff routinely explained the care and support they provided and asked for people's consent before giving assistance.

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. People had individual health action plans [HAP] which are personal plans to support people using the service keep well and be healthy. Each person also had a Hospital Passport which provided important information to hospital staff about people's individual needs. Records showed people received health checks and had access to a range of health professionals including; GPs, psychiatrists, practice nurse, chiropodists, dentists, and opticians to make sure they received effective healthcare and treatment. Records showed that healthcare professionals gave positive feedback about the ability of staff to follow guidelines and also their record keeping. A person's care plan showed us that staff had responded appropriately by arranging an appointment with a doctor when they observed a person was unwell.

We found people's nutritional needs and preferences were recorded in their care plan and accommodated for. Guidance was in place to make sure people received the nutrition they needed. Care workers we spoke with had knowledge and understanding of people's individual nutritional needs including; specific dietary

needs and Percutaneous endoscopic gastrostomy (PEG) feeding where a person receives nutrition via a tube into their stomach via their abdominal wall due to difficulty with swallowing or a particular medical need. Records showed that meals catered for people's varied preferences and cultural needs. For example a person using the service did not include red meat in their diet. We saw people being offered choice during breakfast and people were provided with support with their meals when they needed it. Staff were able to tell us about people's likes and dislikes and showed us pictures that they used to support people to make choices about meals and other day to day decisions. A care worker told us that a person using the service communicated their dislike about certain foods by keeping their mouth closed when the food was offered to them. They told us another meal would be offered to the person.

The menu for the day of the inspection was displayed in picture and written format and corresponded to the meals provided. People's weight was regularly checked to monitor whether their nutritional and other health needs were being met. Guidance was in place to meet people's individual nutritional needs including when staff needed to offer food supplements to people. Care workers knew to report significant changes in people's weight to management staff and said they would make an appointment with a GP and dietician if needed. A care worker told us "The dietitian comes sometimes. They give advice for example; if a person is losing weight we give them extra food and/or a supplement, [Person] has cream included in their diet." A care worker told us that if a person indicated they did not want to eat their meal, they would offer something else and if the person still indicated they did not want to eat, the staff would offer the person a meal or other food later.

People's bedrooms were personalised in a way that met their individual needs and preferences. We noticed that the ceiling in the dining area was stained. The environment could be developed to help promote people's orientation within the home. This could include signs/symbols on bathroom doors and doors of various rooms being painted in a colour that indicates their particular use. This was discussed with management staff.

Good

Is the service caring?

Our findings

During our visit we saw positive engagement between staff and people using the service. The managers and care workers spoke with people in a friendly and respectful way. We saw some very positive examples of staff engagement with people. We saw a care worker speak in a very kind friendly way with people encouraging them and involving them in a range of activities and choices. Relatives of people told us they felt staff had a good understanding of people's needs and as far as they knew treated people in a kindly manner. Comments from relatives included "They [staff] are kind and caring. They give 110% for my child," and "Staff are caring as far as I know. They do a good job."

Care workers confirmed they knew people well, had a good understanding of each person's individual needs including communication needs and felt that they had very good relationship with people. Some care workers had known the people using the service for several years. Managers and care workers told us that although agency staff were sometimes employed there was consistency of staffing within the home, particularly as they did their best to employ agency staff who had worked in the home before. Staff told us that consistency of staffing and staff familiarity with people were important aspects in making sure people received the significant range of care and support they needed.

People's care plans included a comprehensive profile about each person to help staff understand people's individual needs. Details of their personal preference such as the toiletries they liked and the activities they enjoyed were included in people's care plans. Care workers told us one of the ways they got to know each person by engaging with people and their relatives, reading people's care plans and talking with the staff team and others who were involved in people's care.

Care workers informed us they made sure as far as possible that they involved people fully in decisions about their care and other aspects of their lives. During the inspection we heard staff offer people choices and respected the decisions people made. For example a person was asked if they wanted to go to the cinema and the person's decision was respected.

Care workers told us people's independence and the development of their skills were supported by encouraging and supporting people to be involved in household tasks including helping with meal preparation. We saw a person spend time with a member of staff who was preparing the evening meal. The person was encouraged to help with preparing some vegetables. We saw some positive engagement between the care worker and the person. The care worker spoke with the person constantly and frequently encouraged them with the task. Written guidance included information about supporting people to be involved in their personal care as much as possible. People had access to mobility aids including wheelchairs to support them to be as active and independent as possible.

Care workers understood people's right to privacy and we saw they treated people with dignity. They had a good understanding of the importance of confidentiality which they told us had been discussed with them. Care workers knew not to speak about people other than to staff and others involved in the person's care and treatment.

People were supported to maintain the relationships they wanted with friends, family and others important to them. Details of those important to people were written in each person's plan of care. Relatives of people and records showed people had contact with family members. Some people received regular visits from family members and stayed for varying lengths of time in their family member's home. A relative of a person told us about the person regularly visiting them at their home. Relatives told us communication with the home and people's key workers was good. A relative of a person spoke of the communication book they used to communicate with staff about a person's needs.

Care workers confirmed a range of religious festivals as well as people's birthdays were celebrated by the service. We saw displayed recent photographs of people celebrating their birthdays and of them participating in a range of recent events. A care worker told us a person using the service regularly attended a place of worship. Staff had a good understanding of equality and diversity, and spoke about the importance of respecting people's individual beliefs and needs. They told us they received training about equality and diversity. A care worker told us that equality and diversity meant to them; "Giving choice, respecting what people like, their religion and traditions." A care worker provided us with an example of a person receiving care and support only from female care workers as this was their preference and cultural need. Another care worker told us "We help service users to live the lifestyle they want and respect their preferences."

Good

Is the service responsive?

Our findings

Relatives of people told us they were involved in people's care and were kept informed about people's lives and of any changes in their needs. People's relatives told us "They keep me well informed. I am invited to all the reviews. [Person's] care plan clearly says they [staff] must inform me if [Person] is unwell," and "They keep me informed."

People's care plans identified where people needed support and guidance from staff. Care plans included a range of very detailed guidance to assist staff in meeting people's individual needs. One person's care plan that we looked at contained detailed person centred information about the person and their needs however, it lacked clear guidance about the person's particular sensory needs and included some guidance that was inaccurate. For example the guidance included '[Person] can choose food items from photos for the weekly shopping list' despite information in the person's care plan telling us they were unable to see. However, there was no indication from observation and speaking with staff that they were not aware of this person's specific sensory need. A manager told us they would amend the care plan promptly and informed us that this care plan and other people's care and support plans were in the process of being reviewed and improved following findings from a recent audit. We saw a care plan that had been reviewed and improved, which demonstrated that improvements to the care plans were being made.

People's care plans we looked at including a care plan in the new format was person centred [has the person at the centre of their plan and is focussed on achieving the way of life the person wants]. They contained detailed information about each person's health, support and care needs, what was important to them and described their individual abilities. The care plans included detailed information about each person's behaviour needs and guidance about how staff should support them when they were anxious or seemed from their behaviour to be upset.

Care workers knew about people's care plans which they told us they read. They told us they had a 'handover' at the start and end of each shift when they shared information about each person's current needs and progress. Care records were completed during each shift and included details about the activities people took part in, personal care needs and behaviour needs. Each working shift care workers completed daily care notes about people's current needs and included details of any changes in people's health, mood and care needs, so staff had up to date information about people's current needs.

Care workers we spoke with had a good understanding of people's needs and told us about how they provided people with the care and support they needed. They told us they had got to know each person's individual verbal communication needs, and the other ways they communicated including by gestures, facial expressions and behaviour. The way each person communicated was written in their care plan. We saw a care worker provide a person with the medicine they needed when the person indicated by sounds and gestures they were in pain. We saw another care worker respond promptly to a person who indicated by sounds and gestures they wanted to communicate with them.

A care worker told us they sometimes used pictures to assist them with communicating with people and

supporting them to make choices. Although we saw pictures being used when some people took part in an activity we did not see them being used during mealtimes and we did not see objects of reference [objects which have special meanings assigned to them] being used. These provide information through touch which is easier to interpret than pictures for those with visual perceptual problems. We discussed objects of reference with management staff about how they can help people with sensory needs and profound and multiple learning difficulties to communicate their needs to staff and other people.

Care workers spoke of their key worker role in supporting people to lead the life they wanted. They spoke of having one-to-one 'key session' time with their key person, to review their goals, plans and needs. For example planning to buy a birthday card for a family member. A care worker told us; "I manage [Person's] belongings, plan shopping outings, birthdays and communicate with their family, and I do a monthly report about [Person's] progress."

People's individual choices and preferences were recorded in their care plan and their care and support needs had been reviewed regularly with involvement from people's relatives. A person's relative told us "They [staff] invite us to care plan review meetings, and we go to them." People's relatives confirmed they attended meetings about people's care and were kept informed of people's progress and of any changes in needs. Records showed that care plans were updated when people's needs altered such as when there were changes in people's health.

People's activity preferences were recorded in their care plan and each person had an individual activity plan. Care workers told us about the support people received to make sure they had the opportunity to take part in a range of activities including swimming and outings to the cinema. During the inspection, people took part in a range of activities including going to the cinema, art, exercises, listening to music, karaoke and watching television. Records showed people took part in relaxation sessions, trips to the local park and spent time in the sensory room [provide an environment of special lighting, music, and objects in which there is a focus on particular senses such as feel, vision, sound, smell and taste as well as the more abstract senses of wellbeing, space, time and togetherness]. We looked at the sensory room, which included some equipment. Staff informed us there were plans to develop and improve the sensory room including providing more equipment and enhancing the environment of the facility.

A care worker told us some people had plans to go holiday to Wales. We saw recent photographs of people taking part and enjoying a variety of activities and outings including a trip to Blackpool last year.

The service had a complaints policy and procedure for responding to and managing complaints. The complaints procedure in written and picture format was displayed. A relative of a person told us they would not hesitate to speak with staff if they had a worry or concern about something and were confident they would be listened to and the issue addressed appropriately. Care workers knew they needed to take all complaints seriously and report them to management staff. Records showed complaints had been responded to appropriately.

Good

Is the service well-led?

Our findings

People's relatives spoke in a positive manner about the home and the way it was managed. People's relatives told us "They [staff] ask for feedback", "It seems well managed" and "I would recommend it."

The service does not currently have a registered manager. However, we were informed a new manager would be starting work in the home in June 2016. There was a clear leadership structure in place and staff told us they felt supported by management. At the time if the inspection the home was being managed by experienced management staff from other services within the organisation as well as by a regional manager. The two managers on duty during the inspection told us they spent a number of days each week in the home managing the service. We did not see this information recorded on the staff rota. However, both managers told us they would make sure this was addressed. Staff we spoke with were clear about the lines of accountability. They knew about reporting any issues to do with the service to management staff. Records showed a senior member of staff was on call at all times.

Care workers told us senior staff were approachable, listened to them and took action when needed to address issues. They informed us that management staff were always available to provide advice and support. A relative spoke very highly about the senior management who they said were approachable and listened to them. We heard and saw the two managers engage in a positive manner with people using the service.

The service had notified the CQC of all significant events which had occurred in line with their legal obligations. Registered providers are required to inform the CQC of certain incidents and events that happen within the service. Providers are required, by law, to notify us about and report incidents to other agencies when deemed necessary so they can decide if any action is required to keep people safe and well. Where incidents had occurred, detailed records had been completed and retained at the service. The provider has demonstrated through action and by records that they respond appropriately to incidents, including making sure other services within the organisation take action to make improvements to the service and minimise the risk of similar incidents occurring again. Management staff told us and records showed information about lessons learnt from incidents are sent to all of the provider's locations as 'Key Messages', which the home managers then share with their staff.

There was an open culture within the service. Staff were given opportunities to raise any issues during supervision and monthly team meetings. Staff meetings provided staff with the opportunity to receive information about the service, become informed about any changes and to discuss the service with management staff. Topics and best practice matters discussed during staff meetings included; safeguarding people, medication management and administration, health and safety, training and the needs of people using the service. Care workers told us they were listened to and kept well informed about the service including any changes. Staff told us they were confident the management staff would listen to them and address any matters they raised about the service. A care worker provided us with an example of when they had raised an issue to do with the service which had been addressed promptly. A care worker told us "I get listened to,"

People's relatives told us they had opportunities to feedback about the service including completing satisfaction surveys about their view of the service. Results of feedback during December 2015 showed people; their representatives and professionals were positive regarding the services and care provided. An action plan provided to us following the inspection showed that action had been taken to address issues and make improvements in response to people's feedback.

People's relatives also had the opportunity to attend regular meetings with senior management staff to feedback about their views of the service. A person's relative told us "We now have regular meetings which the regional manager and Chief executive officer [CEO] attends. They listen to us." They provided us with an example of an issue that they had raised which was promptly addressed and resolved by staff. Other comments from relatives included "We feel valued and listened to," "I feel more involved now," "We feel free to have our say," and "They [staff] send us a form asking for feedback."

A range of records including people's records, visitor's book, communication book and health records for individuals showed that the organisation liaised with a range of professionals to provide people with the service that they needed. The host local authority carried out regular monitoring visits of the service. A quality monitoring visit by the host local authority carried out in February 2016 had identified some areas where improvements were needed. A follow up visit by the local authority in April 2016 showed the provider had promptly addressed the issues. Care workers knew about the policies and procedures related to the care of people and the running of the service and how to access them when this was required.

Records showed the service had produced a 'Vision Statement' for the home included goals and timescales to improve and develop the service. These included improving the environment of the home and 'to encourage and support all service users to increase their independence and reach the goals identified via outcomes frameworks.'

The service had quality assurance systems in place to monitor the service and check whether it was delivering high quality care. Regular audits designed to monitor the quality of care and identify any areas where improvements could be made had been completed. The regional director of the service had undertaken monthly audits of the service and managers undertook a range of audits to make sure people were receiving a safe and effective service. These included checks of people's care plans which we saw had led to improvements being made. Monitoring checks of people during the night were carried out and daily checks of the medicines, cleanliness of the kitchen and fridge, freezer and medicines storage temperatures were carried out. Regular health and safety checks of the environment were completed and maintenance issues were addressed.