

Care Management Group Limited

Masons Hill

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?

Outstanding 

Overall summary

This inspection took place on 15 June 2015 and was unannounced. At the last inspection on 3 June 2014, the service met all the regulations that we inspected.

111 Mason's Hill provides personal care and support for up to six adults who have a range of needs including learning disabilities. The people who use this service live in their own flats and have a separate tenancy agreement with a housing association at this address. There were six people receiving personal care and support at the time of our inspection.

The service had 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.

We spoke with people, their relatives, staff and professionals and the feedback we received was consistently positive and complimentary about the manager, staff and the service provided.

People and their relatives expressed confidence about their safety and told us they were safe and well looked after. We observed that people looked happy and

Summary of findings

relaxed. All staff were aware of how to recognise signs of abuse or neglect and what to do if they had any concerns. There were suitable plans to cover emergencies. The provider operated a safe recruitment system and there were enough care workers to meet people's needs. Checks were carried out on the premises and equipment. Medicines were safely administered.

Care was planned and delivered to protect people's safety and welfare. Risks to people were identified with plans in place to reduce the likelihood of any harm occurring. People had detailed plans of care for their health and support needs which included their preferences and any concerns they had. Staff had guidance on how to meet people's support needs detailed within the plans. Relatives told us they were involved in reviewing the plan of care and support.

Care workers understood the importance of gaining consent where possible before they provided care. They told us where people may have difficulty expressing their view, how they looked for signs from people that they were happy with the support they provided. Care workers knew what to do if people could not make decisions about their care needs and relatives were involved in best interest meetings with professionals when required to make specific decisions. Staff knew about the requirements of the Mental Capacity Act 2005 (MCA).

People received enough to eat and drink and their preferences and any cultural needs were taken into account. People's health needs were closely monitored and the service worked closely with health professionals to ensure people got the right support. Staff received enough training to support people adequately. There was a detailed induction programme for new staff. Staff told us they felt well supported to do their job.

The feedback we had from people, relatives and professionals was that the focus of the service was on providing personalised care that was consistently responsive to people's changing needs. People were supported as far as possible to make decisions about their care and support. Staff spent time getting to know

people well. They understood people's preferences, likes and dislikes regarding their care and support needs. A range of methods were used to help people communicate and make choices. Staff respected people's privacy and treated them with respect and dignity.

People and their relatives told us the service was consistently and exceptionally well led. Feedback from staff and health and social care professionals echoed this. Staff told us that they worked well as a team to meet people's needs. There was a visible management structure in the home and staff and relatives felt the manager in particular was always approachable and had a can do attitude to any difficulties. The manager was aware of their responsibilities as registered manager and had fulfilled these consistently.

There was a strong emphasis on continually striving to improve the quality of the service. There was an open culture focused on delivering person centred care. There were a range of opportunities for people, relatives and staff to feedback their ideas about a variety of topics. These included forums, meetings and questionnaires. There was a new initiative aimed to "drive up quality" across all the services. The provider had signed up to the 'Driving Up Quality Code'; a government launched idea aimed at encouraging providers to improve quality in services. This involved seeking feedback from service users, relatives and professionals to identify key areas to focus on and the results of the first assessment day were available on line for people to view. The provider organised awards ceremonies to celebrate talent and achievements of people who used its services and the staff they employed. The manager had been nominated by a relative and was awarded manager of the year 2014.

There were robust systems in place to continually monitor the safety and quality of the service provided effectively and to consider any necessary improvements for the service. The manager carried out monthly audits across the service and there were three monthly audits conducted by the provider. Any actions identified were addressed promptly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe using the service and with the staff who supported them. Staff were aware of how to raise safeguarding alerts or concerns if they needed to. Risks to people were identified and guidance given to staff to reduce risk. There were arrangements to deal with emergencies.

People told us there were enough staff at the home on each shift to support them safely. Our findings judged this to be the case. Safe recruitment practices were followed.

Medicines were handled and stored securely and administered to people safely and appropriately.

Good



Is the service effective?

The service was effective. People and their relatives were positive about the staff and told us they had the knowledge and skills necessary to support them properly. Records showed staff were given training in a range of areas and this was refreshed.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and said they always assumed a person could make their own decisions about their care and treatment. We observed people were asked for their consent before support was offered to them.

People told us they were supported to have enough to eat and drink. Staff were aware of any special diets people required either as a result of a cultural or a health need. People's weight was monitored for unplanned weight loss or gain.

People and their relatives said they had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians. Professionals said the service worked closely with them and responded to advice.

Good



Is the service caring?

The service was caring. People and their relatives told us staff were caring responded to them with kindness and relationships with staff were friendly and positive. Information was provided in a format to suit people's communication needs.

People told us staff respected their dignity and need for privacy and were aware of the need for confidentiality.

People were involved in making decisions about their care, treatment and support as far as possible. Staff knew people well and understood their different needs, preferences and the varied ways people communicated. People had regular sessions with their key worker and planned their menu and activities each week. Tenants meetings were held regularly for people to express their views.

Good



Is the service responsive?

The service was consistently responsive. People described the responsiveness of the service in consistently positive ways. People using the service had personalised care plans and their

Good



Summary of findings

needs were regularly reviewed to make sure they received the right care and support. Staff responded quickly when people's needs changed, and consulted with relatives where this was needed. The focus of the care and support provided was continually person centred rather than task focused.

People were supported to find employment where possible and involved in a range of activities they enjoyed and that stimulated them. They were supported to maintain relationships with their friends and relatives. People's confidence and self-worth was enhanced as a result

There were opportunities for people to express their views about the service. Tenants meetings were held and there were monthly key worker meetings. There was a complaints policy written in an easily understood format. There had been no complaints since the last inspection.

Is the service well-led?

The service was consistently and distinctively well led. People, their relatives and staff all told us the manager was approachable, open and led the staff team well. They were all enthusiastic in the way they described the contribution of the manager and the ethos of the organisation. Relatives told us the provider was also available to listen to their views.

There was an open culture focused on delivering person centred care. There were forums and opportunities for people, relatives and staff to feedback their ideas about a variety of topics. A quality improvement drive had been implemented by the service and feedback had been sought and was available on line for people to view. The provider organised awards ceremonies to celebrate the talent and achievements of people who used its services and the staff they employed. The manager had been nominated by a relative and had been awarded manager of the year 2014.

The service had a robust system to monitor the quality of the service through internal audits and provider audits across the various aspects of service delivery. Any issues identified were acted on. The service had been rated outstanding by the providers' quality monitoring team for its quality assurance two years running.

Outstanding



Masons Hill

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.

This inspection took place on 15 June 2015 and was announced. We gave the provider 48 hours' notice of our inspection as it is a small service and we wanted to make sure people and staff were in. The inspection team consisted of one inspector.

Before the inspection we looked at the information we held about the service including information from any notifications they had sent us. We also asked the local authority commissioning and safeguarding service for their views of the service.

At the inspection we spoke with four people who use the service and observed staff and people interacting. We spoke with four care workers, the deputy manager and the registered manager of the service. We observed a staff handover meeting. We looked at three records of people who used the service and five staff recruitment and training records. We also looked at records related to the management of the service such as staff rotas, audits and policies. After the inspection we spoke with four relatives by phone to gain their views about the service. We also asked three health and social care professionals for their views about the service.

Is the service safe?

Our findings

People told us they felt safe at the service, free from discrimination and well supported by care workers and managers. One person told us “I am safe here and staff know me.” Another person said “I feel safe here and staff are here if I need them.” People knew what to do if they had any concerns and we saw there were pictorial guides displayed in the hallway for easy access, to cover a range of situations such as keeping safe outside and keeping safe on social media. People told us these had been discussed with them and we saw tenants meetings included discussion about aspects of safety.

Care workers knew how to keep people safe, the signs of possible abuse or neglect and what they should do if they had any concerns. There were guidelines for staff on managing money. Care workers were also aware of which external agencies they could report concerns to under whistleblowing. They received regular refresher training on safeguarding adults. Safeguarding policies and procedures provided additional guidance for care workers and were accessible including guidance on how to raise a safeguarding alert. All staff had signed to say they had read and understood the policy. There had been no safeguarding concerns since the last inspection.

Possible risks to people were identified and monitored and guidance was available to staff to reduce these risks. A full assessment was carried out before someone started to receive personal care. Possible risks to people were considered and a written plan made to reduce likelihood of these risks occurring. Relatives told us they thought staff had a good balance between promoting people’s independence and enabling people to be as safe as possible. A relative told us how the service had worked with their family member to enable them to travel independently to work which they had not been able to do previously. Records showed how this process had been assessed for risks, support given to gradually achieve this independence and there was a back-up plan which the person, family and staff were all aware of.

Individual risks for example risk of falls or choking or risks outside in the community were regularly assessed as well as possible risk to others. There was detailed guidance for staff on what may trigger the risk and the likelihood of it

occurring. Accidents and incidents were recorded and the records included what action staff had taken to respond and minimise future risks. These were analysed for learning and discussed at staff meetings.

There were arrangements to deal with emergencies to reduce risks to people. Care workers knew what to do in response to a medical emergency and received first aid training and training on epilepsy so they could support people safely in an emergency. There were suitable arrangements to respond to a fire and manage the safe evacuation of people in such an event. People had pictorial reminders about what to do on display in their flats. There was always a manager present or on call for support or advice if required and contact numbers were displayed for easy access. There was a business contingency plan for emergencies which included contact numbers for emergency services and gave advice for care workers about what to do in a range of possible emergency situations.

There were safe recruitment practices in place and appropriate checks were conducted before staff started work so that people were cared for and supported by staff that were suitable for the role. Care workers we spoke with told us that pre-employment checks including criminal records, identity and character checks were carried out before they started work. We saw this evidenced in the recruitment records we looked at. Identified gaps in people’s employment history were checked for and discussed at interview if needed.

People told us there were enough staff to meet people’s needs and care workers were available to support them when required. One person told us “Yes there are always staff about if you need anyone.” The manager told us there had been recent changes in staffing and they had needed to recruit new staff that had now started work. On the day of the inspection two new care workers were completing part of their induction training. The manager said although care workers were willing to do extra work they had needed to use agency staff to fill gaps and cover where needed. However they had managed to keep the same regular agency staff for consistency and this had worked well. Staffing levels were arranged to cover the needs of people at the service, for example if people needed support from more than one staff member to go out. One care worker started at 5pm to provide extra support for any evening activities. The manager and deputy manager worked on shift to ensure adequate support was available and worked

Is the service safe?

some weekends as well as weekdays. There was one waking night staff and an extra staff member sleeping in to support people if needed overnight. Care workers told us there were enough staff although they needed the support of regular agency staff to make this possible at present.

People were supported to take their medicines when needed. Medicines were administered by staff that were trained to do so. Staff had their competencies to handle medicines checked. The Medicine Administration Records (MAR) were up to date and corresponded with the amount

of medicines administered. People had detailed records for their medicines these included guidance on when to offer as required (PRN) medicines, an identity photograph, and details of any allergies or possible side effects of medicines for care workers to be aware of. Medicines were suitably and safely stored. Monthly medicines audits were completed to check for any issues. The provider had guidance for care workers about procedures for medicine errors should they arise.

Is the service effective?

Our findings

People and their relatives said care workers understood how to support people and were knowledgeable about their roles. One person told us “Staff know what I need and what needs doing here.” A relative said “There have been some staff changes but all staff seem confident and knowledgeable. They know people very well and understand their needs.” Another relative told us “I am very pleased with the staff team; they all do their job well.” Care workers told us they received the training they needed to know how to support people safely.

There was a range of mandatory training provided that staff regularly refreshed. This included training on communication, health and safety, manual handling, first aid, mental capacity, safeguarding adults, and other areas. There was also specific training such as person centred care, and training for care workers around responses to behaviour. Records confirmed staff training was up to date.

Induction training was provided to new staff to help them learn about their role and the needs of the people they would support. The topics covered followed guidance from a recognised body for social care training. The manager had attended training on the new Care Certificate and this had been introduced at the service. The induction included reading policies and procedures, a period of shadowing with an experienced care worker and training. We spoke with a new member of staff who had recently completed their induction training and told us they felt it had prepared them well for their role. They said “The manager here is really helpful as well you can ask at any time for advice and support.” We saw the induction programme detailed tasks which were signed off when the new staff member was competent. The manager told us the induction period was about a month long to ensure new staff knew how to support people safely in and outside the service but it could be varied for individual staff needs. Care workers told us that if they identified a need for additional training in any areas then this was promptly arranged.

Care workers had also completed other training qualifications such as the Health and Social Care Diploma or equivalent qualification to develop their skills and improve standards. Additional training was provided by the manager when they identified a need. The manager told us and staff confirmed that she had arranged for a behavioural specialist to come in and review the guidelines and positive

behaviour support plan in place, for someone who used the service, with the whole staff team to get the best outcomes for this person. The manager told us this contributed to the effectiveness of the interventions. We found there had been a significant reduction in incidents related to behaviour that requires a response in the last 12 months from three or four a month to less than one a month.

Staff said they had a yearly appraisal and supervision sessions arranged throughout the year and this was confirmed from records. Staff could bring up any issues they were concerned about during supervision. Informal supervision or support was also available: care workers could speak to their manager in between formal supervision sessions. Care workers confirmed they were able to do this and told us they felt well supported by the manager. One care worker told us “The manager is brilliant you can always go to her if anything is bothering you or you are not sure about something.”

People’s rights in respect of decision making and consent were respected. People told us that staff asked their permission before they supported them. One person told us “They ask me if I am ready for help to make my lunch and if I say no not yet they go away and come back later.” Care workers understood the importance of asking for consent from people before they supported them. We heard staff ask people’s permission before carrying out any care or support. We observed a handover meeting in which among other things staff discussed clues from people’s body language and behaviour where people could not communicate to confirm if they were happy with what was being offered. They understood that people’s capacity to make some decisions varied depending on how they felt. In discussion about this topic staff spoke in terms of empowering people to make choices and manage their lives as far as possible. Care workers told us that if the person could not make certain decisions then they thought about what was in the person’s ‘best interests’. This meant they asked relatives or representatives close to the person as well as other professionals for their views. Relatives confirmed they were involved in discussions about some decisions in relation to their family member’s care. We saw evidence of best interests meetings with professionals and families in relation to particular health decisions.

Is the service effective?

We saw there was accessible guide to the Mental Capacity Act in easy read format. The manager told us this had been discussed with the tenants, to help them understand about their rights under the Mental Capacity Act.

Care workers had received training on the Mental Capacity Act 2005 (MCA) which protects people who may be unable to make specific decisions about their care. An application for Deprivation of Liberty authorisation to the Court of Protection was in the process of being made at the time of this inspection. This authorisation application is applied for where people may need to be deprived of some aspects of their freedom for their safety and protection. The manager demonstrated knowledge about her role in relation to MCA and the circumstances when an independent mental capacity advocate might be needed to support someone with making a decision

People's nutritional and dietary needs were considered and personalised plans in place to support them. For example if people were at risk of choking there was advice for staff about cutting food into small portions. People's weight was monitored regularly to reduce any health risk. Food and fluid diaries were used to monitor where there were concerns about whether people had enough to eat and drink. People told us they were encouraged to help prepare their own meals supported by staff. This included menu planning, budgeting, shopping and cooking. One person commented "My keyworker helps me think about what to choose, what is good for you and what I like." We saw healthy lifestyle packs which included information sheets for staff to use when menu planning to discuss with people about dietary needs and what foods were part of a healthy diet. There were pictorial menu planners to help people who may have difficulty communicating their preferences. We observed a discussion about the CMG healthy lifestyles pack and how best to use it to help tenants understand the importance of keeping healthy at the staff handover meeting. Food in people's fridges was

date marked to ensure it was only used when it was safe to eat. A relative told us "They are encouraged to make choices but they educated about what foods are better for them and what foods to eat less of or avoid."

People's health needs were assessed and guidance provided to staff. People had a pictorial health action plan based on a health assessment that detailed for care workers the support they required for their health needs. These were detailed to cover all aspects of their health and were updated regularly following appointments and advice from health professionals. People had established goals they had decided on such as 'get fit'. We saw how staff supported them to work these goals into their weekly schedule.

People were supported to access the relevant health care services they required to meet their health needs. Care workers could attend appointments with them to support people where needed. Detailed records of health care appointments and visits were kept in people's files and explained the reason for the appointment and details of any treatment required and advice given. So that care workers had clear understanding of any issues and treatment. People also had a pictorial hospital passport which outlined their health and communication needs for professionals when they attended hospital.

The service worked with a range of professionals within the community learning disability team including for example social workers, nurse and psychiatrist and psychiatrist and other health professionals such as the GP, dentist and optician. The manager told us they had very effective working relationships with health professionals and found them all responsive and supportive. This was supported by health professionals we contacted. They told us staff worked well with them and reacted promptly to refer people to them appropriately. They said staff knew people they supported well. Relatives told us they were kept informed about people's changing health needs and involved where it was appropriate to do so.

Is the service caring?

Our findings

People told us that staff were caring and kind. One person said “The staff are good.” Another person said “You can talk to staff if you have a problem. They listen to what I say.” Relatives were unanimous in their views that the staff team were caring and had developed positive supportive relationships with people they provided personal care to. Two relatives commented they were reassured and “delighted because (their family member) can’t wait to get back” when they have been out. Another relative told us “I am more than happy with the care and support provided. Staff are warm and welcoming.” We saw a comment from a survey completed by relative that described the service as “warm and nurturing”. Staff interactions with people were friendly, encouraging and supportive. One relative said they were very happy with the service however they had sometimes found with the staff changes that while all staff were very caring some staff were less consistent in their approach on occasions.

Not everyone at the service could communicate their views and we observed in the handover how staff recognised behavioural signs as indications of happiness or distress and gestures for indications about some people’s wishes. Where people were limited in their capacity to express their views care workers had a picture board they could use to communicate and understand people’s preferences better.

We observed a handover meeting in which it was evident both care workers and managers knew people’s personalities, preferences and needs well and that people’s care was personalised to meet their individual needs. Care workers spoke about the support needs for each person and from their discussion it was clear they asked for people’s consent before they offered support and were flexible in adapting to people’s choices. For example care workers had made a change to the evening activity a person wanted support with. Consistency across staff responses was also encouraged through discussion of how to manage aspects of some behaviour. People’s individual needs were taken into account; on the day of inspection the manager was aware of the need to warn some people who may get alarmed about unexpected noise from maintenance work at the property that day.

People’s rights to privacy and dignity were upheld. People told us staff respected their privacy and dignity. One person told us “Staff knock on the door and wait until I say come

in. If you say go away then they do for a while and come back.” Care workers were aware of the need for confidentiality at all times and gave example of how they protected people’s privacy when they provided personal care. A relative told us “The staff are warm and friendly and aware of appropriate boundaries.” An example was described to the inspector by the manager where a person who used the service raised a concern that people had not always knocked and waited for a reply before coming into their flat. A sign was designed with the tenant which we saw on the door asked people to knock and wait for a reply before coming in.

People told us they were involved in planning their care and support. Each person had a member of staff who acted as their key worker; their personal choices in these were considered. One person told us “I sit with my key worker and we plan my meals and what I want to do for the week. They ask what I like.” Key workers held monthly meetings with the person concerned to discuss their care and support needs and any issues they had. These were recorded and any action identified was picked up.

People were encouraged to take part in their annual review with the local authority. Care workers gave examples of where they advocated for people such as in looking for potential employment opportunities. There was information about people’s personal life histories that helped care workers understand people’s backgrounds. This included information about any people’s disabilities, race, sexual orientation, religion and gender so that support plans could address their needs appropriately.

Relatives of people told us care workers kept them informed where relevant of any issues or concerns. They said they were consulted about any changes in the support plan and their views considered where this was relevant. We saw feedback from a survey from one relative this year that said “The service does really well in communicating with us on all matters relevant to (family member). It has done particularly well in fostering a sense of independence and self-worth.”

People were provided with information about the service. Community events and information about the service and provider of possible interest were written in plain language and were accompanied by pictorial images to assist people to understand their meaning. A monthly newsletter updated people about any new local events and included

Is the service caring?

photographs of previous events enjoyed by people. A poster designed by a care worker reminding people of their rights and leaflets for a local advocacy service were displayed in the hallway so they were accessible.

Is the service responsive?

Our findings

The service had an ethos strongly focused on supporting and empowering people to make informed choices, as far as possible, about their lives. People told us they had a personalised support plan detailing the support they needed and told us that they were involved in making any changes needed to the plan. The plans contained information about each person's needs such as their interests, physical and mental health, social networks, and preferred activities and were written using photographs, symbols and clear language. The plans reflected a person's capabilities, and what support they needed to achieve their personal goals. The ethos of the service was to be as responsive to people's changing needs as possible. One person showed us their plan and discussed a change they were looking at with their key worker and manager. People told us the plans were flexible to accommodate their preferences and changes to their needs. We observed this was the case from staff discussions at handover about people's individual needs. Relatives told us they thought the service did consistently well at providing personalised care. One relative told us "They really do get the individualised care that they need." Another relative said "The support is very good. My (family member's) independence is supported and their self-esteem has improved considerably since Care Management Group (CMG) took over the service."

The service promoted social inclusion, education and employment for the people they supported. These opportunities were individualised and included in people's support plans. People using the service were supported by staff to find opportunities for paid or voluntary employment, or opportunities for learning and development of their skills at local colleges with support where needed from staff. These included working with homeless people at a soup kitchen and charity shops, working at a local supermarket and City and Guild certificates in Gardening. The manager told us that people were supported as far as possible to find some employment which enabled them to be active members of the community. Two people spoke enthusiastically about the tasks and responsibilities in their work and clearly benefitted from their roles.

The service had links in the local community. For example care workers contributed to support a local swimming club

that people attended through acting as 'spotters' at the pool side to ensure people were safe. One person regularly attended football matches at the club where they were a supporter. People were involved in a range of activities they enjoyed. They told us about the various activities they engaged in throughout the day time and evening with the varying degrees of support from care workers. It was clear they were provided with stimulation and community links that benefitted their self-esteem. These opportunities were individualised and included in people's support plans. Other activities included physical exercise such as dance, Pilates, cycling or other skill based activities such as adult learning courses, art or photography. People had built up links within the community they lived through these activities.

The service was responsive to people's individual needs and preferences, and supported people to be as independent as possible. For example supporting people to travel independently abroad to visit family. The written plans gave staff clear guidance on the level of support people needed and what aspects of their care they could manage themselves to encourage independence. This helped to build and maintain people's life skills and confidence. For example one person's eating and drinking plan stated they could choose their menus and were able to eat and drink independently but needed support with portion control. These plans were discussed at key worker sessions and people's reviews updated and reviewed regularly.

Relatives described working in partnership with the service and were involved and consulted while their family member's independence was also respected. One relative said "We work together on what my (family member) wants." Occasional social events such as a summer barbecue were also arranged for people to attend with their families to meet staff and managers on a more informal basis and foster an ethos of working together in people's interests. They told us the service focused on responding to each person and their individual needs promptly. Staff knew the triggers and different signs of distress people could show and how best to manage these. People had access to I pads, laptops and phones to access information, plan activities or keep in touch with family members,

Feedback from health and social care professionals confirmed the service consistently focused on providing

Is the service responsive?

person-centred care in a planned but responsive way to people's changing needs. One health professional commented "Brilliant...they work very well with multi agency staff.. I have found the team to be committed in what they do and very caring towards their clients." The manager had created a culture in which the service looked to continual improvements in the support offered to people. The service had worked successfully to reduce the number of incidents of behaviour that requires a response to less than one a month. Behavioural charts were used to detail the incidents and the staff team discussed and analysed these to try to reduce the likelihood of reoccurrence. They worked closely with the community disability team regarding changes in behaviours to ensure people's needs were met.

People showed us how they had built in time to compete their daily routine tasks such as laundry and shopping as well as time to relax and socialise; so that people could lead as full a life as possible. The manager told us it was a constant challenge to source meaningful activities as opportunities had disappeared within the community. She and the care workers explored opportunities in the area that may appeal to different people at the service and expand their skills and hobbies or encourage existing ones. For example someone at the service was supported to care for a pet and people were encouraged to develop their life skills. Care workers had offered themed food classes to people who wanted to develop their skills or enjoyed cooking. One person told us that part of their support plan they wanted to develop skills baking and we saw they had been supported to make a cake that week. Their self-esteem and confidence had clearly been enhanced with this experience.

Where people had identified strengths they were supported and encouraged. A relative told us how the service supported their family member's skills by helping them attend a range of events sometimes at short notice or attending to support them performing where possible. The

manager told us that they frequently reviewed activities with people to check they were still meaningful for them. Occasional group social activities were organised if people expressed an interest such as to a local club. A musician came to the service to entertain people who were interested. The manager told us the provider organised an annual 'Olympics' event for people to take part in across all of its services. The provider also organised an annual 'honours' ceremony where people were given awards in recognition of their contributions as volunteers or for their employment achievements. We saw where relevant people had these awards displayed in their flats. These events and the recognition of participation and achievement helped to encourage skills and foster a sense of achievement and group enjoyment in group and formal settings.

People's feedback was valued and listened to. There were opportunities for people to express their views about the service. People told us they had not needed to complain but if they were unhappy about anything they would speak with their key worker or the manager. They said they were confident any issues would be resolved quickly. One person told us "If I am unhappy about something then I speak with staff and it will get sorted out." Tenants meetings were held regularly for anyone who wished to go to discuss any issues people had. These were chaired by people using the service and we saw where any actions were required by staff these were followed up.

There was a pictorial guide to making a complaint that was available in the hallway. It explained how to make a complaint and what to do if you were unhappy with the response. Relatives told us they had not needed to complain since the current provider had taken over the delivery of care. They were aware of the complaints policy and said they were confident they could resolve any issues by speaking with the manager should the need arise. The complaints log had no recorded complaints since the last inspection.



Is the service well-led?

Our findings

People told us the service was well managed and well led. They all knew who the manager was and spoke in very positive ways about her. Two relatives described the manager as “simply outstanding.” One person told us “She makes sure things get done.” Relatives were also consistently positive about the manager, the leadership of the service and the provider organisation. One relative also remarked “She is a channel for response and good communication.” They all agreed people’s care and support had improved considerably since Care Management Group (CMG) had started to deliver the regulated activity two years ago. One relative told us “The manager is excellent; she is always on the ball.” Another relative said “I am very, very happy with the manager there. The service has improved tremendously. There is a really good atmosphere and a good balance of encouraging independence and keeping people safe.”

There was a registered manager in post who had worked at the service for two years. She understood her responsibilities as a registered manager and had submitted relevant notifications to CQC as required. She was aware of her responsibilities under safeguarding adults’ procedures and a social care professional commented on the positive contribution and impact for a person using the service the manager had made to an historic safeguarding concern. The professional commented on the person centred nature of the manager’s approach. The professional also told us that the manager had referred an issue to them for consideration about capacity and decision making in respect of someone using the service. The manager supported a person-centred approach and continually looked for ways to improve the service, as well as meeting her other responsibilities as a registered manager.

The manager had been awarded manager of the year at the provider’s annual staff awards for 2014. Records showed she had been nominated by a relative who had written “The manager is always willing to talk to you and try her hardest to put things right, she will listen to you or your relative, she also comes up with some very good and proactive ideas for the tenants.” The manager was supported in her development through individual supervision, manager monthly meetings and annual conferences to share ideas and drive improvements.

Professionals described the leadership at the service positively. One health professional told us the manager “has been brilliant!She works very well with multi agency staff. I have found the team to be committed in what they do and very caring.” Another professional said “The staff are very, very good especially the manager. They all know people well and their records are always up to date.” Another professional said “There is a real can do attitude from the manager.”

The manager had developed and sustained a positive culture in the service. Staff understood the aims and values of the service to provide individualised support to people and to respect people’s individuality and enable them to reach their full potential. Staff and people using the service were empowered and encouraged to raise issues of concern with the registered manager, which they were confident would be acted on. Staff described the manager as someone with strong leadership skills and told us she was approachable and visible at the service and led the staff team consistently well. One staff member told us the manager was “Outstanding, she leads from the front and gets things done. It has been difficult this year with staff changes but the manager has really worked hard to make sure of consistency. You can go to her to discuss any issues.” Another staff member said “We have a good manager here. You can bring anything up that is bothering you and she listens. She will address any issues.” A third staff member commented “She really gets stuck in. With the staff changes she has managed to be on top of things, she works hard and we feel well supported.”

The provider and the manager encouraged an open culture. We observed people felt able to express their views in a relaxed way to staff. Relatives told us they felt listened to and their views were considered. The regular tenants meetings and key worker sessions offered further opportunities for people to be involved and discuss their views.

The manager ensured there were regular handover and team meetings to encourage consistency and team work. A daily planner showed tasks were allocated to care workers so that it was clear where responsibility was placed. Staff told us they worked well as a team and, although there had been staff changes which had been a challenge, they had been able to support people effectively.

The service had identified creative ways to enable people to be empowered and involved in the running of the



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service. For example, people using the service were included in the interview process for new staff where they wished to. There was a provider service users' parliament and service user forums for people using the service in different locations as well as a provider staff forum. These offered different opportunities for people and staff to feed in their ideas for improvement and ensure people's voices were heard

The manager told us there was a specific forum looking at improving quality and a staff member and tenant currently attended this group. The provider had signed up to the 'Driving Up Quality Code'; a government launched idea aimed at encouraging providers to improve quality in services. This had involved a self-assessment day across all services involving service users, relatives, staff and commissioners of service. The report, in an easy to read format, was available on the providers' website and demonstrated openness but identified areas of improvement such as including service users and relatives input in training staff. The manager told us this had been offered to people at the service but no one had wanted to take this opportunity up at this time and it would be offered again in the future. We saw the drive up quality code had been discussed in the most recent staff meeting and future key worker sessions were to include discussion of what was done well and what staff could improve on.

Relatives also told us they thought the organisation was open to feedback and the chief executive officer had met with the relatives as a group, when the organisation had taken over the service, to listen to their views. The provider also sought feedback from people, their relatives and professionals about the service through surveys. These were compiled into feedback for the service to consider any areas for improvement. We looked at the survey responses from the previous year and found responses were positive. A questionnaire completed by a professional stated "The manager is hands on and this helps with knowing what is needed to ensure the service is effective and personalised." Relatives comments included "happy and nurturing", "the team are committed and reliable," and "(family member) continues to grow which is a positive testament to the quality of the service received."

There was a strong emphasis on continuous quality improvement at the service. The manager told us how the organisation had its own internal quality rating system, to encourage improvement and services were awarded a

rating each year by the regional director. The home had received a rating of "outstanding" in their quality assurance for two consecutive years. The manager carried out monthly audits to check on the quality of the service such as health and safety checks and medicines audits. Where issues were identified such as a problem with the door system these were reported promptly to the housing association. The provider carried out their own quarterly audits which covered all aspects of the service including a review of the monthly audits. An action plan was drawn up following the audit and any actions identified were resolved. For example any overdue training was promptly identified and completed.

The local authority safeguarding team and commissioners of the service told us they had no concerns at all about the service. The commissioners told us "They have delivered a good service and we have not had any complaints about them at all." We saw the report of the last quality monitoring visit from the local authority and no issues were identified. Suggestions made, for example about end of life care plans, had been acted on promptly by the manager.

The provider used learning from past incidents to improve outcomes for people. The provider had developed an independent monthly safeguarding board that reviewed any safeguarding event across its services to monitor progress and ensure that any lessons were shared throughout the organisation. The manager told us they reported back the information from these meetings at their team meetings to consider if any action was needed to improve any areas as a result. For example a new more detailed financial form was introduced in June 2015 to ensure there was sufficient detail recorded about people's finances.

The provider had a focus on striving to improve the quality of the service. The organisation was a member of a number of national organisations whose aim was to improve the quality of life for people with learning disabilities. This helped keep them informed of any new developments in practice at the earliest opportunity. These included the British Institute of Learning Disabilities and the Learning Disability Alliance as well as the National Social Care Skills Academy aimed at improving the skills of staff employed in social care settings and as a result had already begun to introduce the new Care Certificate for new staff to the



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organisation. The organisation was represented in the nominations as finalists in a number of categories for the National Learning Disabilities awards 2014 and nominations as finalists for the 2015 awards.