

The Drive Care Homes Limited

Glover House

Inspection report

Glover Road
Willesborough
Ashford
Kent
TN24 0RZ

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10 June 2019

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Website: www.drivecarehomes.co.uk

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Glover House is a residential care home for eight younger adults and people who need support due to having learning adaptive needs/autism. It can also accommodate people who have physical and/sensory adaptive needs.

At the time of this inspection there were three people living in the service. All of these people had complex needs for support and one person used an individual form of sign-assisted language to express themselves.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who live in the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning adaptive needs/or autism to live meaningful lives that include control, choice, and independence.

For more details, please read the full report which is on the CQC website at www.cqc.org.uk

People's experience of using the service:

People and their relatives were positive about the service. A person said, "I'm good here and I'm happy here." A relative said, "I think the staff at Glover House are excellent and so I never have to worry about my family member."

People were safeguarded from the risk of abuse.

People received safe care, treatment and support in line with national guidance from support staff who had the knowledge and skills they needed.

There were enough support staff on duty and safe recruitment practices were in place.

People were supported to use medicines safely.

Lessons had been learnt when things had gone wrong.

People had been helped to receive medical attention when necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Some parts of the accommodation had not been well maintained.

Support staff were courteous and polite.

Confidential information was kept private.

People received person-centred care and they were supported to pursue their hobbies and interests.

There were robust arrangements to manage complaints.

There were arrangements to treat people with compassion at the end of their lives and to enable them to have a pain-free death.

People had been consulted about the development of the service and quality checks had been completed.

Good team work was promoted and regulatory requirements had been met.

Why we inspected:

This was a planned inspection based on the previous rating. At the inspection in May 2018 we found a breach of regulations. This was because one person had not been supported to use one of their medicines in a safe way. At this inspection in June 2019 we found that people were being supported to take medicines safely. This meant that the breach of regulations had been addressed.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Glover House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered persons were meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the service on 10 June 2019.

Inspection team:

The inspection was completed by one inspector.

Service and service type:

Glover House is a care home that provides accommodation and personal care for eight younger adults and people who need support due to have learning adaptive needs/autism. It can also accommodate people who have physical and/sensory adaptive needs.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager had been in post at the time of our previous inspection in May 2018 but had not been registered by us until after the inspection.

Notice of inspection:

This inspection was announced. This was because the people who lived in the service had complex needs for support and benefited from knowing in advance that we would be calling to their home.

What we did:

We used information the registered persons sent us in their Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. This information helps support our inspections.

We spoke with all the people living in the service using sign-assisted language when necessary.

We spoke with four support staff, the registered manager and the head of care.

We reviewed documents and records that described how support had been provided.

We examined documents and records relating to how the service was run. These included health and safety, the management of medicines, learning lessons when things had gone wrong, obtaining consent and staff training. They also included the support plans for all the people living in the service and the personnel files for two support staff.

We reviewed the systems and processes used by the registered persons to assess, monitor and evaluate the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely:

- At our previous inspection in May 2018 we found there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because robust arrangements had not been made to quickly change the amount of a medicine offered to a person after a doctor had revised their prescribing instructions. After the inspection the registered persons sent us an action plan to describe the steps they had taken to address the shortfall. This included a new system to double-check that revised prescribing instructions were quickly put into effect. At this inspection in June 2019 suitable provision had been made to ensure that doctors' prescribing instructions were promptly noted and implemented.
- People were helped to use medicines in line with national guidelines. There were suitable systems for ordering, storing, dispensing and disposing of medicines.
- Support staff had received training and had been assessed by the registered manager to be competent to safely support people to use medicines. There were guidelines for support staff to follow that said when and how each person needed to use medicines. Support staff followed these guidelines and helped people to take medicines in a safe way.
- There were additional guidelines for support staff to follow when dispensing variable-dose medicines. These are medicines that a doctor had said can be used when necessary. An example of this was medicines used to assist a person when they became upset and needed extra help to be reassured.
- Support staff completed a record of each occasion on which they assisted a person to use medicines. The registered manager had regularly audited these records to confirm that medicines were being managed in the right way.
- The arrangements to support people to use medicines safely meant the breach of regulations had been met.

Supporting staff to keep people safe from harm and abuse, systems and processes:

- People were safeguarded from situations in which they may be at risk of experiencing abuse. Support staff had received training and guidance. They knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. A relative said, "I'm completely confident that the staff are trustworthy and have the residents' best interests at heart."
- The registered manager had an audit tool that was used to list any concerns raised with them. They used the tool to ensure there was a detailed account of the action they had taken including notifying the local safeguarding authority and the Care Quality Commission.
- Prompt and effective action had been taken in response to a recent occasion when a person had avoidably

placed themselves at risk of harm. As a result of the action taken two support staff who had not assisted the person in the right way were no longer employed in the service. In addition, revised arrangements had been introduced to better assist the person to avoid placing themselves at risk of harm.

Assessing risk, safety monitoring and management:

- Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. A relative said, "I see my family member regularly and I know that they get the care they need. if they didn't I'd soon see it." A person said, "I like it because the staff help me do things for myself with all sorts and they're not bossy with me."
- At the previous inspection in May 2018 we found that more needed to be done to promote people's independence by taking reasonable risks. At the present inspection in June 2019 people were being supported in the right way to promote their independence. An example of this was a person being helped by support workers to safely use appliances when in the kitchen. The member of staff quietly reminded the person not to overfill the kettle and when boiled to pour the hot water slowly and carefully.
- People received safe support. This included a person who needed extra help due to having reduced mobility. Support staff helped the person to use a walking frame when indoors and a wheelchair when out in the community. They also assisted the person to safely use the toilet and the shower by holding onto support rails fitted to the wall.
- People had been helped to avoid preventable accidents. Hot water was temperature-controlled to reduce the risk of scalds. Windows were fitted with restrictors so they only opened wide enough for them to be used safely.
- The service was equipped with a modern fire safety system that was designed to enable a fire to quickly be detected and contained. In addition, support staff had been given guidance and knew how to provide each person with the individual assistance they needed to quickly move to a safe place in the event of a fire.

Staffing and recruitment:

- The registered manager had calculated how many support staff needed to be on duty. When doing this they had considered the support needs of the people living in the service. This included whether a person needed special care for a specific medical condition. Also, whether a person needed two support staff to assist them. An example of this was a person who needed two support staff to be present when they went out into the community. This was so the person felt reassured and could enjoy their trip out.
- Records showed that sufficient support staff were routinely on duty to provide people with the assistance they needed. We saw people promptly being assisted to undertake a range of everyday activities. This included using the bathroom, going to and from their bedroom and using the kitchen. A person who used sign-assisted language smiled and waved to a nearby member of staff when we asked them about the support staff on duty and the help they received.
- Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs they had done. References from past employers had been obtained as had disclosures from the Disclosure and Barring Service. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct.

Preventing and controlling infection:

- There were suitable measures to prevent and control infection. There was written guidance for support staff to follow to reduce the risk of infection. They had received training about the importance of good hygiene and knew how to put this into practice. Support staff correctly described to us the importance of regular hand washing.
- Support staff had been provided with antibacterial soap and we saw them correctly using disposable gloves when providing people with close personal support.
- There was an adequate supply of cleaning materials. Fixtures, fittings, furnishing, mattresses and bed linen

were clean. A relative said, "I always find the service to be very clean and hygienic and that's how it should be."

- The registered manager had completed regular audits to ensure that suitable standards of hygiene were maintained in the service.

Learning lessons when things go wrong:

- The registered manager used an audit tool to promptly analyse accidents, near misses and other incidents. This was so that lessons could be learned and improvements made. The audit tool contained information about what had happened and the causes so that trends and patterns could be seen. An example was the audit tool being able to identify the location where a person had fallen to indicate if it would be helpful to rearrange the furniture in that room to remove any obstructions.
- When things had gone wrong suitable action had been taken to reduce the likelihood of the same thing happening again. This included consulting with a person's relatives and requesting assistance from healthcare professionals. An example was support staff arranging for a person to see their doctor if they appeared to have become unsteady on their feet due to being unwell.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained as Requires Improvement.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Adapting service, design, decoration to meet people's needs.

- Some parts of the accommodation were not well maintained and this detracted from the service's homely atmosphere. Some of the carpets in hallways were worn and unsightly. In a number of places the paintwork on doors and skirting boards was scuffed, chipped and marked. In one person's bedroom, the wallpaper had been crudely secured using masking tape. Also, in this person's private bathroom there were holes in ceramic wall tiles where fittings had been removed and not replaced. Some of the radiators in communal areas were chipped and did not have covers fitted to their regulating valves. The cushions on one of the armchairs in the main lounge was split and the stuffing was coming out. A noticeboard in a communal area had been crudely protected behind a Perspex screen that had been fitted using bare wood, angle brackets and a padlock.
- We raised these defects with the head of care and the registered manager. They assured us that most of the shortfalls had already been noted and that repairs would quickly be completed to address all of them.
- There was enough communal space and each person had their own bedroom.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The registered persons had the necessary systems and processes to establish each person's wishes and choices before they moved into the service. This was so their support achieved effective outcomes in line with national guidance and met each person's expectations.
- The assessment process was also designed to establish what provision needed to be made to respect people's protected characteristics under the Equality Act 2010. An example of this was respecting a person's cultural or ethnic heritage by enabling them to choose the gender of support staff who provided their close personal care.

Staff support: induction, training, skills and experience:

- New support staff had received introductory training before they provided people with assistance. Support staff had completed training that was equivalent with the Care Certificate. This is a nationally recognised system to ensure that new care staff know how to care for people in the right way. New support staff had also completed a number of 'shadow shifts' to observe and learn from a more experienced colleague.
- Support staff had received refresher training to keep their knowledge and skills up to date. The subjects covered included how to safely support people who experienced reduced mobility and first aid. They also included how to help people manage healthcare conditions such as epilepsy.

- Support staff had regularly met with the registered manager to review their performance, the training they had received and to promote their professional development.
- At our previous inspection in May 2018 we found that support staff did not have all the knowledge and skills they needed. In particular, robust arrangements had not been made to enable support staff to reassure people when they became distressed and placed themselves and others around them at risk of harm. At the present inspection in June 2019 people were being given the reassurance they needed. Each person had a 'positive behavioural support plan'. These plans described how each person wanted support staff to help them avoid and manage potentially stressful situations. Support workers had received additional training and were implementing the guidance they had received. An example of this was support staff assisting a person to go shopping at less busy times of day. This was because experience had shown that the person disliked crowded places. Another example was support staff knowing how to consistently respond to occasions when another person became overwhelmed and rushed from doing one thing to the next. We saw support staff gently reminding the person how to recognise when they were going too fast. They suggested to the person that they slow down and focus on doing one thing at a time.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were helped to eat and drink enough. Support staff assisted each person to plan and prepare the meals they wanted to have as far as possible. This included helping people making a shopping list for the food they needed to buy, going shopping and cooking their meals.
- People told us about the meals they prepared. They described having a range of meals that provided them with choice and variety. A person said, "I choose what I want to have each day and the staff help me get in what I need and then help me in the kitchen because different things need different times to cook."
- People had been offered the opportunity to check their body weight. Support staff had liaised with doctors and dietitians if there were concerns that a person might not be following a balanced diet.

Staff working with other agencies to provide consistent, effective, timely care/ Supporting people to live healthier lives, access healthcare services and support:

- The registered manager and support staff helped people to receive coordinated care when they used or moved between different services. When people needed hospital treatment care support staff passed on important information to hospital staff. This included information about a person's healthcare conditions and how they were likely to respond to being in a setting that was not familiar to them. This was done so that the person's hospital treatment could be provided in an effective way.
- Support staff had promptly arranged for people to see their doctor if they became unwell.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care, treatment and support with appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- Whenever possible people had been supported to make decisions for themselves. We saw support staff helping people make decisions about the clothes they wore and how they organised their day.
- All the people living in the service needed assistance to make more significant decisions. This included

their use medicines, accepting medical treatment and managing personal finances. The registered manager had ensured that important decisions were made in each person's best interests. When doing this they had consulted with relatives and with healthcare professionals. A relative said, "I like the way the manager keeps in touch with me so I know what's going on. I can then be involved if a decision needs to be made about something that my family member can't make a decision about on their own."

- The registered persons had established robust systems and processes to ensure that people only received lawful care. The registered manager had applied to the appropriate supervisory bodies to obtain authorisations for each person living in the service. This had been done so that the supervisory bodies could complete the checks necessary to ensure that people were receiving the least restrictive support possible. We saw that when conditions had been imposed on an authorisation these were being met. An example of this was more frequent reviews being completed of a person's positive behavioural support plan to help ensure it remained relevant and up-to-date.

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People were positive about the care they received. A person said, "I get on well with the staff like friends." A person who used sign assisted language laughed and clapped their sides in an appreciative way when we pointed in the direction of a support worker." A relative said, "I have always found the staff to be genuinely caring and kind. I think it's more than just a paid job for them otherwise they wouldn't do it. It's not for an easy life that's for sure."

Ensuring people are well treated and supported; respecting equality and diversity:

- At our previous inspection in May 2018 we found that people's dignity and independence were not fully promoted. This was because some support staff were not confident about allowing people the time and space they needed to do things in their own way. This included making minor mistakes and learning from consequences. At the present inspection in June 2019 support staff had been given more training and guidance. They were more confident to encourage people to make choices and learn from consequences.
- An example of this was a person choosing to put less milk than usual in their tea. A member of support staff told us that previously they would have repeatedly advised the person to use more milk. They did this knowing that the person did not respond well to things going wrong. The member of support staff also told us they now they recognised that repeating advice for a minor matter such as this was a form of restriction. This was because in practice it limited the person's ability to exercise choice. We saw the member of staff gently remind the person only once about how much milk they usually liked to use. After this the member of support staff left the kitchen. The person chose not to add more milk to their drink and did become annoyed that their cup of tea did not taste right. After this the member of staff returned to the kitchen and made themselves a drink. They pointed out to the person that their cup of tea was a lighter colour than theirs because they had used more milk. The person was then happy to add more milk to their cup. The person said, "That's good. I'll use more in the future as I don't like tea too strong."
- Support staff recognised the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. Support staff knocked and waited for permission before going in to bedrooms, toilets and bathrooms. When providing close personal support staff closed the door and covered up people as much as possible.
- People had been assisted to wear clean casual clothes of their own choice. Support staff helped people to use everyday objects in the right way. An example of this was an occasion on which a person attempted to use a pen as an ear bud. A member of support staff gently suggested that the person use the pen for completing the word search puzzle in which they were engaged. The member of support staff then went to

find an ear bud for the person to use.

- Support staff were consistently courteous, polite and helpful. They addressed people using their chosen names and always gave people the time they needed to reply. An example of this was a person who came into the registered manager's office while we were reviewing some documents. The registered manager immediately put aside the documents and encouraged the person to sit on a vacant seat. The registered manager then spoke with the person until the person decided they wanted to go back to watch television in the lounge.
- Support staff recognised the importance of providing support in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. This included a person who was supported to meet their spiritual needs for attending religious services held at a local church. Another example was a person being supported to make their meals using ingredients that reflected their heritage.

Supporting people to express their views and be involved in making decisions about their care:

- People had been supported to express their views and be actively involved in making decisions about their support as far as possible. An example of this was a member of support staff showing a person pictures of two meals they often liked to prepare. This was done so the person could choose what dish to have for their dinner later on that day.
- All the people had family, friends or solicitors who could support them to express their preferences. In addition, the registered manager had developed links with lay advocacy services. Lay advocates are people who are independent of the service. When necessary they can support people to weigh up information, make decisions and communicate their wishes.
- Private information was kept confidential. Support staff had been provided with training and guidance about the importance of managing confidential information in the right way. They asked to see our inspector's identification badge before disclosing sensitive information to us.
- Support staff only discussed people's individual support needs in a discreet way that was unlikely to be overheard by anyone else.
- Support staff knew about the importance of not using public social media platforms when speaking about their work.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and giving them choice and control:

- Support staff had consulted with each person, their relatives and healthcare professionals about the support to be provided. They had recorded the results in a person-centred support plan. These support plans were being regularly reviewed by support staff so they accurately reflected people's changing needs and wishes.
- Relatives told us that support staff provided their family members with all the assistance they needed as described in their support plans. A relative said, "My family member tells me all the things the support staff do with them and it's best described as the help one family member would give another family member. Even if the support staff aren't physically doing all of the day to day tasks they have to remind and prompt my family member otherwise things like washing and teeth cleaning simply wouldn't get done." A person said, "The staff help me choose my clothes and help me do my nails how I like them. They're great with me."
- People received personalised care that was responsive to their needs. This included their right to have information presented to them in an accessible manner. Important parts of each person's support plan presented information in an easy-read way using pictures, photographs and drawings. In addition, we saw support staff quietly speaking with people if they had questions about the support they were receiving.
- At our previous inspection in May 2018 we found that people were not being fully supported to pursue their hobbies and interests. At the present inspection in June 2019 people were being supported to enjoy a wide range of social activities. These included bowling, swimming, going shopping, having meals outs and visiting places of interest. Each person had an activities communication board that used pictures and drawings to remind them of the activities they enjoyed. This board was used by support staff to assist people to decide what activities they wanted to undertake on any particular day.

Improving the quality of care in response to people's concerns and complaints:

- People and their relatives had been given a copy of the service's complaints procedure. The procedure presented information in an easy-read way using pictures, drawings and diagrams. It reassured people about their right to make a complaint and explained how complaints would be investigated. A relative said, "I've never had to even think about making a complaint. I think my family member has finally found somewhere that can meet their needs – a place to call home."
- Support staff recognised that the people living in the service did not have mental capacity and/or had special communication needs and so might not be able to speak about any concerns they may have. Consequently, they looked out for indirect signs that a person was dissatisfied with their support. These signs included a person declining to accept support or becoming anxious during its delivery. Support staff

said that when this occurred they discussed the matter with the registered manager so that any necessary further enquiries could be made.

- The registered provider had a procedure for the registered manager to follow when managing complaints. This required the registered manager to clarify what had gone wrong and what the complainant wanted to be done about it. The registered manager told us that no complaint would be considered as closed until the complainant was satisfied with the conclusions reached and solutions offered.
- Records showed that the registered persons had not received a formal complaint in the 12 months preceding our inspection visit.

End of life care and support:

- There were suitable arrangements to support people at the end of their life to have a comfortable, dignified and pain-free death.
- The registered manager said that in consultation with relatives and healthcare professionals a person nearing the end of their life would be asked how they wished to be supported. The registered manager was aware of the need to carefully approach this subject so that a the person was not unnecessarily upset.
- The registered manager told us that arrangements could be made to enable the service to hold 'anticipatory medicines'. This is so that medicines are available for support staff to quickly dispense in line with a doctor's instructions if a person needs pain relief.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

Good: The service was consistently managed and well-led. Leaders and the culture they created had promoted high-quality, person centred care.

Continuous learning and improving care:

- At our previous inspection in May 2018 we found the registered persons needed to consolidate and build upon the systems and processes they used to operate, monitor and evaluate the running of the service. Lack of robust arrangements had resulted in the shortfall in medicines management not being quickly identified and resolved. At this inspection in June 2019 there were robust arrangements in place to ensure the smooth running of the service including the management of medicines.
- People and their relatives considered the service to be well-led. A person who used sign-assisted language smiled and held a favourite object close to them when we asked them about their home. A relative said, "Glover House has definitely improved under the new manager. The staff are more settled and things just seem calmer because the staff are more certain about what they're doing." Another relative said, "All the people in the service have very different but significant needs for care and it's only with staff support that they can get on with each other."
- The registered persons had completed quality checks to make sure that the service reliably provided people with the support they needed. These checks included the provision already described in this report concerning health and safety, infection control and learning lessons when things had gone wrong. In addition, the registered manager regularly checked each person's support plan to make sure it was up to date and accurately described each part of the support provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Support staff had been supported to understand their responsibilities to meet regulatory requirements. They had been provided with written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
- There was a senior member of staff on call during out of office hours to give advice and assistance to support staff.
- Support staff had been invited to attend regular staff meetings to further develop their ability to work together as a team. Records showed that at recent meetings they had discussed important subjects such as each person's changing needs for support.
- Support staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. Support staff were confident they could speak to the registered manager or to the

head of care if they had any concerns about people not receiving safe support. They also knew how to contact external bodies such as the local safeguarding authority and the Care Quality Commission.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People had been supported to comment on their experience of living in the service. There were regular informal meetings at which people living in the service had been invited to suggest improvements to the service. In addition, people who lived in the service and support staff had been invited to complete annual questionnaires. This was so they could give additional feedback about their experience of living and working in the service.
- Suggested improvements had been implemented. An example of this was support staff noticing when people were less willing to visit a particular place of interest showing they wanted to be supported to go somewhere else.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered persons had established a culture in the service that recognised the importance of providing people with person-centred care. A relative said, "The service is well run. It's reassuring that whenever I 'phone the service the member of staff who answers always knows what's going on and doesn't have to go and ask someone else."
- The registered manager understood the duty of candour requirement to be honest with people and their representatives when things had not gone well. They had consulted guidance published by the Care Quality Commission. There was a system to identify incidents to which the duty of candour applied so that people with an interest in the service and outside bodies could reliably be given the information they needed.
- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others:

- The service worked in partnership with other agencies to enable people to receive 'joined-up' support. The registered manager subscribed to a number of professional publications relating to best practice initiatives in supporting people who need support to maintain their mental health.
- An example of this was the registered manager knowing about important changes being made to the strengthen the provision made to ensure people only receive support that is lawful and the least restrictive possible. This had enabled the registered manager to anticipate the changes and ensure that the service was ready to implement them.