Care Management Group Limited

Church Road

Inspection report

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Date of inspection visit:
16 December 2019
17 December 2019

Date of publication:
29 January 2020

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?	Requires Improvement

Summary of findings

Overall summary

About the service
Church Road is a supported living service registered to provide personal care for up to six people adults with significant learning disabilities and complex needs. At the time of our inspection five people were living there. A team of support staff provided 24 hour care and support to people. The service was managed by Care Management Group Ltd, part of Achieve Together, a national organisation providing care and support services.

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 use 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 disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service
We saw that applications had been made to the Court of Protection for authorisation to deprive some people of their liberty but the provider had not informed the Care Quality Commission (CQC) of the outcome of one of these applications, as required by the regulations. The CQC is still considering what action it needs to take in relation to this matter.

The provider had arrangements in place to monitor the quality of the service, but these had not always been effective as the records in respect of some people using the service were not always kept up to date. The provider took action when they had identified improvements were required.

Staff were caring and treated people with respect. Relatives and professionals said they felt people were safe and their care needs were met.

People had detailed care and risk management plans and these were regularly reviewed. Plans reflected people's physical, mental, emotional and communication needs and their care and support preferences. Staff were aware of and responsive to people's individual needs and how they wanted to be supported.

Staff supported people to manage behaviours that may challenge others in line with good practice. Staff felt supported by their managers and received an induction, training and regular supervision.

People were supported to be healthy and to access healthcare services. People received their medicines in a safe way and as prescribed. Staff supported people with their food and drinks appropriately.

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.

The provider sought feedback about the service from people's relatives and other stakeholders. The provider had suitable processes in place for responding to complaints and concerns and used these to develop the service.

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

Rating at last inspection (and update):
The last rating for this service was requires improvement (published 10 January 2019). The provider completed an action plan after the last inspection to show what they would do and by when they would improve. At this inspection we found improvements had been made and the service is now rated good.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Church Road

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
One inspector conducted the inspection on 16 and 17 December 2019.

Service and service type
This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the CQC. However, the manager of the service had applied to the CQC to be a registered manager. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided. It is a requirement of the provider's registration that they have a registered manager.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included information about important events the provider had notified us about that had happened at the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
During the inspection we met four people who lived at the service. The people had complex needs and could not describe to us how they felt about living at 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 could not talk with us. We spoke with the service manager, the deputy manager, two support workers, the provider's area director and the provider's positive behaviour support specialist. We also met with a relative of a person who uses the service and a visiting adult social care professional. We looked at the care plans for three people, the care records of two people, as well as medicines support records and a variety of systems related to the management of the service.

After the inspection
We continued to seek further information and clarification from the provider to validate evidence found. We spoke with four relatives and guardians of people and two adult social care professionals who had worked with the service.

Good

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.
This meant people were safe and protected from avoidable harm.

Using medicines safely
At our last inspection the provider had failed to ensure people always received their medicines safely and as prescribed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● There were medicines management procedures and processes in place to help make sure people were supported to take their medicines safely.
● We found staff had not recorded the date when one person's bottle of liquid medicine had been recently opened. There was evidence staff had supported the person to safely take the medicine as prescribed, but recording opening dates is in line with good practice guidance on ensuring medicines are only used within their recommended expiry dates. The manager said they would correct this immediately.
● Medicines administrations records (MARs) set out the necessary information for the safe administration of people's medicines and staff had completed these appropriately. Medicines were stored securely locked in clean, lockable cupboards in people's flats. Staff monitored the temperatures of the cupboards and the stocks of medicines being held.
● People's care plans provided clear information about their prescribed medicines. There was guidance for staff on how to support people to take their regular and 'when required' medicines. 'When required' are medicines given only when needed, such as for pain relief or in an emergency.
● Staff had received training in providing medicines support, including awareness of the national STOMP initiative to stop excessive use of medicines to help control people's behaviour. (STOMP stands for 'stopping over-medication of people with a learning disability, autism or both with psychotropic medicines'.) The provider assessed staff competency to provide medicines support safely.

Systems and processes to safeguard people from the risk of abuse
● The provider had suitable safeguarding systems in place. Staff completed training on safeguarding adults. Staff we spoke with knew how to recognise and respond to safeguarding concerns and said they felt managers would listen to them when they did. Staff also knew about whistleblowing and how to report concerns to other agencies if required. One support worker said, "There is no waiting when it comes to safeguarding."
● The provider had recently reviewed its processes for recording and monitoring when staff handled people's money so as to better protect people from the risk of financial harm. We saw the records of when staff handled people's money were checked regularly and supervised by the management team.

● The manager promoted staff awareness of safeguarding by discussing this in supervisions and team meetings.
● The provider had reviewed its safeguarding adults policies and procedures since our last inspection, in line with current legislation and good practice.

Assessing risk, safety monitoring and management
● There were risk management plans to assess and reduce risks to people's health, safety and well-being. These included assessments of people's care and support needs when at home and out in the community. For example, there were plans to support a person safely when they travelled in a car and plans to support another person who liked to go out without staff when this had been assessed as unsafe for them.
● The provider conducted a variety of checks to maintain and monitor a safe environment for people. These included checking water temperatures, people's flats and the communal areas of the building, and window restrictors where people's risk management plans required these to keep people safe. We saw the provider audited these checks to make sure they took place.
● There were appropriate fire safety support arrangements in place. Staff had completed fire safety awareness training and told us they knew how to keep people safe in the event of an emergency. People had individual evacuations plans in place and periodically staff helped people to practice emergency evacuations.
● The provider had business continuity plans in place to support the safe running of the service in the event of emergencies.

Staffing and recruitment
● Staff rotas showed safe staffing levels were being maintained. Staff told us there were enough staff on shift to meet people's individual needs. Relatives told us they thought there had sometimes been less staff at some weekends earlier in the year, which had meant people might not have received consistent support, but this had improved.
● There were support staff vacancies at the time of our inspection and the provider engaged temporary staff to cover these. Relatives and guardians told us the provider mostly engaged consistent temporary staff, although this had not always been the case in the past year. One relative commented, "They have some really good agency staff there."
● Some relatives and staff told us they were frustrated there were not more staff who could drive as this meant people had fewer opportunities to go out in their vehicles. We saw the provider was in the process of recruiting more support staff, including people who could drive.
● Staff recruitment records showed the provider completed necessary pre-employment checks so they only offered roles to fit and proper applicants.

Preventing and controlling infection
● There were arrangements for preventing and controlling infection.
● Staff were provided with equipment such as gloves and aprons and there were sufficient supplies of these for them to use.
● Staff supported people to keep their flats clean which helped to promote infection prevention.

Learning lessons when things go wrong
● There were procedures in place for responding and learning from incident and accidents. Staff recorded what happened and how they responded to incidents. The manager and senior managers reviewed these records and identified lessons for how to reduce the risk of any incidents re-occurring.
● An adult social care professional told us staff and the manager "went out of their way" to provide people's care and support when significant incidents had occurred. Support staff said they felt supported by

colleagues and managers when there were incidents they might find challenging. Staff told us the managers held meetings to discuss incidents so the team could reflect on what had happened and how to support people to be safe.

Good

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 good. At this inspection this key question has remained the same.
This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The provider had assessed the needs of a person who had started to use the service since our last inspection. The assessment covered different areas of the person's daily living, such as their care and healthcare needs, how they liked to communicate and behave, activities they liked, and things they didn't like. This informed the person's care and risk management plans. We received mixed feedback from staff, relatives and adult social care professionals as to how effectively the person's move to the service was first managed, but people told us the person was more settled now.
● The service supported people who had a tendency to behave in ways others may find challenging. The provider's positive behaviour support team had created plans to support people with these behaviours. These plans were in line with good practice guidance, based on assessments of what people's behaviours may mean for them and the things known to cause them upset. Plans set out proactive strategies for staff to support people to avoid things and situations they were known to dislike, so they were less likely to experience distress or act aggressively. One relative told us they felt the service had improved in how a person was supported in this way. They commented, "Staff are handling it so much better than they used to do." We saw the provider's positive behaviour support specialist was in the process of reviewing people's behaviour support plans.

Staff support: induction, training, skills and experience
● Staff were provided with training and supervision to deliver care and support. The staff we spoke with were knowledgeable about people's support needs and felt supported by their managers.
● New staff completed an induction and training before being confirmed in post. A member of staff who had started since our last inspection said they had found their induction beneficial, that it was, "Helpful [to get] to know the service users," and they were supported by others in the team.
● Staff had annual development plans and training records showed they had undertaken a range of learning and development sessions to help them support people competently. These included person-centred support, duty of care, communication, learning disabilities awareness, recording and reporting and positive behaviour support. Staff told us they found the training helpful. One support worker explained how their behaviour support training had been tailored to meet people's particular needs. We saw development training was also arranged for the managers.
● Senior managers monitored staff learning and development records to make sure staff completed their training or refreshers of it when required.
● Staff received regular supervisions and annual appraisals with their managers. These included discussions about staff performance and the well-being of people who used the service. Staff told us supervisions were useful and commented, "[It is] helpful, I can air views on things on what is working, colleagues and clients."

Supporting people to eat and drink enough to maintain a balanced diet

● People had enough to eat and drink and maintained a balanced diet.

● People's care plans set out the foods they liked and disliked and records of daily care showed people ate a varied diet. We observed one person being supported to prepare their lunch. Relatives and guardians said they felt people were supported to eat and drink healthily, while one commented that staff needed to be mindful of people's portion sizes. One relative told us, "The food is great. It's homemade from scratch, very healthy. I was really impressed and delighted to see that."

● Staff we spoke with and observed demonstrated a good understanding of people's food likes and dislikes and how they made choices about what they ate. A relative told us they appreciated how staff now adapted the support with meals they offered to a person based on the person's known changes of mood.

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

● Staff supported people to access healthcare services and to have their health needs met. This included attending health checks, hospital visits and appointments with their GP and opticians. For example, staff had supported a person to attend a series of consultations to help determine if they were experiencing seizures.

● People's health action plans provided information about each individual, their health needs and how to support them with those needs. For example, one person's plan set out the support they needed for healthy snacks and regular podiatry care. People also had hospital passports in place. These promoted partnership working with hospital staff as they described how people communicated, what was important to them such as specific likes and dislikes, and what they needed support with.

● Staff supported people to maintain their oral health and this was included in their care plans and records of daily care. For example, one person's plan had a specific goal to support them with brushing their teeth as this was known to cause them anxiety. We saw the provider had recently shared with managers good practice guidance on promoting oral health care. The area director told us the provider was looking to develop 'dental passports' for people. These can provide dental professionals with important information about a person's needs, preferences, likes and dislikes, especially when they cannot communicate this themselves.

● Adult social care professionals told us the service had improved in recent months in how it worked in collaboration with them to understand and meet people's needs. This included responding to professionals and sharing information about people's well-being in a timely manner.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

● The service had worked with the local authority when it considered people lacked the capacity to agree to their care arrangements and these may have amounted to a deprivation of their liberty. We saw the provider obtained a copy of the legal authorisation when a person's deprivation of liberty had been authorised.

● The managers had assessed people's care to make sure they were supported in ways that were the least restrictive on their liberty while helping them to stay safe. For example, there were planned arrangements in place to support people to keep their car doors locked when travelling or to wear a belt when using a wheelchair in the community. We saw such arrangements were agreed in a person's best interests by the manager, adult social care professionals and a person's family. Relatives and guardians also told us they were consulted in deciding such arrangements.

● Staff we spoke with had completed MCA training. They described how they supported people in line with the principles of the MCA to promote people's choices about their day-to-day living. For example, staff helped a person to make choices about what to buy when out shopping, or staff respected how another person communicated choices about their food with their behaviour. One staff member told us, "If they can decide, do not stand in and decide for them."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.
At the last inspection this key question was rated as good. At this inspection this key question has remained the same.
This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
● Relatives and guardians were positive about the staff and the way they treated people. Their comments included, "They are all nice", "They're respectful" and "They're all very respectful [and] always knock on doors." Staff and managers appeared motivated and spoke about treating people well. We observed staff and managers speaking to and helping people in a friendly and supportive manner.
● People's care plans contained information about people's life history and their religious and cultural beliefs or background, including if they followed any particular cultural diet. People's plans recognised how they may identify and express their sexuality. Staff told us the service did not currently support anyone who identified as LGBT+. 'LGBT' describes the lesbian, gay, bisexual, and transgender community. The '+' stands for other marginalised and minority sexuality or gender identities. Staff had completed training in promoting equality and diversity in their work.

Supporting people to express their views and be involved in making decisions about their care
● Staff helped people to make day to day decisions about their care. For example, helping people to make choices about what meals they wanted to eat, or encouraging people to take part in activities while respecting people's choices to do so or not.
● People's keyworkers regularly reviewed and reported to the manager on how and with what activities people had been supported. This enabled reflections on people's experiences of the service to affect decisions about their care. A keyworker is a member of staff who has responsibility for overseeing the care planning process for specific people and to promote continuity of their care.
● People's relatives and guardians were involved in planning and reviewing their care. This gave those who knew people well opportunities to influence and contribute to decisions about people's care and support arrangements.

Respecting and promoting people's privacy, dignity and independence
● Staff promoted people's privacy, dignity and independence.
● Staff explained how they promoted people's privacy and dignity when providing personal care. This included ensuring doors were closed, communicating and reassuring a person at all times and helping them to use towels to be appropriately covered.
● Staff gave us examples of how they supported people to be more independent and have more control over their daily living. These included encouraging people to wash themselves where possible or enabling people to choose and initiate the activities they wanted to do, such as an art session. We also observed staff work closely with a person to involve them in preparing their own lunch, which the person appeared to

respond to positively.

● We saw evidence staff had implemented a daily routine of support with a person to help them be more independent in ways that were meaningful to them. For example, over time they had learnt to more regularly access their shower room without anxiety and use stairs with more ease and confidence.

Good

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 good. At this inspection this key question has remained the same.
This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People received personalised care and support that was responsive to their needs.
Most relatives and guardians told us people received care and support that met their individual needs. One commented, "It's excellent, to be honest". We saw where people's relatives disagreed with the provider's approach to meeting a person's needs, the provider was working with the relatives and other adult social care professionals to resolve these differences, which relatives confirmed to us.

● People's care and risk management plans were personalised to people's individual needs. They considered their physical, mental and social needs and their care and support preferences. For example, plans showed whether people preferred male or female staff support to wash and dress. Plans set out what toiletries people liked to use, such as flannels instead of sponges or electric rather than manual toothbrushes. One person's plan set out a detailed routine for staff to follow to support the person with washing in way they preferred.

● People's plans also directed their care as they set out detailed information on how they preferred to be supported by staff, how they engaged with other people, and what things may upset them or they liked to do. One adult social care professional told us people's plans were "substantial." Another professional said they found people's plans and care records were detailed and personalised to each individual. Records of daily care records showed people received care and support to meet their needs as planned.

● One person was known to experience periods of significant mental ill-health. The manager had developed two care plans for staff to follow, one when the person was well and more active, one for when they were unwell and more reluctant to engage with others. Staff, adult social care professionals and the person's guardians thought this was working well for the person and had led to them seeming happier more often. The guardians told us they had previously requested such an arrangement for some time, the manager had consulted them on this, implemented it quickly and they were pleased it was now in place.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Care plans identified and recorded in detail people's communication needs and how these were to be supported. For example, one person's plan listed for staff the words and Makaton signs the person was known to use or recognise. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. The plan also set out how staff should promote effective communication by using

some Hindu as well as English words, while avoiding sudden changes to the person's routine.
● Staff and managers also used gestures, picture boards and other visual aids to help communication with people. Staff had attended communication training and described how they used Makaton and speech to communicate with people. For example, a manager explained how with this support a person now used pictures to indicate the activity they wanted to do, rather than wait for staff to initiate this.
● We saw the managers were planning to introduce 'personalised dictionaries' for each person to help new staff more easily understand how to communicate effectively with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People were supported to develop and maintain some relationships inside and outside of the service. For example, staff supported people to keep in touch with their relatives and guardians when they visited or called. One relative described how staff supported a person to make telephone calls to their family when they wanted to. However, some relatives said it was sometimes difficult to get through to staff on the phone promptly. Staff had also supported a person to attend a monthly dance club where they met with their friends.
● Staff supported people to access their local community regularly, such as college, walks, trips to shops, parks, the cinema, bowling, swimming and clubs. People had plans setting out activities staff supported them with at home, if people chose. The provider's positive behaviour support specialist told us, "Whenever I observe staff they are fully engaging with people, not just sitting with people. They want people to achieve things." Records of care showed people had been supported to enjoy activities such as baking, art, sensory stimulation sessions, and a new garden project.

Improving care quality in response to complaints or concerns
● The provider had appropriate policies and procedures in place for handling complaints.
● Relatives told us they were given information about how to raise concerns or complaints. They said they felt confident in raising these with the manager or other senior managers in the organisation who responded to them in a timely manner. One relative said, "No one has made me feel bad about speaking up about something." We saw the provider had responded appropriately to a number of complaints raised over the last year.

End of life care and support
● No one was receiving end of life care at the time of our inspection. Currently people were not older adults and had not been diagnosed with any life-limiting conditions.
● The managers told us they planned to introduce accessible information to help people and their families consider potential, future end of life care needs.

Requires Improvement

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 remained the same.
This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care

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

- At the last inspection we found the provider had not informed the CQC of the outcome of some applications made to the Court of Protection to deprive people of their liberty, as required by the regulations. At this inspection we found the Court had authorised the deprivation of one person's liberty since our last inspection but the provider had not notified us of this. The CQC is still considering what action it needs to take in relation to this matter.
- Records in respect of some people using the service were not always kept up to date. One person's care plans referred to them possibly experiencing undiagnosed epilepsy and requiring a seizure support plan. Managers explained healthcare professionals had since determined the person did not have epilepsy or require such support, which their guardians also confirmed. Another person's plans stated they needed an assessment of the support they might require if they moved around a lot while eating, but this had not been put in place.
- These issues meant some people's care plans were not always contemporary records of individuals' planned care. We discussed the issues with the managers and they took prompt action to address them.
- There had been several management changes at the service since our last inspection. Some relatives said they felt this had been unsettling for the service at the time, but things had since improved. The manager had been in position for four months when we visited and had applied to the CQC be the registered manager. Previously they worked as the deputy manager and demonstrated a sound understanding of the people using the service.
- People spoke positively about the manager. Staff described them as "Very good" and supportive. Relatives and advocates found them approachable and their comments included, "Their management style seems to be suiting the staff and people living there" and "Doing very, very well." Adult social care professionals also told us the manager knew people's needs well and commented, "[The manager] really does know what [they are] talking about", and "Doing really well … quite hands-on" and "A good practitioner." The manager told us the provider was supporting them in their role.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The provider used a range of systems to check on and maintain the quality of the service. However, these had not always been effective as they had not identified and addressed the issues we found regarding two people's care records and informing us about some people's deprivations of liberty.
- The provider's quality assurance systems included regular daily checks by managers and staff, overnight

checks, and weekly and monthly audits. Senior managers monitored the service to make sure these checks took place as required and the provider took action when required.
● Staff shared good practice ideas to help improve the service. For example, we saw a support worker had shared with others an approach that had proved more successful in helping a person engage positively with their personal care.
● The service's last inspection rating was displayed at the service and on the provider's website, as required by law.
● The managers worked to promote a culture that was person-centred for people and open and supportive culture for staff. People and those closed to them were involved in directing their care. One relative told us, "Overall it's very good, really happy with it."
● Staff spoke positively about supporting people as a team. Their comments included, "I am very proud to work here" and "We have bonded, like a family, we support each other."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider had procedures in place to respond to concerns about people's care when things may have gone wrong. We saw managers had responded to relatives' concerns appropriately and apologised when mistakes had been made, which relatives confirmed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People, relatives and staff had opportunities to be involved in the running of the service.
● Staff used weekly updates to keep some relatives informed about how their family member was and what they had been supported to do.
● The provider invited relatives to complete an annual survey so they could give feedback about the service. We saw people had recently given responses to this which included, "More drivers [needed]", "Staff are doing their best" and "Overall, I am satisfied with the quality of the service provided to my relative." Managers told us the responses would be used to develop a service improvement plan.
● Managers held regular team meetings to discuss the running of the service, people's well-being and support issues. Staff said they found these helpful and were listened to. For example, based on feedback from staff the provider had recently agreed to extend the length of new workers' initial induction to the service so this could be more effective.

Working in partnership with others
● The service worked in partnership with other agencies to help provide coordinated care to people. For example, social workers, consultants and healthcare professionals. Adult social care professionals told us staff were receptive to their involvement, would work closely with them and would make contact if they had concerns about a person.
● The service also worked with a person's visiting educational tutors so they could support the person with the same learning objectives. For example, enabling the person to hold and take drinks independently instead of being reliant on others to do this for them.
● The service was working with the provider's positive behaviour support team to review people's behaviour support plans. The behaviour specialist said staff engaged in this constructively to develop and improve people's support.