Care Management Group Limited

Townley Road

Inspection report

2-3 Townley Road
London
SE22 8SW

Tel: 02034178187
Website: www.cmg.co.uk

Date of inspection visit:
23 October 2018
24 October 2018

Date of publication:
05 December 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on 23 and 24 October 2018 and was announced. This was the first inspection since the provider registered with the Care Quality Commission (CQC) in November 2017.

This service provides care and support for up to 12 people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. This inspection looked at people's personal care and support. At the time of the inspection, eight people were using the service. The service specialises in providing care to people who have mild learning disabilities, mental health problems, autism or social difficulties.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider followed safer recruitment procedures and staff had the necessary checks to ensure they were suitable to work with people using the service. Although we found there were suitable numbers of staff to meet people's needs, there were some occasions where staff had worked excessively long shifts.

People who required support with their medicines received them safely from staff who had completed medicines training and been observed supporting people. Staff completed appropriate records when they administered medicines and these were checked by staff and audited monthly to minimise medicines errors. However, we found some minor improvements were needed with how information about people's medicines had been recorded.

People and their relatives told us they felt safe using the service and staff had a good understanding of how to protect people from abuse. Staff were confident that any concerns would be investigated and dealt with.

People's risks were managed effectively and detailed risk management plans had been completed. Staff had access to the appropriate advice and guidance to support people safely.

Staff completed a programme of induction, training and supervision to support them in their role. Staff were knowledgeable about people's needs and how best to support them.

People were supported to be fully involved with the planning and cooking at mealtimes. Staff encouraged people to have a balanced diet and were aware of people's preferences and nutritional needs.

People were supported to access healthcare services and staff were aware of people's health and wellbeing. The staff team worked closely with a range of health and social care professionals, such as GPs, social

workers and psychiatrists.

The staff team had spent time with people to get to know them and built positive relationships. People told us that staff were kind and caring and respected their privacy and dignity.

People were involved in planning how they were supported and were able to make decisions about their care. Care records were person centred and developed to meet people's individual needs and discussed regularly during key work sessions.

There was evidence that cultural requirements and people's sexual orientation were considered when discussing people's care and support and making sure these needs were met. People were supported to access the community and encouraged to take part in activities and events they were interested in.

There was an accessible complaints procedure in place and people and their relatives knew how to make a complaint if they wanted to. People and their relatives could share their views about the service and said they would feel comfortable contacting the management team if they needed to.

People and their relatives spoke positively about how well the service was managed and had confidence in the management team. Staff spoke highly of the working environment and the support they received from management, which they felt promoted a positive culture.

There were a range of quality assurance systems in place to monitor the quality of the service provided and understand the experiences of people who used the service. The provider involved people and their relatives in monitoring their services and staff teams discussed their 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?

Good

The service was safe.

The provider took appropriate steps to ensure robust staff recruitment procedures were followed and there were sufficient staff to meet people's needs. However, we saw there were times when some staff covered a 17-hour shift, which included a waking night.

Staff had completed medicines training and had their competency assessed before they supported people with their medicines. However, we found some minor improvements were needed with how information about people's medicines had been recorded.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm. Incidents were discussed across the staff team as a learning process.

Risk management plans were in place to identify the areas of risk and to reduce the likelihood of people coming to harm. They included detailed information and guidance for staff to support people safely.

Is the service effective?

Good

The service was effective.

Staff were aware of people's health and well-being and were supported to have regular access to healthcare services. Staff worked closely with health and social care professionals to ensure people received effective care and support.

Staff received the training and supervision they needed to meet people's needs and were knowledgeable about their jobs. Staff spoke positively about the support that was available to them.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA).

People were supported to have a balanced diet, which took into account their preferences. People were encouraged to be as fully

involved as they wanted to be to help develop their daily living skills.

Is the service caring?

Good

The service was caring.

We saw that staff treated people with kindness and compassion, respected their privacy and dignity and promoted their independence.

Staff worked closely with people to get to know them and develop caring and compassionate relationships with them.

People, and their relatives where applicable, were actively involved in decisions about their care and support. People were provided with housing related support that helped them to live independently.

Is the service responsive?

Good

The service was responsive.

People were supported to follow their interests and encouraged to take part in a range of activities in the local community. There was evidence that cultural requirements and people's sexual orientation were considered when discussing people's care and support and making sure these needs were met.

Care records were personalised and designed to meet people's individual needs. Staff had regular key working sessions to discuss the care people received and staff knew how people liked to be supported.

The service ensured people had the opportunity to give feedback about the service and had an accessible complaints procedure. People and their relatives said they would feel comfortable in raising concerns if they needed to.

Is the service well-led?

Good

The service was well-led.

People and their relatives were happy with the management of the service. The registered manager had an active presence and people felt comfortable approaching her if they needed to.

Staff spoke positively of the management team and felt supported to carry out their responsibilities. The service

promoted a positive culture which led to a positive and respectful working environment for people and the staff team.

There were regular meetings and audits to monitor the quality of the service and identify any concerns. People and their relatives were involved in this across the provider's services.

Townley Road

Detailed findings

Background to this inspection

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

The inspection took place on 23 and 24 October 2018 and was announced. The provider was given four days' notice because we needed to ensure somebody would be available to assist us with the inspection.

The inspection was carried out by one inspector. Inspection site visit activity started on 23 October and ended on 2 November 2018. We visited the service on 23 and 24 October 2018 to see people who used the service, the registered manager and staff team and to review care records and policies and procedures. After the site visit was complete we then made calls to people's relatives and staff who we were unable to talk with at the site visit.

Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to the CQC. We contacted the local authority to support our planning of the inspection.

We spoke with three people and two relatives. We also spoke with seven staff members. This included the registered manager and six support workers. We looked at four people's care plans, three staff recruitment files, staff training files and records related to the management of the service. We managed to speak with one health and social care professional who was visiting a person during the inspection.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living in their homes and when they were receiving their care from staff. One person said, "I do feel safe. I enjoy living here and everything about it." Another person said, "I have settled well. I do feel very comfortable living here and with the staff." Relatives we spoke with had no concerns about the safety of their family members. One relative said, "I feel he/she is safe and I'm very happy with the placement. I've never had any concerns." Another relative told us that as their family member felt comfortable staying in their flat, it was reassuring and a positive aspect about the service. They added, "We would never have left them if we didn't feel comfortable."

We found that staffing levels throughout the service were sufficient to meet people's needs. People had been allocated a specific number of support hours by their local authority to be used to support them to live independently, develop life skills and access the community. We looked at the last three weeks and current staff rota and saw there were consistently three support workers in the morning, three in the afternoon and a waking night staff from 10pm to 7am. This was consistent with what we saw during the inspection and when we observed a staff handover meeting. Senior managers were on call and contact information and what to do in an emergency at night was recorded in the staff rota folder. The registered manager told us they could rely on staff doing overtime and bank staff to cover any periods of absence. A new member of staff had just started and was shadowing a senior member of staff during the inspection. They added that when the service was at the full capacity of 12 people, staffing levels would increase to four throughout the day and had highlighted the need for another waking night shift to senior management.

We did note for four shifts between 15 and 25 October 2018 one member of staff covered a 'late waking night' shift, which was the late shift from 2pm to 10pm and then to cover the waking night. We spoke to the registered manager about this and that 17 hours is a long shift, especially when they would be lone working for the waking night shift and responsible for the service. They acknowledged that it was not ideal and confirmed it was currently in place to cover absences until a full team had been recruited. We saw three of these shifts for the previous week had all been covered by different members of staff. We spoke with one support worker who was scheduled to cover this shift later this week. They said, "I know it is long but I don't have any issues with it. I am happy doing it and if I do, it is only once in a week." We spoke with the registered manager after the inspection on 19 November 2018 who confirmed that they had completed their staff recruitment and two new members of staff had started since the inspection. They also told us that they were no longer using the 'late waking night' shift pattern.

People's medicines were kept in their rooms in a locked cabinet which was only accessible by staff. Staff recorded medicine cabinet temperatures daily. Staff checked and signed in medicines from the local pharmacy and each person had a medicines profile in place. This detailed the level of support they needed, what medicines they were prescribed and if people were able to manage their own medicines. One person said, "They are kept in my bedroom in a cabinet. Staff come and help me with them at lunchtime and in the evening." Staff had received training in medicines, had observations and completed competency assessments before supporting people with their medicines. Staff we spoke with confirmed this and were able to explain the process to ensure people received their medicines safely. However, we found that some

improvements were needed within the two medicines profiles we viewed.

For both profiles, neither of them had a photo of the person on file, which had been highlighted at a recent quality assurance audit in August 2018. For one person, their main care plan had a photo in place and the registered manager said they would update this straight away. For the second person, we were told that they had refused to have their photo taken. The registered manager said they would try again and make a record to confirm this in their file. For the first person, it recorded they were not aware of any allergies. However, their initial assessment stated they were allergic to an anti-psychotic medicine, but this had not been recorded. The registered manager said they would update it straight away.

We reviewed a sample of medicine administration record (MAR) charts for two people. People's MAR charts were kept with the person's medicines and filled out at the point of administration. All MAR charts had been filled out correctly and there were no gaps on the records we reviewed. Where hand written MARs were used the provider followed best practice and had two staff members sign to confirm medicines. MAR charts were checked daily by staff involved in the medicines administration process and monthly medicines audits were completed to check that medicines were being managed safely. However, for both records we found some inconsistencies between the medicines profile and MAR chart. One person's medicines had been changed and they had started to take 20mg of Fluoxetine since 8 October 2018. This was on the MAR chart but not on the medicines profile. The registered manager acknowledged this oversight, was aware that it had been changed and needed to update their records. For another person, the recorded dose on their medicines profile was different to their MAR chart. The registered manager acknowledged this and said they would make sure the number of tablets was added to their medicines profile. We noted that people's MAR charts were accurate and this was the document that staff used when administering people's medicines. This meant that there was minimal impact on people and no risk that people would be administered the wrong dose of medicines.

Before people started using the service the provider carried out a detailed initial assessment of their care needs to assess their suitability to live in the service and to identify any potential risks to providing their care and support. Assessments included a detailed medical history and health conditions that covered risk factors including mental health problems, medicines, finances, personal care, risk to self and others, self-neglect, managing emotions and support in the community.

People's care plans and risk assessments contained detailed information about the level of support that was required and information about any health conditions. Where risks had been highlighted in relation to behaviours that challenged the service, positive behaviour support plans were in place which detailed certain behaviours and reasons why the person might be anxious, agitated or upset. There was information detailing what the triggers were, what the signs or behaviour from the person would be and what actions should be taken to reduce the risk, with appropriate de-escalation techniques discussed. They also included guidance from health and social care professionals. For one person, there was also information which included situations of possible scenarios where their behaviour might change, with a relapse prevention and crisis plan in place to help manage this. For another person, a detailed self-harm risk assessment was in place, with guidance for staff about signs to look out for and what actions they needed to take if they felt the person was at risk.

The provider had a safeguarding policy in place which included information for staff about different kinds of abuse, signs of abuse and the procedures to follow for raising an alert. We saw that staff had signed to say they had read and understood it. All staff had received training within the last year and staff we spoke with had a good understanding of their responsibilities to ensure they safeguarded people from abuse. Comments included, "I'm very confident that if we had any safeguarding concerns then action would be

taken" and "We have to protect vulnerable adults from being abused and need to report it if we have any concerns. If I raised anything, my manager would take action."

There were procedures in place for the reporting of any accidents and incidents. We saw that when incidents occurred they were discussed and communicated across the staff team and the whole organisation as a learning experience. One support worker told us that after an incident, the staff team would review the report, behaviour charts and daily notes to see how it could have escalated and what they could possibly do differently. They added, "It is important to discuss this, recognise the event and how we can deal with it in the future and find ways to deescalate any behaviours." Another support worker told us that incidents were discussed at monthly staff meetings and the staff team would talk about what does and does not work when supporting people.

The provider had a clear recruitment process in place to ensure staff were suitable to work with people before they started working at the service. There was evidence of photographic proof of identity, proof of address and right to work records, along with two references. All staff had a Disclosure and Barring Service (DBS) check in place. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. Staff files contained details of applicant's employment history, however, we did notice for one staff member their previous employer in health and social care had not been picked up by the human resources team.

We saw that staff had completed relevant training and were aware of their responsibilities to ensure infection control procedures were followed. Food safety and infection prevention and control online training modules had been completed by all staff. The service was clean and tidy when we visited and people were supported to clean their flats and had weekly laundry schedules in place. One person said, "I clean my room every day and do my laundry every Friday." One relative said, "The home is always clean and tidy."

Good

Is the service effective?

Our findings

People told us they were happy with the care they received from staff. Comments included, "I can do everything that I want to do and the staff help me with it. I'm very happy here" and "They help me with what I need. I can make my own breakfast and lunch and they help me with my dinner. They also help me with my weekly shopping and ask me what I want." One relative told us they felt the staff team had a good understanding of their family member's needs. They added, "I know [family member] is very happy there and staff are very good with him/her. They encourage him/her all the time." We saw correspondence from a health and social care professional who highlighted that one person had made great progress in the past year and was doing very well at the service, which was in part to the support and understanding of the staff team.

Staff understood the main principles of the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The provider had assessed people's decision making abilities in line with the MCA and we saw that people had signed their care plans to indicate their consent to their care. We saw a capacity assessment had been carried out for one person which had been highlighted as an action after their initial assessment, and had involved a health and social care professional. None of the people living at the service lacked capacity to make decisions about their care and support and consent forms were in place. Where one person had not signed their care plan, we discussed this with the registered manager who told us that the person had refused. We said it was good practice to keep a record of this, which the registered manager acknowledged and said they would start to do.

Staff had completed online training on the MCA and staff we spoke with were aware of the importance of asking for people's consent prior to providing any care and support for them. One support worker said, "We don't force anything on anybody. We encourage them with their tasks and the training we have had helps us to understand people's choices and how we can help them to understand."

People were supported and involved in the planning of their mealtimes. The registered manager told us that none of the people using the service had any nutritional risks at present and that staff supported people in their own flats and encouraged them to have a healthy and balanced diet. One person said, "We cook together all the time. We discuss the weekly shop and go together. I always decide and it is my choice." One relative said, "They help them with their food and increasing their skills with this and I'm happy with the support staff give." The level of support was recorded in people's care plans, including if they were to be encouraged to make their own meals. For example, one person's care plan highlighted the importance of encouraging the person to get involved at mealtimes to increase their level of independence. We saw notes in monthly key work sessions that with regular encouragement, they had started to make their own dinner with less support. People's dietary preferences, allergies and any cultural needs were also recorded in people's care plans.

Staff supported people to access healthcare services and manage their health and well-being. Staff told us they always discussed if they had any concerns about a person's healthcare needs. Daily communication diaries gave an overview of any appointments that people had and staff recorded people's general moods and if they had any concerns. We observed an afternoon handover on the first day of the inspection and saw staff discussed each person and whether they had any concerns. People had an easy read health action plan which contained information about their health care needs. We saw information in people's files where health appointments were recorded and detailed what had been discussed. One support worker said, "Some people are independent but some need support and encouragement and we can help them attend their appointments." We saw support agreements were in place about reminding people about their appointments and asked for consent to wake people up if they needed to get ready for an appointment.

The provider worked closely with a range of health and social care professionals to ensure people received effective care and support. There was correspondence showing that people had been supported to attend healthcare appointments and details of the involvement with specialist services, such as the psychiatry team, occupational therapists and the community mental health team. One relative said, "They keep in touch with any issues or updates regarding any health concerns."

People were supported by staff who had completed training and received regular supervision to support them in their roles. New staff completed an induction programme when they started work which gave them an introduction to the service, discussed the organisational values and provided opportunities to shadow staff to get a better understanding of the role. It also included fire safety information for the building and a range of policies and procedures. One support worker said, "I shadowed when I first started which helped to build that relationship. It helped me to learn what to do, what people's routines were, what their plans were. It was really interesting."

Staff had the opportunity to attend a workshop and access training to carry out the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Staff also had access to online training modules as part of their mandatory training. This included fluids and nutrition, fire safety, duty of care, communication, medicines management, moving and handling and health and safety. We saw that staff also received training which was specific to people's individual needs and that staff had completed training in awareness of learning disabilities, mental health and dementia, positive behaviour support (PBS) and autism. All the staff we spoke with were positive about the training they received. Comments included, "The training was brilliant. It gave me a good understanding and I learnt a lot and increased my confidence" and "The autism training really helped us to understand behaviours, learn techniques and get advice on how to manage any changes in behaviour and understand why."

Records showed that staff had regular supervision and could discuss key areas of their employment. These included specific issues and behaviours with people they supported, safeguarding incidents, training needs, teamwork and staff members own health and wellbeing. One support worker said, "This gives us a good opportunity to discuss the service user, but also our own needs. The manager always listens. I once asked for some specific training and was put on a course."

Good

Is the service caring?

Our findings

All the people we spoke with were positive about the support they received and said the staff were kind and caring towards them. Comments included, "I really like my support worker. She is very wise and helps me with what I do", "The staff are very friendly and I get on well with them. We always speak with each other and they listen and understand me" and "I feel I can relax with them. When I talk to them, they listen and it works well. I am happy." Relatives were also positive about the caring nature of the staff. One relative said, "Staff are really nice and I've never had a bad vibe from anybody." Another relative told us that they could rely on staff if they had been unable to get in contact with their family member. They added, "It's good to know that [family member] has been communicating with staff better." A health and social care professional told us how well one person had settled into their flat. They added, "[Person] told me how happy they are here and when I asked for a score out of 10, they said 20, which I've not heard them say before."

Staff knew the people they were working with and made time to get to know them and how they liked to be supported. We saw staff spent time with people when they supported them accessing the community or helping them with their daily living skills. All the staff we spoke with were able to give information about people's personal histories, preferences, ways in which they communicated with them and how they supported them if they were anxious, agitated or became upset. One person had detailed information in their care plan which provided information about the best ways to get to know the person, things they liked to talk about and how staff could support them to communicate with one another. Comments from staff included, "The best thing about this job has been getting to know the service users and learning about them, how to support them. It is important not to treat anybody differently and make sure they have the same choices as you and me" and "I love working with the clients, supporting them to be independent, helping them to live normal lives, being themselves and doing what they want."

We saw that people's birthdays were celebrated. Staff discussed any upcoming birthdays in team meetings and arranged to get a card and a present. We also saw that there had been a welcome party for a person who had moved into the service to help them settle in. We observed positive interactions between people using the service and staff during the inspection. Staff listened to people and were compassionate towards their needs.

We saw records that showed people were supported to be involved in their own care and had regular meetings with their support worker. Relatives we spoke with confirmed they were always involved in making decisions about the care their family members received. One relative said, "I am fully involved and kept updated with everything." We also saw correspondence with health and social care professionals that relatives had been involved in meeting to discuss initial care plans. We saw people were supported to be as independent as they wanted to be and we saw staff encouraged them in all aspects of their daily living routines. One relative said, "They do encourage [family member] to get involved but they don't force themselves on him/her to do things." Information was recorded in people's files so staff were aware of which daily tasks needed encouragement, for example, to access the community safely or to be involved in making their meals. One support worker had been out with one person to do their weekly shopping, who had decided they wanted to walk rather than take the bus as they could save money this way. They said, "We go

along with what people want to do and this helps to enhance their independence."

We saw people were supported with correspondence related to any housing issues. We saw documents related to tenancy agreements and rent reviews. There were also easy read tenancy agreements with the landlord to help ensure people's understanding. Minutes from a house meeting showed people had been supported with accessing a discounted television licence fee and staff reminded people about applying for contents insurance.

The staff we spoke with had a good understanding of the need to respect people's privacy and dignity. People were asked if they wished to speak to us and if they were happy for us to enter their flats. Staff knocked on people's doors and called out their names, waiting for people to respond. One person said, "I have my privacy here, and the staff respect that." A relative told us that their family member was happy they had their own space and staff respected their privacy. There was information in people's files about respecting people's privacy and making sure they always knocked on people's doors. There was a dignity and respect policy in place and staff had to read and sign to say they had read and understood it. It highlighted that staff will always ensure every person is treated with dignity and respect and as an individual. Support workers were able to tell us how they respected people's privacy and dignity. One support worker told us how a sensitive issue related to one person's privacy and dignity had been discussed across the team to ensure all staff had been updated and knew how the person wanted to be supported.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to moving in and detailed information was gathered about people's medical history, behaviours and abilities. Staff spoke with people, their relatives and health and social care professionals who were involved in their care and support for information, along with correspondence and reports, such as hospital records or letters from people's GPs. People were given the opportunity to visit the service and could stay over for set periods of time before moving in to help them with the transition. We saw one person who was scheduled to move into the service visit with their relative on the second day of the inspection. We saw correspondence from a health and social care professional that said, 'Thank you for being so willing to accommodate. I know how much work you have put in supporting the transition so thanks to you and the team.'

Detailed care plans were in place which contained a profile of the person, their next of kin and other health and social care professionals involved in their welfare. Care plans were split into three files, which were a main file, a support file and a health file. The main file included the person's initial assessments and what they wanted to achieve. The support file included their support plan and support guidelines, including key worker reports and behaviour charts.
Dependent upon the number of hours of support people had, an overview of their daily routines recorded what care and support was to be carried out. It identified the areas of support needed which included people's medicines, nutrition and hydration, personal care, domestic tasks and accessing the community. Staff we spoke with were knowledgeable about the support people needed. One support worker said, "There is a good level of detail and we have to read all the files to fully understand the needs of people, which was really helpful." Staff recorded the support that was offered and provided, including an overview of people's general mood in a daily communication book.

Staff supported people to maintain relationships, follow their interests and take part in activities of their choosing. People were also supported to attend college and look for voluntary or paid employment. The provider had staff available from their head office that had helped a person with their CV. Staff had also handed this around to local charity shops to help them find voluntary work. One relative said, "We are hoping that [family member] will go back to university. I know that staff are trying to support them and to go with them, they are doing everything they can to help out."

One person said, "They take me to play football every week and go to the gym. They are also trying to help me find work." We saw staff had taken pictures of them playing with their local team. Their relative spoke positively about the support they received in accessing the community. They said, "He/she never used to go out, but they take him out and he goes out all the time. He plays football at a club, goes to the gym and goes shopping." Another person said, "They take me to all the places of my interest. The museum, the cinema, going shopping. They helped me to apply for college and I'm on the waiting list." We saw feedback from a health and social care professional who praised staff for helping the person with this achievement. A third person told us that they enjoyed going to college and the library. We saw they were supported with this on the first day of the inspection and liked to keep their library card in the office.

People had monthly key work sessions where they could discuss their general health and well-being, if they had any significant news, any difficulties they had faced since the last meeting and any personal achievements. One person's most recent meeting in October 2018 showed that they had become anxious about a particular issue in their life. We saw staff had obtained information about this issue and tried to explain the benefits, including how it could improve the person's mood. They had also discussed this as a team and made the necessary referral to a health and social care professional. The same person had expressed an interest in animals and they had been supported to visit Battersea Dogs Home. Staff were aware of the importance of regular key working meetings and we saw this had been discussed at a recent staff meeting. One support worker said, "Key working is important as we spend time with people and make sure we find out how they are and what they want to do. It helps to build up trust and a good relationship as well."

People were also supported with more specific cultural or religious needs. Daily records for one person showed they were supported to draw pictures from the bible. Staff were aware of the importance of their religion and they had supported them to attend church and introduced them to the local priest. The provider had also arranged a Black History event for people and discussed it during a recent residents meeting. One support worker said, "It is important we know about people's equality and diversity. People have different religious and cultural beliefs. We support people to have a cultural meal or attend a festival that is important to them. We discuss this with people and respect that everybody is an individual."

We also saw the service had taken positive steps to ensure they provided a welcoming and inclusive environment to people who identified as LGBT+ (Lesbian, Gay, Bisexual, Transgender and other ways that people can define themselves, for example Q (Questioning) and I (Intersex)). The registered manager had attended a forum about LGBT+ mental health services and had shared information with the staff team and let people know what support was available. One relative told us that they thought this had been excellent to help the staff team get an understanding in how they supported their family member. Support plans were reflective of gender and sexual orientation and a glossary of terms to support staff with the understanding of gender diversities and non-binary pronouns had been produced. One support worker said, "It helped us to recognise how people like to be addressed and was beneficial to support people and understand how to meet their needs. We also discussed it in supervision and team meetings."

There was evidence that the provider was aware of their responsibilities in meeting the Accessible Information Standard (AIS). The AIS applies to people who have information or communication needs relating to a disability, impairment or sensory loss. People's communication needs were clearly listed in their records along with easy read formats available for key documents and guidance for staff to follow.

People told us they did not have any concerns about the service and had not made any complaints. One person said, "I do feel comfortable talking to the staff." One relative said, "They are very approachable. I haven't had any problems and it is never a problem when I call. I get on well with the staff." Another relative said, "They responded well with a little issue I had and dealt with it. I'm comfortable bringing up any issues and confident they'd be dealt with." There was an accessible complaints procedure in place and an easy read version was displayed on the office door for people to see. It gave people information about what to do if they wanted to make a complaint. The provider's complaints procedure highlighted the service welcomed feedback to ensure they maintained high standards. There had been no formal complaints received since the service was registered. The registered manager told us that they also had a 'grumble box' where people could highlight any minor issues they might have. We also saw a sample of compliments that had been received from some health and social care professionals. One health and social care professional said they had received wonderful feedback from a person about the care and support they received. They added that the staff had done a great job to help settle the person when they moved in.

One way in which the service listened to people's experiences and concerns was through monthly tenants meetings. We saw that people were involved in discussions related to the care and support they received. This included cleaning and maintenance issues, how they felt about the staff team, any events people would be interested in doing and if there were any issues with the support people received. For the meeting in June 2018, we saw that nobody had attended. Despite this, staff went and discussed the agenda items with people to see if they had any feedback or comments on the matters.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. Our records showed she had been formally registered with the Care Quality Commission (CQC) since November 2017. She was present each day we visited the service and assisted with the inspection, along with the rest of the staff team.

People using the service spoke positively about the registered manager and how the service was managed. Comments included, "[Registered manager] is very friendly, understanding and very observant. She is always available if I want to speak to her. I'd give it five stars", "I really like the manager, she is friendly" and "I like her, I can talk with her." Relatives were also confident with the management of the service. One relative told us that they had no issues with the service and were very happy that their family member had settled well there. They added, "He/she is doing so well there, I couldn't ask for anything better." Another relative said that they had looked at other services but felt the provider was the best and had been very reassured with what they had seen. They added, "I have a good relationship with the manager and the deputy manager and can contact them at any time." One health and social care professional told us they were pleased with how the service was managed and did not have any issues or concerns.

All the staff we spoke with told us they felt well supported in their roles and we received positive responses about the management of the service. Comments included, "She is an amazing boss, values us, always listens and deals with us very respectfully. She is very kind, caring, loving and approachable", "You could not ask for a better manager, she is amazing", "The support for staff is excellent, we are always helped and given the information we need" and "We have good communication, are always updated and she makes sure we are equipped to support people."

Staff also commented about the positive culture of the service where they felt it created a relaxed environment for people who used the service, which in turn ensured good teamwork. Comments included, "It is a brilliant environment here. We have a great team and work together and help each other" and "I really like working here. I couldn't ask for a better team as they are all amazing." One support worker told us that the whole staff team had a great amount of respect for each other.

The provider had internal auditing and quality assurance processes in place to assess and monitor the quality of service provided, which were carried out at regular cycles. There were monthly team meetings which gave an overview of each person and what had been working well and if there were any concerns. It also covered staff knowledge and competencies, safeguarding issues, ensuring staff evidenced all support provided, policies and procedures and the importance of working as a team. One support worker, who was part of the bank staff said that they were always invited to team meetings as it gave them the opportunity to discuss events within the service and stay up to date with how people were doing. There were also monthly management meetings where the registered manager received regional and organisational updates and key messages about the provider were shared across staff teams.

Specific checks of medicine administration records (MARs) were done on a daily basis to ensure people's medicines had been taken and records completed accurately. Then there were monthly checks in place

which covered the security, storage, administration and recording of people's medicines. If people were supported with their finances, their money was kept in a safe with daily checks in place. Finance management records were checked and entered onto the provider's system, where head office completed an annual audit. The provider carried out a range of health and safety checks of the building which included fire alarm tests, water temperature checks and annual fire, gas and electrical checks. Monthly health and safety audits also covered first aid boxes and infection control procedures.

The provider also carried out their own quality monitoring visits and we saw the service had been visited four times in the past 12 months. The audit was based around the five key questions of the CQC inspection methodology and we saw that improvements had been made and signed off by senior management. Areas covered included people's care records, staff files, training records and a range of health and safety checks. We saw an action plan was in place from the most recent visit in August 2018 and the majority of recommendations had been completed. The registered manager told us they had a management meeting following the inspection where they would be discussing the progress that had been made.

The provider also involved people who used their services and their relatives in how they monitored the quality of the service. A quality checker system was in place where a person and their relative from one of the provider's other supported living service carried out a monitoring visit. This had been discussed with people during a tenants meeting to make sure they were happy with this. The visit covered five key themes of the environment, staff, communication, people who used the service and their relatives. A quality checker report was completed and we saw that staff discussed the findings at a recent team meeting. Findings showed that people were happy and settled, rooms were personalised and staff were aware of people's needs.

We saw that questionnaires were available for people, their relatives and health and social care professionals to comment about the service. We reviewed two responses which were both positive. One relative was very happy with the service and felt that staff were there to support their family member if they became anxious. A health and social care professional said they were made to feel welcome, felt all aspects of a person's needs were met and was confident in the service.

We saw that the service worked in partnership with other agencies for the benefit of people using the service. The provider had liaised with an organisation called 'Mindout', a mental health service that worked to improve the mental health and wellbeing of the LGBT+ community. We saw correspondence that the provider had information from the National Autism Unit (NAU) about people's behaviour and positive approaches towards supporting them. Staff had signed they had read and understood the information provided. They had also worked closely with local colleges to support people access further education. We also saw that the service had organised a summer BBQ to give people the opportunity to socialise with each other.