

Cardell Care Limited

Tomlen

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection was completed on 20 February 2018 and was unannounced.

Tomlen is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Tomlen primarily supports people with a learning disability and accommodates six people in one adapted building. There were six people living at Tomlen at the time of the inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post at the home. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The previous comprehensive inspection was completed in June 2015 and the service was rated 'Good' overall. At this inspection, the service was rated 'Outstanding'.

The service remained outstandingly responsive to people's needs. People received care from staff who were highly motivated to providing excellent levels of personalised care. People and their relatives were positive about the care and support they received. They told us staff were very caring and kind and they felt safe living in the home.

The service was exceptionally responsive to people's individual interests and how they chose to lead their lives. People had access to an excellent range of activities which maximised their potential and enabled them to learn new life skills. The registered manager and staff had a 'can do' attitude and were creative in enabling people to overcome any perceived limitations and live a rewarding and fulfilling life. The registered manager and staff had an excellent understanding of people's emotional well-being and provided appropriate support to people.

The service benefitted from excellent leadership. The registered manager was highly driven to ensure best practice was sustained. The registered manager was a member of various forums which were focused on promoting best practice and driving improvements in social care. We saw several examples of how people had benefitted from the registered manager's involvement in these initiatives. People, staff and relatives spoke positively about the registered manager. Quality assurance checks were in place and identified actions to improve the service. The registered manager sought feedback from people and their relatives to

continually improve the service.

Staff had been trained in safeguarding and had a good understanding of safeguarding policies and procedures. The administration and management of medicines was safe. There were sufficient numbers of staff working at the service. There was a robust recruitment process to ensure suitable staff were recruited. Risk assessments were updated to ensure people were supported in a safe manner and risks were minimised. Where people had suffered an accident, themes and trends had been analysed, and action had been taken to ensure people were safe and plans put in place to minimise the risk of re-occurrence.

Staff had received training appropriate to their role. People were supported to access health professionals when required. They could choose what they liked to eat and drink and were supported to prepare their own meals. People were supported in an individualised way that encouraged them to be as independent as possible. People were given information about the service in ways they wanted and could understand.

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.

There were sufficient staff to keep people safe and meet their needs.

Medicines were managed safely with people receiving their medicines as prescribed.

Staff reported any concerns and were aware of their responsibilities to keep people safe from harm.

People were kept safe through risks being identified and well managed.

Is the service effective?

Good 

The service was effective.

Staff received adequate training to be able to do their job effectively.

Staff received regular supervisions and appraisals.

The manager and staff had a good understanding of the Mental Capacity Act (MCA).

People and relevant professionals were involved in planning their nutritional needs.

People's health was monitored. Healthcare professionals visited when required to provide an effective service.

Is the service caring?

Good 

The service was caring.

People received the care and support they needed and were treated with dignity and respect.

Staff were caring and kind towards the people they supported.

People were supported in an individualised way that encouraged them to be as independent as possible

People and their relatives were involved in planning their care and support.

Is the service responsive?

Outstanding 

The service remained outstandingly responsive.

The service had an excellent range of activities which maximised people's potential and enabled them to learn new life skills.

The registered manager and staff had an excellent understanding of people's emotional well-being and provided appropriate support to people.

People were able to express their views about the service and staff acted on these views.

Care plans clearly described how people should be supported. People and their relatives were supported to make choices about their care and support.

There was a robust system in place to manage complaints. All people and staff were confident any complaints would be listened to and taken seriously.

Care plans recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People received end of life care and support which met their individual needs and preferences.

Is the service well-led?

Outstanding 

The service benefitted from excellent leadership and strived to provide people with exceptional outcomes. .

The registered manager was highly driven to sustain and improve standards of care in their own service and across the wider care industry through their involvement in several local initiatives.

Staff felt supported and were clear on the visions and values of the service.

Quality monitoring systems were used to further improve the

service.

There were positive comments from people, relatives and staff regarding the management team.

The registered manager took part in various forums and steering groups to ensure good practice was sustained.

Tomlen

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.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection took place on 20 February 2018 and was unannounced. It included looking at records, speaking with people who use the service, talking with staff and phone calls and emails to relatives and health professionals. The inspection was completed by one adult social care inspector.

We spoke with the registered manager of the service, the deputy manager and three members of care staff. We spoke with four people living at Tomlen. We spoke with two relatives of people living at the service. We spoke with three health and social care professionals who have regular contact with the provider.

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "I feel very safe here." Another person said, "I feel safe all the time. The staff are very good and make sure I have everything I need." All of the relatives we spoke with told us they felt their relative was safe at the service.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures with regard to safeguarding were available to everyone who used the service. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may be abusive. Staff notified other agencies which included the local authority, CQC and the police when needed.

Staff told us they would report any concerns they had to the registered manager and had confidence in the registered manager's ability to investigate and respond appropriately to safeguarding concerns. One staff member said, "I report all concerns to the manager. All concerns are taken seriously by the manager regardless of how small they may seem." Another member of staff commented "I have full confidence in the manager to address any concerns I raise." All of the staff we spoke with had a good understanding of the provider's safeguarding policies and procedures. People were offered external support from agencies such as; the advocacy service or independent mental capacity advocates (IMCA) to support them if required. These are individuals not associated with the service who provide support and representation to people if required.

The number of staff needed for each shift was calculated based on people's presenting needs and the level of funding for each person. Where people required one to one care and support this was provided. People, staff and staff rotas confirmed there were sufficient numbers of staff on duty and the same staff were consistently used to ensure continuity for people. Throughout our inspection we observed a strong staff presence in the service. People and their relatives told us they felt there were sufficient staffing levels to ensure people received care when they needed it. One person said, "There are enough staff." Another person said, "The staff always respond very quickly." The staff we spoke with told us the service was always sufficiently staffed. Staff told us the registered manager was always willing to support the care staff and was always on call. The registered manager told us if they were unavailable, one of the other directors or the deputy manager would provide cover.

We looked at the recruitment records of five staff employed at the home. Recruitment records showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character. Where staff had gaps in employment, these were investigated and a full account of each applicant's employment history was available to ensure suitable staff were employed. Where previous staff had returned to work for the service, we saw evidence of new recruitment checks being completed for these staff members.

Staff completed a six month probationary period which enabled the registered manager to decide whether the member of staff was suitable to work with people. The provider had a disciplinary procedure and other policies relating to staff employment to ensure people who used the service were kept safe.

People were supported to take risks to retain their independence; these protected people but enabled them to maintain their freedom. We found individual risk assessments in people's care and support plans relating to their risk of falls, moving and handling safely and self-harm. The risk assessments had been regularly reviewed and kept up to date. One person was at risk of self-harm. The risk assessment had been regularly updated and the appropriate action had been taken to minimise the risk posed to the person.

People were protected against the risks of financial abuse. Risk assessments clearly detailed the level of support each person needed to manage their finances and how their money was kept safe. Their financial records were audited by the registered manager each month. People had an inventory for their personal possessions so it was clear as to what belonged to people.

The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. The service had a folder which was a central log for detailing these and there was a system to deal with each one as appropriate. The service was able to identify areas for improvement and lessons were learnt from each investigation. For example, where people had displayed behaviours which may challenge, these were investigated as to what had triggered the behaviour and what actions were required to minimise future incidents.

People's medicines were safely managed. There were clear policies and procedures in the safe handling and administration of medicines. Medicine administration records (MAR) demonstrated people had received their medicines as prescribed. Staff who administered medicines received training, observed other staff and completed a comprehensive competency assessment, before being able to administer people's medicines independently. People were supported to take their medicines as they wished. Each person had their own medicines profile which detailed what medicines they were taking, what these were for, their preferences in relation to their medicine administration and what support they required with their medicines. The people living at the service told us staff supported them with their medicines and they did not have any concerns relating to the administration of their medicines. All relatives were satisfied that people received their medicines as prescribed.

Health and safety checks were carried out regularly to ensure the service was safe for people living there. Environmental risk assessments had been completed, hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment, such as the fire system by external contractors. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills).

Staff completed training in infection control and food hygiene. This meant they could safely make people food as required and understand the procedures in place for minimising the risk of infections. We observed staff wearing gloves and aprons when supporting people with their care. Staff told us they had received appropriate training in their induction and had fully understood the training that had been provided. We saw records of temperatures being taken for each meal before it was served to the people living at the service. The home had received the highest five star food hygiene rating from the local council. The premises were clean and tidy and free from odour. The registered manager told us cleaning was completed jointly between staff and the people living at the home. The relatives we spoke with told us the home was clean. The staff we spoke with demonstrated a good understanding of infection control procedures. For example, different mops were used for different cleaning activities and all cleaning chemicals were kept in a locked

room to minimise the risk of people coming into contact with them.

Is the service effective?

Our findings

The people living at Tomlen told us they received a high quality service from well skilled staff who had been appropriately trained to meet their needs.

Staff had been trained to meet people's care and support needs. Training records showed staff had received training in core areas such as, person centred care, first aid, and fire safety. Where people presented with specific health conditions, staff received training around this. Staff confirmed their attendance at training sessions. The registered manager told us training was provided to staff through a mixture of open learning, taught courses and custom-made training from external training providers or health care professionals. Staff competency and understanding was then assessed through questionnaires or observation of practice. Staff had access to the Diploma in Health and Social Care and staff had access to the new Care Certificate. The Care Certificate sets out the learning competencies and standards of behaviour expected of care workers new to care. The service had also arranged for bespoke mental health and autism training. These courses had been designed with the focus being on the presenting needs of the people living at Tomlen.

The staff we spoke with told us they had received good levels of training to enable them to do their job effectively. One member of staff said, "The training is very good." Another member of staff said "We have access to excellent training." The registered manager used a training matrix to ensure staff learning was up to date.

Staff had completed an induction when they first started working in the home. This included reading policies and procedures, completing core training such as first aid and safeguarding and undertaking shifts to shadow experienced staff. These shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. The registered manager told us the number of shadow shifts a member of staff completed was based on their level of experience and ongoing competency assessment throughout the induction process. The staff we spoke with told us they had received a good induction which had prepared them well for their role. One member of staff said "My induction really helped me to get to know the people living here. This allowed me to build positive relationships with them from day one."

Staff had received regular supervision. Supervisions are individual meetings staff have with a manager or senior member of staff to discuss their role, responsibilities and learning needs. These were recorded and kept in staff files. The staff we spoke with confirmed they had received supervision from the manager or deputy manager. Staff who provided supervision had received the appropriate training around this. There was evidence staff received annual appraisals.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible and legally authorised under the MCA. From speaking with staff, it was evident they had a good understanding of the Act and how it impacted on their day to day roles of supporting people. We found people's mental capacity to make decisions about their care was considered throughout people's care and daily routines. From reading the mental capacity assessments; it was evident that these were decision specific and had been reviewed regularly.

People can only be deprived of their liberty so that they can receive care and treatment and this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection, nobody living at Tomlen was subject to a DoLS authorisation. We found the service was working within the principles of the MCA and DoLS legislation.

Care records included information about people's special arrangements for meal times and dietary needs. Menus showed people were offered a varied and nutritious diet. The menu was displayed in the dining room. The registered manager told us menus were planned on a weekly basis and each person was given the opportunity to choose what they would like to eat. People living at the service told us they could choose what they wanted to eat and told us the food was of good quality. The registered manager told us cooking was completed jointly by staff and the people living at the service. Where people expressed a preference to cook, they were supported by the staff to do this.

We observed positive interactions between people and staff. Where people were being assisted with their meal by staff, this support was provided in a kind and caring way. Staff took their time and did not rush people. There was lots of conversation between the staff and people during lunch. During our inspection, we observed staff offering a choice of hot or cold drinks to people throughout the day. People told us they could ask for drinks or snacks at any time and there was a quick response to these requests.

The provider assessed people's needs and choices in line with current legislation and standards. When people were at risk of malnutrition staff assessed the risks associated with this condition.

People's care records showed relevant health and social care professionals were involved with people's care. This included GPs, occupational therapists and mental health professionals. In each person's care and support plan, support needs were clearly recorded for staff to follow with regard to attending appointments and specific information for keeping healthy.

The service had a welcoming and homely feel. Each bedroom was decorated to individual preferences and the people told us they had a choice as to how they wanted to decorate their room.

Is the service caring?

Our findings

There were positive comments about the staff from people and relatives and health professionals. One person said, "The staff are fantastic. They are very kind and caring." Another person said, "The carers are very nice to me. They are like family." Relatives we spoke with told us the staff showed a high level of compassion towards the young people they supported. They used words such as "Compassionate", "Caring", "Excellent" and "Very motivated" to describe the staff. One relative told us "They (the staff) genuinely care and go over and above what is expected of them."

People and their relatives were provided with opportunities to give feedback regarding their experience of the service. The service had received a number of positive comments from relatives of people who used the service. For example, one had written, "On behalf of the family, we are pleased with the way you look after (name of family member); he tells us he is very happy living with you. Thank you." One person living at the service had written, "Cardell employ the most amazing carers who go over and above." The registered manager told us this feedback was shared with the staff as they found it supported staff morale and showed staff that their efforts and dedication was appreciated by the people living at the home and their relatives.

People were supported by a consistent team of staff. This ensured continuity and enabled people to get to know the staff team. Staff commented on how they worked well as a team and were keen to support each other in their roles. One member of staff said "We work well as a team. If I need help, there is always someone available to help me."

Staff treated people with understanding, kindness and knew the importance of respect and dignity. For example, Staff provided personal care behind closed doors. Staff supported people at their own pace explaining what they were doing. Staff were observed knocking and waiting for permission before entering people's bedrooms. We received positive feedback from people and their relatives. One person said, "The staff are always respectful towards me." Another person said "The staff always respect me and ask me for my permission." All of the relatives we spoke with told us the staff treated their loved ones with dignity and respect.

The manager told us people, relatives and their representatives were provided with opportunities to discuss their care needs during an assessment prior to their service being set up. We saw evidence of the involvement from health and social care professionals in people's care planning.

People's care records included an assessment of their needs in relation to equality and diversity and dignity and respect. Staff we spoke with understood their roles in ensuring people's needs were met in this area. We saw that staff had been trained in equality and diversity. The manager told us they felt it was vital that they understood people's cultural needs as early as possible and this information was captured during the initial assessment process. The manager told us how this would allow the service to cater for people's individual needs as soon as they arrived at the service. People we spoke with told us their spiritual needs were met and there were good links with the local church. We saw one example of where the service had supported a person to raise a complaint following an incident of discrimination in the community .

Is the service responsive?

Our findings

At our previous inspection we found the service to be outstandingly responsive to the needs of young people. At this inspection we found the service had further developed their responsiveness by working in a highly person-centred way to meet the needs of the people living at Tomlen.

The culture throughout the service was one of inclusion where people were encouraged to be as independent as possible learning new skills or maintaining existing skills. Staff talked about supporting people to develop their confidence to try new things. People spoke with pride about moving on or doing jobs for others. The registered manager told us the service always maintained a 'can do' attitude and challenged expectations which had led to an increase in the number of people engaging in community activities and gaining life skills. The registered manager and staff were creative in enabling people to overcome any perceived limitations and live a rewarding and fulfilling life. This 'can do' attitude had made a profound impact on the lives of the people living at Tomlen.

The registered manager explained how staff had realised some people did not have an understanding about the value of money or the skills to use cash machines. In response they had arranged a training day in the form of an activity. This involved using a cash machine lent from a local bank, so people could learn to withdraw money in a safe, familiar environment. People would draw their money and then choose a lunch and pay for this. The skills they learnt would then be transferred to using community banking facilities.

The college funding of two people had been cut which led to significant difficulties due to a lack of enjoyable and meaningful activities. The registered manager told us how they had explored voluntary work, but it was quickly identified that this was unsuitable. The service set up a gardening group at a sister home. Both people were supported to work in the garden to grow fruit, vegetables and flowers. The registered manager told us how health professionals and staff had noticed a significant improvement in their muscle tone and strength and had resulted in an overall improvement to physical well-being. We spoke with both of the people involved and they told us of their enormous sense of satisfaction from watching the fruits of their labours grow. They told us how they shared the produce and also how it gave them great satisfaction in using their produce in their own cooking, making them both more innovative in their use of ingredients.

The registered manager had attended training provided by the Institute of Applied Behavioural Analysis which was aimed at exploring specific techniques to support people who displayed behaviours which may challenge. The registered manager told us how this had supported them to manage the behaviours of one person. This person's health condition meant they were compelled to line things up and have symmetry in everything that they did. The registered manager shared the learning from this training with the staff who worked closely with this person to make the garden environment less challenging for them. The person told us how this initially caused the garden to be a challenging environment for them. However they told us that over time, they had come to appreciate that disorder can be satisfying too and this had also made them more relaxed in other areas of their life where everything is not in order or organised. The person went on to tell us how this had opened other opportunities for them.

Another person had been living in a clinical setting for some years and had associated attending church with the loss of a close family member. The registered manager told us how the person was unsure if they would ever be able to attend church again. Staff commenced supporting the person to visit cathedrals and churches in the day without a service being held. Due to the continued support of staff, the person told us how they now attend a service most weeks and have found this to be a 'very' positive experience.

Each person had a schedule of activities which they had been involved in putting together. The people living at the service spoke about what they enjoyed doing which included going to garden centres for coffee, shopping in town, meeting with friends and family and going on holiday. The registered manager attended various forums and steering groups where people using services were involved in supporting roles. The registered manager told us how for one person, this had empowered them to develop new friendships and extend their social circle. The person told us how these new friendships had led to a more active social life for them.

People were supported at the end of their life to have a comfortable, dignified and pain free death. If people required end of life care, the service sought support and guidance from specialist health professionals. Staff told us they knew what end of life care was and they had received training in this area. End of life care plans evidenced consideration had been given to people's individual religious, social and cultural diversity or values and beliefs, and how these may influence wishes and decisions about their end of life care.

The registered manager told us how all of the people living at Tomlen had developed close relationships and as a result, the death of one person at the service had had a profound impact on the emotional well-being of the other people living at the service. The registered manager explained how they were conscious of the potential for further emotional distress being caused to these people. As a result, they delayed the admission of a new person to the service. This allowed the other people living at the service to receive appropriate support, gave them time to grieve and come to terms with their loss.

Personalised care plans were developed from the knowledge gained during the assessment process prior to people moving to the service and other information provided from health and social care professionals. People told us they were involved in monitoring and reviewing these, so they reflected their current routines, likes and dislikes, and aspirations. Each care plan covered areas such as; safety, personality, physical health, eating and drinking, environment, family, friends and community, biography, sensory impairment and spirituality. Each person's care plan had a page detailing their likes, dislikes, critical care and support needs. People's preferred routine was also recorded to show how people liked things to be done. For example, people's personal care plans included their preferred routine of how they would like to be supported with their personal care. During conversations with staff they were able to describe how people liked to be supported.

Care plans were regularly reviewed. Staff told us reviews were completed monthly and more frequently if required. Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. For example, where people required support to support them to manage their behaviour, we saw evidence relevant professionals had been involved in the development and reviews of people's behavioural care plans.

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We were told by the manager that staff would also read the daily notes for each person. The daily notes we looked at were detailed and contained information such as, what activities people had engaged in, their nutritional intake and also any behavioural issues occurring on shift so that staff working the next shift were well prepared.

Arrangements were in place to ensure unforeseen incidents affecting people would be well responded to. For example, everyone living at the home had a 'Hospital Grab Pack' which was given to the paramedics attending to the person. This provided the hospital staff with key information about the person's needs and preferences including information about their medical history and current medication.

People told us they were aware of who to speak with and how to raise a concern if they needed to. There were no concerns raised from the people we spoke with and those that had raised concerns previously told us they were happy with the outcomes. People felt that the staff would listen to them if they raised anything and that issues would be addressed. One person said, "If I have any concerns I can speak with the manager or any of the staff. They always listen to us." Relatives we spoke with told us they had confidence in the ability of the registered manager to resolve any concerns they raised.

Is the service well-led?

Our findings

The service benefitted from exceptional leadership. There was a registered manager for the service. People, staff and relatives spoke positively about the registered manager. Staff told us they felt well supported by the registered manager. One member of staff said, "Both the manager and deputy manager are excellent. We have fantastic support from the both of them. If we need help with anything, they are always willing to support us." Another member of staff said, "The manager is always helping us to support the people living here." A person living at the home said, "The manager is very good. She is very kind and caring." Another person said, "The manager is always there to listen to me and help me." Relatives praised the registered manager for their dedication to the role and professionalism.

The manager told us that recognising and valuing the work of staff was important to ensure a caring staff team. The staff we spoke with told us they felt valued by the manager and this was communicated to them through positive feedback during team meetings and formal supervision. Staff told us how this enhanced morale and motivated them to work harder. Staff also told us it assured them that their efforts were appreciated by management.

The registered manager was highly driven to improve their knowledge and practice and to ensure their learning transferred to outstanding outcomes for people. They attended various meetings and forums to keep up to date with service developments and best practice. This included meetings with the local authority as well as care provider forums. The registered manager stated this was important to them as they believed the service, "Could not stand still" and had to, "Continually develop to ensure excellent care was always provided". For example, the registered manager attended a week long training event organised by the Institute of Applied Behavioural Analysis. The training was aimed at exploring specific techniques to support people who displayed behaviours which may challenge. The registered manager told us they were passionate about attending these forums and groups. They told us they felt their work through all these groups also benefits Gloucestershire social care services as a whole. The registered manager also told us these schemes promoted high quality care which would ultimately benefit people in all services and ensure consistency when people moved between services.

The registered manager was a member of the Challenging Behaviour Concordat for Gloucestershire. This saw more than 50 statutory, voluntary sector and care provider organisations working with people with learning disabilities join together to make Gloucestershire a more inclusive county for people with learning disabilities. The registered manager told us the aim of the strategy was, to build a supportive network for people who may display behaviours which may challenge. This network would manage the escalation of these behaviours and minimise admission to hospitals or the person being excluded from their community. The registered manager told us how for one person using the service, the support network had been very beneficial in supporting the person to manage their behaviour and had made significant improvements to their overall health.

The registered manager was co-chair of the Gloucestershire Care Providers Association (GCPA). The association promotes, develops and protects the work/interest of all independent providers of care and

support services in Gloucestershire. The registered manager told us how they were involved in ensuring that providers are supported in facilitating the best quality of care that they can for the people using their services. The registered manager and GCPA meet regularly with commissioners from the Clinical Commissioning Group and Local Authority. Discussions during these meetings focussed on the market position, provider issues around their legal and regulatory obligations as well as specific conversations around issues affecting the care of people using their services. This included subjects such as care fees and call monitoring. The registered manager told us how GCPA had negotiated with the local authority to raise the level of funding. This had allowed a number of providers to raise staff pay and maximise staff retention. The registered manager told us how this had made a significant impact on people as staff remained in their roles. This ensured that the close relationships they had built with people were maintained.

The registered manager was on the steering group for the new Proud to Care initiative in Gloucestershire and was on the committee for the workforce development group. The registered manager told us how the work of this group had resulted in increased numbers of local 16 to 24 year olds choosing social care as a career path.

The registered manager took an active part in safeguarding matters across the county and was a member of the Gloucestershire Safeguarding Adults' Board and took part in safeguarding adult reviews. They told us how this had also raised their awareness of the impact safeguarding incidents had on people's well-being. As a result, they reviewed the provider's training and ongoing staff monitoring to ensure staff were highly skilled in supporting people to stay safe. The registered manager took an active part in ensuring all people using services had equal opportunities to access services. They told us they were a part of the local review group which looked at annual health checks, to ensure a consistent check is given to all adults living with a learning disability and ensured that people obtained a care plan with all reasonable adjustments required clearly stated.

The registered manager told us the networking from those groups had also allowed staff to become care ambassadors, as well as access training. The registered manager told us how one person had been invited to assist at some events. The social interaction from these events had enabled the person to develop new friendships and as a result had led to them having a more active social life.

The registered manager was responsible for completing regular audits of the service. These included assessments and updates of care plans, meal time experiences, incidents, accidents, complaints, staff training, and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. It was evident from looking at these systems that they were effective in supporting the manager to identify and respond to concerns.

Staff attended regular team meetings and briefings. Staff explained regular meetings and briefings gave the team consistency and space to deal with any issues. The team meetings covered areas such as safeguarding and policy updates. Staff told us they found the team meetings to be 'excellent' as it gave them an opportunity to discuss issues with their colleagues and management. Staff told us they found the registered manager and deputy manager were willing to listen to staff and take their opinions into consideration.

The service was actively seeking peoples, relatives, staff and other stakeholder's views through sending out regular questionnaires and having regular meetings. The manager told us this was a way of ensuring everyone involved with the service had a voice. The response from these surveys was very positive and all of the people who had responded to the survey were very happy with the support they received. The service had a newsletter which was sent out to residents and family members every six months. This was developed in partnership with the people living at the service, who had all written an overview of what they had been

doing over the past months and what aspects of their activities they enjoyed the most. One person we spoke with told us how the newsletter had enabled them to express their views on life at the service and had given them a voice.

The manager had a clear contingency plan to manage the service in their absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the manager was able to outline plans for short and long term unexpected absences as well as ensuring there was minimal disruption to the service provided to people in the case of an event which affected the whole service.

We looked at accident and incident reports, and found the manager was reporting to CQC appropriately. The provider had a legal duty to report certain events that affect the well-being of the person or the whole service. All accidents and incidents such as falls, ill health, aggression /abuse or accidents for people were recorded. The manager told us any accidents or incidents would be analysed to identify triggers or trends so that preventative action could be taken.