

Care Management Group Limited

Hillview

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an announced inspection of the service on 8 November 2016.

Hillview provides a supported living service to 12 tenants that live in one building who are living with a learning disability and or autistic spectrum disorder or mental health needs.

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

People were protected from harm. Staff had received safeguarding training and were aware of their responsibilities to protect people. They told us they would be confident to use the whistleblowing procedure in the service to report any poor practice they might observe or become aware of. Staff supported people to understand their rights with regard to safeguarding and information was available and presented in an appropriate format to support people's communication needs.

Risks associated to people's needs and the environment were assessed, planned for and monitored. Staff had been appropriately recruited, checks had been completed in relation to safety and suitability before they commenced their employment. Concerns were identified with regard to the staffing levels provided at night to support people. The provider took immediate action to increase staffing levels during this time and confirmed in writing after our inspection of the action taken.

People were given a choice of what staff supported them; staff were also carefully matched to support people to ensure the best outcomes for people who used the service.

Where people required support with their prescribed medicines, staff provided this appropriately, including assistance with the safe storage and management of medicines.

Staff received the essential training and support necessary to enable them to carry out their role effectively and safely and new staff received an induction.

Staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005. This legislation is designed to ensure people are supported to make their own decisions wherever possible. Staff demonstrated their commitment to ensuring people were always able to make choices about how they wanted their care and support to be provided.

Where necessary people who used the service received support from staff to ensure their nutritional needs were met. People were supported effectively to manage their health and accessed community health services when required.

People were supported by kind, caring and compassionate staff that showed respect and promoted independence.

People had access to independent advocacy information should they have required this support. People were involved in regular reviews of their care to ensure the support provided met their needs. Care records included details of people's achievements as well as their dreams and aspirations for the future.

People were supported by staff to pursue interests and hobbies important to them. Staff had a person centred approach to the care and support provided. Systems were in place for receiving, handling and responding appropriately to complaints.

People had regular opportunities to provide feedback on the care and support they received in order to continue to drive forward improvements in the service.

Robust quality assurance systems were in place in order to ensure that that people received high quality, safe and effective care and support.

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

People were protected from harm because staff understood what action they needed to take to keep people safe. Staff had received appropriate safeguarding training.

Risks to people's health and well-being including safety within their home, had been assessed and planned for and were regularly reviewed.

Concerns were identified with night staff support but the provider took immediate action to address this. New staff completed detailed recruitment checks before they started work.

People received support where required to manage their medicines safely.

Is the service effective?

Good ●

The service was effective

People were supported by staff that received an appropriate induction, training and support.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People were supported where required with their nutritional needs and with planning meals, shopping and cooking.

People had the support they needed to maintain good health and the service worked with healthcare professionals to support people appropriately.

Is the service caring?

Good ●

The service was caring

People were cared for by staff who showed kindness and compassion in the way they supported them. Staff were

knowledgeable about people's individual needs.

Independent advocacy information was available for people and they were involved in their care and support.

People's privacy and dignity were respected by staff and independence was promoted.

Is the service responsive?

Good ●

The service was responsive

People received care and support that was personalised and responsive to their individual needs. People were enabled to pursue their own interests.

People were involved in reviews and discussions about the care and support they received.

There was a complaints procedure available for people should they wish to complain about the service.

Is the service well-led?

Good ●

The service was well-led

People were encouraged to contribute to decisions to improve and develop the service.

Staff understood the values and vision of the service.

The provider had systems and processes that monitored the quality and safety of the service. The provider was aware of their regulatory responsibilities.

Hillview

Detailed findings

Background to this inspection

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

This inspection took place on 8 November 2016 and was announced. In accordance with our guidance we gave the provider 24 hours' notice that we were undertaking this inspection; this was to ensure that the registered manager and staff were available to answer our questions during the inspection. This announced inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service, health and social care professionals, and Healthwatch to obtain their views about the service provided.

On the day of the inspection we spoke with three people who used the service for their feedback about the service provided. We spoke with the registered manager, the deputy manager and three staff. We looked at all or parts of the care records of three people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

After the inspection we contacted three relatives for their feedback about the service provided to their family member.

Is the service safe?

Our findings

People were protected from avoidable harm. One person said, "There is staff upstairs and downstairs to make sure we are okay." Another person told us, "I feel safe because I know I have staff available to support me all the time. I always know where they are going to be if I need them." People told us that they would speak with staff or the registered manager if they had any concerns about their safety. People had their own bedroom with kitchenette and ensuite, and shared communal areas within the house. People told us that they had a key to their own room and that their personal belongings were safe.

Relatives told us that they had no concerns about the safety of their family member. One relative said, "Yes, we feel that [name of family member] is safe living at the service. We feel the staff take care of [name of family member] very well. However, we do feel that they are well monitored."

Staff told us how they ensured people's safety. They were aware of the different categories of abuse and what their role and responsibility was in protecting people from harm. Staff told us how people had developed friendship groups and how there were aware, and managed different personalities and needs to ensure people's safety. One staff member said, "Staff have regular one to one meetings with people and safeguarding is routinely discussed. We support people to know and understand their rights."

We saw safeguarding incidents were recorded and these showed what action had been taken by staff to reduce further risks. Records reviewed confirmed staff had received adult safeguarding training and the provider had a policy and procedure to support staff.

Risks to people's needs had been assessed and planned for. Some people had no restrictions placed upon them and they accessed the local community independently. One person told us about some risks that they had associated with their behaviour. They said that staff involved them in discussions and decisions about how staff supported them at times of heightened anxiety.

Relatives were positive about how staff managed risks. One relative said, "My relative has absconded a couple of times, to show their independence, but staff always found them and brought them back safely."

Staff told us that they had sufficient information about how to support any identified risks people had, they said risk plans were informative and provided appropriate guidance and support. Additionally, staff said that any concerns about risks were discussed in staff handover meetings and risk plans were reviewed.

We found care records included risk plans that advised staff of how to manage and reduce any risk to people's safety as far as was possible. The registered manager told us how risk plans were developed with the person as fully as possible, along with their relatives or representatives. An example was given about how a person's support was increased for a period due to an increase in risks associated with their emotional needs and well-being. We also saw what action staff had taken when concerns were identified about people's safety. For example, referrals to healthcare professionals were made to provide additional support and guidance to staff to provide effective and safe support.

Accidents and incidents were recorded and analysed by the registered manager for themes and patterns. The registered manager told us how they worked with external agencies such as the police to manage incidents effectively. This involved the sharing of information and agreed protocols. For example, a person who used the service told us that their support plan to manage their behaviour was shared with the police. This was to ensure they received appropriate support at the time they needed it.

People had emergency evacuation plans in place that informed staff of people's support needs in the event of an emergency evacuation of the building. The provider also had a business continuity plan in place and available for staff that advised them of action to take in the event of an incident affecting the service. This meant people could be assured that they would continue to be supported to remain safe in an unexpected event.

The registered manager told us how they liaised with the landlord of the property to ensure the internal and external of the building was maintained to ensure people were safe. Staff also told us that they completed weekly testing of fire alarms and regular fire drills were completed. Systems were also in place to monitor health and safety.

People that used the service and relatives told us that they felt there were sufficient staff available to meet people's needs and safety. One person said, "The staff support me well, there is always staff around." Another person told us, "You get the support from staff when you need it, they are always around." One relative said, "We do think there are enough staff to meet [name of family member]'s needs." Another relative told us, "Occasionally staff are absent and things have to get changed, but [name of family member] receives a high level of one to one support in the house and in the community."

The registered manager told us how they constantly reviewed the staffing levels to ensure people had sufficient staff to support them with appointments and activities. The registered manager said, "We have set staffing levels but this can increase dependent on people's needs and plans." Staff told us that they had no concerns about staffing levels and that people had their individual needs met and were supported safely.

We identified that the night time staff support provided was insufficient to meet people's individual needs safely. The provider agreed to provide additional staff support with immediate effect. After our inspection we received confirmation from the registered manager that this support had been provided. This also included copies of the staff roster that showed additional night time support was being provided as agreed.

On the day of our inspection we observed people were supported by staff with activities both in the community and internally. Staff were seen to be organised and had the right mix of experience, skills and knowledge. Staff had time to spend with people and clearly understood their different roles and responsibilities.

The provider operated an effective recruitment process to ensure that staff employed were suitable to work at the service. Staff we spoke with confirmed they had undertaken appropriate checks before starting work. We looked at three staff files and we saw all the required checks had been carried out before staff had commenced their employment. This included checks on employment history, identity and criminal records. This process was to make sure, as far as possible, that new staff were safe to work with people using the service. This showed that the provider had appropriate recruitment processes in place to keep people safe as far as possible.

Where required staff supported people with their medicines. People who used the service did not raise any concerns about how they were supported with their medicines. One person said, "I take my tablets myself

and sign to say I've taken them, staff just see that I've taken them okay." A relative told us, "As far as we know [name of family member] does receive their medicine on time."

Staff told us how they supported people with their medicines. This included the ordering of repeat prescriptions, safe storage, management, and the returns of any unused medicines back to the pharmacy. The registered manager explained what medicines training staff had to complete, this included a practice observation and competency assessment to evidence their learning. Staff received yearly refresher training and competency checks to ensure they followed best practice guidance.

Records confirmed staff had detailed information about how each person preferred to take their medicines. This included information about what people's medicines were for, and clear instruction of the administration of medicines prescribed to be used as and when required for pain relief or anxiety. Medicine Administration records (MAR) were used to confirm whether each person received their medicines at the correct time and as written on their prescription. We saw these had been fully completed and confirmed people had received their medicines correctly. Each MAR was identified with a picture of the person. This meant staff could safely administer medicines to the correct person.

The provider had an audit system that was completed daily to check medicines were being safely managed. Where discrepancies were identified we saw the registered manager took immediate action to investigate. This told us that people could be assured that their medicines were safely managed.

Is the service effective?

Our findings

People who used the service and relatives told us they were confident that staff understood their needs and were knowledgeable and skilled to carry out their roles and responsibilities. People we spoke with were positive about the staff that supported them. One person said, "I'm happy with my support, the staff are good at helping me." Another person told us, "They support me well all the time." A relative said, "Overall, yes, staff are skilled enough to support [name of family member]." Another relative told us, "The vast majority yes. The manager has built a 'scaffold' of support around [name of family member] so that there is consistency."

Staff told us about the induction they received when they started their employment. They said that it was supportive and helped them to understand their role and responsibilities. We saw records that confirmed new staff had received an induction that included the Skills for Care Certificate. This is a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

Staff described the training opportunities they received; this included, health and safety, first aid, diabetes awareness, epilepsy awareness and autism awareness. A staff member described the training as, "It's very good the training, I've learnt a lot from it." Another staff member told us how the registered manager used supervision meetings to raise staff's awareness in different areas of their work.

We looked at the staff training plan which the registered manager continually monitored to ensure staff received refresher training when required, to keep their skills and knowledge up to date. We found staff received appropriate training opportunities.

Staff were positive about the support they received and said they received appropriate support, supervision and opportunities to review their work and development. One staff member said, "We have monthly one to one meetings and a yearly appraisal with the manager. It's very good and beneficial; the manager is very supportive and knowledgeable."

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

People who used the service told us that they had given consent to their care and support and we saw examples of support plans people had signed that confirmed consent had been gained. One person said, "Staff always ask if they can support me, I've signed documents to say I agree with the support I get and have contracts and agreements in place."

Some people experienced periods of high anxiety and behaviours associated with their mental health needs. Staff were knowledgeable about people's individual needs and we saw examples of how staff supported people to manage their anxiety and behaviour. We found positive behavioural support plans provided staff with detailed information about people's fluctuating mental health needs and what people's coping strategies were. This told us that people could be assured that staff understood their needs and could provide effective support at times of anxiety.

Staff had received training in the management and intervention techniques to cope with escalating behaviour in a professional and safe manner. Staff gave examples of how they used different strategies to deescalate potential behaviours.

People who used the service told us how staff supported them to plan, shop and cook meals of their choice and that met their needs. One person said, "I have a choice of meals, sometimes I have a takeaway, I eat separately and go with staff to Sainsbury's to do the weekly shopping and staff help me cook my meals."

People had a choice to cook and eat in their individual rooms or in the communal kitchen. We saw a person in the communal kitchen was supported to choose what they wanted for lunch and with minimal support made their chosen meal.

A relative told us that they had some concerns with how their family member was supported with their nutritional needs. They said that healthy choice making was not always promoted. However, they said this was discussed with the registered manager and action was taken. Comments included, "This has improved significantly in recent months."

Staff told us how they provided meals and support that met people's individual needs. For example, some people were at risk of malnutrition, being overweight or had diabetes. Care records demonstrated people's dietary and nutritional needs had been assessed and planned for, including people's likes and dislikes. These plans showed us that consideration of people's cultural and religious needs was also given in menu planning. People were supported to have their weight monitored so action could be taken if changes occurred. We also noted that staff recorded what people had eaten as an additional method to monitor that people received sufficient to eat. Where concerns had been identified about risks associated with eating, referrals to healthcare professionals such as a speech and language therapist had been made.

People did not raise any issues or concerns in relation to the support they received to access external health services. People who used the service told us that staff supported them to attend health appointments if required.

Relatives were positive that their family member was effectively supported by staff to manage their health needs. Examples were given of how staff had involved healthcare professionals when concerns had been identified. This included specialist support from psychiatry and psychology services. One relative said, "The manager in particular has been extremely good at ensuring inputs (external healthcare support). Staff have also monitored and provided good support and information to keep track that [name of family member]'s needs are met."

We received positive feedback from a healthcare professional, they said, "I have not had any concerns and have found that they [staff] have followed and taken on board recommendation made by myself."

Staff demonstrated a good awareness of people's healthcare needs. Care records confirmed people's health needs had been assessed and people received support to maintain their health and well-being. People had

'Hospital Passports'. This document provides hospital staff with important information such as the person's communication needs and physical and mental health needs and routines. People also had health action plans that recorded their health appointments. We found care records gave examples of the service working with external healthcare professionals such as the GP, dietician, physiotherapist, psychiatrists and psychologist.

Is the service caring?

Our findings

People who used the service spoke positively about the staff that supported them. One person referred to staff as, "Friends." This person also said that they liked all the staff and that they had a particularly good relationship with their keyworker. A keyworker is a member of staff that has additional responsibility for a named person. Another person described the staff as good and said, "I love living here."

One person who used the service told us that they chose daily what staff they wanted to support them. Additionally, they said that people were able to choose their keyworker. This told us that people were able to self-direct their support.

Relatives described staff as caring, kind and compassionate. One relative said, "Staff are definitely caring. [Name of family member] trusts and likes all of the staff, and has a keyworker that they like very much."

The registered manager told us and records confirmed, staff were carefully matched to support people with similar interests, hobbies and personalities. The registered manager said that matching and linking staff and people who used the service in this way, created a positive relationship and successful outcome for people. Staff confirmed this to be correct.

Staff spoke positively about working at the service. One staff member said, "I really enjoy my job. Anyone can care but it's about meeting people's individual needs, all people are different and it's important to recognise this." Another staff member told us, "It's a really, really rewarding job, supporting people to achieve their goals and improving their life."

Staff demonstrated they understood people's individual needs and preferences. People had a range of diverse needs and staff showed a good understanding of what these were and what was important to people. People's care records were detailed and informative; this ensured staff had the required information to provide an individualised service. This included information about their family, interests and preferred daily routines. This helped to ensure staff were able to develop meaningful and caring relationships with people who used the service.

Staff showed a commitment to providing high quality care and to promoting people's independence as much as possible. One staff member said, "We encourage people as fully as possible to do as much as they can for themselves. Some people will go on to more independent living in the future and our job is to support them to achieve this."

People used different methods of communication to express their needs. This included verbal communication, gestures and body language, using pictures and signs. The registered manager said that social stories were also used as an effective method by staff to communicate with people. Social stories are ways to help people on the autism spectrum develop greater social understanding.

Staff told us that some people experienced difficulty in expressing their feelings and emotions and that staff

met with some people at specific times of the day for 'well-being talks'. This gave people an opportunity to talk about their emotions using mood flash cards to support them. This was also an opportunity to discuss plans for the day. Some people required their day broken down into a simple pictorial timetable that explained what was happening now and next. We saw examples of these. Staff had available detailed communication support plans that described people's individual communication needs and preferences. This told us that people could be assured that their individual communication needs were known and understood by staff.

People who used the service and relatives told us that they were involved in meetings to discuss the support provided. People told us about monthly meetings they had with their keyworker. One person said, "I'm involved in meetings, I get to put my points across and staff listen to me." A relative said, "We have regular family meetings, and regular one to one review sessions with the manager and key workers. The monthly reports give us an opportunity to comment / raise issue if need be."

The registered manager told us and records confirmed, that people and their relatives received a variety of opportunities to be involved in how support was provided. This told us that the provider empowered people to be at the heart of any discussions and decisions about the support they received.

Information about independent advocacy services was available to people should they have required this support. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

People told us that they felt staff treated them with dignity and respect. One person told us, "It works both ways, I'm respectful towards staff and they are to me." Another person told us that staff knocked on their door and waited for a response before entering.

Staff gave examples of how they respected people's dignity and privacy when providing personal care. Policies and procedures we reviewed included protecting people's confidential information. They also showed the service placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe.

Is the service responsive?

Our findings

People who used the service received care and support that was personalised to their individual needs and in a way they wished to be supported. People told us they were supported to lead their life as they choose and that staff were responsive to their needs. One person told us, "The staff ask me how they can support me. I think they have got to know me really well and what's important to me."

People received opportunities to be involved in the pre assessment before they moved to the service. This included decisions about their transition plan and with the development and review of their support plans. The registered manager showed us examples of people's pre-assessments. These are important to ensure the service can meet people's individual needs and is a time to consider if additional resources or staff training is required. This information was then used to develop person centred support plans that informed staff of people's needs and wishes. Transition plans were individual and based on people's needs. People had planned visits to the service to enable them to become familiar with other tenants, staff and the environment.

Staff provided a responsive service. Through observations of staff engagement with people and looking at people's individual care records, it was clear people were fully involved in their support. A relative spoke positively about the involvement of their family member. They said, "Staff talk both informally and at a more formal weekly keyworker review meetings to [name of family member] about what is important to him. [Name of family member] enjoys these meetings, and feels good about giving their opinion, it increases his self-esteem."

The registered manager told us about the timescale of reviews arranged for people to have a meeting to discuss their support. This was within six weeks of using the service, then at six months and annually. However, they stressed that these could be more frequent if required. Records confirmed what we were told.

People told us about the different activities they participated in and said this was based on their individual interests. One person told us that they attended an evening drama group and that they had been supported on a boating trip holiday. Some people had voluntary work placements and told us how important this was for them. Another person said that they went horse-riding and attended a community day service.

Relatives were positive about leisure, work and recreational activities available to their family member. One relative said, "[Name of family member] has a range of home-based activities. They have just started a once weekly cooking course at the YMCA." Another relative told us, "There is a wide range of in-house activities. [Name of family member] does not always want to participate. There are lots of social and sport/ outings cinema trips outside the house."

People had access to a sensory room that provided therapeutic sensory and relaxation. On the day of our inspection we observed that staff supported people to access the community, this included shopping and visiting places of interest. Two people accessed the community independently. A person who remained at

home enjoyed a foot spa; another person enjoyed having staff support them with some table top activities and spending time within the company of staff.

We spoke with a member of staff who was the lead for developing activity opportunities for people. They told us that a great emphasis was on providing sensory activities and we saw an activity folder that provided staff with ideas and suggestions such as sensory cooking and arts and crafts.

The registered manager told us that people were supported to be active citizens in their community. They said social inclusion was important for people and that staff supported them to develop links and maintain existing friendships and social contacts. We confirmed what we were told by talking to people, staff and viewing people's care records.

People were supported to identify goals and aspirations they wanted to achieve. For example, one person's care records documented that their wish was to learn how to swim. An action plan had been developed with a realistic timescale of when it was hoped this would be achieved. Another person identified they wanted to work in dog kennels, and records confirmed they had achieved this.

People told us they had monthly tenancy meetings and records viewed confirmed this. This was an opportunity to exchange any information that affected the service people received. Staff also facilitated discussions with tenants about communal living. Topics included, safeguarding, bullying and stealing. People also talked about activities they wanted support with. Meeting records showed where action was required this was recorded and reviewed at the next meeting. The meeting record was also provided in easy read language for people who had communication needs. This told us people received opportunities to share their views about the service provided and their views were respected and acted upon.

People had information about how to make a complaint available and presented in an appropriate format for people with communication needs. People told us that they had no concerns raising any issues or concerns. People named staff that they said they would talk to about any concerns they had and this included the registered manager.

Staff were aware of the provider's complaint procedure and were clear about their role and responsibility with regard to responding to any concerns or complaints made to them. The complaints log showed where concerns or complaints had been made the registered manager had taken appropriate action in a timely manner.

Is the service well-led?

Our findings

People we spoke with told that they were happy with the support they received. Relatives were positive and complimentary about the service their family member received. One relative said, "I am of the opinion CMG [the provider] provide a first class professional service. [Name of family member] tells me regularly how happy they are at Hillview and I am always very grateful to hear that news." Another relative told us, "The atmosphere is very positive. The manager has created a good team, and is committed and energetic. They know the tenants well and this is reflected in how they manage and plan staffing."

People and relatives all confirmed that there were effective communications within the service and that the registered manager had good leadership skills. One relative said, "The manager has been very supportive on a number of fronts. They also listen to my advice and suggestions." Another relative told us, "The manager is very friendly, approachable and genuinely concerned with [name of family member]'s welfare." Additional comments received included, "The manager is outstanding, intelligent, inspirational and hugely energetic and we feel very grateful to have them. The staff do a wonderful job in often very difficult circumstances"

Relatives told us, and the registered manager and records confirmed that they had opportunities to meet to discuss the service provided. One relative said, "We have quarterly parents' forums, where parents get together with management to discuss issues. We receive minutes from the meeting. These meetings are very useful, and make us feel like we are part of the Hillview community."

As part of the providers quality assurance systems people that used the service and relatives were given opportunities to share their feedback by questionnaires. One relative told us, "On a number of occasions we have filled in questionnaires and had feedback on all family members' responses." Another relative said, "There was a companywide questionnaire we recently had feedback on the Hillview responses and discussed them." This told us the provider had a commitment to seek the views and opinions about the service provided. This enabled people to be involved in the development of the service if they chose to.

We found there was a positive culture amongst the staff who had a strong understanding of caring for and supporting people. Staff demonstrated they understood the provider's vision and values. Staff were clear that people were supported to be as independent as possible and that for some people their role was to support them to move onto more independent living.

We looked at the service user guide and statement of purpose that informed people of what they could expect from service. This included the provider's values and philosophy of care; we saw that staff acted in line with those values.

All staff spoken with were positive about the leadership of the service. They described the registered manager as, "An excellent leader." Staff also said that the registered manager was very supportive, approachable, was very knowledgeable and committed in providing the best service they could.

We found that staff were clear about their role and responsibility and the provider had a clear management

structure and resources in place. This supported the registered manager to provide an effective service. Staff were observed to work well together as a team; they were organised, demonstrated good communication and were calm in their approach.

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about, such as any safeguarding any significant accidents or incidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.

The registered manager told us about quality assurance systems and processes in place that monitored the quality and safety of the service. This involved daily, weekly and monthly audits and we saw these records included areas such as staff training, supervisions, care records, health and safety.

The provider also had representatives from the organisation that completed audits that monitored the effectiveness of the service. We saw records that showed where improvements had been identified action plans were in place to make these required changes. This told us that the provider was continually reviewing and improving the service.