

Care Management Group Limited

Upper Selsdon Road

Inspection report

157 Upper Selsdon Road
South Croydon
Surrey
CR2 0DU

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 8 June 2018 and was unannounced. The service was first registered with the commission on 26 June 2017. This was the first inspection of the service.

Upper Selsdon Road provides 24-hour care and support for men with a mild and moderate learning disabilities and additional mental health needs. At the time of our inspection eight people were using the service. This service provides care and support to 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.

The care service had 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.

A registered manager was in post at the time of our inspection. 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.

Staff had an excellent understanding of people's needs and were skilled in the way they provided person centred care and support, putting people at the heart of the service. Staff supported and encouraged people to have an exceptional quality of life by helping people to make choices and have control over their lives.

People were at the centre of everything that happened at the service. Staff ensured people were given every opportunity to participate in a wide range of social activities, education and work to increase their confidence, independence and enable people to live as full a life as possible. Staff actively encouraged people to try out new experiences and activities.

People told us they happy living at Upper Selsdon Road and relatives we spoke with confirmed this. Staff had good knowledge about how to identify abuse and report any concerns and knew the systems and processes in place to protect people from harm. People and staff were encouraged to raise concerns and staff told us they felt they were listened to.

People had risk assessments which helped staff make sure people were safe at the service and in the community. These helped staff to manage and reduce people's risk while still encouraging their independence.

People had good continuity of care by a staff team who knew people well. People were supported by staff

who received appropriate training and support to do their job well. Staff felt supported by managers. There were enough qualified and skilled staff at the service. Staffing was managed flexibly to suit people's needs so that people received their care and support when they needed it.

Medicines were managed safely and people received their medicine when they needed it.

People were encouraged to make health choices about their food and supported to have sufficient amounts to eat and drink. Risks associated to people's diet had been identified and staff knew what to do to manage this risk. Staff supported people to access the healthcare services they needed to maintain their health and referred people to specialist support when necessary.

Care records were focused on each person and gave a complete picture of the individual including their physical, mental, emotional and social needs. Staff understood the best ways to communicate with people and were able to support people when they became upset or worried.

The provider listened to and acted on complaints. Information was available for people and their relatives to make a complaint and relatives were confident the registered manager would respond appropriately if they raised any concerns.

Leadership was visible across the service and the registered manager, deputy manager and staff had a good understanding of their roles and responsibilities. The provider had a range of audits in place to assess, monitor and drive improvement. When things had gone wrong lessons were learned and this was shared across the service.

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.
Staff understood how to respond if they suspected people were being abused to keep them safe.
Staff knew how to manage the risks people may face.
There were enough staff on shift to support people and the provider followed robust recruitment procedures.
Staff managed people's medicines safely.
People were protected by the prevention and control of infection.

Is the service effective?

Good ●

The service was effective.
People's needs and choices were fully assessed. Staff were fully supported to meet people's needs through training, supervision and appraisals.
People were protected from the risks of poor nutrition and dehydration. People were supported to make healthy choices and encouraged to have a balanced diet.
Staff supported people to access the healthcare services they needed to maintain their health.
Staff were aware of their responsibilities in relation to the MCA.

Is the service caring?

Good ●

The service was caring.
Staff were kind, attentive and knew people well.
People were involved in making decisions about their care, treatment and support.
The care records we viewed contained information about what was important to people and how they wanted to be supported.
Staff respected people's right to be treated with dignity and right to privacy.

Is the service responsive?

Outstanding ☆

The service was responsive.
People's care records were centred on them as individuals and staff were responsive to people's needs making a positive difference to people's lives.
People achieved positive outcomes which met their goals and

aspirations. Staff actively encouraged people to be as independent as they could be and supported them to take part in a wide variety of activities within the service and in the community.

People's relatives told us they were confident in expressing their views and raising any concerns.

Is the service well-led?

Good ●

The service was well-led.

There was visible leadership at the service and staff knew their role and responsibilities.

Staff told us their managers were approachable, supportive and listened to them.

Regular staff meetings helped share learning and best practice so staff understood what was expected of them at all levels.

The provider encouraged feedback of the service to help drive improvement.

Good quality assurance systems and audits helped monitor and improve the service.

Upper Selsdon 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 checked 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 comprehensive inspection took place on 8 June 2018. The inspection was unannounced and carried out by one inspector. Before our inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with six people using the service. We observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. We spoke with the registered manager, the deputy manager, two staff members and a visiting practitioner providing complementary therapies. We looked at records which included three care plans, three staff files, medicine records and other records relating to the management of the service.

After our inspection we spoke with five relatives of people using the service and the registered manager sent us additional information such as meeting minutes, staff training and quality checks.

Is the service safe?

Our findings

People we spoke with told us they liked living at Upper Selsdon Road. One person told us, "It's good here, the staff are nice." Most relatives were happy with their family member's care and support. One relative told us, "[My family member] is very happy...they keep them safe, I have no complaints." Another relative told us, "[My family member] is happy, they are confident and they want to go back there [to Upper Selsdon Road] after a visit with us...their confidence has grown and they are becoming more independent." One relative spoke to us about the concerns they had with their family member's care but explained they were in regular conversations with staff and the registered manager and felt staff were doing everything they could do. They told us "Staff do their best." We spoke with the registered manager about the concerns raised and saw they and other healthcare professionals involved in the person's care has been meeting regularly to discuss the needs of the person to ensure their continuing safety.

Staff we spoke with knew what to do if safeguarding concerns were raised and had received safeguarding training. There were procedures for ensuring allegations of abuse or concerns about people's safety were properly reported. Information was available for people in a clear pictorial and easy read format. This explained what people needed to do if they were unhappy or felt unsafe and who they should speak with. Safeguarding was also discussed at manager, staff and tenant meetings. People's finances were protected and there were procedures in place to reconcile and audit people's money. The service had systems to manage and report whistleblowing, safeguarding, and safety incidents. There were arrangements in place for reviewing and investigating events and lessons learnt were shared with staff.

Risk assessments were in place to help keep people safe but also to promote their independence both at the service and in the community. These included guidance for staff on how people could take positive risks to be able to live as normal life as possible. Staff we spoke with understood people's individual risk needs and how to best support them. When people's needs had changed their risk, assessments were updated accordingly. Staff gave us examples of how they supported people to stay safe both at the service and in the community.

People were supported by staff when their behaviour challenged and we saw detailed positive behaviour support (PBS) plans in place to help staff manage situations in a positive way. Staff had a good understanding of the possible triggers that may make people anxious or upset. The provider had a PBS team in place and staff told us about the help and support they gave them. Staff had received training in PBS and from our observations it was evident they were able to put their learning into practice.

There were sufficient numbers of staff on duty to keep people safe. People's needs were met in a timely manner. Staff rotas showed that staff support was planned flexibly to accommodate outings, activities and healthcare appointments and records we saw confirmed this. During our inspection staff were always visible and on hand to meet people's needs and requests.

The service followed appropriate recruitment practices to keep people safe. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had conducted in respect of these

individuals. This included an up to date criminal records checks, at least two references, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

Medicines were managed, stored, given to people as prescribed and disposed of safely. People's prescribed medicine was stored appropriately in individual locked cabinets. People's care records had detailed information regarding their medicines and guidance was in place for staff when people needed medicines 'as required' or only at certain times. Easy read information was available for people to inform them about the type of medicine they were taking, why they were taking it, the possible side effects and the best way to take the medicine. Staff had completed training with their supplying pharmacy on the safe handling of medicines and their competency to administer medicines was checked regularly to make sure practice was safe. The registered manager and the deputy manager carried out regular medicines audits to ensure any issues or errors were picked up and addressed quickly.

An emergency 24 hour on call system was in place so staff could access advice and assistance if the registered manager was not available. Health and safety and fire checks were routinely carried out at the premises and people using the service were encouraged to be involved in these checks and be aware of safety issues around their home. One person told us about the fire alarm checks they carried out and we saw photos of other people at the service taking responsibility for health and safety checks. A landlord was responsible for the upkeep and maintenance of the premises and the registered manager told us a new landlord was about to take over the property. We noted the property's last fire risk assessment was completed in October 2016, the registered manager confirmed they would be expecting the new landlord to complete a new risk assessment as soon as they were in place. We saw the current landlord had recently erected some new fencing in the garden area but we were concerned about the lack of fencing in an area where there was a sharp drop into the neighbouring garden. The registered manager explained the current landlord had been notified of this risk and work was in the process of being completed. We also saw the local authority had closed off an adjoining foot path because of essential maintenance needed. We will look at these issues again when we next inspect.

People were protected by the prevention and control of infection. The service was clean and hygienic, cleaning schedules were in place, policies and procedures were available for staff and monthly audits clearly highlighted any improvements that needed to be made with a target date for review. All the communal shower rooms and toilets had hand washing and drying facilities. Records confirmed staff had received training in infection control and food safety.

Is the service effective?

Our findings

People's needs and choices were continually assessed according to their needs and care and support was planned and delivered in-line with current best practice. People's care records were updated accordingly and identified choices, preferences, goals and aspirations together with guidance for staff on achieving the best outcomes for people. When new people joined the service, staff made sure they made the transition as smooth as possible. We spoke with the registered manager about new people joining them and they explained how important it was that people already living at the service felt involved in the process so there were positive outcomes for everyone.

People were supported by trained staff who undertook mandatory and refresher training. Staff received an induction when they first started working for the service. When staff had no previous experience of working in care they were asked to complete the Care Certificate (a set of recognised national standards) as part of their ongoing training and induction. Mandatory training included first aid, food safety, infection prevention and control, moving and handling, mental capacity and safeguarding. In addition, staff received service specific training such as autism, awareness of learning disability, mental health and dementia, and diabetes. Staff were encouraged to participate in further qualifications such as the Qualifications and Credit Framework (QCF) and the registered manager explained many of the staff had achieved or were enrolled in level 2 to 3 qualifications.

Staff received regular supervision and yearly reviews of their work performance. This helped the provider review staff development and day to day practices. Records were detailed and included discussions about people using the service, day to day issues in the home and personal development needs. Staff told us they felt well supported by the registered manager and had good opportunities to further their skills and learning.

People received the support they needed in relation to nutrition and hydration. Staff encouraged people to be as independent as possible with their choice and preparation of food with staff offering support with shopping and cooking when required. Staff worked with people to try new foods and to make healthy choices if they wanted to. When people's health was at risk from their diet this was noted in people's care records and staff monitored them appropriately. People's likes and dislikes were recorded in their care records along with any special dietary needs. When people required additional support with their dietary needs we saw the appropriate healthcare professionals were involved and guidance and advice given to people in appropriate formats to give them the information they needed to make the right food choices.

People were supported to access the healthcare services they required and staff gave people the information they needed about their care and support options. For example, one person was provided with details about their diabetes and how to manage this. With support from staff the person was able to eat healthily and undertake moderate exercise which meant they no longer needed to see the dietitian. People had their own personalised health action plans. These contained information about their everyday health needs and how staff could support them. There was evidence of regular visits to GPs, and appointments other healthcare professionals together with the reason for the visit, the outcome and any follow up action if

required.

Records contained hospital passports which included personal details about people and their healthcare needs. Information was regularly updated and the document could be used to take to hospital or healthcare appointments to explain to healthcare professionals how people liked to be looked after.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 people lack mental capacity to take decisions, any made on their behalf must be made in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any application to do so must be made to the Court of Protection. We checked that the service was working within the principles of the MCA. Staff understood their responsibilities under the MCA and knew how it applied to people in their care. They demonstrated a good understanding of the importance of gaining people's consent to the support they received and what they should do if they had any concerns about people's capacity.

Is the service caring?

Our findings

People told us they were happy living at Upper Selsdon Road. One person told us, "It's ok, the staff are nice." Other people told us about their day, what they liked and the things they had been doing. We noticed when people spoke they were happy and smiling and everyone looked comfortable and at home. Relatives told us staff were caring. One relative told us, "They [the staff] are fantastic, seriously" and "I would recommend this service to anyone...it's a lovely house." Another relative told us, "[My family member] is doing very well, I can't complain about staff, it's amazing what they do...I can't complain about anything."

Staff had a good knowledge of the people living at Upper Selsdon Road, had a positive attitude to their work and enjoyed working for the service. One staff member told us, "Supporting the guys is always our main priority...we want to make a difference in their life, getting them out and doing the things they love." We observed staff when they interacted with people. They treated people with respect and kindness. People were relaxed and comfortable and staff used enabling and positive language when talking with or supporting them and made sure people were given enough time to communicate. The service was busy with people coming and going but staff took their time to listen to and support people so they felt involved in the hustle and bustle.

People were involved with decisions about their care. We saw many examples where staff spent time explaining what the next activity was, when it was and which staff member would be with them. We noted staff gave people choices throughout the conversation, allowing people to make their own decisions. When people needed some quiet time or space away there were several seating areas in and outside of the service they could go. We noted one person sat in the hallway in a comfortable chair with their cup of tea relaxing and watching, while the day's activities were organised for others. Staff confirmed this was their choice and they liked to be on their own sometimes. The person's records confirmed this.

Staff worked hard to involve people in the service and help them make choices about care and support. People could speak with staff in private if they wished and we saw some good examples of staff offering the time and space for people to tell them about their day, what was on their mind or if anything was troubling them. Some people liked to sit in the office and we observed they enjoyed a friendly banter with staff. We saw information displayed around the service for people in accessible formats and there were photographs of people enjoying activities or involved in important tasks that needed to be done. We spoke to one person who told us they helped with the fire checks and we saw pictures of the environmental officer, fire safety and other people helping to keep the service clean and tidy. The registered manager told us they had used different formats for communication but visual communication seemed to work better for the people at the service. We saw the tenant guide and house meeting minutes used photographs to display news, events and activities. For example, the house meeting gave updates on the new garden project, sporting events and achievements and information about up and coming events. One person had recently joined the providers 'quarterly peers group forum'. This gave them the opportunity to speak about the service, make suggestions or complaints and share ideas with people using the providers other service's. People could choose which staff member was their key worker, this enabled them to feel more comfortable and confident about giving feedback through regular keyworker sessions.

Staff knew people well and they were able to explain people's likes and dislikes, their goals and achievements. Staff had a good knowledge of issues and varying support needs of people living at the service, they knew when people were unwell or upset and supported them appropriately. Care records were centred on people as individuals and contained detailed information about people's diverse needs, life histories, strengths, interests, preferences and aspirations. For example, one person told us about their favourite music and the items he would like to buy and was saving for and we saw their interests had been recorded in their care records for staff to refer to.

All the relatives we spoke with told us there were no restrictions on visiting the service. Most relatives spoke about their family member visiting them regularly. Some people were able to do this independently while others required staff support. Staff told us people were encouraged to maintain relationships with family and friends and during our inspection one person had gone to visit a family member and another person was speaking with their relative on their mobile phone.

Staff respected people's privacy and dignity. We spoke with one staff member who was a dignity champion at the service. They explained how they would observe staff with people and have a conversation if they felt something could be done differently to help respect people's dignity. We observed staff respected people's private space, they knocked on people's rooms before entering, gave them choice and control over going to bed, waking times, food and activities and we noted the emphasis was always on maintaining and encouraging people's independence.

Is the service responsive?

Our findings

People were at the centre of everything that happened at the service. Staff ensured people were given every opportunity to participate in a wide range of social activities, education and work to increase their confidence, independence and enable people to live as full a life as possible. During our inspection the registered manager took time out to speak to people in private and listen to what they had to say demonstrating the importance staff placed on listening to people's voice over everything else. We attended a handover meeting and found staff were enthusiastic about the care and support they offered people, it was clear staff focus was on the people at the service and finding creative ways of supporting them to have an exceptional quality of life.

Staff worked hard to empower people to follow their goals and aspirations. Relatives told us how the service worked to improve people's confidence. One relative told us, "[My family member] has grown in confidence and has become more independent, he is so happy." This was highlighted by many examples during our inspection. Staff told how they had helped one person meet one of their goals by supporting them to obtain their provisional driving licence. Staff had also helped another two people to successfully apply for jobs and they were now in paid employment, increasing their independence and social skills. We saw photographs of them in their place of work looking very happy. Staff spoke about people's accomplishments with pride and happiness.

The provider worked well with people to maximise their independence and enable people to be inspired to achieve their goals. The provider ran their own ASDAN (award scheme development and accreditation network) program. Each person could take part in achieving a certificate in an area of their preference. The registered manager explained they had been successful using this program to increase people's independence and staff were always looking for new areas of interest that they could incorporate into the program. For example, one person liked to garden so a staff member had organised 'the garden project' at the service to encourage learning and confidence in that area. The staff member showed us what they had achieved to date and during our inspection we observed people caring for the garden with sense of pride and ownership. We heard how another person had lacked confidence when they first joined the service but with staff support and the structure of the ASDAN program they had grown in confidence and independence, so much so they had been nominated for the provider's 'service user of the year awards' for the achievements they had made with independent living skills. For example, they now travelled independently in the community and had found voluntary work. During our inspection the same person told us how they would like to move to their own place one day and be more independent. Another person had enrolled into a college course funded by the Arts Council. We spoke to the person, they were happy and animated and told us they were going to perform to an audience soon and had been working hard at rehearsals. They gave us an information leaflet about the performance and explained they were excited to be on stage. Later we observed the person getting ready to go out for the evening, they were dressed smartly and looking forward to meeting their friends and having a good time. Staff told us the person's confidence had grown since being at the service and felt their quality of life had significantly improved.

The service encouraged people to join community networking groups such as Buzz Hub, Friday night project

and Day Space. These were in the local community and gave people the opportunity to meet new people and promoted people's independence. We saw people preparing for a picnic that evening as part of the Friday night project while others told us about the take away they would have. It was clear people were looking forward to their Friday evening whatever they were doing.

There were many in-house activities and social events that helped strengthen people's communication skills and helped develop relationships and trust with the people around them. These included the garden project, weekly exercise classes and 'the meal deal' which encouraged people to increase their cooking skills by deciding a menu and cooking for others in the service. Everyone that wanted to, took it in turns to cook a meal and photographs of recent meal deals indicated this was a social and enjoyable event. While we were at our inspection the registered manager was speaking with people about the World Cup and they were thinking about the countries playing and the food associated to those countries with a plan to cook a meal linked to that country on the day of the match. After the inspection we were sent more details, for example, when Nigeria were playing they would make Mafe Stew and for the Australia game it would be steak and chips.

Staff were skilled at meeting people's preferences and were innovative in suggesting additional ideas that people may not have considered. For example, one person told us about their favourite music and food and we saw from their care records that these things were an important part of their culture and were very important to them. Staff explained how they had encouraged the person to become more involved in their culture by providing details of the annual event held by the provider to celebrate black history month. Staff told us the person was looking forward to attending the next event to learn more about their history and culture. People were supported with their religious beliefs and staff supported people to attend cultural and religious events if they wanted to. One relative told us how staff would help their family member get ready for church on Sundays and staff explained how they would celebrate religious festivals if people wanted to.

All the relatives we spoke with told us they felt involved in the care their family member received. One relative told us, "We are in regular contact with [the service] so if there are any issues, we know about them." People and their relatives participated in people's care plan reviews to ensure they continued to be person centred. If a person was unable to make certain choices or decisions the service would involve family, friends or advocates to ensure each person's views were known and respected. We saw people's records contained information and details of best interest meetings when needed.

People's views were used to shape and develop person centred support plans that reflected their specific preferences and choices, their social and cultural diversity and values and beliefs. Staff had an excellent understanding of people's needs and listened to people, their families and health and social care professionals to identify people's needs, wishes and choices and how these should be met. Staff worked well with people to maximise their independence in every aspect of their lives and people spoke to us about their goals and aspirations. One person told us of the things they were saving for. Staff helped them make a list so it was easier for the person to talk about the things that were important to them.

Care plans contained clear detail for staff to follow. Information on people's history, preferences, interests, goals and aspirations were identified and staff knew how people's needs should be met whilst encouraging independence and maintaining people's safety. Health action plans were in an accessible format, and information about people's medicines and treatments were available using communication methods tailored for individual needs. This meant people could have as much choice and control as possible in their day to day life and healthcare needs.

Information was available for people on what to do if they were unhappy or wanted to make a complaint.

This was displayed in the service, discussed in tenant meetings and during monthly keyworker meetings. People's relatives told us they knew who to make a complaint to if they were unhappy and four of the relatives told us they never had. One relative told us, "No problems at all, no complaints." Another relative told us "I have made comments, not complaints, we had a face to face meeting with the manager to explain things. That meant a lot." All the relatives we spoke with felt staff listened to them and had either made changes or were in the process of making changes to improve their family member's care. The registered manager took concerns and complaints about the service seriously with any issues recorded and acted upon. The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints.

The service had been working with a local hospice to achieve their certificate in the 'steps to success' programme. This helped give staff the tools they needed to help people and if appropriate, their relatives, discuss and record their wishes for end of life care. This was to ensure people had a choice about what happened to them in the event of their death and that staff had the information they needed to make sure people's final wishes would be respected.

Is the service well-led?

Our findings

There was a registered manager in post and they were supported by a deputy manager. People knew the registered manager well and were comfortable approaching her. Throughout our inspection we observed people coming into the office for a chat or the registered manager speaking with people about their day to day activities. All the relatives we spoke with knew who the registered manager was and spoke with them regularly. One relative told us, "We are in regular contact with the manager, [our relative] knows them from the previous service so there is continuity there." Three of the relatives we spoke with told us they would have no hesitation recommending the service to others.

The tenant guide clearly laid out the objectives of the service and it was clear this was focused around the individual needs of people and with people at the centre of everything. We observed, during our inspection the registered manager put people's needs first and had a detailed knowledge of everyone at the service. Staff spoke positively of the registered manager. Comments included, "She is very supportive...I communicate well with her", "The manager is very supportive...she listens to our suggestions and will try to help" and "I am happy, I have very good support...It's the openness which I like." The registered manager spoke about the work they had achieved in the first year since the service opened, the improvements they had made and the ideas they had to further improve the service. They told us they had attended workshops and training to learn about new developments that she could use to further support people living at the service. The registered manager told us they had been working on a DVD with everyone at the service and people were practicing a song and thinking about what they wanted to include. They explained it was a good way to share the services values, and everyone's experiences at Upper Selsdon Road.

Staff meetings were held regularly and helped to share the visions and values of the service, learning and best practice so staff understood what was expected of them at all levels. Minutes included details of training, people's general well-being including up and coming activities, learning from safeguarding, health and safety and day to day running of the service. Staff also used a communication book, shift handover and daily planners to keep informed about any changes to people's well-being or other important events. Staff meetings were also used to discuss areas of learning such as MCA and equality and diversity. The registered manager also gave us additional examples of how they supported the diverse needs of people living at the service. This included those related to disability, gender, ethnicity, faith and sexual orientation.

The service involved people and their family in constructive engagement to look at ways to improve the service. One relative told us about a yearly relative's event the provider held to help share information and raise awareness in certain areas. They told us, "I have been to two or three of them, they are quite useful and help put a different angle on things." We observed people were encouraged to give their views to staff at any time, however, they also had the opportunity to do so during regular tenant meetings and one to one keyworker meetings. Managers and leaders proactively encouraged those that could give their views and options to shape the service and how it was run. For example, one person attended a quarterly peers group forum to discuss views and experiences.

There was a clear organisational commitment to promote a positive, open culture. The registered manager

spoke about the support she received from her regional managers and told us the chief executive would often "pop in" to see how things were going and take time to speak with people. Staff bulletins produced by the provider shared news and events for staff and people. This helped give a consistent message across the organisation and involved everyone. Staff were recognised for their achievements and praised for their work and dedication. We saw one staff member at the service had recently been awarded employee of the month.

The service worked in partnership with other agency's including the local authority, safeguarding teams and multi-disciplinary teams. The registered manager explained how they had worked with the local hospice to give staff the skills they may need in the future to provide end of life care.

There were governance arrangements in place to monitor, assess and improve the service. Staff undertook monthly and weekly health and safety checks, often with the help of people using the service. The regional director carried out audits of the service in line with CQC's inspection methodology. Any areas of improvement were noted together with an action plan clearly giving the action required and when. The provider had regular audits in place of people's finances, medicines management, infection control and health and safety and an electronic system was in place to track staff training.

The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. We found the manager had notified us appropriately of any reportable events.