Care Management Group Limited

Care Management Group - 16 Kings Road

Inspection report

16 Kings Road
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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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 03 and 04 September 2018. This inspection was unannounced. Care Management Group – 16 Kings Road is registered to provide care and accommodation for up to six people. The home specialises in the care of people with a learning disability. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Management Group -16 Kings Road does not provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It is in Lee-on Solent, close to local amenities. Accommodation is provided over two floors. At the time of our visit six people lived at the home.

At the time of our inspection the service had a new manager who had been in post since 13 July 2018, they were in the process of registering with CQC to become the registered manager. 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. Throughout this report we refer to this person as the manager.

Records were not always accurate and did not consistently provide staff with enough guidance to meet people's needs. Whilst there was a range of systems in place to assess monitor the quality of service, they were not always effective in identifying and driving improvement.

We have made a recommendation about the provider's governance framework and reviewing and evaluating all documentation.

People were supported to maintain good health and were involved in decisions about their health. They were provided with personalised care and support. Staff had the knowledge and skills to carry out their roles effectively and their training was updated annually. People were very positive about the care they received.

Risks to people and staff safety were identified. Staff had completed safeguarding adults training and knew how to keep people safe and report concerns. Staff had a good understanding of systems in place to manage medicines. People's medicines were safely managed. There were thorough recruitment checks completed to help ensure suitable staff were employed to care and support people. There was sufficient staff available to ensure people's wellbeing, safety and security was protected.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were supported by staff who had the skills and training to meet their needs. The manager understood their responsibilities in relation to the MCA and DoLS however, staff did not always understand their responsibilities in relation to the MCA.

People's independence was promoted and support workers encouraged them to do as much for themselves as possible. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights. People were encouraged and enabled to be involved as much as they were able in making decisions about how to meet their needs.

There were regular opportunities for people and staff to feedback any concerns at peoples one to one meetings; house meetings, staff meetings and supervision meetings. Records showed these were open discussions. Feedback was consistently positive, with many complimentary comments about the support provided, the staff and the overall service.

People were supported to take part in activities that they enjoyed. Arrangements were in place to obtain the views of people and their relatives and a complaints procedure was available for people and their relatives to use if they had the need.

Staff told us they enjoyed working for the organisation and spoke positively about the culture and management of 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.

Records were not always updated to reflect changes.

Staffing levels were appropriate to meet people's needs. Appropriate background checks had been carried out which ensured staff were safe to work with adults at risk.

Staff understood their roles and responsibilities to safeguard people.

Medicines were safely managed.

Is the service effective?

Good

The service was effective.

Prior to people using the service, assessments were undertaken to ensure their needs could be met.

People told us they were always asked for their permission before personal care was provided.

Staff received supervisions and training to support them in their role.

People were supported to receive adequate nutrition and hydration.

Is the service caring?

Good

The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

Information about people was stored confidentially.

Is the service responsive?

Good

People received person centred care and support.

The service supported and encouraged people to engage in meaningful activities of their choosing.

The provider had a complaints policy in place. Concerns had been addressed and resolved for people although this was not always documented.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems and processes used to assess and monitor the quality of service were not always effective in identifying and driving improvement.

The service cultivated a warm and caring culture which had been maintained by the manager.

Staff spoke highly of the manager and enjoyed working at the service. People who used the service, relatives and staff told us they could approach the manager with any concerns.

Care Management Group - 16 Kings Road

Detailed findings

Background to this inspection

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

The inspection took place on 03 and 04 September 2018 and was unannounced.

Before this inspection we reviewed information, we had about the service including notifications. A notification is a report about important events which the service is required to send us by law. We also reviewed the information sent to us in the provider information return (PIR). The PIR 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.

The inspection was carried out by one inspector. Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during activities and when medicines were administered. We spoke with three people who used the service and obtained feedback from three relatives by telephone.

We spoke with the manager, and three members of staff. We received feedback from two external professionals who had input into the service.

We looked at the care records and associated documents for three people. We looked at the medicine records for three people. We reviewed other records relating to the management of the service, including quality survey questionnaire forms, audit reports, staff training records, policies, procedures and four staff recruitment and supervision records.

Good

Is the service safe?

Our findings

People told us they felt safe living at Care Management Group - 16 Kings Road. When we asked people, what made them feel safe, one person used hand gestures and visual communication to communicate how they felt safe, for example; they nodded their head to tell us that they felt safe. People's comments included, "I feel safe with people" and "Yes [feel safe] because I got [staff] here."

Risks had been assessed and appropriate measures implemented. For example, the provider had assessed the risks for staff associated with lone working. They had provided guidance and equipment to support staff to remain safe. Staff confirmed they were aware of this and worked in line with the providers guidance.

The management of medicines was safe. Clear policy and procedures were in place and operated. Medicines were stored safely in locked cupboards. Procedure were in place for receiving and returning medicines to the pharmacy. Medicines that were prescribed on an as required (PRN) basis had protocols to guide staff to when to use them. Staff received training and competency assessments on a regular basis to ensure they were able to administer medicines safely.

A new staff member told us, "I went on a diabetes training course, eLearning medication training and interactions of medication. What happens is I get supervised with [manager] while they are going through it. I will be signed off when competent. I am going for some epi pen training in September" Staff knew how to manage medicine errors. Another staff member told us, "We do a competency and three observations and questions. For [person] they have pictures of their meds as well as an associated image to help them understand what their medication is for. If there is a meds error, you immediately contact 111 and they will tell you what to do and how to go about it and then ring on call." Monthly medicines audits took place to ensure this was safe and procedures were working well.

People lived in premises that underwent checks for their safety. Gas, water sources and electrical appliance checks demonstrated that these were safe for people to use. The provider carried out audits on the health and safety of premises, equipment, fire doors and emergency lighting to ensure that these were in good functional order. Staff told us they reported and recorded faults and damages to equipment and assets in a timely manner. We reviewed the maintenance book and logs showing how issues raised were addressed.

People were supported by staff who protected them from the risk of abuse. Staff knew how to identify and report signs of abuse and told us they would report any concerns to the manager. Staff had access to the safeguarding procedures and knew how to whistle-blow to external agencies such as the local authority to help people keep safe. The provider ensured staff received training in safeguarding adults and attended refresher courses to equip them with knowledge on how to protect people from harm and discrimination.

Safeguarding reports were made to health and social care professionals involved in a person's care when staff had concerns about their safety and well-being. The service had processes for reporting incidents of actual or potential abuse. Staff were fully aware of their responsibilities for recognising and reporting abuse, and for reporting any poor practice by colleagues. Comments included, "I would report abuse straight to my

senior or my manager. If no joy straight to CQC." and "I'd firstly go to [manager], I would make sure the service users were ok then I would find out why and report to [manager]." We saw from records that the service notified the Care Quality Commission of all safeguarding incidents and other agencies, such as the local authority safeguarding team in a timely manner.

Sufficient staff had been deployed to meet people's needs at all times. At the time of our inspection there were two lead support workers and 19 support workers employed to care for six people. The manager who was supported by a deputy manager told us staff were flexible with their work patterns and said, "The majority of the time staff will pick shifts up, we have some bank staff or I will cover it, we haven't used agency but if we needed to, we would book them. We rearrange the activity schedule so people can still do what they need to do." Rotas demonstrated sufficient staff were in place to meet people's needs. Comments from people included, "I feel safe with people" and "Staff are working all the time". Relatives' comments included, "I have never had any concerns when I have been there [in relation to staff levels]." "Yes, there are enough staff." and, "There seems to be enough staff, sometimes it looks like there are too many".

Safe recruitment processes were in place. Staff files contained all the required information. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

Staff were knowledgeable about the risks associated with infection control. The provider had a detailed infection control policy in place which staff were familiar with. One person told us, "They wear gloves and aprons [staff] wear them to make them safe" A member of staff commented, "We are provided with gloves and aprons." We observed staff wearing both gloves and aprons when cleaning a bathroom and that the environment was clean. Hand wash liquid and paper towels were provided at all sinks.

Good

Is the service effective?

Our findings

People told us that the support they received was effective. A person told us that staff asked for their consent before helping them, they said, "They ask me yes. [for my consent]". Relative's comments included, "They ask [person] if they can help them" and "He just makes choices which is good". Throughout our inspection we observed people being offered choices, for example, what people wanted to do, what they wanted to eat and what music they wanted to listen to.

New staff undertook a period of induction before they were assessed as competent to work on their own. The manager told us, "Staff do induction, online training, basic training then some houses have bespoke training, so staff are trained in relation to the needs of the house they work in." Staff comments included, "I could request additional training if I wanted. I am interested in sign language." "I often requested training with last manager, I did different training in London" and, "I did my NVQ while here." This demonstrated that staff were supported to develop their skills and knowledge.

We saw that staff cared for people in a competent way and their actions and approach to their role demonstrated that they had the knowledge and skills to undertake their duties effectively. A relative told us that they felt staff were well trained and able to support people in the way they would like. They commented, "Four years ago my mum died, [person] was really close to her, they worked with them amazingly, they got pictures form the internet and worked through it with them, on the anniversary they took him to buy a flower and place it in the sea." Another relative said, "They are very good and there are things on the walls about what [person] can have because of their diabetes, they do courses with a local diabetic team which is good."

All staff said that supervisions and annual appraisals were valuable and useful in measuring their own development. These are processes which offer support, assurances and learning to help staff development. Staff comments included, "[Supervisions are] Generally, once a month, issues with my health can be discussed. If I have ideas for service users I can discuss it. I am treated like a permanent member of staff"; "Supervisions are every six to eight weeks but there is an open-door policy and they will do a file note supervision if needed"; "every four to six weeks I get chance to open up with whoever is doing the supervision and talk about how you are feeling". Relatives comments included, "They [Staff] have been brilliant, I couldn't fault them, they have been amazing." and, "The manager is very approachable."

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 they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found people's mental capacity to make specific decisions had been assessed although staff were not always aware of the best interest process if a person was assessed as lacking capacity. We discussed this with the manager who assured us that they will discuss MCA and best interest decisions again at a team meeting to ensure all staff have a full understanding. We saw information about the MCA on notice boards

around the house. Staff explained to us how they would support people to make choices. One staff member told us they get consent from people, "If giving medication or supporting with personal care" and another staff member told us, "We get consent to see if they will let you for example; clean their teeth, they have a right to refuse. We do this by asking them, ask in a different way or ask someone else to ask them."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager and staff had a clear understanding of DoLS. At the time of our inspection, two people were subject to a DoLS authorisation.

People were supported to have their day to day health needs met. People told us that they were supported to attend appointments. Relatives comments included, "They always take them to the GP, dentist and hearing clinic." "They always have check-ups and go to the hospital for eye check-ups and podiatry because of diabetes. They took them in quite a few times recently, they do keep on top of everything like that." and, "The staff sort all of that [medical appointments] out." Some people's records demonstrated they had been supported to access their own GP and hospital professionals as well as other health specialists.

Staff knew how each person communicated. Information in care plans gave staff guidance on their preferred method of communicating. Staff could support people during medical appointments for example by using people's health passports which contained relevant up to date information. A health passport is a document of a person's health needs but also has information about likes and dislikes, ensuring other health professionals are aware of people's choices and how they want to be communicated with. Staff told us they get to know people in the following ways "I generally get to know them, I watch how other members of staff work with them, take and interest, overtime it is about listening to them and build a picture of what they like and don't like and spending time with them. Humour is a great ice breaker and diffuser." and, "You have to respect them and they learn to trust you. Respect works both ways."

People were supported to eat healthily. People took part in planning their meals and were encouraged to have fresh food, fruit and vegetables. Every week each of the six people chose a meal to cook, shop and prepare for everyone. Staff encouraged and supported people to develop their cooking skills and prepare their meals. Records demonstrated that people's dietary, food preferences, likes and dislikes were catered for. On the seventh night people chose to have a takeaway. Comments from relatives included, "They seem to have good meals, they try to keep it healthy." "[Person] always says he likes meatballs and roast dinner, he does like the food, sometimes they take him out for a muffin and a cup of coffee" and, "They all take it turns to choose what they want to eat, they do the cooking and shopping and they are always involved in it."

People's rooms were furnished to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in personalising their rooms. The garden had recently been landscaped with visual plants and was brightly painted to provide a calming and relaxing area for people. One relative commented, "They painted tyres in the garden with bright colours, residents always involved which is really nice". We saw a vegetable plot in the garden which was producing tomatoes.

Good

Is the service caring?

Our findings

People and relatives told us the service was caring. One person told us, "Yes, kind staff, all good." Another person told us by smiling and nodding that the staff are good. Relatives feedback was positive, their comments included, "They treat [person] respectfully, really good with them, I think they understand how they are and what they are like, [person] is always so happy", Another relative said, "All the staff in there are really good, really fair, always made us feel welcome as well. They look after everything."

People were supported by staff who showed kindness and compassion. Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals. We observed the friendly rapport people had with the care staff when we visited them in their home. One person told us, "Staff do things and practice things with them and told us staff are kind and good." Another person told us, "Staff support me." Relatives comments included, "The staff are caring and really great" and, "We have never seen any problems, it was a godsend that we found that place", "They got him an iPad so he can facetime me. If he hasn't been well [staff] will facetime so I can see him and it makes me feel so much better". One person showed some anxiety during our inspection; staff calmly supported them in line with their planned care guidelines, and after some time the person became calm again.

People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equalities Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. Peoples' preferences and choices regarding these characteristics were appropriately documented in their care plans, for example; cultural origins, religious beliefs, preferences for male and female staff are some of the areas covered. Staff had attended equality and diversity training. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. Staff told us, "People have the same right to do what [staff] do and if they need support doing it then we are here to support them to do it" and, "[We] accommodate people with their own needs, education, leisure activities, religion, on their level, making sure everyone has the same chance and what we can do to support that."

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Some of the accessible information we saw included the complaints procedure and Personal Emergency Evacuation Plan (PEEP).

Relatives were involved in care planning and kept updated with any developments at the service. Information was available throughout the service and guides were given to people and their family members to ensure they had all the information they needed. People were supported to be part of their local community and helped to be as independent as possible. For example, one person had a voluntary job at the local hairdresser where they received tips. They were keen to tell us that they had been invited out on the staff Christmas night out. Relatives comments included, "I am involved in all meetings and reviews."

"Sometimes we do attend reviews." and, "I do go as far as I can for reviews and DoLS meetings." People and relative surveys indicated people were happy living at Care Management Road - 16 Kings Road.

Staff supported people to live alongside each other and demonstrated how they maintained people's privacy and dignity was respected. Staff reminded people they could spend time in their bedrooms if they wished to have privacy. People were supported by staff to maintain their personal relationships. This was based on staff understanding of who was important to the person, their life history, their cultural background and their sexual orientation. A staff member asked a person's permission to show us their room. People and their relatives were positive about the care and support they received. One relative told us, "[Person] has a key for his room and he can spend time by himself if he wants to." Another said, "He does go for downtime in his room, they [Staff] will check on him every now and again, they knock on his door and ask are you alright". A third relative told us, "He just goes to his room if he wants to." One person said, "Staff all knock before coming in". We observed tasks such as personal care were discussed discretely with people and carried out in private. Where staff spoke about others, conversations were held in private so that people's privacy and personal information was respected. We observed doors to the room where discussions were being held remained shut until conversations had ended.

We saw sensitive personal information was stored securely. People's permission was sought before their confidential information was shared with other healthcare professionals. We observed a staff member asking a person if they could show us a file. This meant people could be assured their sensitive information was treated confidentially, carefully and in line with the General Data Protection Regulations.

Good

Is the service responsive?

Our findings

People and relatives told us the service provided was flexible and responsive in meeting their needs. One person told us that staff spend enough time with them, they have regular carers and meetings with the manager. A relative told us that staff listened to people and the manager is approachable. Another relative told us, "Yes, they definitely do [listen to people]."

The provider kept a complaints and compliments record. People and relatives told us they knew how and who to raise a concern or complaint with. Relatives' comments included, "No I have never made a complaint, I would start with the manager first." and "No I haven't had the need to complain, first of all I would complain to whoever is in charge, I also have a complaint procedure leaflet." One person told us they would get their work or their mum to speak on their behalf. The complaints policy gave people timescales for action and who in the organisation to contact. The policy also gave details of who to complain to outside of the organisation, such as the CQC, and Ofsted (Children's Services are regulated by Ofsted) should people choose to do this. This showed that people were provided with important information to promote their rights and choices. Formal complaints had been appropriately investigated by the registered manager. However, the complaint record did not demonstrate that the complaint had been dealt with and the outcome shared with the complainant. We asked the manager about this and they gave assurances that the complaint had been dealt with and responded to. The manager told us he would update the complaints log and ensure it was completed with outcomes in future.

People were involved in meaningful activities, that they chose. Activities were person centred and each person had a weekly timetable. People had chosen to do Daring club, Wallington cooking club, Marwell activity centre, Friday night club, swimming, gym, bike riding exercise classes, and football matches. The Daring club is a dance club for adults living with learning difficulties. On the day of our inspection we observed someone making table mats which they were clearly enjoying. Other people were supported to play games, listen to music and watch TV. Some people needed support communicating, and staff could identify from their body language and the sounds they made if they enjoyed their activities. Relatives told us, "[Person] was doing dog walking and car cleaning, they like the hairdressers, they started this 5 aside football thing, they do a lot of crafts within the home." and, "They [staff] take them wherever they want, it's brilliant, football matches, pictures, down the beach front."

The rota demonstrated continuity of staff and people demonstrated that they were very fond of their regular care workers. We observed people laughing and joking with staff and staff speaking to people in a kind and respectful manner.

At the time of our inspection the service was not supporting anyone at the end of their life, however people's end of life wishes were discussed during care reviews.

The service reflected the values that underpin the Registering the Right Support and other best practice guidance. These values included choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Staff comments included

"We show [people] how to do things, don't do it for them, it's time and patience, support in the parts they need support with." and, "Not doing everything for [people], promoting backward chaining, [promotes independence]." Backward chaining refers to breaking down the steps of a task and teaching them in reverse order. This gives the people an experience of success and completion with every attempt. Documents contained a section called 'Supporting my independence' this was a comprehensive document that detailed what people were independent in and areas where they could become more independent and involved. Some of the areas this covered included, travelling on transport, keeping home safe, gardening, shopping, meals and household chores as well as leisure time. Throughout our inspection we observed staff demonstrating patience and understanding and giving people time to attempt things on their own.

Requires Improvement

Is the service well-led?

Our findings

People told us the service was well-led. People and relatives spoken with told us they were in regular contact with the manager. People told us they were happy with the service and the management were approachable. Their comments included, "I have meetings with [Manager]." Relatives comments included, "I do know [manager], previously I knew [registered manager] really well, gutted that she was leaving. [Manager] is approachable.", "If we ever want to talk to them [manager] we would call and go up and have a word." However, despite people's positive feedback, we identified areas of care which were not consistently well-led

The manager was knowledgeable about people who used the service however we identified areas within records that lacked detail about people and their needs. For example, risks to people's health and wellbeing were assessed. However, support plans and risk assessments were not always accurate, reviewed and evaluated six monthly in line with the provider's expectations and as outlined on the risk assessment. Risk assessments assist staff to be aware of any potential concerns or risks for the person, and how the service is working to minimise those risks. Records demonstrated that one person had risk assessments in place that had not been updated to ensure they were effective, for 49 weeks, this included risk assessments in relation to health and safety, community access, medication, swimming and trampolining however staff talked confidently about people's risk and there was no evidence that major changes had taken place. One person's records demonstrated that the monthly audit of service users' files was last completed on 09 January 2018, the personal profile was written in 2012 and the missing person profile was written on 03 September 2014 and was reviewed on 29 September 2017 and 05 May 2018, about me documentation was typed in Jan 2013 with some updates in pen however these were not signed or dated. One document discussed chiropody however this was no longer taking place for this person. There was a risk that if robust records were not put in place and maintained, this could negatively impact on people, particularly if the service recruited new staff or needed to use temporary staff.

A person had a support plan which was written in 2016, this had not been updated to include details of the person's dysphagia (swallowing difficulties) or Speech and Language Therapy (SLT) guidelines. The choking risk assessment stated that food should be 'approx. 2cm chunks' and did not mention drinks. The SLT report stated that the person had a mild form of dysphagia and was at an increased risk of choking. The report dated 26 October 2016 said 'ensure all food is cut up into bitesize pieces (2cm or smaller) and included other information which had not been included in the person's support plan or the risk assessment. For example, 'Offer normal fluids, using a valved (Provale) cup to reduce flow rate and ensure that sips are taken' was not included within the risk assessment. However regular staff demonstrated they were knowledgeable about people's risk, and the SLT guidelines were available and had been read and signed by staff.'

Following the inspection, the manager assured us by email that support plans and risk assessments had been updated to ensure they were accurate and reflected people's needs. They provided samples of the updated support plan and risk assessment in relation to eating, drinking and choking.

The manager told us they monitored the quality of the service by speaking with people to ensure they were

happy with the service they received. They showed us a grumble book which was used by both service users and staff to record any 'grumbles' they may have and action taken to resolve this. This helped ensure any concerns were promptly highlighted and acted upon. Feedback was also sought from people by sending out annual questionnaires and we saw the feedback received was positive. However, we found some governance systems were not always effective.

The manager told us that the monthly audits of files had significantly lapsed and offered assurances that he was planning to train staff to review files as well as adding this responsibility to the role of keyworkers, however, they had not recorded their plans and we could not see this had started. The lack of effective systems to monitor and assess these aspects of the service and drive improvements placed people at risk of receiving a service that did not meet their needs. As such, concerns we found regarding the accuracy of people's care records was not being identified and therefore improvements were not being made. The provider required the completion of a 'quarterly quality assurance tool' but this had failed to identify that one person's eating and drinking support plan and choking risk assessment had not been updated for 2 years and did not include accurate information to ensure staff could reduce the risk of harm for them.

We have made a recommendation that the provider considers current guidance on governance systems and takes action to update their practice accordingly to ensure the safety and quality of the service.

Notifications and minutes from care reviews demonstrated the provider worked effectively with healthcare professionals. A professional commented by email that they found the manager to be, "very caring, diligent and professional manager."

The manager told us that "[Person] loves picking up rubbish, we spoke to the council and they provided them with a rubbish grabber stick and a high vis jacket and they go picking up rubbish once or twice a week and then have a burger at the end of it." This demonstrates positive links with the local community.

Relatives of people who used the service told us they were encouraged to give feedback about the quality of the service. Every year people and their family members were asked to complete a quality assurance survey. When these were returned feedback was analysed by the manager and the results shared. We looked at the results of the last quality assurance surveys and saw people had responded very positively. The results demonstrated that people were happy with the support they received. When asked if they had the opportunity to feedback to the provider one person showed us the 'grumble' book. Relatives consistently told us that they felt listened to and could feedback to the manager at any point.

Observations of interactions between the manager and staff demonstrated that they were inclusive and positive. All staff told us that the manager was approachable, supportive and they felt listened to. Their comments included, "He has a really good relationship with the service users and it is really nice to be able to observe that. He is very much one of us." "He has been a fantastic member, I saw him as a new recruit through to manager, helpful and happy," and "I have never had any qualms with him."

Staff attended monthly team meetings and received regular supervisions to ensure they were provided with an opportunity to give their views on how the service was run. There was a system in place to provide an overview of staff training, supervisions and appraisals, which meant it was easy to identify the staff that required refresher training and on which dates staff were due supervision and appraisal. Staff told us they had regular two-monthly supervision and yearly appraisals. A staff member told us, "If I ask questions they will be answered, verbal support, and induction. I can always ask questions. I am supported with my medical health."

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practices. Comments from staff included, "[Manager] would investigate and speak to regional director. [Manager] would report [any abuse] to CQC" "We have an open-door policy, if you are unable to do that call whistleblowing dedicated phoneline line or talk to the shift lead manager all the way through to regional director." Staff told us they felt they would be supported if they blew the whistle. The whistleblowing policy states, 'If staff are concerned about approaching management directly, CMG has a confidential Whistleblowing disclosure line operated by First Assist. The service is available 24 hours a day, 365 days a year via a free phone telephone number.' The policy also contains details of how to contact the CQC and Ofsted (Children's' services regulator).

We saw there were policies and procedures in place to guide staff in all aspects of their work. There was information in the registered office regarding such things as safeguarding, on call details, hand washing guidelines as well staff meeting attendance statistics.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. Before our inspection we checked the records, we held about the service. We found the service had notified the Commission of significant events such as safeguarding allegations. Notifications allow us to see if a service has taken appropriate action to ensure people are kept safe.