

# Care Management Group Limited

## Goodworth Road

### 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on the 23 March 2017 and was announced. We gave 48 hours' notice of the inspection to ensure that staff would be available, as this is our methodology for inspecting community services.

Goodworth Road is a supported living service registered to provide personal care for adults between the age of 18-65 years of age with learning disabilities. At the time of our inspection the service was providing personal care to 3 people, however, only one person was present at the time of our visit.

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 supported by exceptionally caring, respectful staff who appreciated and welcomed diversity. People's age, disability, gender and sexual orientation was understood by staff and met in a caring way. People were proactively supported to express their views and staff were able to provide the information and support required.

Staff ensured people had a good understanding of safeguarding. People had been provided with information about abuse and how to report their concerns. People and their relatives told us they felt safe with staff at Goodworth Road. People stated that staff were caring and they felt safe with staff who attended to their needs. Staff had a clear understanding of the different types of abuse and the procedures to be followed if they had witnessed or suspected abuse had taken place. Staff were provided with the contact details for the local authority safeguarding team. The way staff supported people to understand their own safety and risks was an outstanding feature of the support people received.

Robust recruitment processes were followed to help ensure that only suitable people were employed at the agency. People were involved in the recruitment process for new staff and their views were taken into consideration when implementing the matching process from of the staff team. There were enough staff to ensure that current people's assessed needs could be met. It was clear that staff had a good understanding of how to attend to people's needs.

Care plans were person-centred and reflected people's specific individual needs, preferences and goals. They included information about how people preferred their assessed needs to be attended to. Risks had been identified to the health and safety of people and clear guidance about how to minimise risk was clearly recorded. People were actively encouraged to be involved in developing and reviewing their individual care plans, therefore having direct input to their care, treatment and support.

Accidents and incidents were recorded and monitored by the registered manager and information was

cascaded to staff to help minimise the risk of a repeated event. If an emergency occurred at the office or there were adverse weather conditions, people's care would not be interrupted as there were procedures in place. There was an on-call system for assistance outside of normal working hours and staff would be able to access records to ensure people's assessed needs would continue to be met.

Staff had received training and supervisions that helped them to perform their duties. Staff had received training about the Mental Capacity Act 2005 (MCA) and they had an understanding about the MCA. Staff told us they always sought people's consent before undertaking any tasks. People told us that staff would not do anything without asking them first. All staff received induction training when they commenced their role. Mandatory training and other training specific to the roles of staff was also provided and refresher dates for this training had been sought.

People's nutritional needs were met by staff. People were responsible for planning and cooking their own meals, however, staff were available to provide support if it was required and to offer advice about healthy eating. Healthcare professionals were involved in people's care and staff liaised with them as and when required.

People were supported by staff to remain as independent as they were able. People were able to take care of themselves. People told us that staff showed kindness and compassion and their privacy and dignity were upheld and promoted by staff who attended to them. People were at the centre of the service and staff worked hard to respond to all their needs, wishes and goals. People had gained employment with staff support and encouragement and taken part in a range of activities to enable them to discover new skills and interests.

A complaints procedure was available for any concerns and people had been provided with a copy of this document. Complaints received by the provider had been investigated and resolved within timescales set in the policy.

Staff informed us that they felt supported by the registered manager and they had an open door policy and were approachable. Staff meetings took place and staff received regular contact from their line manager and the registered manager.

Quality assurance systems were in place that enabled the provider and registered manager to monitor the quality of service being delivered and the running of the service. This had led to proactive improvements being made for people's benefit. People, relatives and associated professionals were able to express their views to the registered manager about how the service was run. These views were taken into account and acted on.

## 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.

Risks to individual people had been identified and written guidance for staff about how to manage risks was being followed.

There were effective safeguarding procedures in place to protect people from potential abuse. People had been provided with written information in relation to keeping safe and what abuse was. Staff were aware of their roles and responsibilities.

Robust recruitment processes were followed. People were involved in the recruitment process for new staff and their views were taken into consideration when implementing the matching process from of the staff team.

There were enough staff deployed to meet the needs of people currently using the service.

Accidents and incidents were recorded and monitored by staff to help minimise the risk of repeated events.

People living at the service did not require support with medicines.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and had opportunities to meet with their line manager regularly.

Staff had an understanding of the Mental Capacity Act (MCA) and their responsibilities in respect of this.

People were supported with their health and dietary needs. Healthcare professionals were involved in people's care or the service liaised with them.

### Is the service caring?

Outstanding 

The service was extremely caring.

People's age, disability, gender and sexual orientation was understood by staff and met in a caring way.

Staff showed people respect and made them feel that they mattered.

Staff were caring and kind to people.

People were supported to remain independent and make their own decisions.

The environment supported the needs of people.

### Is the service responsive?

Good 

The service was responsive to people's needs.

Staff responded well to people's needs or changing needs and care plans were in place for each person. These plans were regularly reviewed with people and changed to reflect people's up to date needs, wishes and goals. Information about how to make a complaint was available for people and their relatives.

People were actively encouraged to be involved in developing and reviewing their individual care plans, therefore having direct input to their care, treatment and support.

People were encouraged and supported to find meaningful employment that interested them and that they enjoyed.

### Is the service well-led?

Good 

The service was well-led.

Quality assurance checks were completed to help ensure the care provided was of good quality. There was a system in place to ascertain the views of people about the care and support they received from the service.

There was a registered manager in post to manage the activity of personal care.

Staff felt supported by the registered manager who had an open door policy.

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# Goodworth 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.

This inspection took place on 23 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a supported living service and we needed to ensure that staff would be available to assist us during the inspection. The inspection team consisted of one inspector due to the small size of this service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We asked the provider to complete 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. We reviewed the PIR before the inspection to check if there were any specific areas we needed to focus on.

During our inspection we had discussions with the registered manager, two members of staff, two people who used the service, one of which was a telephone discussion, and one relative. We looked at care records for two people. We looked at three staff recruitment files, supervision records and training records. We looked at audits undertaken by the provider and a selection of policies and procedures.

This was the first inspection of the service since the provider registered with CQC on 17 February 2016.

# Is the service safe?

## Our findings

People told us that they felt safe with staff who attended to them. One person told us, "The staff here are very friendly and helpful." Another person told us, "Staff are very nice and they never disrespect anyone." People told us they had read the safeguarding policy which was available to them and they knew who to talk to if they felt they or any other person had been mistreated by staff or another person living at Goodworth Road. A relative told us that their family member was very safe with staff, they told us, "Staff are very much on the ball and they are very patient."

Staff ensured people had an excellent understanding of safeguarding. The provider told us in their PIR that people were educated about safeguarding and the different forms of abuse they could be at risk from; we found this to be the case. The version of the safeguarding policy people had included words and pictures about safeguarding and how and who to report their concerns to. This adaptation of the text version was helpful in assisting people to understand what they could do to report any concerns. The contact details of the organisation and the local authority were available to people and staff. Meetings with people included discussions about safeguarding, reminding people how to keep safe and what to do. There was a 'monopoly' safeguarding game that had been developed by the registered manager for people. This included matching pictures to different forms of abuse to educate people about the risks and forms of abuse. The way people were supported to protect themselves and understand the risks of abuse was an outstanding feature of the service. People had access to a 'My rights' folder that included easy read information around the human rights act, making rights better and listening to people. It also included information about advocacy rights, discrimination, road safety awareness, safeguarding and rights to travel. This promoting greater independence and encouraging the people to take more ownership and control over their lives.

People benefit from a service where staff understood their safeguarding responsibilities. Staff knew the different types of abuse and the reporting process to be followed. They told us that they had regular discussions with people about keeping safe and to report any abuse immediately. Staff told us they had received training and read the safeguarding policy provided to them by the service. They told us that they would not hesitate to follow the provider's whistle blowing policy if they witnessed or suspected other staff had abused a person. One member of staff told us, "I would report all abuse to the registered manager and the regional director." Staff were aware of the local safeguarding team and how to contact them.

People were kept safe because assessments of the potential risks of injury to them had been completed such as accessing unfamiliar places in the community. A plan had been written describing the support the person required which included one to one support with staff. Clear guidance was written to guide staff about how manage risks, including the triggers and actions to take to reduce the possibility of harm to the person. Other risk assessments included nutrition, abuse due to inappropriate language, behaviours that challenge and personal care. Staff were knowledgeable about the risks to people and were able to describe how they supported the person to keep them safe.

There were sufficient staff deployed to meet people's needs in a safe and timely way. The staffing rotas were



planned to ensure that staff with appropriate knowledge and skills were available at the service. People and their relatives told us there were enough staff on duty to support people. The registered manager told us that staffing levels were determined by the number of people using the service and their needs. They also told us people currently being supported were very independent in their life skills and only required prompts as and when required. The service operated an 'on call' system that meant there was always senior staff available to provide support twenty four hours a day. The duty rotas seen confirmed this. Staff told us that the numbers of staff were sufficient to meet the needs of people. The service did not use agency staff and staff absences would be covered by staff from a sister home that was very close.

People were protected from unsuitable staff because safe recruitment practices were followed before new staff were employed. The provider told us in their PIR that robust recruitment processes were in place and the relevant safety checks were carried out before staff commenced their roles; we found this to be the case. The provider had obtained appropriate records to check prospective staff were of good character. This included a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff told us that their recruitment process was fair and they submitted a full employment history, two referees and had a face to face interview. People were part of the recruitment process by sitting on interview panels and were given the opportunity to ask candidates questions and their feedback is considered before candidates are successfully recruited. For example people advised that they wanted staff that had a good command of the English language, as well as requested staff of a similar age group to themselves. The registered manager told us this was a recently introduced as a request from people living at the service.

None of the people living at the service were taking any form of medicines. The registered manager told us that staff had received training in relation to the safe administration of medicines and they could support people with medicines when required. Records confirmed the training staff had undertaken.

Interruption to people's care would be minimised in the event of an emergency. The provider had a contingency plan in place for the event of an emergency. This provided information in relation to an event that led to the closure of the service such as loss of gas, electricity, flood or fire. This document included emergency contact telephone numbers for the provider, staff and the emergency services. Staff told us they were aware of this document and knew who to contact in the case of an emergency.

When people had accidents or incidents these were recorded and monitored by the registered manager. Staff knew the procedures for reporting accidents and incidents. Staff told us they would report all incidents and accidents to the registered manager and these would be discussed during staff meetings and supervisions. This was confirmed when we looked at the minutes of staff meetings.

## Is the service effective?

### Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One person told us, "Staff are good at their jobs, we know they have training." Another person said, "They [staff] know how to help me and what I like." One relative told us, "I know they had training in epilepsy and other training."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. The provider told us in their PIR that staff received the mandatory training as required; we found this to be the case. The registered manager told us that staff were responsible for keeping their training up to date and weekly checks were carried out to monitor this. Staff confirmed that they had received training that helped them in their roles. Staff records included training such as food hygiene, first aid, infection control, autism, positive behaviour support and medicines.

Newly recruited staff were supported to complete an induction programme before working on their own. A member of staff told us that the induction training was good and it helped them to commence their role in a confident manner. They had shadowed experienced staff for three weeks before they worked alone. Staff files included certificates that confirmed they had completed their induction. Staff were able to explain what they had learnt from their training. They told us they had learnt good practice from medicines training. They knew the importance of explaining to people what their medicines were for and why they were taking them. They would only sign the medicine administration record when they had seen the person swallow their medicines. Although none of current people using the service required support with medicines because staff had been trained they would know what to do if and when people are prescribed any.

Staff were provided with the opportunity to review and discuss their performance. Staff told us that supervisions were carried out every month when they discuss the people they looked after, training needs and any concerns they had. Staff also had annual appraisals and records of these were maintained at the service.

People's rights were upheld in line with current guidelines in relation to the Mental Capacity Act (2005) (MCA). Where important decisions needed to be made mental capacity assessments were completed to see if people could make the decision for themselves. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager told us that staff had received training in relation to the MCA, this was confirmed during discussions with staff and by reviewing of training records. The registered manager stated that all people had the capacity to make decisions. Staff were aware that people were able to make their own choices and they always had to ask for their consent prior to undertaking tasks. One staff member told us, "I always ask if they would like me to help them. It is their choice." This was confirmed during discussions with

people who told us that staff always asked for their permission before they did anything. Staff were aware of the processes to follow if it was deemed that a person lacked the capacity to make certain decisions.

People's nutritional needs were being met. None of the people required food to be prepared or cooked by staff. People planned and cooked their own meals. There was a very helpful book about nutrition in the dining room that was available to people. This included important information and advice about healthy eating and contact details to gain further advice. For example, it included the telephone number and a photograph of a local dietician who would offer support to people. One person told us, "Staff help me with my shopping and cooking if I ask for it." Staff maintained daily records of the food people had eaten. This helped them and people to monitor their food and fluid intake. We noted where a need was identified in relation to nutrition an appointment had been made with the GP who made a referral to a dietician.

People had their healthcare needs met. Information in relation to people's healthcare needs were recorded in the care plans and included the contact details of the GP and other healthcare professionals who supported the person. The registered manager told us that people were able to continue seeing their own GP and other healthcare professionals that were involved with them before they moved into the service. People confirmed that they had access to healthcare professionals. Records showed that staff and the registered manager supported people to attend appointments such as the GP, dieticians, dentist and hospital appointments.

## Is the service caring?

### Our findings

People spoke very highly about the care they received from staff and the kindness, respect and support that was provided to them. They told us they were treated with kindness and respect by staff. One person told us, "Staff treat me in a respectful manner. They have helped me through a transition with a lot of respect" Another person told us, "Staff are very supportive. They are always available whenever I need them." A relative told us, "Staff are very caring and they understand [my family member's] needs. "

People valued the quality time they spent with staff. People told us that staff took their time whenever they needed their help. A relative told us, "My [family member] is very independent but staff are there to provide support when they need it." Staff told us that they had enough time to attend to the assessed needs of people such as having one to one time to discuss their care plans and offer support with life skills.

People's privacy and dignity was respected by staff. People told us that staff always respected their privacy. One person told us, "Staff respect me. If I needed help with more personal things I know staff would do this in private." Staff told us that they ensured all personal care needs were attended to in the privacy of people's bedrooms with the doors and curtains closed. Staff also told us that they maintained people's confidentiality through not discussing other people's needs in public or with other people living at the service.

People were supported by caring, respectful staff who appreciated and welcomed diversity. People were proactively supported to express their views and staff were able to provide the information and support required. Staff were knowledgeable about people's life histories and their individual preferences. One person, who gave us their express consent to report their situation, had expressed the desire to embark on a gender reassignment. They wanted to do this as they felt they wanted to clearly inform us and others how helpful and supportive the staff had been to them. They told us that they had felt this way long before moving into the service, but had not discussed it with other people. They told us that staff at the service had identified this need through the person's anxiety and behaviours. The person told us that staff at the service had discussions with them and they provided the support they needed. The registered manager had organised specific support for the person through the use of a sexual health advisor who visits the person every month. Hospital appointments had been made at the appropriate hospital and the process had commenced. The person and the person's relative told us that staff had been extremely supportive and understanding and had been sensitive to the person's needs. The person spoke to us in a confident manner about this and how well supported they felt staff at the service had been. The registered manager presented a training programme on 'Implementing a person centred transgendered support. This provided staff with background information in relation to a person who was going through this procedure, how it had affected them and how to provide person centred support to the person. It also provided details of further training. This was confirmed during discussions with staff.

People were involved in their care, and encouraged to make choices. People told us that they could choose the gender and the staff who they would like to support them. This information was recorded in their care plans. People told us that they could also choose their key worker. A key worker is a designated member of

staff who supports a person with their holistic care. People were supported to express their views and to be involved in making decisions about their care and support.

Staff told us they listened to what people had to say and if they wanted to change how their care was provided they would inform the registered manager. People told us they could make changes to their care plans at any time.

People received care and support from staff who had got to know them. Staff were knowledgeable about the needs of people and it was clear through discussions that staff had a good understanding of people, their life histories and hobbies and interests. One person had a specific need and staff were able to describe the type of help and support they had provided to the person. The registered manager told us that they had commenced using younger staff from their sister home which had helped to match staff to people's age and interests. This was requested by people as they felt that when they were out in the community, staff supporting them would be mistaken for a grandparent, but younger staff would look like a peer and they would not stand out in the community. One person had already benefitted from this and they were able to attend activities as the member of staff had similar interests to them.

People's independence was promoted and respected by staff. Staff told us that all people were very independent and they were capable of attending to their own needs. Staff told us that they would prompt people if it was necessary and would help them if they asked for help such as advice on cooking meals, shopping or support with healthcare appointments. People told us staff supported them in all these areas. One person wanted a take away meal and asked staff if they could order it for them which staff did. People told us that they undertook tasks by themselves but they could ask for support from staff if they needed it. One person told us, "I cook my own meals but staff offer advice about healthy eating and they have helped me with this in the past. I know about healthy eating but I do not always do it." Staff always respected the person's choice whilst supporting them with helpful information.

People lived in an environment that was homely and met their individual needs. The home was very clean and tidy and had accessible communal areas. The kitchen was suitably equipped and each person had their own cupboards for the storage of their foods. The lounge/dining area was brightly decorated and had comfortable seating, television and an area to relax. Each person had their own room, two of which had en-suite facilities and a key to their rooms. One person told us they were happy with the accommodation and they could come and go as they wished.

## Is the service responsive?

### Our findings

People's needs had been assessed before they moved in to ensure that the staff could provide the care and support they needed. People and their relatives were involved in developing their care, support and treatment plans. People told us they had ownership over their care plans and they were able to make changes to this if they wanted to. One person told us, "I know what is in my care plan and staff talk to me about it." Another person told us, "My key worker discusses my care plan with me and I know I can make changes if I wanted to."

People were encouraged and supported to find meaningful employment that interested them and that they enjoyed. One person told us they enjoyed the work they did and it helped to purchase things for themselves. The provider told us in their PIR that people were encouraged to find work opportunities within the wider community and to promote inclusion; we found this to be the case. Two people were in employment, one of these people told us that staff and the provider had helped them to gain employment which they thoroughly enjoy. One person told us that staff were helping them to find employment. Staff supported people to write their CVs and attending interviews. One person told us that work enabled them to save money and run a small vehicle that they own. One person moved into Goodworth road December 12th 2016 and it was identified that they would like support to find paid employment. Due to a natural skill observed within finance matters, the person was supported on a paid work placement within the organisation's finance team which commenced January 2017. Following this the person was clear what vocational journey they wished to embark on, identifying which environments they actually did not wish to work in.

People had opportunities to go out to their local community and take part in activities supported by staff. The registered manager told us that one of the challenges was to encourage people to take part in more activities with staff both at the service and externally. The provider told us in their PIR that one of the improvements was to employ younger staff so people would engage more in activities rather than feeling they were out in the community with carers. We found this to be the case. An annual stakeholder survey was carried out in 2016 that incorporated the views of people that lived at Goodworth road. It was identified that people were not engaging with staff to access meaningful activities within the home or community. This was said to be due to the age of staff and cultural language barriers. The registered manager identified that people responded proactively and positively engaged with younger staff from a sister home. Staff were used from the neighbouring service that enabled them to implement a more tailored service delivery which encouraged greater engagement and participation. This enabled people access football matches, attend healthcare appointments, engage in social events outside of the service and local gymnasiums.

Care plans were person-centred and reflected people's individual needs, preferences and goals. Information in relation to communicating with people was detailed such as how people responded, for example, if they were in a low mood. Care plans for managing challenging behaviour were detailed and risk management plans had been produced with other associated professionals. Where the need arises staff within Goodworth road will create additional plans such as emotional support plans, a transgender plan and day to day specific guidelines to meet the current needs of the individual. People were encouraged to engage in this

and sign off all agreed plans along with families and carers. For example, a person moved into Goodworth road November 2015. Suicide attempts, self-harm and confrontational behaviours were frequently observed by staff and people within the home. Encouragement to engage in the completion and implementation of support guidelines saw a reduction in the observed behaviour, with self-harm reducing from several attempts daily, to only one incident since February 2016.

The registered manager told us that during key worker sessions people were able to discuss any worries and concerns, incidents, goals and SMART objectives were set. People had the opportunity to review the actions set at the next key worker session. This allowed people to take back ownership over their lives and to understand their roles in any given situation and the part they could play to resolve any incidents

Care plans were reviewed on a regular basis with the person, their key worker and the registered manager. People were encouraged to be involved in drawing up their own support plans and to contribute their ideas. This led to plans being person centred. Staff were knowledgeable about the information recorded in people's care plans, they told us they got to know people's likes and dislikes through talking with the person and reading their care plans.

People were at the centre of this service and staff responded to their needs, wishes and goals. People were fully involved in planning their own support and in every aspect of their lives and this had led to people achieving many goals and growing in confidence. The responsiveness of staff to each person's wishes is an outstanding feature of this service.

Each person had a 'My Care Passport' written with them. This provided information that was specific to the person such as 'things you must know to keep me safe,' 'things that are important to me' and 'my likes and dislikes.' It provided important information about people's medical needs such as adverse drug reactions, communication, how they take their medicines and how to support the person if they become anxious or upset. This document was to be used when a person was attending hospital or transferring to another care setting.

A 'my rights' folder was created within the service, displaying easy read information around the human rights act, making rights better and listening to people, advocacy rights, discrimination, road safety awareness, rights to travel, and an easy read tenancy agreement. This promoted greater independence and encouraged people to take more ownership and control over their lives.

People were involved in the recruitment process for new staff and their views were taken into consideration when implementing the matching process from of the staff team. Staff were encouraged to carry out shifts at the service and facilitate activities with the people. Person centred active support (PCAS) observations were then carried out to highlight engagement, communication and participation. Feedback obtained from people also help to pair staff and people. This improved staff and peoples' engagement. People then selected key workers with full engagement observed in key worker monthly meetings. Contracts were drafted with decline forms introduced in the event the person wished to decline. This had also resulted in some staff being transferred in/out of the service as the staff team was tailored to meet people's specific need.

Complaints and concerns were taken seriously. The provider had a complaints procedure that was available to people and their relatives in the service user guide provided to people. This document included the timescales for the provider to fully investigate the complaint. Records maintained at the service showed that one complaint had been received and investigated within the timescale set in the complaints policy. There was a pictorial version of the complaints policy incorporating the people's right to complain. Complaints

were discussed during monthly meetings with people. This provided the opportunity for incidents to be discussed and reflected upon. The debrief process was used to support people to seek more proactive steps in handling conflict or concerns that may rise within the service.

People knew how to raise concerns and make complaints. People told us they had been provided with information about how to make a complaint but they had not needed to make a complaint.

Staff told us that if people wanted to make a complaint they would support them through the process. Staff said they would listen to people's complaints and ensure that complaints made were passed on to the registered manager so they could be recorded and investigated.

The service had also received many compliments. During our inspection one relative sent us comments about the service. They told us, "My [family member] has their individual needs very well supported. My [family member] had expressed a wish to work and a suitable placement was quickly found for them. The registered manager quickly identified how my X disability was affecting them and put a care package in place to meet their needs. I am delighted with the support and care X receives."



## Is the service well-led?

### Our findings

People and relatives told us that they felt the home was well-led. They were complimentary about the registered manager and how they were always available. One person told us, "The manager is always here for us and we always get what we asked for." A relative told us, "The service is well managed. It is well organised and the manager is 'super'." A relative told us they had weekly discussions and exchanged e mails with the registered manager. They stated that the registered manager was very supportive to them and their family member and was always available to people, relatives and staff.

The registered manager had been proactive in attending to people's needs, preferences and goals. Relatives had provided written feedback to the registered manager through letters and e mails. Comments were positive about the care provided to their relatives and included, "They work hard to ensure my [family member] is always happy," and "Staff have been extremely patient and caring even when [my family member] has displayed challenging behaviour. They have supported [my family member] to modify their behaviour."

The registered manager motivates the staff team to take a person centred approach when implementing service delivery within the service. The staff team thrive on creating an environment where the needs of people come first. This is achieved by encouraging people to engage in all areas of their care, treatment and support, supporting staff to create and facilitate support guidelines, goals and objectives. Progress is then monitored during goal planning sessions facilitated during key worker sessions.

The service had a set of visions and values which were person centred and made sure people were at the heart of the service. They were developed and reviewed by the registered manager and staff and owned by all to underpin practice. The registered manager had, with people and staff, produced a document entitled 'Driving up quality.' This had been developed in consultation with people, what they wanted from the service including improvements. The document informed that it was everyone's duty to provide the very best of care and to ensure that care was always developing and moving forward for people they supported and their family and friends as well as for the staff team. There was clear information about the vision of the service that the support provided was focused on the person and what they did well at Goodworth Road. For example, people were sharing information and involved in the recruitment of staff. It also set areas for improvements that people had asked for, such as support is given to people to find paid or voluntary work. The registered manager had sourced input from an external agency so people could have discussions about employment. Monthly reviews of employment goals were carried out during key worker meetings with people. We saw these had taken place and two people were in paid employment.

People, their relatives and stakeholders were encouraged to give their feedback about the service. The registered manager told us that they received feedback from people, family members, care managers and other external professionals. This was through a survey undertaken in 2016. The views obtained were used to inform and shape plans such as the driving up quality code assessments and service development business plan, along with the vision of the service and mission statement. People were encouraged to say what we as a service are doing well and what areas we need to improve on. People raised concerns with

regards to not using his 1:1 hours due to the current make-up of the team. By sourcing staff from the buddy home to support 1:1 hours, daily engagement is now observed with community activities being attended with staff support.

People were satisfied that they were able to make choices such as times for going to bed and getting up, they were supported by staff with their cultural needs, they felt safe with staff at the service and they were able to be independent.

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the service. The provider told us in their PIR that quality assurance checks were undertaken to monitor and recognise good practice and this was discussed with staff during supervisions and meetings; we found this to be the case. The quality of the service is maintained through monthly and quarterly audits carried out by the regional director. These ensure that paperwork is reviewed and updated as necessary as well as measuring things like the caring nature of staff and the culture of the service. Monthly audits are also undertaken by the registered manager on a range of issues such as medication, infection control and health and safety.

Other records audited included records of supervisions, care plans, cleaning, fire systems and evacuations, staff training and daily notes. Easy read audits around health and safety are implemented by the tenants within the service so they are aware of the health and safety/Infection control measures that need to be followed, allowing them to take responsibility for their home. Daily notes written by staff were clear and included information that related to how the assessed needs of the person had been attended to each day. Daily audits had been undertaken in relation to health and safety such as monitoring of water and fridge/freezer temperatures, the environment and infection control.

The manager, staff and people also engage in a number of organisational wide initiatives that include driving up quality self-assessment days, managers and peoples' conference, health and safety conference, annual staff awards, employee of the month scheme and team of the quarter

The service is also visited regularly unannounced by the operations director and chief executive, who take time to engage with both staff and people.

People told us they had regular meetings with staff and the manager when they discuss things that had arisen, such incidents or complaints. They told us they also discussed safeguarding and abuse and how to stay safe. Minutes of these meetings were maintained at the service. This provided people with an opportunity to discuss incidents. A debrief process was used to support people to seek more proactive steps in handling conflict or concerns that may arise within the service.

Regular staff team meetings took place that enabled staff to put forward suggestions about how the service was run. Records of these meetings were maintained at the service. Topics discussed during these meetings included incidents, the culture of the service, training requirements, health and safety, the mental capacity act and safeguarding. Any suggestions made by staff were recorded and an improvement plan was implemented to accommodate the suggestions.

The service promoted a positive culture. Staff told us the registered manager had an open door policy, was approachable and they could talk to her at any time. Staff told us they felt supported by the registered manager and that they had regular supervisions. One member of staff told us, "The manager is very supportive and risk assessments are put in place for staff as well as for people."

The registered manager maintained open chains of communication on behalf of people and their landlord. This ensured that all correct measures were taken when required. This approach had enabled people to feel

a part of the service, exercising confidence and control over their day to day lives.

There was a management structure in place that included the registered manager, senior support staff and support staff. This led to a structure where everyone knew their own roles and were accountable for their performance. The registered manager told us that staff were very passionate about their work. Staff spoke enthusiastically about their roles and how they supported people. The registered manager told us that the staff team employed at the service were very good and supported people well.

The registered manager was aware of their responsibilities. Registered bodies are required to notify us of specific incidents relating to the services. We found that when relevant, notifications had been sent to us appropriately.