

Care Management Group Limited

# Care Management Group - 289 Dyke 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This announced inspection took place on 16 & 17 August 2016. Care Management Group - 289 Dyke Road supported nine people at the time of our inspection. The service provided 24 hour support for young adults with complex and/or challenging learning disabilities, including those living with autistic spectrum disorders. Care Management Group services include provision of residential care, supported living and day services at locations across the south of England and Wales. The Care Quality Commission inspects the care and support this service provides, but does not inspect the accommodation people live in.

There was a registered manager in post as required. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People, their relatives and healthcare professionals were positive about the quality of care and support provided to people at the service. One person told us, "There is always somebody to help me. Staff come and talk to us to see what's wrong. They are very good to talk to and have a conversation." People were supported to identify goals and to work towards achieving greater independence. The registered manager involved people, relatives and healthcare professionals to ensure people received the support they required. One health and social care professional gave us the following feedback, "The support I witnessed for the service users was exemplary and tailored towards their individual needs allowing them as much freedom and responsibility as possible."

Staff had detailed knowledge of people's needs and had the skills to provide support effectively. The registered manager carried out regular supervision sessions and appraisals. Staff felt well supported and understood their roles and responsibilities to ensure a quality service was given. Staff understood how to manage risks to people's health and welfare and supported them to develop and reach their full potential. Staff had sufficient guidance on positive management of behaviours that may challenge the service and others which protected people's dignity and rights.

The provider and registered manager actively sought people and their relative's views and listened and acted on their ideas. People and staff celebrated achievements and milestones, including birthdays and cultural calendar events. People were involved and contributed to the recruitment process of potential staff.

Staff supported people with the values of dignity and respect. Support plans contained thorough and well documented assessments of people's individual needs and the support they required. People received their care and support as planned and as they wished.

Staff understood how to protect people from possible harm. There were sufficient numbers of appropriately skilled staff on duty meet people's needs. One person told us, "There's always someone around for a chat or

to help." A relative said, "I think the staff are fantastic and supportive but on a couple of occasions activities have had to be cancelled due to staff shortages. [My relative] doesn't cope with short notice changes but occasionally they are unavoidable."

People were supported with their nutritional needs and encouraged to adopt healthy lifestyle choices. Staff ensured people accessed healthcare services for advice, treatment and support. People continued to acquire new skills and gain confidence in living their lives as independently as possible. One person told us, "We do our own separate shopping and cook separate meals." People took part in activities they enjoyed and were encouraged to try new experiences based on their individual interests, hobbies, preferences and abilities.

People, their relatives and healthcare professionals said the registered manager promoted a person centred approach to care and support. They were complimentary about the registered manager who they said demonstrated strong leadership and provided a hands-on approach to the support people received. One person said, "[The manager] is nice and it's a happy place to live."

The provider and registered manager effectively used the audit systems in place to continually monitor the quality of the service and had action plans in place to further improve the support people received and management functions of the service. The registered manager monitored incidents and accidents and put plans in place to prevent recurrence. They responded to and followed up complaints in line with the provider's guidance. The provider used a robust recruitment procedure which ensured people received support from staff vetted as suitable to work with vulnerable people.

## 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 people were regularly reviewed and staff supported people to live safely.

Staffing levels were sufficient to ensure people received the level of support they required.

Staff supported people to manage their medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff had the relevant skills to meet people's needs effectively. They received regular and on-going support through regular supervision, appraisal and training.

Staff obtained people's consent to care and supported people in line with Mental Capacity Act 2005.

Staff worked in partnership with other healthcare professionals and supported people to access healthcare services when they needed them.

### Is the service caring?

Good ●

The service was caring.

Staff engaged people as partners in their support. People were involved in developing their support plans and felt listened to by the service.

People, their relatives and healthcare professionals praised staff for their caring and professional approach.

People were supported to develop their independence.

Staff knew the people they supported well including their preferences, likes and dislikes.

### Is the service responsive?

Good ●

The service was responsive.

People's support was reviewed regularly. Where the need for change was identified, support plans were updated in consultation with people, significant people in their life such as family and key staff.

Support plans were detailed, highly personalised and contained information to enable staff to meet people's needs.

Staff communicated with each other and the registered manager on a daily basis to ensure that information was shared about people's needs.

People and relatives told us they felt confident to raise any issues with staff and the registered manager and felt their concerns would be listened to.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager was described as approachable by people and staff. Staff felt well supported and valued at the service.

The culture of the service was open and friendly.

The registered manager carried out quality assurance checks regularly in order to develop the service.

# Care Management Group - 289 Dyke 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.

The inspection took place on 16 & 17 August 2016 and was announced. The provider was given notice because the location provides a supported living service for adults who are often out during the day and we needed to be sure that someone would be in. It was carried out by an inspector and expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. It included information about notifications. Notifications are changes, events or incidents that the home must inform us about.

During the inspection we spent time with people who were supported by the service. We focused on speaking with people and also received feedback from staff. We were invited by people to spend time with them and we took time to observe how people and staff interacted. We spoke with the relatives of three people.

We spoke with those that knew people well. We gained the views of staff and spoke with the registered manager, three lead support workers, a support worker, the regional director and tenancy liaison officer.

We contacted selected stakeholders, including health and social care professionals, the local authority and the local GP surgery to obtain their views about the care provided. Those that responded were happy for us

to quote them in our report.

We looked at two support plans and two staff files and staff training records. We looked at records that related to how the service was managed that included quality monitoring documentation, records of medicine administration and documents relating to the maintenance of the environment.

The last inspection was carried out on 15 January 2014 and no concerns were identified.

# Is the service safe?

## Our findings

People told us they felt safe whilst receiving support from staff. One person commented, "I do feel safe. They [staff] ask if you are okay, how things are going. I am being looked after well." Relatives told us they felt their family member was safe, one relative we spoke with said, "They [staff] make me feel confident that [my relative] is safe."

The registered manager had taken action to minimise the risks of avoidable harm to people. All the staff we spoke with told us that they had received safeguarding training and records confirmed this was up to date for all staff. Staff understood the types of potential abuse that could happen to people. They had a clear understanding of the provider's safeguarding policy and reporting procedures to ensure they protected people in the event of any allegation or suspicion of abuse. A member of staff told us, "I would not hesitate to report my concerns; it is my responsibility to report any concerns I have. I am confident the manager would act on them." The registered manager had systems in place to report any safeguarding concerns to authorities. This demonstrated there were safeguarding processes in place to keep people protected. Records showed the registered manager had made referrals to the safeguarding team when they had concerns to ensure appropriate action could be taken to protect a person's safety.

We gathered information about how the service managed risks to people. Before people received support from the service, assessments were carried out to determine if they were able to meet the person's needs safely. This ensured that the service only provided support to people who they were confident they were able to meet their needs. There were plans in place to reduce individual risks to people to make sure they were supported safely. These plans were reviewed and staff had read the plans to ensure they knew how to support the person safely. Support plans contained specific details which indicated that staff followed clear guidelines when necessary to ensure people felt safe when they were supported by staff.

The service was sufficiently staffed 24 hours a day, seven days a week and met people's needs consistently. People told us they were supported by enough staff. One person recognised that sometimes due to unforeseen circumstances such as staff sickness some activities may need to be cancelled and rearranged. They said, "Sometimes when that happens they [staff] book another time with me". Another person told us, "There's always someone around for a chat or to help." One relative said, "[My relative] has someone to help when needed." We heard from another relative who told us, "I think the staff are fantastic and supportive but on a couple of occasions activities have had to be cancelled due to staff shortages. [My relative] doesn't cope with short notice changes but occasionally they are unavoidable." Some of the people who received support from the service required one to one staff to help them to meet their needs safely in particular situations. Staff told us there was an on-call supervisor or manager available in case of any emergency at the service.

The registered manager monitored and analysed accidents and incidents and ensured staff took appropriate action to reduce the risk of recurrence. Staff understood their responsibility to report incidents as they happened to the shift leader on duty. Incidents were reviewed and discussed to ensure staff learned from those events and protected people from the risk of harm. Staff knew what to do when a situation



required a prompt response. For example, concerns for a person's behaviours that challenged the service and the safety of people living within it had led to a rapid referral to appropriate healthcare professionals for additional support and advice.

We reviewed the processes in place for staff recruitment. The provider had ensured that all staff employed had a Disclosure and Barring Service (DBS) check prior to working with people using the service. This ensured that staff employed were suitable to work with people. A safe and robust recruitment and selection process included pre-employment checks, written references, applicants' identity and right to work were also obtained and verified.

Some people were prompted to take their medicines each day and this was recorded consistently. One person told us, "I do my own medications," reflecting the different levels of support people needed with this aspect of their care. Staff were familiar with the provider's policy on medicines. There was a clear audit trail of medicines received, administered and returned to the pharmacy even for those people who took responsibility for obtaining their medicine. This ensured medication processes were carried out using a safe and consistent approach. The service carried out regular audits of medicines to ensure they were correctly monitored and procedures were safe.

Staff had received training to support people with their medicines. The registered manager informed us that competency checks of staff administering medicines had been carried out. Checking staff competency is another way of making sure staff have the skills and knowledge required to support people with their medicines safely. Staff we spoke with were able to describe how they supported people with their medicines including appropriate action to take if someone declined their medicines. Support records contained detail of the support people required to take their medicine. Records contained up to date information about the medicines people were taking, including medicines that were taken as required.

# Is the service effective?

## Our findings

People received effective care and support from well trained staff. One person told us, "The staff are well trained. They are always going on training courses." Another person told us, "Yes, they are supportive and they know what is going on all the time." A healthcare professional told us, "Staff are very helpful and professional." One relative said, "Staff try and do their best. They genuinely like [named relative] they have their best interest at heart."

All staff completed a comprehensive induction when they started work with the service. Staff were also inducted in the values and the ethos of the provider and completed their mandatory training. A member of staff told us, "My training was good. It helped me to build meaningful relationships with service users and develop my confidence." The registered manager evaluated staff during their probation to identify any areas for development or further learning.

Staff told us of they were, "Well supported," by the registered manager in their work. Staff had received regular individual supervisions in line with the provider's policy and included an annual appraisal. One member of staff told us, "The support from the management team is so important to me." Another member of staff said, "We discuss in supervision the development and training I may need and they make sure I get the chance to do it." Staff supervisions records were comprehensive. The supervisor followed up on action plans from previous one to one supervisions to ensure actions were implemented.

People were involved in recruiting staff to work at the service. The registered manager ensured people involved in the interview process received support and feedback about how they expected new staff to support them.

Staff said they were supported by the registered manager to develop in their role and consider their career in social care. One member of staff told us, "I have attended numerous in-house courses and external training. Because of the training and support from [the manager] I have progressed." Staff were knowledgeable about how to support people effectively. Staff received e-learning and face to face training courses. This included regular training and refresher courses in safeguarding vulnerable adults, person centred support, medicines management, food hygiene, health and safety, first aid, equality and diversity. Staff essential training was up to date.

Staff supported people to develop social and life skills such as learning domestic and cooking skills, prepare to enter or remain in the world of work and develop and to maintain a support network of relationships that were important to them. We heard about a person who was supported to overcome challenges about going into and engaging safely within the community. In this example, the person was supported to engage in volunteering work which enabled them to gain confidence as a possible stepping stone to paid employment and greater independent living.

The registered manager ensured that people hosted and attended events which brought them, their friends and family together. For example, to celebrate key milestones people planned and took a lead in hosting

regular barbeques. People marked Christmas, Easter, Divali and the providers own culture day that brought together people in a festival of music, activities, food and drink. Some people, whether they identified as gay or straight, attended the annual Pride celebrations in the city to celebrate and promote equality and diversity for people using the service.

Staff understood and supported people in line with the principles of the MCA. They confidently spoke how they put into practice every day to ensure they respected people's rights. Staff told us, and records confirmed, where a decision had to be made for the person the service had followed 'best interest' process and involved healthcare professionals and people close to the person who knew them well.

The service had easy read copies of a range of material, including information on making choices. Staff told us, they routinely discussed the MCA and the Code of Practice to underpin their practice. Each person had been assessed and possible restrictions to their freedom or choice were closely considered. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us they felt fully involved in planning for their care and had consented to the support they received in line with their support plans. Records showed assessments had been carried out to assess people's capacity to make decisions for themselves. People using the service at the time of our inspection had their capacity reviewed to consent to the care and support provided by the service.

People told us they were happy with the support they received with their food and drink. People prepared their own meals but came together to plan, prepare and eat a meal as a group when they chose. Some people had joined a 'come dine with me' group to prepare meals for other participants and have their efforts rated by their peers. Staff had sufficient information about people's dietary and hydration needs from the support planning process. The service was well equipped to support people have healthy lifestyles. People discussed healthy lifestyle options to complement the service's healthy eating initiative which included the setting up of a table tennis table in response to people's ideas. A relative told us, "Staff encourage [my relative] to eat healthily. They have a freezer in their room. They can be prone to over eating but staff encourage them to make healthy food choices."

People, their relatives and stakeholders spoke highly of the service and support people received with their healthcare needs. One person told us, "I go to the GP by myself to do my medication and prescription. I see the dentist every six months and the opticians every two years." The service worked closely with other social and healthcare professionals to ensure people received coordinated support. A social care and health professional told us, "The support I witnessed for the service users was exemplary and tailored towards their individual needs allowing them as much freedom and responsibility as possible, which included delivering ongoing training to empower and support the service users by giving them choices and helping them to lead healthy, fulfilling and rewarding lives." Records showed each person had a personalised health plan that staff supported them to follow. People and key staff discussed what would benefit people's health in regular meetings and reviews. A social care professional told us, "Staff show clear understanding about, concern for and knowledge of people's needs." Staff regularly communicated with healthcare professionals for advice about a person's specific needs to enhance their knowledge on how to support them, for example to support them to live with autism. We saw their guidance had been incorporated in people's support plans.

# Is the service caring?

## Our findings

People told us staff were caring and compassionate. One person told us, "There is always somebody to help me. Staff come and talk to us to see what's wrong. They are very good to talk to and have a conversation." A person's relative said, "I know [named staff member] is so good to [my relative] he responds to them all really well. They speak and interact with them very well." A healthcare professional told us, "People using the service have excellent relationships with staff."

People and their relatives were happy with the service. Compliments written to the registered manager included, 'I feel that [my relative] flourishes at 289 Dyke Road. The team is so friendly and welcoming and they have really good ideas about how to support them.' Staff had contributed and made a positive impact on people's lives. They told us how the provider emphasised the values of dignity in communication with them, including at staff meetings and at their induction.

People appeared to have a bond of friendship with each other. People, their relatives, management and staff commented on the friendship that existed between people and made reference to the extended family feel of the service. This was reflected in photographs of people with family members but also in their own social groups. One person had a cat that appeared very comfortable making itself at home around the house. We asked one person what happened if they don't want to clean their room and they told us staff reminded them that, "You need to clean your room; it's not for the staff to tidy up behind you. We are all adults here."

Health and social care professionals confirmed people had made progress in achieving goals of greater independence because of the compassionate support of staff. For example, a person had built their confidence to travel independently into the community. Staff worked with this person and supported them to overcome obstacles to reach their goal and helped them to further integrate safely into the community. The person told us they found this empowering. We heard from one relative who told us, "I am concerned that [my relative] gets out in the community. It shouldn't be a treat to socialise with people, but I've expressed my concern to staff if I felt he was becoming isolated."

Staff involved people and their family members, where appropriate, in making decisions, setting of goals and planning their own support. People told us the service provided them with the information they needed regarding their care and support. One person told us, "I have a care plan in my file in the office. I have a review to see what's going on, looking at goals I am going to work to and what's changed. They talk to me." Records showed plans were in place which showed people's individual needs and what they wanted to achieve. Staff respected people's choice and encouraged them to lead and retain control over their care and support.

Each person was allocated a key-worker and co key-worker from the staff team to provide them with focussed one to one support. For example, a key worker may talk with the person about their vacation plans and how they would save and achieve their wishes. Staff held discussions with the person about how they could do this safely. People told us they had achieved their dream holidays and short breaks through

discussions with their key workers. One relative said, "[My relative] has his keyworker, though this changes pretty regularly. Staff genuinely like [my relative] they have their best interest at heart. For example, they had a habit which one or two staff dealt with and helped him get on top of it. They were good at encouraging them." People told us they enjoyed good relationships with staff. People confirmed they received support from their preferred members of staff where possible, allowing them to build relationships and to gain an understanding of their goals and needs.

Staff knew people well including their background, culture and values. The registered manager told us, "Staff with similar interests and hobbies can work well with people. For example, one member of staff is interested in football so it makes sense that they support [a person] to go to see Brighton and Hove Albion's home games." People's choices and identity, including their religious affiliation, personal interests and sexuality were acknowledged and respected so that it enabled support suited to the person. This person centred approach enabled people to respond positively to support and make progress towards achieving greater independence.

People were encouraged to maintain good relationships with their relatives and friends. For example, on one day of our inspection a day trip to Portsmouth was planned for those that wanted to go. We saw that a relative was encouraged to also go along, to the obvious pleasure of their son. When we asked one person about their friendship groups they told us, "My friends are here." This was reflected in our observations of a close knit group of people. Staff supported people to reduce the risk of social isolation. For example, we saw one person, excited at the prospect of going out on the day trip, begin to exhibit repetitive and potentially challenging behaviours to other people in the house. We observed how the people appropriately challenged the behaviour among themselves. We saw how they resolved the potential for conflict amongst themselves and how staff waited before stepping in.

People's information about their support needs, including health records were kept confidential and secure. Staff understood data protection and confidentiality and ensured people's information was shared appropriately with other healthcare professionals involved in their care and support.

## Is the service responsive?

### Our findings

People told us they could talk to staff about their support, any changes they wanted to make and goals they had wanted to achieve. People received consistent support that was appropriate to meet their individual needs. One person told us, "Staff listen to what I have to say. They know me and I know them." A relative commented, "Communication is really important when it comes to the concept and practice of supported living. Staff talk with us about [my relatives] needs. They take into account my views as a parent."

People liked the service because it provided support which was varied to meet their needs at the time. For example, one person said, "I go to college and the shops on my own but not into town as I'm not independent enough." The registered manager told us they aimed to provide a service that was responsive and flexible to take account of people's individual circumstances. We were told about the support and advice people received about maintaining their physical, social and emotional wellbeing. A person described their experience of having a key worker. They said, "Because my key worker is supportive they know what is going on all the time."

People led full social lives, for example they participated in continuing education opportunities and were also active in voluntary groups and work. One person said, "Last year I did life skills [at college] and this year I am doing catering." People's support plans creatively set out the support they required in order to meet their personal needs. There was in-depth information about what the person could do for themselves, the plans also identified the need for staff to check with the person whether certain tasks had been undertaken, and to prompt them if not. This approach promoted the person's independence whilst also helping to ensure they maintained their personal care routine. A relative said, "One of the things agreed on [my relatives] plan was that staff would support him to clean his room and when we visited a couple of days ago it hadn't been cleaned. I spoke with staff and found that he hadn't done it that week."

Plans set out the very different aspirations of the people living at the service. For example, they included aims to improve independence by going shopping, undertaking personal care tasks and attending day activities. Each goal showed the sometimes small, incremental steps to achieving the aim. The steps or targets were marked as achieved as the person met and moved beyond them. They matched what the person and staff told us they had achieved, together. For example, one person worked towards greater independence in doing household tasks. The positive outcomes for people were commented on by the relative of one person who said, "The support [my relative] receives is good. He is happy here. Ask him and he will tell you. This is his home. But to be honest, like a lot of other young men, he can be quite lazy and will try to get away with the least he can do but the staff are onto it and will do it with him."

Staff reviewed and updated people's plans regularly in response to their changing needs and ensured they provided them with appropriate support. People and their relatives were involved in regular reviews of support plan to ensure they were accurate and up to date. A relative said about the reviews, "They are held every year but in between we have key workers reports and I can always get hold of [the registered manager]. If there's a problem or issue I can talk about it." There were reviews with representatives of the local authority, where appropriate and other healthcare professionals to ensure that the type and level of

support was agreed and met people's expectations.

Relevant information was available when people's needs were being reviewed and the outcome of their support was evaluated. Daily entries were maintained by staff that reflected on people's well-being and the support they received. The reports helped to keep staff up to date with people's needs. For example, reports helped inform staff with people's lives when they returned to work after some time away. Other records were maintained in relation to people's healthcare, for example when people were supported with making or attending GP appointments. Staff shifts started with a handover but, they were also expected to read communication book entries for any time they had been away. Handover meetings were a useful way of keeping up to date with changes in people's needs. People's support and welfare were considered during handover and any new risks or concerns were highlighted. We saw from the minutes of staff meetings that information was being shared between staff and learning points arising from incidents were discussed.

People and their relatives told us they knew how to make a complaint. One person told us, "I would go to the manager." People had information about making a complaint and who they could contact for advice in a format they could understand. The service had a complaints procedure in both standard and easy read format for people to see. We saw that the registered manager responded promptly to complaints and followed the provider's procedures for addressing complaints to their satisfaction. Action was taken to resolve any concerns and these were well documented. Each person had a tenant's agreement. This set out the responsibilities of the landlord and provider as well as their own responsibilities. The tenancy liaison officer for the provider told us, "This is a genuine tenancy. There are established tenancy rules to follow to protect their rights as tenants but also set out their responsibilities, such as maintaining their flats and accepting staff support to do that. We explain it all before they sign their tenancy agreement."

## Is the service well-led?

### Our findings

People, their relatives and staff praised the registered manager and said she was always available and approachable. They told us the registered manager led the service well. One person told us, "The manager and staff have always been there for me." Another person commented, "[The manager] is nice and it's a happy place to live."

People, their relatives and staff told us the service benefitted from good leadership. The provider and registered manager recognised and valued individual and team efforts. They encouraged and supported staff to provide high standards of support. Staff told us recognition for good work was important and they felt the registered manager noted and appreciated their efforts to improve the quality of support they provided to people. The provider also recognised and valued efforts by supporting Care Management Group awards in recognition of quality support provided to people. Though individuals and the team hadn't won an award for a couple of years, previous awards were prominently displayed alongside nominations.

The provider arranged for staff from its various services to meet and share their knowledge and experience of best practice in specialist areas such as ageing and epilepsy. The registered manager attended regular provider meetings for managers to share good practice, provide peer support and discuss any changes in the social care field. The knowledge was shared with the team in the service. This approach promoted teamwork as staff worked well together and used each other as a source of support. The registered manager ensured staff had a range of skills, knowledge and competencies. They told us, "Appropriate staffing levels and skills mix ensure a safe, quality service is delivered."

People told us that they knew the registered manager well and that they had a visible presence in the home. Staff told us they felt comfortable speaking to the registered manager and members of the management team. One member of staff told us, "The manager is very supportive and is always available to talk. I feel I can count on them to support me when I need it." Staff told us that in the event of the registered manager not being available they had a clear understanding on who they should speak to and that a rota of supervisory staff was available.

There was an honest and open culture that was person centred and inclusive which encouraged them to share ideas. The provider and the registered manager encouraged reflection on current practice and encouraged the sharing of new ideas. People and staff attend a 'Driving Up Quality' day that assessed how to improve practice and improve the quality of the lives of people supported. Staff told us this inspired them to share their knowledge, experience, skills and be able to make suggestions around key themes such as managing feelings and emotions, gaining employment and building enduring links in the community.

The provider had an effective system in place to record, monitor and analyse any incidents which affected the people using the service. We saw records which confirmed staff recorded incidents and that learning that took place and appropriate changes were put in place to prevent recurrence. The registered manager encouraged a positive approach to risk taking. It was acknowledged mistakes could happen but they promoted a 'no blame culture' and ensured the team discussed lessons learned to avoid mistakes



happening again and plan the way forward. For example, we saw work on-going with a person who needed more support to develop appropriate boundaries with strangers to keep themselves safe.

The service worked in close partnership with organisations and healthcare professionals to support people's care provision and service development. The provider and the registered manager had accreditation to recognised schemes such as Skills for Care, The National Skills Academy and The British Institute of Learning Disabilities.

The provider had systems and processes in place to audit and monitor the quality of the service. Audits were robust and picked up areas that needed improvement. Monthly audits included health and safety and infection control. Some audits were undertaken internally by the registered manager or their nominated member of staff. The regional director carried out monthly unannounced visits and also in-depth quarterly audits. The audits focused on standards and showed how the provider monitored the quality of the service. The registered manager used the audits to identify issues and worked through them to further improve the service. For example, they had picked up recording issues around health and safety issues and specifically the requirement to sign risk assessments.

The registered manager understood and met their responsibilities in relation to their registration with the Care Quality Commission (CQC). The service had submitted notifications to CQC as required and in a timely manner. The registered manager was very clear on the requirements by the introduction of the duty of candour regulation and emphasised openness and transparency in how the service provided support and care to people.