Care Management Group Limited

Care Management Group - 290 Dyke Road

Inspection report

290 Dyke Road
Brighton
East Sussex
BN1 5BA

Tel: 01273552069
Website: www.cmg.co.uk

Date of inspection visit:
01 March 2016

Date of publication:
22 April 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Care Management Group - 290 Dyke Road on the 1 March 2016. The service provided accommodation and support to people living in a residential area of Brighton. The service supported five people aged in their 20's and 30's. It provided 24 hour support for adults with profound and multiple learning disabilities and complex health needs. Care Management Group services include providing residential care, supported living and day services at locations across the south of England and Wales.

The service had a registered manager. 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 2008 and associated regulations about how the service is run.

We saw people were supported by staff who knew them well and gave them individual support. People appeared happy and relaxed with staff. Health care professionals spoke positively of the service. One professional told us, "Staff are extremely responsive to residents' needs. Communication is excellent and they have had to deal with some potentially difficult health issues with residents. At the same time they manage to make it feel like a family home and are always looking to open the residents to new experiences." Relatives commented on the care provided, "I feel very comfortable that he is there and I would hate him ever having to leave as he gets the best care and is loved there." Staff respected people's privacy and dignity and their individual preferences.

The service had safeguarding policies and procedures in place. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place. This helped protect people from the likelihood of abuse or neglect. When staff were recruited, their employment history was checked, references obtained and a comprehensive induction was completed.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one. Where people lacked the mental capacity to make specific decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Staff received training to support them with their role on a continuous basis to ensure they could meet people's needs effectively. One member of staff said, "There is non-stop training, here [provided by the local authority] and refreshers are done when they are due." The provider was seen as one that offered career opportunities. A member of staff told us, "I have seen people progress and I hope to do likewise."

People received regular assessments of their needs and any identified risks. People's weight and nutritional intake were regular monitored by a dietician and we saw that referrals were made to Speech and Language Therapists (SALT) if people's nutritional intake reduced, or staff had any concerns. People had up to date health action plans which gave an overview of the person's health needs.

People were supported as individuals and encouraged to explore ways they could maintain and extend their independence. People were provided with opportunities to take part in activities 'in-house' and to regularly access the local and wider community. A relative said, "They seem to tailor his activities/outings to suit him, he has a classical musical collection. He loves being outside and staff have taken him to classic concerts which he really enjoyed. They also support him to buy and listen to tapes and DVD's. He loves the Sealife Centre, so he tends to go there often."

The registered manager and provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement. Feedback was sought. A relative told us, "Any problems at all, I feel I can raise it with any member of staff or management and it would be addressed though I never had to raise any formal concerns."

Staff felt supported within their roles and described a caring and 'open door' management approach. They described how management were always available to discuss suggestions and address problems or concerns. A member of staff said, "The registered manager runs the home really well. He puts the service users first but always listens to staff."

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

Care Management Group - 290 Dyke Road was safe.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care and support. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Is the service effective?

Good

Care Management Group - 290 Dyke Road was effective.

People were supported to have access to healthcare services and maintain good health.

All staff had received effective training to ensure they had the knowledge and skills to meet the needs of people living at the service.

Staff had regular supervision and appraisals.

Management and staff had a good understanding of mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS)

Is the service caring?

Good

Care Management Group - 290 Dyke Road was caring.

People were well cared and treated with respect and dignity by dedicated support staff.

The staff knew the support needs of people well and provided individual personalised care.

Support records were safely maintained and people's information was kept confidential.

Is the service responsive?

Good

Care Management Group - 290 Dyke Road was responsive.

People were supported to take part in a range of activities both in the home and the community. These were organised in line with peoples' preferences.

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

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

There were systems in place to respond to comments and complaints.

Is the service well-led?

Good

Care Management Group - 290 Dyke Road was well led.

Staff felt supported by management, said they were supported and listened to, and understood what was expected of them.

The culture of the service was open and friendly. Staff were supported and described a caring and open management approach.

There was an effective quality assurance process that audited processes and monitored outcomes experienced by people.

Care Management Group - 290 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. The 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 home and to provide a rating for the home under the Care Act 2014.

The inspection was carried out on 1 March 2016 and was unannounced. It was carried out by two inspectors.

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 lived at the service. We spent time in the lounge, kitchen, conservatory and people's own rooms when we were invited to do so. We took time to observe how people and staff interacted. People were unable to use structured language to communicate verbally with us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with those that knew people well. We gained the views of staff and spoke with the registered manager, regional director and three support workers.

We contacted selected stakeholders including two health and social care professionals, the local authority and the local GP surgery to obtain their views about the care provided. They were happy for us to quote them in our report.

We looked at three 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 13 December 2013 and no concerns were identified.

Good

Is the service safe?

Our findings

We found people at the service were safe. Systems were in place to help protect people from the risk of harm or abuse. A relative told us, "I feel very comfortable that [my relative] is there and I would hate him ever having to leave as he gets the safest care and is loved there." The registered manager was aware of the correct reporting procedure for safeguarding concerns. A safeguarding policy was available for staff to access if needed and staff had received regular safeguarding training. Staff demonstrated a good knowledge of how to recognise and report safeguarding concerns and told us they could also contact the registered manager or provider at any time if they had concerns.

Risks to individuals were identified and well managed. There were individual risk assessments in place which supported people to stay safe, while encouraging independence. For example, a risk assessment evaluated the independent mobility of a person. It identified the need for flatter ramp from the sitting room to the conservatory. We saw that the alteration was implemented. Risk assessments were in place for the use of bedrails, community access, use of shower and public transport. A risk assessment to support people to use the kitchen showed adherence to the providers policy of appropriate person led, positive risk taking. It noted the person was able to assist stirring, adding ingredients and mixing ingredients.

Staffing levels were assessed and reviewed dependant on people's need. People support needs were high and included all aspects of daily life and staffing levels reflected how these could be met. Some people were assessed to require the support of two staff, for example during personal care when equipment was used to help move them. Staff told us that staffing levels were appropriate to meet people's needs. On occasions when a staff member called in sick, other staff were asked if they wanted to stay on to cover their shift. The registered manager told us they liked to spend time working, 'on the floor'. Staff confirmed the manager would assist them with providing support when, for example, sickness needed to be covered at short notice. We spoke to a health care professional who regularly spent time in the service. They told us they saw lots of positive and safe support for people and staffing numbers appeared good.

Staff had lots of opportunities to spend one-to-one time with people. When support staff were on leave, these hours were covered by other staff who were happy to work extra hours. When staff were unable to cover regular bank staff was used to ensure consistency for people living in the service. Staff turnover was low, with a number of staff having worked at the service for many years.

There were robust systems in place to ensure the safety and maintenance of equipment and services to the building. All maintenance and equipment checks had taken place with certificates provided to confirm this. Staff told us all maintenance needs were addressed promptly. The provider's maintenance team was 'on-site' on the day of our visit and sorted out any general issues. Emergency contact numbers were on display in the office and were used to contact senior managers, for example in the event of disruption to utility services. Staff told us that if they wanted something done, for example a shelf put up, or if something needed fixing then they recorded the request and it was attended to.

People's care and health needs had been considered in relation to their safe evacuation in the event of an emergency. Fire safety checks had taken place regularly to ensure people's continued safety. Personal emergency evacuation plans (PEEPS) were in place which included consideration of the layout of the building, fire safety and evacuation information. There was regular training for both day and night staff and equipment was located around the building to aid evacuation.

The provider had a thorough recruitment system in place. We looked at staff recruitment files; these included the staff file of a newly employed staff member. All files showed relevant checks which had been completed before staff began work. These included disclosure and barring service (DBS) checks, a DBS check is completed before staff began work to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. Application forms included information on past employment and relevant references had been sought before staff were able to commence employment.

Staff had access to relevant and up to date information and policies, including whistleblowing and safeguarding. Policies were reviewed and updated when changes took place; this included the addition of new policies to incorporate recent changes to regulation. Staff told us they knew where policies were stored and that they were asked to read and sign them when changes occurred to ensure they were aware of correct working procedures.

There were systems in place to ensure people received their medicines safely. Policies and procedures were in place to support the safe administration and management of medicines. Staff completed medicine training and updates when required. Medicines were regularly audited to ensure that all areas of medicine administration were maintained. Medicine Administration Records (MAR) charts were audited to ensure that all documentation had been completed correctly. We observed medicines being administered and saw that this was done following best practice procedures.

Protocols for administration of medicines were in place. This included guidance for 'as required' or PRN medicines. PRN medicines were prescribed by a person's GP to be taken as and when needed. PRN guidance identified what the medicine was, why it was prescribed and when and how it should be administered. Medicines and topical creams were stored and disposed of appropriately. Medicines were labelled, dated on opening and stored correctly. Medicine fridge and medicine room temperatures were monitored daily to ensure they remained within appropriate levels. Medicines were ordered correctly and medicines which were out of date or no longer needed were disposed of appropriately.

Incidents and accidents were reported and the registered manager had oversight of any incidents/ accidents that had occurred. The registered manager and staff understood the importance of learning from incidents to facilitate continued improvement within the service. In the event of an incident, this triggered a review to look at how the person's safety could be supported to prevent further reoccurrence.

Good

Is the service effective?

Our findings

Everyone we spoke with told us that that the provider, registered manager and staff all worked together to make sure that care and support, "Ran efficiently". Staff felt that they knew people well and were able to support them effectively. One told us, "I feel that we know what they like, everything they need is here."

People were supported to have access to healthcare services and maintain good health. Each person had a separate health care plan which provided detailed information on people's individual health care history and requirements. These records identified a wide range of health care professionals were engaged to support people to maintain good health, such as physiotherapists. Referrals had been made to other health professionals when required. This included GP's and specialist community learning disability nurses. Regular appointments were seen to be scheduled with health care professionals, such as the Speech and Language Therapist (SALT). Staff were proactive with regard to people's health care needs. One staff member told us, "Knowing service users as well as we do, we notice very quickly if something isn't quite right."

People required total support in regard to their mobility. The premises and equipment was laid out appropriately to meet people's needs. People had specialist beds and mattresses to prevent the risk of skin pressure areas. There were tracking hoists in place to aid the transfer of people, for example from their bed to sitting chair or bath.

People received care from staff who had knowledge and skills to support them. There was a full and intensive programme which included all essential training for staff. Training records confirmed that staff had completed this induction programme. The structured induction programme included an orientation during which they were introduced to the policies and procedures of the provider. Staff spent time getting to know people and read their support files and risk assessments. Time was given to shadow other staff. The registered manager told us they worked to ensure new staff completed the provider's induction booklet. This supported the induction process, as it adapted the care certificate to reflect people's individual needs. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensured staff who were new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

All staff completed training that the provider considered mandatory. It included such areas as safeguarding, moving and handling, fire safety, basic first aid, food hygiene and infection control. It included epilepsy awareness and a positive person centred approach to support. This explored strategies and methods to increase the person's quality of life, through teaching new skills and adapting the environment to promote achievement and change. This was vital for people who experienced difficulties in communicating and used behaviour and alternative communication techniques as a way to express themselves. The provider also supplied training that was relevant to meeting the needs of people living at the service in areas such as gastronomy care, enteral feeding and postural management. Staff told us the training they received enabled them to begin to understand people's complex health care needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm. There were DoLS applications or decisions in place for all five people. The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests. Best interest meetings and decisions had been documented to support any decisions made regarding people's safety and welfare.

People lacked capacity to make decisions about their care and welfare. The registered manager understood the MCA and DoLS and what may constitute a deprivation of liberty. Staff also demonstrated an understanding of MCA and its aims to protect people who lack capacity and when this might be required. They were able to tell us about what restrictions were placed on people and how this may constitute a deprivation of their liberty. They had received training and had an understanding of its principles. The MCA aimed to protect people who lack capacity and maximise their ability to make decisions or participate in decision-making. Staff had a clear understanding of people's capacity. Staff demonstrated that they thought about and sought people's consent before providing support. We saw within support plans that consent had been actively discussed and considered with and for people.

Staff received regular supervision and appraisals. Supervisions were documented and staff knew when they were due to take place. Staff told us they felt supported by the registered manager and communication was open. Staff felt supported and involved in the day to day running of the service. They told us any changes were discussed and information shared at meetings and handovers. Staff told us their feedback was listened to and suggestions were taken seriously, this made them feel involved and encouraged to continually improve the service.

People's weight and nutritional intake were regular monitored and we saw that referrals were made to Speech and Language Therapists (SALT) if people's nutritional intake reduced or staff had any concerns around people's nutrition and hydration. A dietician attended quarterly meetings to review the nutrition of all the people living at the service and provide feedback to staff. Gastronomy training, based on the specific needs of individuals, was provided and was refreshed annually together with competency assessments for gastronomy feeding. Records of the assessments, which also included assessments for bank staff, were available to be seen in the training file. Staff also completed two-yearly suction training provided by the local authority. The registered manager told us it was not a current need for people but required the training to be done so that staff were equipped with the skills as the need could re-arise.

Good

Is the service caring?

Our findings

Even though people were not able to directly tell us they were happy with the care provided at Care Management Group - 290 Dyke Road, we saw from their demeanour and responses to staff interaction that they were happy and comfortable with the support they received. A health care professional told us, "They are consistently caring and up to date and I have found them to be excellent in every way on every occasion."

We observed positive, kind and compassionate interactions between staff and people living at the service. We saw there was a strong bond and rapport which was under pinned by the staff's knowledge and understanding of people's needs. All people faced challenges communicating verbally, but staff recognised facial expressions, gestures and sounds as well as changes in demeanour. This helped them to interpret how each person felt and whether they were happy or distressed. Some staff had known people at the service for many years, but irrespective of length of service all knew them as individuals with specific care needs. Communication was acknowledged as an important aspect to effectively supporting people. We saw references in support files to individual ways that people communicated and made their needs known. For example, one person used eye contact in response to simple requests or questions. We saw this techniques used effectively, as a skilled support worker phrased questions and requests to the individual in such a way as to enable them to respond and make definite choices. Staff utilised individual communication techniques while supporting all the people in the service. For example, we saw talking tiles were used with a person as part of the preparation for them to leave the house. We heard how talking tiles were part of the tool kit that was used for communication, learning and daily living. In this case the sound of footsteps was played and a picture accompanied the sound to give the person a prompt for the activity in hand.

Staff supported people in a timely, dignified and respectful way. People did not have to wait to receive support, as staff were available and sensitive to their needs. We saw regular positive interaction between people and staff. We heard staff taking time to explain what they doing, for example, in providing personal care, clearly to people in a way that promoted inclusivity and understanding. Staff had a good understanding of dignity and how this was embedded within their daily interactions with people. The staff approach to people was seen to be thoughtful and caring. Staff enquired of people about their level of comfort, for example in their seating position or in response to the temperature in the room when they may not always get a clear response. We saw staff discreetly supporting a person in an aspect of their personal care in a way that demonstrated the values of dignity and respect. For example, it was acknowledged in a person's support file, 'Be aware I do really do not enjoy morning personal care, but always give me dignity and respect to help me wash myself hand-over-hand. Remember I like to look my best when I go out.'

People's likes and preferences were clearly documented throughout their support plans. For example, even before meeting a person from reading their file we could identify the type of music they liked and their favourite activities when out and about. Plans were written from the perspective of the person receiving support. People had an allocated key worker who was knowledgeable about the person's likes and dislikes. A key worker is a person who co-ordinates all aspects of a person's support and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives. Key workers

told us it was essential there was a bond and mutual respect between the person and their key worker to ensure people received the best possible support. Keyworkers worked with people to plan how they were able to achieve more independence.

The management and staff followed the principals of privacy in relation to maintaining and storing records. There were arrangements in place to store people's support records, which included confidential information and medical histories. There were policies and procedures to protect people's confidentiality. Support records were stored securely on either the provider's computer system or in support files. Staff had a good understanding of privacy and confidentiality and had received training.

Visitors were welcomed during our inspection. We were told visitors were a regular feature of the service, just as visitors are at many people's home, and were always made to feel welcome. A relative told us, "What was good recently is that I rang the home to say I would be visiting and there was no answer, so in the end just turned up unannounced. It was just that the phone was out of order. It was quite nice and reassuring going in off the cuff as everything was the same. There was no show put on just because of visitors." Healthcare professionals gave positive feedback about the registered manager, staff and overall feeling of the service. We were told that the service responded proactively and always contacted them if they were concerned about anyone. We heard that the registered manager and staff sought advice to aid their practice and followed this in regard to people's health. Everyone we spoke with told us that the service was a relaxed and homely place to visit.

Good

Is the service responsive?

Our findings

The registered manager and staff kept people well informed about any changes the support people needed, for example, if someone became unwell. As well as being kept informed, those in the person's life also felt fully involved in the support provided. They told us they were updated with any changes or issues that affected care. We had the following feedback from a health care professional, "Staff are extremely responsive to residents' needs; medical, emotional and so on. Communication is excellent and they have had to deal with some potentially difficult health issues with residents." People's support plans clearly identified their needs and reflected their individual preferences for all aspects of daily living.

There was a clear system in place to assess, document and review support needs. Each person had an individual person centred support plan that included comprehensive risk assessments. Information had been sought from within people's circles of support. They were written from the person's perspective and contained such headings as, 'Helping me to say what I want' and 'Types of choices I make'. This meant that documentation was individualised. We saw that all files gave a detailed and complete picture of people's lives, backgrounds and significant life events. People's rooms had imaginative and engaging boards mounted on the wall that showed preferred routines and activities. For example, one room had a wall-sized mural of an undersea scene, staff commented, "He loves the Sea Life Centre so we brought it to him."

Everyone living at Care Management Group - 290 Dyke Road had specific and complex healthcare needs and information in the support plans informed staff on how to provide support that was responsive. All files, including risk assessments were reviewed by the registered manager with the help of lead support staff to ensure information was relevant and up to date. These included regular audits to ensure standards of documentation were maintained. Any changes to people's support needs were promptly updated and information shared with staff at handover and within written communication between the staff team. All staff told us they kept abreast of any changes to the support plan for people.

There were lively individual programmes of activity for people. The service had an upbeat and lively feel throughout the day. We were told people had something to do throughout the day if they were not busy doing their own things. One person's personal possessions and space was described as follows; "My bedroom is decorated in the way I wanted it. I have my own flat screen TV which I enjoy watching. I enjoy spending time in my room listening to music. I have my own computer…I also spend time in the communal areas with my fellow housemates, watching TV and using the sensory equipment." During the day we were there, two people went to a nearby resource centre run by the provider. We heard how the centre used a person centred approach to support individuals to access social, leisure and educational opportunities. Activities were reviewed and feedback was sought to see what activities had been successful.

People had the opportunity to record and share what they doing. One person had a camera that staff used with them to take pictures to later share with family and friends. The images were collected into a book to share. Another person was a member of a popular social media site and staff supported them to update their status regularly to stay in touch with friends and family. Service user meetings were held to bring together and seek their views and share information. We saw the minutes from the last meeting in January.

Because of the significant challenges faced in gaining and advocating for people, the meetings were used as a space to creatively engage with people with complex needs. For example, as well as verbally welcoming people to the meeting, time was taken to use the sense of touch to engage with each person and acknowledge their contribution. The minutes detailed discussions and actions taken. Minutes were available for people and staff to access.

There was a staff handover between shifts. These provided staff with a clear summary of what had happened during the course of the day and gave them the opportunity to plan for the rest of the day ahead. For example, staff used it to allocate duties and discussed individual updates on people. Staff used the time productively to ask each other questions and share ideas and views.

Feedback from relatives and stakeholders was sought and seen to be positive. The information that was captured was collated by the provider and results shared with the service. The registered manager told us that they followed up on issues that were raised. A relative told us, "I have not completed any surveys for quite a while but I did attend a big conference held by CMG last year. It was really interesting and I spoke with the CEO. I remember saying the only concern I had was that they had stopped having a garden party and within minutes he [the CEO] came back to me and it had all now been organised."

The PIR identified that a complaints policy was available. During our inspection we saw this was also available in a pictorial format for people. The registered manager understood the importance of ensuring even informal concerns were documented to ensure all actions taken by the service were clear and robust. Concerns that were raised had been documented along with actions taken to resolve them. We saw that a complaint that was received was dealt with promptly and to the satisfaction of the complainant. It led to a review and discussion of working practices and was used to drive improvement. We noted how plaudits far outweighed complaints. There was lots of praise for the staff team. For example, thanks were recorded for organising a summer barbeque and a birthday party. One item of feedback recorded the thanks for staff to support a person to send a Mother's day card and flowers.

Good

Is the service well-led?

Our findings

Everyone we spoke with shared the same ethos to provide quality support to people. It was important to the registered manager and staff that this was done whilst maintaining a relaxed homely atmosphere for people living at Care Management Group - 290 Dyke Road. A relative said, "They [the registered manager] is very visible in the service and easily approachable."

The service was small enough that the registered manager knew each person and staff member well. Staff were positive and spoke highly of the registered manager and their leadership. One told us, "The registered manager runs the home really well. He puts the service users first, but always listens to staff." Staff demonstrated a clear understanding of their roles and the lines of accountability. One told us, "I would normally speak to the lead if I had a concern, but I know I could always go to [the manager]." The registered manager worked a combination of 'office' and care based shifts. They were deeply committed to the smooth running of the service. The registered manager described how they worked a Christmas day shift at short notice to enable a person to visit their loved one out of the area. When they were not present a senior support worker was at the service. All staff were aware of the 'on call' system in place when a senior member of staff was required 'out of hours.' One staff member said, "You can always get to speak to someone."

The provider had clear published vision and values and these ran through their policies and procedures for their services. Staff discussed the support they provided and their values at team meetings. Staff were clear on the vision and philosophy that underpinned the service. The registered manager was clear that the provider's core value statement 'Every moment has potential' was taken to heart by the team. Staff were very clear on the vision and philosophy that underpinned the service. One staff member told us how they liked to work at weekends, when four staff work the whole day together. They said, "It's like a family home, going through the day together and all getting tired together by the evening."

Staff meetings took place monthly. Updates on individuals were central to discussion and led the agenda. Meetings provided an opportunity for staff to raise and discuss issues and for senior staff to remind colleagues about key operational updates. Staff were positive about the meetings as they provided an opportunity to share ideas and provide updates on individual people and pointed to changes that had happened as a result of them. One member of staff said, "It's a two-way meeting, for example, furniture in the communal rooms was reconfigured as result of discussion in staff meeting." Good communication, facilitated by clear leadership, was seen as crucial by the staff team. A member of staff described their experience, "When [a person] started night feeds, it was passed on through handovers and the communication book. Then it was for me as key worker to explain it fully and take feedback from the rest of staff group in the next staff meeting." Staff who were unable to attend staff meetings were expected to read the minutes of the meetings.

Robust quality assurance systems were in place to monitor the running of the service and the effectiveness of systems in place. Some audits were undertaken internally by the registered manager or their deputy. For example, the member of staff with delegated responsibility demonstrated the monthly medicine audit. It showed that issues identified were addressed, such as the identified need for additional storage. This had

been referred to the provider as a maintenance request. We saw that the regional director carried out monthly unannounced visits and also in-depth quarterly audits. Audits were undertaken for a wide range of areas that included medicines, support plans and health and safety. The audits focused on standards and showed how the provider closely monitored the quality of the service.

We saw how consideration was given to involving people with the quality monitoring process. For example, a weekly check of appliances incorporated the use of specially adapted touch button technology. The registered manager explained, "[The person] has the skills to focus and operate the touch button but it just takes a bit more time. In this case it is attached to a sensory lamp in his room. We test the appliances at regular intervals to make sure they are all working." Any areas for improvement were identified in an action plan. We saw that these were kept under review and informed the annual quality survey. The registered manager told us, "It is useful to have someone one step removed from the service to look at how it is working." They told us they used different ways to determine how the service was performing that included monitoring quality from feedback. A relative told us they were able to, "Offer any feedback at any time to the manager and it would be acted upon."

This was an open learning culture within the service. The registered manager welcomed input from other professionals. They recognised the skills and experience of health and social care professionals to support them and the service. They were drawn from within the providers own resources, for example, a healthcare facilitator and physiotherapist and also external sources such as pharmacist.

The registered manager told us they felt well supported by their line manager and that communication with the provider was effective. The registered manager attended regular meetings with others who held the same position within the Care Management Group. They told us the meetings provided an opportunity to share and learn from their peers.

The registered manager explained how they met their CQC registration requirements. They explained the process for submitting statutory notifications to the CQC to ensure that they were sent in a timely manner. This meant we had the most up to date information available about incidents that had occurred. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The registered manager was able to describe unintentional and unexpected scenarios that may lead to a person experiencing harm and was confident about the steps to be taken, including producing a written notification. They were able to demonstrate the steps they would take including providing support, truthful information and an apology if things had gone wrong.