

Care Management Group Limited

Hersham Gardens

Inspection report





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Website: www.cmg.co.uk

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

This inspection took place on 16 and 23 August 2018 and was announced. This was the first inspection of the service since they registered with CQC in July 2017.

Hersham Gardens provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. People using the service lived in a single 'house in multi-occupation' shared by seven people. Each person had their own room and shared communal spaces.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager 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.

There was a vibrant, creative and inclusive atmosphere at the service. People took the lead on decisions about all aspects of their care and activities. There was a strong focus on achieving goals and positive outcomes for people. Staff had enabled people to learn important skills, enter employment and start businesses. The home was a warm and happy environment in which people and staff worked together to better each other. Training, domestic chores and auditing was completed jointly between people, staff and management.

Staff found creative ways to improve people's lives and to make them feel good about themselves. Staff knew people well and systems were in place to provide opportunities for people to tell their stories and develop relationships within the service and the wider community. There was a strong community ethic with regular events and charity initiatives led by people. Throughout the day people and staff created a warm and pleasant atmosphere as they interacted with each other.

Staff and people spoke highly of the registered manager. The registered manager went beyond expectations to improve people's lives. Staff were encouraged to think creatively by driving improvement, in line with the provider's values. Staff good practice was rewarded and recognised with award schemes and people benefits from strong staff retention at the service.

Risks to people had been appropriately assessed and managed. Where incidents had occurred, action was taken to keep people safe and prevent a similar incident from happening again. Staff understood how to identify and respond to safeguarding concerns. The provider monitored and analysed incidents and carried out a variety of audits to check the quality of the care that people received.

People were supported to make meals that were in line with their preferences and dietary needs. Staff ensured people accessed healthcare professionals when necessary and medicines were managed in line with best practice. Staff sought people's consent before providing care and the needs of people were thoroughly assessed before they came to live at the service. The home environment was clean and measures were in place to reduce the risk of the spread of infection. The home environment was adapted to meet the needs of the people who lived there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff understood their roles in safeguarding people from abuse. Where accidents or incidents had taken place, robust action was taken to prevent them reoccurring.

People's medicines were managed and administered safely, by trained staff.

Risks to people had been assessed and plans were implemented to keep people safe.

Staff were deployed in a way that ensured people's needs were met safely. Appropriate checks had been carried out on all new staff.

The home environment was clean and measures were in place to reduce the risk of the spread of infection.

Is the service effective?

Good 

The service was effective.

People were supported to prepare food that matched their preferences and their dietary requirements.

People's needs were thoroughly assessed before they came to live at the home. The home environment was suited to people's needs.

Staff supported people to access healthcare professionals when required.

People's consent was sought before they received care and support.

Staff had received appropriate training and support to equip them for their roles.

Is the service caring?

Outstanding 

The service was exceptionally caring.

People lived in an inclusive atmosphere in which they worked together with staff to achieve outcomes. Staff exceeded expectations in supporting people to reach goals.

Staff knew people well and found creative ways to enhance their wellbeing.

People were supported to develop skills and independence which had caused positive improvements to their lives.

Staff encouraged people to achieve goals such as entering employment or starting businesses.

Staff provided support in a way that was respectful of people's privacy and dignity.

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

People received care that was personalised and interventions had seen a reduction in people's needs.

People's needs were regularly reviewed and progress for reaching outcomes was measured.

Staff had discussed end of life care with people and preferences in this area had been documented.

People were informed of how to raise a concern or complaint.

Is the service well-led?

Outstanding 

The service was exceptionally well-led.

People got on well with the registered manager, who went beyond expectations to improve people's lives.

Staff felt supported and valued in their roles and the provider took staff wellbeing seriously.

People benefitted from strong links with the local community which had brought about improvements and ideas.

People were involved in the running of the home, often taking part in checks and audit to assure the quality of care delivery.

The provider understood the responsibilities of their registration and had notified CQC of important events.

Hersham Gardens

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 16 and 23 August 2018 and was announced. We gave the service 48 hours' notice of the inspection of our first visit because it is small and people regularly went out. We needed to be sure that people and staff would be in.

The inspection was carried out by one inspector and one evidence review officer.

Prior to the inspection we reviewed all information we held about the service including feedback and statutory notifications. Providers are required to submit statutory notifications to CQC to inform us of important events such as deaths, injuries or allegations of abuse. We contacted the local authority for feedback on the service and looked for reviews left online.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke with four people living at the service. We spoke with the registered manager, the deputy manager and three care staff. We looked at care plans for three people and records relating to medicines, risk assessments and person-centred planning. We checked records of accidents and incidents, complaints and the provider's audits and surveys. We looked at two staff files, including recruitment checks and records of training and supervision. We looked at minutes of meetings and reviewed a variety of policies and procedures.



Our findings

People told us that they felt safe at Hersham Gardens. One person said, "It's safe because I live with all my friends."

People were supported by staff that knew how to safeguard them from abuse. Staff had received training in safeguarding and were knowledgeable about how to identify and respond to potential abuse. The provider had a whistle-blowing telephone line that staff could access and staff told us they would freely use this if they were concerned. People had posters in their rooms which informed them of how to raise safeguarding concerns and we saw records of this being discussed with them at reviews and meetings. Where there had been a safeguarding concern, we saw evidence of staff supporting the person appropriately, with care being planned in a way that ensured the person's safety. The actions taken demonstrated staff and management learned from the incident, using it as an opportunity to identify ways to keep people safe in the future.

Staff responded appropriately to incidents or accidents. Where any incidents occurred, staff documented these and incident records were then analysed by management. There were people at the service who sometimes became anxious and exhibited behaviours that presented a challenge to staff. Records of incidents showed that staff considered actions to take to reduce the risk of incidents reoccurring. For example, one person had recently become anxious whilst out in the community and exhibited behaviours that could have placed them at risk. Staff documented the incident and identified that the warm weather and changes to the person's environment could have increased their agitation. Staff also documented the action they had taken, to distract the person and allow them time to calm. We saw that the person's risk assessments around accessing the community had been reviewed and updated in response to the incident.

People received their medicines safely. People's medicines were stored securely and staff carried out temperature checks to ensure that medicines were stored in line with the manufacturers' guidance. At the time of our visit there had been hot weather, so staff had taken action where they had noted storage had exceeded the manufacturers' guidance for storing medicines. This showed that checks were effective and staff knew when to respond to changes in temperature.

Staff kept accurate records of people's medicines. We checked medicine administration records (MARs) and these were completely accurately with no gaps. Where people had not received their medicines, the reason why was clearly documented. For example, one person had recently been on social leave and their MAR clearly documented where staff had administered their medicines and where the person had taken their medicines with them when they visited relatives. Where people were prescribed medicines on a 'as required'

(PRN) basis, there was clear guidance for staff on when to administer these. One person was prescribed a PRN medicine to treat anxiety. There was a detailed protocol which documented interventions to try before administering the medicine. Records showed that there had been very few occasions in which the medicine had been administered and staff had recorded where other positive interactions had worked before administering this medicine.

Risks were routinely assessed with plans implemented to enable people to be safe whilst controlling hazards. Care plans contained detailed risk assessments for areas such as behaviour, epilepsy and going out into the community. One person had epilepsy and they had a risk assessment for their risk of seizures. This contained a plan with information for staff on signs to look for that the person may be about to suffer a seizure as well as what to do when the person had a seizure. The plan also detailed equipment that the person had to alert staff if they suffered a seizure at night time.

People were kept safe by sufficient numbers of staff. The provider calculated staffing numbers based on people's needs and the activities they were taking part in that day. We observed that people had one-to-one support where required and staff were able to spend time engaging with people and doing activities on a one-to-one basis. People went out with staff throughout the day as planned in their activity schedules. Staff told us that there were enough staff working at the service and they were able to complete their work each day without being hurried or rushed. We checked rotas and could see that the calculated staffing levels had been fulfilled.

People were protected from being supported by unsuitable staff because the provider carried out appropriate recruitment checks before employing staff. Staff files contained evidence of work history checks, references, health declarations, proof of right to work in the UK and a check with the Disclosure & Barring Service (DBS). The DBS carry out criminal records checks and hold a list of potential staff that would not be suitable to work in social care. The provider had a recruitment policy that stated that all of these checks were to be in place before staff worked at the service and our findings confirmed that this was being followed.

The risk of infection was managed safely. The home environment was clean and cleaning tasks were allocated daily to people, who were supported to complete them by staff. During the day, we observed one person cleaning the windows and they told us this was one of their favourite jobs. Staff documented when cleaning was completed and the provider carried out regular audits of the cleanliness of the service. The provider also checked that processes to control the risk of the spread of infection were being followed as a part of daily and weekly environment checks.



Our findings

People told us that they liked the food that they prepared with staff. One person said, "I had an Italian (themed food) night."

People were actively involved in menu planning and food preparation. Care plans contained details of people's food preferences and a weekly meeting took place in which people chose when they would cook and what meal they would prepare. Staff provided support to people based on their cooking abilities. For example, two people cooked regularly and were able to do so with minimal support, whilst two others required more help to be involved in cooking. One person often spent time in their room and staff told us how they took vegetables to their room to prepare, as they felt comfortable doing so in their room. We observed staff preparing food and drinks with people during the inspection and we saw evidence of staff supporting people to access cookery classes as well as documenting regular trips to the shops to buy food items and plan meals.

People's dietary needs were met. Where people had specific dietary requirements, these were clearly documented. For example, one person had chosen to reduce their weight and had a plan for foods that they should eat. They told us about their healthy meals and said staff helped them to eat well and exercise. This had resulted in significant weight loss that had improved the person's overall health. Another person's care plan documented how they could sometimes eat too fast and would be at risk of choking. There was guidance for staff on how to support the person to eat whilst maintaining a good posture and providing verbal prompts and encouragement.

People's needs were thoroughly assessed before they came to live at the home. Care plans contained evidence of detailed assessments of people's needs which included a personal history and people's preferences. We saw evidence of input from healthcare professionals and relatives in gathering information about people. When the home opened, all people came to visit it first and were given choices about which rooms they wanted and how they wished to decorate them. We visited people's rooms and saw that these had all been decorated in line with people's wishes to reflect their interests and personalities.

Staff supported people to access healthcare professionals. Care plans contained input from healthcare professionals and clearly documented people's medical conditions and medicines. Staff kept accurate records of appointments people had attended and these showed regular check-ups with dentists, opticians and the GP. Staff responded to changes in people's health and maintained accurate records of appointments and any actions resulting from them. For example, staff noted changes to a person's skin

which they documented and booked an appointment with the person's GP. The person was prescribed creams and we saw that a care plan was set up for this, with body maps to show where the cream should be applied. Staff monitored the condition and records showed it had healed.

The home environment was suited to people's needs. People lived in a large house that had been adapted to their needs. There was signage on doors to help people identify their rooms and communal facilities. Drawers and cupboards had pictures to show what was in them which helped people to use the home independently.

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 had given consent and signed to say they wished to receive the support outlined in their care plans. Staff had received training in the MCA and were knowledgeable about when it would apply to people. As this was a supported living environment, any restrictions would need to be applied for by the Court of Protection, the registered manager was knowledgeable about this process.

Staff had the right training for their roles. Staff told us they had a thorough induction and staff files contained evidence of these. One staff member said, "In the first few months I was given lots of opportunities to read policies and did lots of face to face training. I had a proper induction." The provider had a variety of mandatory training courses in place that covered areas such as food safety, fire and infection control. The provider kept track of these to ensure they were refreshed regularly so staff knowledge stayed up-to-date. Staff had completed the Care Certificate as well as further qualifications in social care. The Care Certificate is an agreed set of standards that health and social care workers should demonstrate in their everyday working lives.

Staff had attended training in autism, learning disabilities and positive behaviour support. This training was evidently effective as staff had a good knowledge of how to support people in a way that was sensitive to their needs. We observed staff supporting people with positive encouragement and they were knowledgeable about how to support people if they became anxious. Staff were observed allowing people to take the lead and make choices. Training was also available to people and one person told us they had recently attended fire training with staff which they had found useful and informative.

Regular supervision meetings took place to provide staff with support. Staff had regular one to one supervision meetings with their line managers and records showed these were detailed discussions. Staff told us they found these useful and benefited from constant support from the registered manager because they regularly supported people with staff. One staff member said, "We follow a template for supervision but [registered manager] is here working with us every day so I can always ask for any support I need."



Our findings

People spoke fondly about the staff that supported them. One person said, "I like all of them." Another person said, "They're all gorgeous!"

There was a strong inclusive atmosphere at the home which was fostered by committed staff and a provider that encouraged staff to think creatively. There was a strong bond between people and staff, with people telling us they got along well and enjoyed regular theme nights, barbeques and spending time with each other. Photographs of events were on display throughout the service and these showed people enjoying each other's company and we also observed this during our visit. There were people living at the service who had found socialisation and bonding difficult but these barriers had been overcome by a strong emphasis on building a community spirit at the service.

Staff went beyond the expectations of their roles to work with people and achieve positive outcomes. We saw evidence of staff and people working together to achieve outcomes for each other. For example, one person had been attending Slimming World and three staff signed up with the person to attend groups together and implement their diet at the home. The person told us they valued staff working with them on this and supporting each other to lose weight. As a result, the person had won 'Slimmer of the Year' at their group and proudly showed us their certificate for this. Staff and the person were observed talking and joking about their efforts in a way that showed that this was a joint effort to better themselves.

People, as well as staff, understood the values of the service and how to embody them. The values of the service, such as 'Opportunity to Achieve' and 'Shared Responsibility' were regularly discussed at meetings and keyworker sessions. Our findings showed people and staff embodied these in the ways they worked together and achieved goals as a collective. When we arrived one person told us they had baked cupcakes for the inspection team. These cupcakes had been decorated with the provider's values and the person was able to tell us each of these and how they applied to them. The person had entered education and started a part time job, as well as setting up a business, since coming to live at the service. This showed they had been given 'Opportunity to Achieve'.

Staff knew people's needs very well and we observed people interacting with staff with lots of laughter and praise between them. The service operated a keyworker system and people and staff spoke positively about this relationship. A keyworker is a staff member assigned to oversee someone's care and facilitate reviews and meetings with them. Keyworker reports were exceptionally detailed with a strong emphasis on photographs of what people had achieved that month. People had developed the provider's own template

for recording these meetings to include more pictures, which staff had helped them to facilitate. People enjoyed showing us pictures and these records were evidently very meaningful to them. These records were actively used by people to document their achievements and memories as well as being sent to relatives to provide detailed updates on their lives. The staff turnover at the service was very low and people had worked with the staff team for the majority of time they had been at the home. Staff told us they felt valued by the provider and the registered manager and this meant people benefitted from consistency of staff.

Improving people's wellbeing was a priority for staff. We saw examples of staff finding ways to improve people's lives and make them feel good about themselves. All suggestions came from people and staff meetings were used to find ways to make these possible. For example, one person had expressed to staff that they wanted an Elvis-themed room with a sofa. Based on this request staff decorated the person's room with posters and records and installed a 1960s juke box, containing songs that the person enjoyed listening to. The person also had a sofa in their room which provided space for them to relax and listen to music. Staff told us this had helped with the person's anxiety and they listened to music most days, as it helped them to relax in the evenings. This person expressed to us that they were very happy with their room.

There was an innovative approach to improving people's wellbeing. A hot tub had recently been installed to provide people with space to relax. One person told us how they had enjoyed their keyworker session in the hot tub as it had helped them to relax. The provider had identified this as something people enjoyed and had visited the home to look at whether it could be used as a sensory support to help people to relax in other services.

People were encouraged to develop skills and were benefitting from increased independence as a result of this. People's care plans contained evidence of goals being set and these were regularly reviewed and discussed at keyworker meetings. Where people had requested opportunities to develop themselves, staff found ways to enable this. For example, one person had been unable to read or write when they came to live at the service. Staff supported them to access courses and worked with them during one to one time to support them to learn. As a result, this person had developed literacy skills and read to the inspection team during our visit. This person regularly supported with the running of the service and undertook some of the checks of the home, as well as greeting the inspection team on our visits to help us to sign in.

Another person had lacked confidence accessing the community and interacting with others. The registered manager told us how this person had been taken out regularly to increase their confidence. The person had recently approached a local shop of their own volition to ask them for support with a charity event idea they wanted to implement. This showed a dramatic improvement in this person's confidence and ability to interact with the local community. The shop were able to support with people from the service setting up a 'Sausage Sizzle' barbecue fundraiser which was used to raise money for a local day centre.

Staff encouraged people to seek employment and develop business ideas. Where people had expressed desires to enter employment, they had been supported to do so. One person had started a job at a local tourist attraction and another person had a part time receptionist job. This person had also asked staff about starting a cupcake business. This sparked an idea for a provider-wide 'Dragon's Den'-style competition, which then took place and the person went on to win. The person was then supported to set up their business and at the time of inspection they had regular pitches each week where they sold their cupcakes. Another person liked animals and had expressed a desire to walk dogs. Staff worked with the person to consider ideas and the person enjoyed working with dogs and wanted to develop this further. At the time of our visit, the provider was in the process of arranging appropriate insurance for the person to help them to set up a dog-walking business.

People received dignified care that was respectful of their privacy. People's rooms were their own spaces and staff were respectful of this. Staff were observed knocking on people's doors and waiting for permission before entering. Where they wished to, people had their own keys to their rooms which gave them ownership over their own space. All personal care took place behind closed doors and staff attended to this discreetly.



Our findings

People benefitted from personalised care that was led by them. Care plans contained detailed information about what people needed support with, as well as their routines and preferences. One person's care plan said they could become anxious, which meant that in the past they had been involved in incidents where their behaviour had challenged staff. The person also had difficulty with their speech and communication. Staff noted that the person had a strong passion for dance music and found ways to utilise this positively. The person's bedroom was decorated with disco lights, CDs, a small dance floor and a hi fi system. There were lasers and lights around the room which created a sensory environment for them to listen to their music and 'rave'. The registered manager told us that the person used to decline personal care regularly, but now responded well to glow sticks and disco lights being in the bathroom when they had a bath.

The person also started to attend music groups and records showed they had made good progress in this. As a result of singing lessons, staff had noted improvements in the person's speech as well as their confidence. The improvements to the person's confidence meant they had recently performed to their family, who live abroad, through a Skype connection facilitated by staff. Since having these measures and activities in place, we saw evidence to show the person's wellbeing had improved. The person told us they loved their room and enjoyed performing their music. Staff told us the person regularly invited people and staff into their room to dance. Having a room that they were proud of that reflected their personality had seen a significant reduction of incidents where the person had become agitated and regular dances with people and staff had helped the person to develop relationships with staff and the people they lived with. Records showed the person was less anxious, with reduced numbers of incidents since living at the service.

In another instance, staff reported how a person lacked confidence to communicate when they moved into the service. They spent a lot of time in their room and staff identified they were becoming isolated. Staff found ways to promote the person's wellbeing, based on a relative who was important to them working as a mechanic and having been in a band. The person had a room with a car and music theme, including guitars, vintage car signs and flags. We saw photos of them smiling and enjoying spending time playing music there. Following a plan to support the person to develop skills, staff noticed an increase in confidence and the person started to spend more time out of their room. The person became more confident socially and eventually started helping to chair house meetings. The person's advocate had noted this significant improvement in a compliment note that reflected the change they had seen in them. The last line of the note stated, '[Person] feels valued and has become much more communicative.'

Another person had a history of behaviours that could place them at risk when out in public. When they came to live at the service, the person had required the support of two staff to access the community. Care was planned with goals identified to educate the person about risks and to help them to develop confidence in the community. Due to these interventions, the person was now able to go out with one member of staff and they told us they really enjoyed shopping. We saw photographs of this person regularly visiting local shopping centres and enjoying more independence in the community. This person had also seen a significant reduction of incidents since living at the service and medicines records showed that 'as required' medicines, prescribed to help the person's anxiety, were rarely used. These showed a significant reduction in use of these medicines over the last 18 months. The provider ran regular recognition awards and staff had recently won an annual national award for Positive Behaviour Support in 2017, due to the improvements achieved for people in this area.

Every person had their own unique activity schedule, which was regularly reviewed in line with what they wished to achieve. Activities included drama, music, art, outings and education. People and staff had developed strong bonds through regular outings and events together. People's planned activities had helped them to develop skills and were an integral part of care planning, achieving some of the positive outcomes listed within this report. For example, one person had come to the home following time in hospital due to anxiety. They had particular anxiety about finances and had restrictions in place as a result of this. Staff planned activities with the person, including courses and one to one time, to support them to learn about managing money. As a result, the person had become confident and skilled in understanding finances and the restrictions in place had been reduced.

People's needs and goals were regularly reviewed. Records showed that reviews were detailed and robust and were used to discuss people's care as well as their ambitions. Goals were being regularly measured and when achieved, people discussed what they wished to do next. The registered manager told us that every idea came from people and was developed by staff. Records showed that systems and staff actively encouraged this it was evident throughout our visit that people were the starting point of creative ideas.

End of life care was something that was discussed sensitively and openly with people. Care plans contained easy read end of life booklets which people had completed with staff to express their wishes for that stage of their lives. Records contained person-centred information such as people's favourite music and relatives they'd like to be present. Where people did not wish to discuss this, this was recorded.

People were informed of how to complain. There were posters around the service which explained the complaints policy in an accessible easy-read format. Reviews and keyworker meetings were also used to ask people if they were happy with their care or if there was anything they wished to change. Records showed that where people had made requests or expressed choices these were being fulfilled regularly. At the time of our inspection, there had been no complaints.



Our findings

People spoke positively about the registered manager. One person said, "[Registered manager] is great."

People were observed interacting warmly with the registered manager throughout the day. We observed people laughing with and hugging the registered manager and all people gave us positive feedback about them. The registered manager regularly attended activities with people. For example, one person told us they had enjoyed attending a Premier League football match recently with the registered manager. Three people were undertaking courses through ASDAN, a specialist education provider. After one person had started a course, the registered manager had researched this and had gone on to become a national moderator. This meant he was able to support people through their courses, enabling other people at the service to start courses too. As a result, people had learned skills such as reading and writing and cookery. Records of surveys and questionnaires contained very positive feedback about the registered manager and the staff team. Scores were consistently high and one relative had written, 'I think the service is excellent'.

The registered manager encouraged and supported staff in a way that made them feel valued. Staff spoke positively about the support they received from the registered manager. One staff member said, "[Registered manager] makes you feel like you're on the same level and always encourages you." All staff told us that they enjoyed their work and this came across in observations of staff smiling and engaging with people throughout the day. The registered manager told us they valued a strong team ethic and staff told us they regularly supported with people's care. The provider had recently started training for support staff regarding their own wellbeing. Staff spoke positively about how this had caused improvements in their own lives and the work they did. Following a recent course, the registered manager also had plans to introduce mindfulness courses for people and staff to participate in together, to further improve their wellbeing and foster a strong and inclusive atmosphere at the home. We saw that staff had documented very positive feedback for the registered manager through appraisals and this matched what they told us during our visit. Records showed the service had achieved 100% staff retention in 2017, with 93% in 2018. Staff surveys showed high satisfaction amongst staff which meant people were supported by a valued, consistent and committed staff team.

Good work by staff was rewarded and recognised. There was an employee of the month scheme and a staff member from Hersham Gardens had recently won a substantial prize in recognition for work they had done to improve people's lives. The Director of Operations wrote in an email, '[Staff member] has provided peace, stability to the people he keyworks.' They went on to pass on gratitude relatives had expressed for this staff member and the team in a recent meeting. The provider had also recently won a Skills for Care accolade for

the support they provided to registered managers and career progression. Following this, the registered manager was featured in the Guardian newspaper where he spoke about his motivation and experience in the sector.

There were strong community links in place that were improving people's lives. Before the service opened, the provider made contact with neighbours and provided hampers to them by way of a welcome gift. Neighbours were regularly invited to events and attended barbecues at the service. Neighbours knew the people who lived at the service and had offered opportunities for people to bond with their pets and had assisted with gardening. There was a very well-presented garden area which people, staff and neighbours had all worked together to produce. This was used for regular barbecues and parties, which people helped to run by cooking and DJing for people, relatives and neighbours. Records showed regular contact with day centres people attended, healthcare professionals and the local authority. We noted there had been seven compliments from healthcare professionals and seven from relatives in the last 12 months, praising the level of care delivered and strong communication from staff when visiting people. A recent compliment from a professional read, 'The manager and all his staff have put a lot of effort into helping [person] settle into their new home. [Person] has responded well to the care he received. [Person] feels valued and much more communicative.'

People were actively involved in checking the quality of the care that was delivered. People took part in audits and checks, as well as making decisions about the service at house meetings. The provider had a 'Quality Checker Team' comprising of people who used their services and one person from Hersham Gardens was part of that team. There were easy-read guides on these checks and as well as these provider audits, people also helped with daily and weekly checks at the home.

There were frequent opportunities to involve people in decisions about the service. Regular meetings took place where people put forward ideas. Records showed that people all had their say and action points were agreed. For example, at a recent meeting people had discussed having a Turkish night and a fashion show at the service and we saw photographs of these events after they had taken place. Records showed people took a lead on tasks for these and staff found ways to support with them.

Staff were encouraged to think creatively and there was a strong desire to drive improvement at the service. When we spoke with them, staff were passionate about improving the service. Staff told us that the provider actively encouraged staff to find ways to make the service better. We saw a 'Driving Improvement' wall with idea bubbles. Staff had each read best practice guidance, including publications from CQC, and each had written their own 'top tips' which had been stuck to the wall. This showed ideas were implemented to encourage creative thought from and team building amongst staff, which came across when we spoke with them. The wall also contained the provider's values and descriptions of behaviours staff could embody to improve the quality of care they delivered. One read, 'People cannot care kindly when they are stressed, share responsibility. It's the little things we do which makes Hersham a great place to live.'

Records were detailed and up to date. Care plans were neatly organised and thorough, with important information about people presented in a clear 'life story' format. Each day, staff completed thorough daily records which documented what people had done that day as well as what they enjoyed or whether there were any issues or concerns that day. Incident records were documented thoroughly and were signed off by the registered manager, documenting any further actions taken. Regular audits of documentation were also undertaken to identify any further actions required.

The provider understood the responsibilities of their registration. Providers are required to notify CQC of important events such as allegations of abuse, police involvement or deaths. We found that where required, the provider had notified CQC of any such events that had taken place.

