Care Quality Commission

Southside Partnership

Southside Partnership - 94 Strathleven Road

Inspection report

94 Strathleven Road
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Southside Partnership – 94 Strathleven Road provides accommodation and support with personal care for up to six people with learning disabilities. On the day of the inspection there were six people using the service.

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.

We last carried out a comprehensive inspection of this service in August 2015 and we found a breach of regulation.

We carried out an unannounced comprehensive inspection on 19 October 2016 to check on areas of concern identified at the previous inspection. This report covers our findings at the inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Southside Partnership – 94 Strathleven Road on our website at www.cqc.org.uk

People were safe at the service. Staff were kind and treated people with respect. We saw positive and friendly interactions between staff and people. There were suitable numbers of staff on duty to meet people's needs.

The registered manager identified and assessed potential risks to people's safety and put plans in place to reduce risks to people. There were regular reviews of risk assessments which ensured support plans were accurate and up to date.

People were supported in line with the principles of the Mental Capacity Act 2005 and the requirements of the Deprivation of Liberty Safeguards. Staff understood they would presume a person could make their own decisions about their care and treatment in the first instance. Staff supported people to make choices about their care.

People received their medicines safely and in line with good practice. The provider's audit ensured staff accounted for all the medicines each person received and how stock balances.

The registered manager ensured staff understood their role and responsibilities. Staff felt well supported to develop their skills and knowledge to meet people's needs. Staff received regular supervision and appraisal to ensure they met people's needs. Staff discussed their learning and development needs and received in-house and external training to address any knowledge gaps.

People had a choice of meals and enjoyed the food provided at the service. People had access to healthcare

professionals as and when needed. Staff responded appropriately and quickly when people's health needs changed.

People and their relatives felt the registered manager considered their views in order to improve service delivery. People told us staff listened to them and respected their choices and decisions.

People, relatives and healthcare professionals were positive about the registered manager. There was an open atmosphere within the service. Management encouraged a culture of learning and staff development.

The registered manager and provider reviewed the quality of the service and took action to address any areas requiring improvement. The service worked closely with external stakeholders to keep the service abreast of developments in the care sector and to improve the quality of care people received at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were safe at the service. Staff knew how to recognise and report suspected abuse to protect people from harm.

The registered manager identified risks to people's health and safety and put plans in place to minimise any identified risks. People received their medicines safely and in line with good practice.

There was sufficient numbers of staff to meet people's needs. The provider used robust recruitment procedures to employ suitably vetted staff.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills obtained through on-going training and refresher courses. Staff received regular supervision and appraisal of their performance.

Staff understood and supported people in line with the principles of the Mental Capacity Act 2005 and the requirements of Deprivation of Liberty Safeguards.

People were supported to have enough to eat and drink according to their dietary needs and individual preferences.

People had access to healthcare professionals when needed. Staff monitored people's health and made referrals when necessary to ensure their well-being was maintained.

Is the service caring?

Good

The service was caring. Staff treated people with respect and maintained their privacy, dignity and confidentiality.

Staff understood people's individual needs, likes and dislikes.

Staff encouraged people to maintain their independence where possible. People received the support they required to make decisions about their care.

Is the service responsive?

Good

The service was responsive. People's care was person centred and was planned with the involvement of their relatives and healthcare professionals. Staff knew people's support needs, their interests and preferences.

People's needs were regularly reviewed and staff responded appropriately to their changing needs. Care plans had up to date information about people's needs and the support they required.

People were given the information on how to raise concerns and complaints. There was an appropriate complaints procedure in place.

Is the service well-led?

Good

The service was well-led. Staff told us the registered manager was friendly and approachable and felt well supported in their role. The service had a positive open culture that encouraged learning.

The registered manager carried out checks and monitored the quality of care people received. The service had effective quality assurance systems in place. Staff understood the provider's vision and values of the service.

The service worked closely with other healthcare professionals to improve the quality of care people received.

Care Quality Commission

Southside Partnership - 94 Strathleven 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.

We undertook this unannounced inspection of Southside Partnership – 94 Strathleven Road on 19 October 2016. This inspection was carried out by an inspector and an inspection manager.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to inform the planning of the inspection.

During our inspection we spoke with one person who used the service and two relatives. We undertook general observations of how people were supported and received their care in the service. In addition, 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 three care staff, the deputy manager, services manager and the registered manager. We looked at six people's care plans and their medicine management records. We looked at other records held at the service including staff files, health and safety documents and quality audits.

After the inspection we spoke with three relatives and received feedback from six healthcare professionals.

Good

Is the service safe?

Our findings

At our previous inspection in August 2015, we found the provider had not protected people from the risk of receiving inappropriate care and unsafe treatment. The registered manager had not ensured people's medicines were managed safely.

At this inspection of 19 October 2016, we saw the registered manager had taken action to ensure people's medicines were managed appropriately and administered safely.

People received their medicines in line with good practice. The registered manager had carried out assessments on the level of support people required with their medicines. Staff administered people's medicines as they had been assessed as unable to do safely. We observed a member of staff administering morning medicines. Staff dispensed the medicines and supported a person to take them with some water to drink. Staff spoke with people throughout this process explaining what was happening and ensured Medication Administration Records (MAR) were signed. Staff only administered people's medicines after they had been assessed as competent to do so.

People's medicines were stored and managed safely at the service. Medicines were kept locked in the medicine cabinet which was safely and permanently attached to a wall. The service kept a record of medicines coming into the service and each time a medicine was given on the person's MAR chart. There were no omissions in the signing of the MAR charts we saw and this confirmed people had received their medicines on time and of the right dose. Staff maintained records for 'as required' (PRN) medicines which people were given when necessary. Staff followed the provider's protocol for PRN medicines that described the circumstances which PRN medicines should be given. The provider had put in place guidance for staff on how to manage and record people's medicines they took out of the service when on outings.

The service worked closely with their local pharmacist who carried out audits in relation to re-ordering of medicines to ensure people received their medicines as prescribed. The service had followed guidance from the pharmacist to manage their medicine stocks and carried out weekly and monthly medicines administration chart and stock checks. A 2015 pharmacy audit report showed the service had improved its systems and there were no issues that they needed to act on. This confirmed staff were following the provider's medicine management policy and national guidance.

The premises needed repairs and refurbishment to improve the experiences of people living at the service. However, the provider had taken reasonable steps to resolve issues at the service to keep people safe. At the time of our inspection, a person's room was out of use because of a leak which had lasted a week and was yet to be repaired. The ceiling was grey and mouldy and posed a health and safety hazard to anyone who accessed it. The provider and landlord had made the room secure whilst they waited for the appropriate repairs to be carried out. The person had been allocated another room at the service to use as a temporary bedroom. The registered manager in conjunction with the landlord had secured temporary private accommodation for the person to move to on the day of our inspection. The registered manager had checked and ensured the private accommodation was suitable for the provision of safe care to the person.

An extra member of staff had been assigned to provide one to one support to the person and to keep them safe.

The landlord, a housing association was responsible for the building maintenance, flooring and the general décor of the service whilst the provider maintained the decoration of people's rooms. The registered manager was working with the landlord on repairs and refurbishment to improve the experiences of people living at the service. The service manager had escalated the concerns and raised a complaint with the landlord on the lack of urgency in resolving the issue that threatened to disrupt the service. The provider worked closely with the landlord in ensuring regular risk assessments, audits and checks for the safety and security of the premises were carried out. Records showed these were reviewed and updated where necessary.

People's relatives and healthcare professionals told us they felt people were safe at the service and had no concerns about their health and well-being. One relative said, "[Person's name] is absolutely safe there." Another relative said, "It is definitely safe for everyone living there."

Staff understood how to keep people safe. Staff were aware of the provider's safeguarding policy and could explain how they would use it to report any concerns where they felt people were at risk of harm. One member of staff told us, "It's all about making sure everyone [people] is safe." Another member of staff said, "Safeguarding is about trying to stop any form of abuse from happening to people. The abuse can be financial, emotional and institutional. We have to report to the senior on duty or the manager as soon as we suspect abuse." Staff told us the signs of abuse such as bruises, any possible changes in the person's behaviour or lack of suitable clothing. Staff said they would appropriately challenge anyone who was being abusive.

Staff understood what whistleblowing was and knew how to report concerns if necessary. Staff knew they could report any concerns to external organisations such as the police, the local authority or the Care Quality Commission. There was information displayed on the office notice board giving staff guidance on how to whistle blow and who to contact.

Staff protected people from the risk of avoidable harm. The registered manager identified and assessed risks to people's health and had put plans in place to reduce the known risk. Staff understood the risks to each person and how they worked effectively with them to mitigate identified risks. One healthcare professional told us, "They [staff] appeared to be very aware of risks and gave assurances to me about [person] and a trip that [he/she] was planning, I got the impression that risk management was a prominent feature of their service." Relevant risk assessments in place included mobility and falls, swallowing concerns or developing a pressure ulcer. The service had sought advice and involved healthcare professionals to assess and prevent risks to people's safety such as those with limited mobility and swallowing concerns. Staff had received guidance on how to support people move safely and advice on how to prepare suitable foods for people. Staff had updated people's support plans when their care needs changed.

People could be evacuated safely out of the service in the event of an emergency. Each person had a Personal Emergency Evacuation Plan which contained information about how to support people in the event of foreseeable emergencies including fire, gas leaks and flooding. For example, staff knew what to do if the emergency took place in the day or night as stated in one person's care plan, "[Person's name] needs one to one support if in a wheelchair. Member of staff to push [person's name] to the evacuation point." Another person's PEEP stated, "Staff to prompt [person's name] to drive [his/her] [mobility aid] out of the fire doors at the front or back of the home. [He/she] will need help to open the back gate to get to the evacuation point."

People had access to safe equipment. The equipment at the service was in good working order and appropriate to use. The service regularly carried out checks on emergency lighting, fire alarm tests and fighting equipment checks. Staff involved people in fire evacuation drills. Records showed the response times and discussions that took place after the drills between staff and people to alert them to the need of following instructions to evacuate safely.

Staff understood how to support people to reduce the risk of injury through accidents and incidents. Staff told us they knew what to do if someone had an accident or sustained an injury and there was information on how to support people safely. Accidents and incidents forms we viewed detailed the cause, any investigation carried out, outcome and any lessons learnt. Staff told us and team meeting minutes showed the registered manager discussed accidents and incidents as an opportunity to learn and to minimise further accidents.

The service provided suitable numbers of staff to meet the needs of people using the service. Relatives and staff told us they had no concerns about staffing levels at the home. Staff told us and rotas confirmed that planned, emergency and sickness absences were adequately covered and that they had time to be with people and support them safely. People's records contained information about the support they required to keep safe. We saw the registered manager reviewed the level of support people required and the staff levels to ensure the service met the current needs of people. For example, extra staff were deployed if people needs changed and they required more support. There were sufficient staff to support people when out in the community. We observed staff were busy but did not appear rushed and they had enough time to meet the needs of the people they supported.

People received care from staff regarded as appropriate for the role. The service followed safe recruitment practices to ensure people were supported by staff vetted as suitable to care for vulnerable. Staff files showed recruitment checks on the suitability of applicants which included references, proof of identity, criminal record checks, eligibility to work in the UK and information about their experience and skills. The provider ensured all checks were returned before new staff started to work at the service.

Good

Is the service effective?

Our findings

People's relatives and healthcare professionals were positive about the staff. They said they felt staff had the skills and experience to do their job. One relative told us, "They [staff] appear competent."

Staff received appropriate training in relation to carrying out their responsibilities New staff started work at the service with the right information to ensure they supported people as effectively as possible. Staff received a comprehensive induction when they started to work at the service. This included, an introduction to the organisation's policies and procedures, getting to know the people they would be supporting and medicines management. New staff underwent a probationary period were the registered manager regularly reviewed their performance. The service only confirmed the staff's employment after they were assessed as competent to support people safely.

People received care and support from staff that had the skills they required to carry out their role effectively. Staff received regular and refresher training that included safeguarding people, food and hygiene equality and diversity training, medicines management, infection control, fire awareness and moving and handling. One relative told us, "I know that the staff have regular training courses to ensure that they are able to cater to my [relative's] specific needs." One member of staff told us, "I get more confident in my role with every training I get. It's empowering and a morale booster." We saw from records staff received regular specialist training related to the individual physical and mental needs of each person. For example training in working with people living with autism, epilepsy, choking and peg feeding. The registered manager maintained a record of all the training staff had attended, that was due and whether staff were still to attend if they were on probation. Records confirmed staff were up to date with their training. One relative knew staff had received person specific training which enabled them to understand [the person] specific health conditions and how to support them appropriately.

People were supported by staff who reflected on their working practices. Staff were clear about their roles and were assisted in their practice by sound advice and individual support from the management team. Staff told us they received regular supervisions which made them more skilful and knowledgeable. One member of staff said, "We talk about teamwork, get feedback regarding grievances and difficulties with relatives and an opportunity to reflect on my practice." For example there were notes which showed the registered manager had advised a member staff on how to support relatives. Another member of staff said, "We talk about any training due." Staff received an annual appraisal to establish their strengths and weaknesses and an opportunity for the manager to offer feedback for improvement. Staff said they could discuss any issues with the registered manager and management team when they needed to and outside their supervision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 make 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 provider was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met.

Staff sought and received people's consent before providing them with care and support. We observed staff asking people for permission before supporting them. Staff understood the principles of the MCA and used their knowledge to support people to make decisions about their life. One member of staff told us, "We can't make choices for [people] if they can do so for themselves." Records showed staff involved relatives and healthcare professionals and looked into people's background and past history when making decisions for those people that were not able to do so. Staff told us they made "best interests" decisions when a person was not able to make a specific decision about their life.

The service followed the provider's safeguards to protect people's liberty. The registered manager had applied and received Deprivation of Liberty Safeguards (DoLS) authorisations where the service may need to restrict people's movement both at the service and in the community. One relative told us they felt staff restricted their relative's movement outside the service and that the front door was closed which prevented them from leaving the service. We spoke with the registered manager about this and they explained that they informed people of DoLS and the need to support people appropriately. We looked at the DoLS authorisation conditions and the notes on the support people received when they wished to go out of the service. People had received support in line with the DoLS authorisation.

People received the support they required with their eating and drinking. Staff prepared people's food and knew what they liked to eat including their preferences and choices. People's records contained information about their dietary needs due to their health conditions and how their food should be prepared to ensure it was appropriate for them. Staff told us they offered people choices on the menu available to them. Staff followed guidance and advice from health professionals on how to support a person with their swallowing difficulties.

People received support which enabled them to keep as healthy as possible. Staff monitored people's health conditions and discussed with the registered manager any concerns identified. The service contacted health professionals in a timely manner when people's needs changed to ensure they received appropriate care. Records showed staff had made referrals to appropriate health care professionals such as GPs, dentists, dieticians, chiropodists and speech and language therapists to ensure people received the support they required. Staff maintained accurate information on the visits, treatment and advice people had received from healthcare professionals.

Relatives told us staff kept them informed of their relative's health and the support people they had received with their healthcare needs. One relative told us, "[Person's name] gets to see the GP as often as necessary. The staff are quite good when they are unwell." Another relative said, "Yes if there are any issues the manager or one of his colleagues will call me as I am my [person's name] point of contact and official guardian." A health professional said, "The staff are knowledgeable and very helpful." Staff made follow ups about people's health conditions and supported them to attend hospital appointments.

Good

Is the service caring?

Our findings

People received care and support from staff that were compassionate to their needs. Relatives and healthcare professionals told us staff were kind and caring. One relative told us, "The staff at Strathleven Road seem friendly and caring. Some of them have been there for many years and I have got to know them well during this time. They always have my [relative's name] best interests at heart." Another relative said, "Staff are very caring and helpful." A healthcare professional told us, "Staff are friendly and know the [people] very well."

People were treated with dignity and respect. Staff respected people's views and wishes about how they wanted to receive their care. One relative told us, "Staff do support [relative] as they should. Very respectful and knowledgeable about their needs." We observed staff interactions and communication with people throughout our inspection. We saw that staff put people at ease and people appeared relaxed in their presence. Staff had developed positive and supportive relationships with all the people at the service.

People's needs relating to equality and diversity were recorded and acted upon. Staff were positive about working with people of different backgrounds and sexuality and respected people's cultural and spiritual needs. Staff told us equality and diversity training enabled them to understand people's differences and to treat every person the same. Staff told us they had an understanding of people's sexuality and that this would not make any difference to how they supported the person or treated them. We read in people's care plans staff had clear guidance on how to support a person with their sexuality.

Staff involved people, their relatives and healthcare professionals in planning people's care and support. One relative told us, "My [relative's name] has limited speech. The staff ask for my views. I am fully involved in [person's] care and have regular updates on their health and progress at the home." Records showed and relatives confirmed they were involved in the planning of people's care and how the care was delivered. Support and treatment plans were in place which detailed people's individual needs and what they wanted to achieve. Staff told us they explained to people the information they needed regarding their care and support in a way they understood. We saw staff respected people's decisions and they delivered care as planned.

People had use of advocacy services. This ensured people understood their rights, were treated as equals and that their views were heard. Some people received support from Independent Mental Capacity Advocacy (IMCA) to make a decision about their health. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions. Another person who had no family or friends had the support of an IMCA when the service applied to have the person's liberty restricted. They supported the person to understand their authorisation as far as possible and how it affects them. Relatives and staff were aware of advocacy services and that people could meet without any staff or management involvement to discuss any issues of concern about their health and well-being. This information was contained in people's care records. One member of staff explained the role of an IMCA and said, "They have the right to meet the person privately and to see their health and care records, so that they can support them to make the best decisions."

People's information was kept confidentially at the service. Records were kept securely in a locked office and accessible only to appropriate staff and healthcare professionals. Staff understood their responsibilities about data protection and told us they did not divulge people's information to their relatives or visitors without the person's consent or management's approval.

Staff respected people's privacy and understood the importance of treating people with dignity and respect. Staff gave us examples of how they maintained and respected people's dignity. For example they did this by treating each person as an individual and meeting their needs a person centred way. Staff told us they closed bedroom and bathroom doors when they supported people with personal care. Staff had information about times when people required their personal space respected, for example when they took a nap or wanted to be left on their own.

People were supported to be as independent as possible. We saw staff respected people's choices and allowed them to maintain control about their care, treatment and support. Staff told us they encouraged every person to do as much as possible and as they could with their personal care. For example staff wet a flannel and handed it over to the person to wash their face. Another person was encouraged to make their own refreshments as they were capable of doing that themselves.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs and preferences. Relatives told us staff knew what support people required and ensured they supported them as they wished.

People received care and support which met their individual needs. Staff knew people and their needs well and a good understanding of their preferences. The registered manager reassessed people's needs regularly to ensure the service continued to be able to meet their needs appropriately. Relatives and healthcare professionals were fully involved in the assessments to ensure the service met people's individual needs. The care plans were detailed and had sufficient information for staff about how to support people maintain their health and well-being and in line with their wishes. This included information on people's past histories, physical and mental health, preferences and daily living skills.

Staff responded appropriately to people's changing needs. Records showed staff had up to date information of people's health needs and the support they required. For example, staff updated people's care plans when their health conditions declined over time and the support they required increased. Records showed staff received regular feedback and updates about any changes to people's health and support needs through meetings and communication from the management team.
Staff were aware of the importance of family and friends relationships to people. They actively promoted these relationships were appropriate by engaging with them and ensuring that the person could contact their relatives when they wanted to. For example, one person's care plan stated how they wanted staff to support them in relation to their interaction with their visitors. The person had indicated that staff should respect their decision and support them if they declined to see any visitors. We saw staff supported the person as they wished although this might upset some relatives. The registered manager told us they had explained to relatives that it was important they respected people's decisions about their contact with them. One relative told us they understood this and felt they could still visit the service.

Staff understood people's communication needs and people's preferred communication method. Staff had clear information on how to communicate effectively with people and what situations could make them anxious or distressed. Records contained details about the different behaviours people showed to reflect their mood and feelings. Staff told us they understood this and used this information to respond appropriately and provide people with the support they required.

People could take part in recreational activities at the home and in the community which interested them and received support to pursue their hobbies. One relative told us they would like to see staff engage their relative in more activities. The registered manager explained to us that there were occasions when people did not wish to take part in any activities and staff respected such decisions. Management and staff said they continued to work with families to ensure people were supported to engage in activities as appropriate.

Staff supported people to take part in activities according to their known abilities and interests and in line with their wishes. People were involved in activities throughout the inspection in a massage and relaxation session and a music therapy exercise which they enjoyed. People enjoyed other in-house activities such as

visits from animal friends where people could touch and feel them and a summer barbecue. People's records and photographs showed them enjoying a trip down the coast, a boat trip on the river Thames, trampoline, bowling, and dance and movement sessions. Some people attended swimming sessions for people with a learning disability hosted by Lambeth Mencap.

Keyworkers regularly reviewed people's interests with them to ensure they wished to continue engaging in their preferred activities and any further interests they wanted to consider. Staff engaged other people in a one to one based activity when they did not want to take part in the group sessions. Staff encouraged people to interact with each other to reduce their risk of social isolation and boredom. We saw staff had discussed and agreed with two people who wanted to have a joint birthday party to ensure they would have more people, relatives and friends join in.

The service had a complaints procedure that was available for people, relatives and staff. Relatives told us they knew how to make a complaint if they wished to do so. One relative told us they felt confident staff and the registered manager would respond appropriately to any concerns or complaints they might raise. Another relative told us they had contacted the registered manager and had escalated their concerns to senior management. We spoke with the registered manager about this who explained the service resolved concerns before they escalated to complaints. Records and our discussions with staff showed the service engaged fully with relatives and were confident when required to ensure any concerns raised were made in the interest of improving the quality of care people received at the service. The service had not received any formal complaints in recent months. However, the service monitored concerns raised by relatives and discussed these with staff and recorded the way the issue had been dealt with.

Good

Is the service well-led?

Our findings

At our previous inspection in August 2015, we found audit systems were not effective in identifying any shortcomings on how staff managed people's medicines at the service. The registered manager had not carried out sufficiently robust checks to ensure the safe management of people's medicines.

At this inspection of 19 October 2016, we saw the registered manager had taken action to ensure audits were effectively used to address any shortfalls in medicine's management.

The service carried out audits on medicines management processes and made improvements in line with the provider's policy. The registered manager made regular checks of medicine administration record charts and stocks of medicines to ensure staff followed the correct procedures. The provider had put in place guidance which staff followed to record and manage the medicines they took out when people went into the community. The registered manager identified areas for improvement and monitored staff's performance through one to one supervision meetings and on the job observations.

The provider and registered manager effectively used the audit and quality assurance systems in place to regularly assess and monitor the quality of support people received to improve the service. Records showed audited care plans, supervision and appraisals, accidents and incidents, staff development and training and record keeping. The registered manager had oversight of staff training and there were systems in place to ensure that staff training was up to date. We saw reports which included an assessment of the quality of the planning and delivery of people's support and detailed evidence of good practice. The registered manager had checked that the guidance and outcome of visits by health care professionals was fully documented and ensured staff had sufficient information about how to support people to manage their health condition. The registered manager had acted on issues raised for example ensuring a member of staff updated their key working session meetings. The management team observed staff's practice to ensure they improved when necessary.

The provider and the registered manager adhered to the requirements of their registration with the CQC. There was a registered manager in post. The registered manager had informed local authority on safeguarding concerns and submitted relevant notifications to CQC as required by law in relation to incidents and accidents at the service.

Staff said that the registered manager promoted an open and inclusive environment. One member of staff told us, "[The registered manager] has been honest with us on where he wants us to be with the service. The management team has brought in new changes and [people's] care continues to improve." Another member of staff told us about the registered manager, "Very open minded and happy to consider any ideas to develop the service and to improve our skills." One healthcare professional said, "The service has recently undergone a management change, the new management team gave the impression of wanting to improve the service and were very accommodating at the last review I held…. the managers wanted to give a good service for my [person]."

People and their relatives were regularly asked for their views about the quality of the service and their feedback was used to develop the service. The registered manager operated an open door policy which meant people and their relatives could meet with the registered manager at a time that was convenient to them. One relative told us, "Although the manager is not always there at the service, there is always staff or a deputy to talk to." Another relative told us, "I can easily make a call or send an email if I have anything I need to know." A third relative told us the meetings with the registered manager enabled them to discuss any issues bothering them and felt their views were considered. For example, the registered manager had agreed and swapped people from their bedrooms to allow a person easy access to the garden.

Staff told us the registered manager listened to them and responded to their views. One member of staff told us, "We are small and good team. We compliment and support each other well." Staff meetings enabled staff to give their ideas on how to improve the service. The registered manager held regular meetings with staff and followed up any issues discussed. Records showed that staff had regular team meetings and were able to raise issues about team work, how people were supported and any suggested changes and developments at the service.

People, their relatives and staff were aware of the provider service's vision and values which was available at the service. Staff told us they shared the vision of the service which aimed to support 'people to overcome the barriers they face' and for staff and the service to 'be resourceful, motivated and non-judgemental. Staff said the management team was approachable and felt they could discuss any concerns and requests for support to meet people's needs. Staff understood the provider's policies and procedures and how they should implement them when supporting people.

The provider sent out quality assurance surveys to people using all their different services. The 2015 results showed people were generally happy and positive across the services. The provider and registered manager carried out mock CQC inspections and involved people and staff. The reports showed staff understood the regulations and how to provide a good service to people. Staff minutes showed the registered manager discussed the last CQC report on the service and used the forum to discuss every aspect of care that they provided. The provider had outlined any improvements to be made and was working with the registered manager to improve the quality of support people received at the service.

The registered manager met with senior manager at provider regularly to discuss any changes required at the service. Records showed the provider was very involved in the service and aware of any issues such as the building concerns involving the leak. The registered manager felt well supported in their role by the provider and the management and staff team at the service.

The service had strong links to the local community and worked in partnership with them. For example, the registered manager attended regular provider's meeting and learning development forums every quarter where they received updates in health and social care and to learn about best practice in supporting people. The registered manager told us the networking promoted peer support and peer learning to improve the quality of service delivery.

The service was working in partnership with National Development Team for inclusion (NDTI) and volunteers from the Time to Connect project 'to improve the lives of older people and people with learning disabilities living in formal care settings by changing the working practices and 'mind-sets' of the organisations and staff providing care and support.' The registered manager said the project aimed at achieving community inclusion for people with a learning disability.

Records showed joint working with the local authority and other professionals involved in people's care. The

registered manager told us they worked closely together to make sure that people received a good standard of care. The service had received support from some volunteers to landscape the garden at the service and installed some sensory equipment. A comment from one volunteer stated, "The day started with a bit of rain, but at the end the sun shone and everyone was pleased with the result!"