

CareTech Community Services Limited

South East DCA

Inspection report

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GU3 1LZ

Date of inspection visit:
21 April 2022
25 April 2022
27 April 2022

Date of publication:
24 May 2022

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

About the service

South East DCA is a supported living service which provides support to people in their own homes. The service supports people in four properties in Surrey and three properties in the London Borough of Lambeth. The properties are maintained by managing agents and each person has their own tenancy agreement. All the people who use the service have a learning disability and some people also have mental health needs, a physical disability, or sensory impairment.

The service supported 25 people at the time of our inspection, 17 of whom received support with personal care. CQC only inspects services where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

People felt safe at the service and when staff provided their care and support. Staff managed risks well to keep people safe while promoting their independence. Staff supported people to take their medicines safely and to access healthcare services when they needed them.

Staff focused on people's strengths and supported people to identify and achieve their goals. People were encouraged to be as independent as possible. People were involved in planning their support and had opportunities to give feedback about their care. People's relatives were able to give their views about the care their family members received and these were listened to.

Right care:

Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had. The provider's recruitment procedures helped ensure only suitable staff were employed.

Staff support was available when people needed it. This included allocated one-to-one support hours, which people could choose how they used. Staff had the training they needed to provide people's care.

People received kind and compassionate care. Staff treated people with respect and maintained their

dignity. Staff supported people to take part in activities they enjoyed and to live fulfilling and meaningful lives.

Right culture:

Staff valued people's individuality, protected their rights and supported them to lead confident, empowered lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager led by example in their attitudes and behaviours and maintained a good oversight of the service. Staff felt valued for the work they did and were well-supported in their roles. The provider's governance arrangements were effective in keeping people safe and ensuring good quality care and support. The registered manager and staff had established effective relationships with other professionals to ensure people received the care and treatment they needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service at its previous address was good, published on 21 May 2019.

Why we inspected

We undertook this inspection based on the date of the service's registration at its current address. We also wanted to assess whether the service was applying the principles of Right support, right care, right culture.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

South East DCA

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and an inspection manager carried out the inspection.

Service and service type

This service provides care and support to people living in seven 'supported living' settings so they can live 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short notice period of the inspection because we wanted to be sure people would be at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since its registration, including notifications of significant incidents. We sought feedback from professionals who had worked with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited the service's office and spoke with the registered manager and the provider's locality manager. We visited six of the seven supported living properties and spoke with 12 people who used the service to hear their views about the support they received. We also spoke with eight support workers.

We checked two people's care records, including their risk assessments and support plans, and the arrangements for managing medicines. We reviewed information sent to us by the registered manager, including recruitment records for three staff, records of accidents and incidents, complaints, quality assurance checks, minutes of staff meetings and the results of satisfaction surveys completed by people who used the service.

After the inspection

We received feedback from four relatives about the care their family members received and five health and social care professionals who had an involvement with the service. We received feedback from six support workers about the training and support they received to do their jobs.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection since the service has been registered at this address. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff available to keep people safe and to meet their needs. People told us staff were available when they needed them and we observed this to be the case.
- Where necessary to meet their needs, some people had live-in support in addition to one-to-one support from staff to take part in activities and attend appointments. Some people had access to support from sleep-in and waking night staff which they shared with others.
- There were vacancies on the permanent staff team at the time of our inspection although this had not affected the quality of care people received. Where agency staff were used, the provider employed the same staff regularly to ensure people received consistent care from staff who were familiar to them.
- The provider's recruitment procedures helped ensure only suitable staff were employed. The provider made appropriate pre-employment checks before appointing staff, which included obtaining a Disclosure and Barring Service (DBS) certificate. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. The provider had policies in place regarding safeguarding and whistle-blowing and staff attended safeguarding training.
- Staff understood their responsibilities in recognising and reporting abuse, including how to escalate concerns if necessary. One member of staff told us, "I would record all events and raise my concerns with my manager. If I felt the issues were not being responded to, I would speak to a more senior manager, and if nothing was done, I would contact the local authority or CQC." Another member of staff said, "The organisation has a policy and procedures for reporting concerns about safeguarding or abuse. If I did not feel listened to or it concerned my manager, I would call the whistleblowing phone number."
- The provider had implemented initiatives in place to support people to learn about safety, such as safeguarding resources in formats people could understand, and awareness-raising events such as 'anti-bullying week'.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe at the service and when staff provided their care. One person said, "The staff look after me. I can always ask for help if I need it." Another person told us, "Staff always talk to me about things and make me feel better."
- Relatives told us staff kept their family members safe. One relative said, "I feel that [family member's] safety is maintained." Another relative told us their family member required staff to use specific equipment due to their mobility needs. The relative said of staff, "They are very good with that. They make sure [family

member] is safe."

- Risk assessments had been carried out to identify and mitigate any risks to people who used the service. Staff were aware of measures to reduce risks to people and implemented these to keep people safe. People were supported to take positive risks that enhanced their well-being. For example, some people were supported to go out on their own with individual measures in place to reduce risks.
- The provider had implemented measures to reduce risks people experienced due to their needs or behaviours. One person had moved to the service on an emergency basis as their previous placement had been unable to meet their needs. The person needed a consistent staff team with appropriate training and adapted accommodation due to their complex needs and behaviours.
- The provider had ensured the person was supported by a regular team of staff and had provided specialist training to the staff group. The provider recognised the person's flat may not be suitable for their needs in its current form and was investigating whether alternative accommodation would best meet the person's needs or remaining in their current accommodation with adaptations to make it more suitable. The provider had involved all relevant people in meetings to establish what was best for the person, including the person's family and commissioning local authority.
- Accidents and incidents were recorded and reviewed by the registered manager to identify emerging themes and actions that could be taken to reduce the risk of further incidents occurring.
- Lessons were learned from incidents and shared with staff. For example, when people had displayed distressed behaviours, behaviour monitoring charts had been introduced, risk assessments updated and advice sought from relevant healthcare professionals.
- There was a business contingency plan for the service to ensure people's care would not be disrupted in the event of an emergency.

Using medicines safely

- People received safe support to manage their own medicines where possible and had been given information about their medicines a way they could understand.
- When people needed support, staff managed people's medicines safely. Staff completed medicines administration records (MARs) when supporting people. The records we checked were complete without gaps and reflected the medicines stock available. Staff received medicines training and their practice was assessed to check they were competent to manage medicines safely.
- When people were prescribed medicines 'as required' (PRN), guidance for staff was in place about how, when and why this should be administered. The administration of topical medicines, such as creams, was recorded using body maps.
- Medicines were audited each month and were checked as part of the provider's quality monitoring systems.

Preventing and controlling infection

- Staff attended training in infection prevention and control (IPC) and the use of personal protective equipment (PPE). Observations of staff practice in hand-washing and the use of PPE were carried out to ensure staff were competent in these areas. Staff had been given information about waste and laundry management as well as what to do in the event of positive COVID-19 cases.
- Additional cleaning had been implemented at each supported living property and monthly audits were carried out to ensure appropriate standards of IPC were being maintained. The provider had appointed an IPC champion whose role was to promote and maintain good practice in IPC.
- Risk assessments had been carried out in relation to COVID-19 and action taken where necessary to minimise these.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection since the service has been registered at this address. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had access to the training and support they needed to carry out their roles. This included training in areas relevant to the people they supported. For example, where necessary, staff attended training in diabetes, epilepsy, mental health, and the administration of buccal midazolam medication.
- All staff had an induction when they started work, which included working alongside colleagues to understand how people's care should be provided. Staff provided positive feedback about the induction process and said it had prepared them well for their roles. One member of staff told us, "I had an induction when I started and it prepared me for the role I applied for. I was shown around the houses, introduced to clients and staff, given guidance on policies and had time to shadow to ease me into the role so I felt well prepared." Another member of staff said, "I had an induction which enabled me to understand more about the organisation, my role and the standards expected, as well as to meet service users and my colleagues."
- Staff met regularly with their managers for one-to-one supervision. Staff told us supervision was a valuable opportunity to discuss their training, professional development and any changes to the support people required. One member of staff told us, "I meet my line manager every three months to discuss any concerns, areas for improvement, goals and achievements. Between meetings, my line manager will always make time if I need extra supervision." Another member of staff said, "The purpose of supervision is to share information between me my manager about challenges or issues. This ensures staff feels confident to do their role and can access the support they need to manage any difficult situations."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they started receiving support to ensure the service was suitable for them. The support plans developed from people's initial assessments were personalised, holistic and reflected their individual needs and strengths. Support plans identified people's goals and aspirations and included strategies to promote independence.
- Professionals told us the provider had managed people's transitions well, including when placements had been made on an emergency basis. One professional said, "The person we fund within one service needed to move on an emergency basis. CareTech were extremely supportive and were able to offer options for the person. They carried out a needs assessment, requested lots of information and adapted their delivery to be able to welcome the person without affecting the delivery of care to other people."
- The provider sought the input of relevant professionals where necessary to ensure the support people received met their individual needs. For example, for one person with complex needs, the provider had liaised with professionals including a specialist behaviour practitioner from the community team for people with learning disabilities (CTPLD) and the community mental health team (CMHT) to develop appropriate strategies and interventions. This included developing a personal protection plan and providing specialist

training for staff.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us staff helped them arrange and attend medical appointments when needed. One person said, "Staff help me go to the doctor's and make the appointment for me. They arrange the transport when I need it."
- Relatives told us staff monitored their family members' health and ensured they had access to any treatment they needed. One relative said, "Staff are excellent in supporting my family member's health."
- Staff advocated on people's behalf where necessary to ensure they received the treatment they needed. For example, staff had supported one person to request further investigation of a recurring pain when the initial medical assessment had failed to identify the cause of this.
- Staff worked in partnership with professionals to help people maintain good health. This included implementing any guidance recommended by healthcare professionals. One professional told us, "The service welcomes and acts upon advice, guidance and instruction in order to meet people's needs." Another professional said, "They are good at highlighting any outstanding investigations or follow ups that are needed. They alert the GP if there are any health issues that need to be addressed."

Supporting people to eat and drink enough to maintain a balanced diet

- People were able to make choices about what they ate and were encouraged to be involved in food shopping and cooking.
- No one at the service had needs in relation to eating or drinking and all were able to eat a regular diet.
- Some people had been supported to lose weight through a combination of exercise and maintaining a balanced diet, which had improved their quality of life. Two people told us staff had supported them to make healthier food choices and to access exercise-based activities and told us they were proud of their achievements.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2002 (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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care was provided in line with the MCA. Staff understood how the principles of the MCA applied in their work. They respected people's decisions about their day-to-day care and sought people's consent before supporting them.
- Assessments had been carried out when required to determine whether people had the mental capacity to make decisions about their care, for example, in relation to consenting to live at the service and to signing

their tenancy agreement.

- If people lacked the capacity to make informed decisions, appropriate procedures had been followed to ensure decisions were made in people's best interests. This included consulting others involved in people's care, such as families and professionals. For example, best interests meetings had been held to discuss a person's participation in a Care and Treatment Review (CTR). CTRs are part of a national programme led by NHS England called Transforming Care. The aim of Transforming Care is to reduce the number of people with a learning disability or autism being admitted to an inpatient hospital unnecessarily.
- Where people were subject to restrictions in their care for their own safety, such as constant supervision by staff, the provider had contacted the local authority regarding the authorisation of these restrictions. They had also carried out risk assessments to ensure the least restrictive options were taken and people's rights were respected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection since the service has been registered at this address. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had developed positive relationships with the staff who supported them. The consistency of staffing and the rostering patterns meant people and staff had got to know one another well. One person said, "I really like living here and I like the staff. I have had the same staff for six years; they are like my family."
- Relatives told us staff were kind and said their family members got on well with them. One relative told us, "Staff are always kind, compassionate and caring. They are very supportive of [family member]. There is one [member of staff] in particular she is very attached to." Another relative said, "[Family member] gets on with the staff; he responds well to them."
- Staff treated people with dignity and respect. One person said, "I have lived here for a while now and the staff are very nice. They help me do what want to do." A relative told us, "Staff always in my opinion treat my family member with respect and dignity." When we asked what the service did well, a professional said, "Shows good regard for our customer, which appears genuine and unconditional."
- Staff supported people to maintain relationships with others who were important to them. One person said, "[Staff] take me to visit my family; we go on the bus." Another person told us, "[My partner] comes to visit me here; it's hard for me to visit [them] at their place as I can't get there easily."
- Staff understood people's individual needs related to their protected characteristics and ensured these were met. Staff supported people to attend places of worship of their choice. During the COVID-19 lockdowns, staff facilitated access to virtual gatherings to ensure people continued to have their religious and cultural needs met.
- People's needs in relation to their sexuality and sexual health were met. One person had been supported to access sexual health clinics and the provider had a policy on Sexuality and Promoting Positive Relationships, which was available in each service.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People's choices about their care were listened to and respected. For example, one person had expressed that they no longer wished to live at the service. The provider arranged meetings with the local authority to discuss potential alternative accommodation that would meet the person's needs. Until a suitable placement could be arranged, the person had been supported to move back to their family home in accordance with their wishes.
- Staff encouraged people to be independent and to develop new skills, such as menu planning and cooking. People told us staff supported them to do things for themselves. One person showed us their photo

book which showed the tasks staff supported them to undertake. The person indicated to us they had enjoyed learning new skills such as preparing vegetables. A relative told us, "I feel that staff support my family member to be independent."

- We saw that managers used team meetings to talk to staff about supporting people to identify goals that were important to them, including developing their day-to-day living skills.
- Staff were committed to the service's ethos of promoting independence. They told us this aspect of their role was important to them. One member of staff said, "This is why we are here: to help people to learn how to be more independent and do things for themselves. It gives me a great buzz when someone I support learns a new task." Another member of staff told us, "I love working for CareTech, and here in particular. It's a hard job but you get to know people so well and work with them to achieve their goals."
- People told us they could have privacy when they wanted it. They said staff respected their right to spend time alone and not to be disturbed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection since the service has been registered at this address. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care and support was planned to meet their individual needs and preferences. Each person had a keyworker with whom they met regularly to plan and review their individual goals. People were able to choose how they used their support to meet their individual needs.
- Relatives and professionals told us the registered manager and staff provided person-centred support that reflected people's needs. One relative told us, "My family member's needs and care are provided." Another relative said, "The manager is proactive and enthusiastic about working with [family member]." A professional told us, "In my opinion, the work that they carry out is very much person-centred."
- We heard examples of how the support people received had achieved positive outcomes for them. One person had frequently displayed distressed behaviours in the past and was reluctant to engage with staff. The consistency of support the person had received from a staff team who understood their needs had reduced these behaviours and increased the person's engagement with staff and other people.
- Another person who displayed distressed behaviours had moved to the service on an emergency basis as their previous place had not been able to meet their needs. The registered manager and staff had worked hard to ensure the person received consistent, well-planned support, which had reduced the frequency of their distressed behaviours. This included arranging input from the provider's Positive Behaviour Support (PBS) team, identifying the triggers for distressed behaviours and providing specialist training to staff. Positive Behaviour Support is a person-centred framework for providing long-term support to people with a learning disability and/or autism, who have, or may be at risk of developing, distressed behaviours.
- People had opportunities to take part in activities they enjoyed and staff supported them to do so. One person said they enjoyed watching planes and visited the airport to do this. The person showed us a world map on the wall and said they used this to see where planes travelled to and from.
- Some people told us they enjoyed bowling, swimming and going to the gym. Other people said they enjoyed shopping, eating out and going to discos. One person told us staff supported them to attend a day centre to take part in trips and activities and another person said they liked to walk to their local pub for lunch.
- Staff told us the service was flexible enough to take enable people to change their minds about taking part in activities. For example, a member of staff told us one of the people they supported sometimes declined to take part in scheduled activities so staff planned alternative activities to take account of this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had implemented the principles of the AIS, including identifying and recording people's communication needs, ensuring these needs were taken into account when people's support was planned, providing information in ways people could understand, and ensuring people received support with communication if they needed it.
- Each person had an individual communication support plan, which outlined their preferred means of communication. Staff used alternative methods of communication where necessary to meet people's needs, including Makaton and objects of reference. Makaton uses signs and speech to help people communicate.
- Staff used a white board to communicate with one person who had a hearing impairment and had used social stories with some people to give them important information about their care and support, such as moving to a new house. A social story is a communication tool involving a written narrative with accompanying pictures that helps people with a learning disability and/or autism understand information.
- The provider information return outlined how effective communication had achieved positive outcomes for people, reporting, 'Implementation of supporting measures of communication has helped us to reduce levels of behaviour that may challenge and increased individual confidence and provided necessary reassurance to enjoy tasks at hand and what is happening in the near future. This has improved individual quality of life.'

Improving care quality in response to complaints or concerns

- The provider had a procedure which set out how complaints would be managed, which had also been produced in an easy-read format. The complaints log showed three complaints had been received in the last 12 months. We saw these had been responded to in line with the provider's complaints procedure.
- None of the people we spoke with or their relatives had made a formal complaint but all said any informal concerns they had raised had been listened to and acted upon. Two relatives told us they had contacted the registered manager with concerns in the past and said the registered manager had listened to and addressed the issues they raised.
- People had been supported by staff to make raise concerns about other aspects of their support when necessary. For example, one person told us staff had supported them to ensure necessary repairs were made to their flat. The person said, "Staff helped me sort out the broken drain with the landlord. They really helped me to stand up for myself and get it sorted out."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection since the service has been registered at this address. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had instilled a culture in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. People told us their views and wishes about their care were listened to and respected. We heard examples of how the support staff provided had resulted in positive outcomes and achievements for people.
- The registered manager and the service's team leader spent a good deal of time in the supported living services and were responsive to feedback from people who used the service, their relatives, and staff. One relative told us, "The communication is very good. I am kept apprised of any updates or incidents and am fully involved in meetings." Another relative said, "In my opinion the service is well managed and the manager(s) are very responsive."
- Staff felt respected, supported and valued by the registered manager and senior staff which supported a positive and inclusive culture. One member of staff told us, "The management team care about the staff as well as the clients. I am happy working with CareTech and they have helped me in developing my career." Another member of staff said, "Care staff are well supported by the management team, especially during the Covid crisis when they were very hands-on. The communication is good, they are easily reachable and respond quickly to any concerns. They reward staff for their dedication."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role and a clear oversight of the services they managed. Professionals provided positive feedback about the registered manager's approach to supporting people and to working collaboratively with other stakeholders. One professional told us, "My impression is that the manager is committed and diligent in her attention to the residents from my interactions with her." Another professional said, "In my experience, [registered manager] is very proactive and communicates effectively."
- Governance processes were effective and helped to keep people safe, protect their rights and ensure good quality care and support. Key areas of the service, such as medicines management and IPC, were audited regularly.
- The provider's locality manager carried out regular quality monitoring checks at the service's office and the supported living properties. An action plan was developed where areas were identified for improvement. We saw that actions included on the plan had been taken. For example, a team meeting had been used to talk to staff about the forthcoming changes to the Deprivation of Liberty Safeguards (DoLS) and that these

would soon be superseded by the Liberty Protection Safeguards (LPS).

- There was an on-call system which enabled people who used the service and staff to access management support outside office hours. Staff told us they valued the availability of this support when they needed it. One member of staff said, "The managers trust us to do the right thing but also provide us with the guidance and support we need when we're not sure."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.
- The registered manager had reported notifiable incidents to relevant agencies, including the local authority and CQC, when necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives were able to be involved in planning their care. People had opportunities to have their say about their support and how the service was run. There were regular service user meetings in which people were supported to contribute. Staff also supported people to complete satisfaction surveys about the care they received, most recently in January 2022.
- Staff told us team meetings took place regularly and were valuable in making improvements to the service and ensuring people received consistent support. One member of staff said, "Staff meetings are used as a forum to make improvements in the service, to help support the clients effectively, and also for personal development of staff." Another member of staff told us, "I can speak up if I have any concerns or suggestions and the management team is very happy to hear them. They encourage staff to bring their suggestions."

Working in partnership with others

- The registered manager and staff had established effective working relationships with other professionals involved in people's care. This included commissioners and healthcare professionals, whose input was obtained when needed to ensure people received the support they required.
- One professional told us, "The service is responsive and keeps a good line of communication with professionals and families to discuss customers' needs and trouble-shoot any concerns. The service is responsive to customers' needs and are always coming up with ideas on how to support them both long and short-term." Another professional said, "My impression is that service is committed to providing safe, person-centred care. In my experience, the service has kept the local authority well informed."