Care Management Group Limited

Care Management Group - 72-74 Walsingham Road

Inspection report

72-74 Walsingham Road
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Care Management Group - 72-74 Walsingham Road on the 22 March 2016. The service provided accommodation and support to people living in a residential area of Brighton. The service supported seven people, all aged over 40 years. It provided 24 hour support for adults with learning disabilities, mental health and complex health needs. Care Management Group services include providing residential care, supported living and day services at locations across the south of England and Wales.

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

There were concerns over how the provider responded to maintenance issues of some areas of the service, compromising safety and infection control measures. We identified this as an area that required further improvement.

People at the service told us that they felt safe. One person said, "I feel very safe, like when I take a shower and they support me not to slip in the shower, but I'm independent." There were safeguarding policies and procedures in place that were followed and staff were fully aware of their responsibilities in reporting safeguarding incidents. The provider had a whistleblowing policy in place and staff told us they knew how to use it if they needed to.

People's needs were assessed and their support plans provided staff with guidance about how they wanted their individual needs to be met. Plans we looked at placed the person at the centre of all planning and contained the necessary risk assessments to keep people safe. They were regularly reviewed and amended to ensure they reflected people's changing support needs.

Essential training was up to date for all staff. Staff had received training specific to people's support needs, including specific health conditions. People told us they felt the staff were well trained and able to meet their needs. A healthcare professional commented "Staff are well trained, the provider has a clear commitment to training and there is a good level of knowledge about the people".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and how DoLS is assessed and authorised in other settings such as supported living or people's own homes. The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff had received training on Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. Support plans showed that people's capacity was taken into account and how this affected the support they received.

People had access to GPs and other health care professionals. Prompt referrals were made to health care

professionals. One person told us, "I see my doctor when I need to." We sought feedback from health care professionals. They were positive about the service and staff responsiveness, one health care professional said, "Staff are welcoming and receptive to any feedback."

People were encouraged to be as independent as possible. People were able to participate in activities of their choice. People were encouraged to take responsibility for their activities of daily living. For example, some people did their own laundry and cooking. One person told us, "I like living here because I do lots of things: cooking, shopping, trips, church, seaside."

People were supported to remain in regular contact with families and friends. There was open communication between family members and the service. The provider had carried out quality assurance surveys with relatives.

There was an easy read complaints procedure in place. People and their relatives told us they knew how to complain and were confident in doing so.

The provider had systems and processes in place to audit and monitor the quality of the service. Issues identified for development were recorded and an action plan put in place.

Staff were positive about the registered manager and the support they provided. The registered manager responded to staff suggestions and requests. A member of staff said, "[The registered and deputy manager] are very approachable. I'm happy to talk with them or can call them if I need to."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Care Management Group - 72-74 Walsingham Road was not always safe.

The provider had not always responded to maintenance issues of some areas of the service.

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

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

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

Is the service effective?

Good

Care Management Group - 72-74 Walsingham Road was effective.

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

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to access routine health appointments and were referred to health services when their needs changed.

Is the service caring?

Good

Care Management Group - 72-74 Walsingham Road was caring.

People were supported with respect and dignity by dedicated support staff.

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

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

Is the service responsive?

Good

Care Management Group - 72-74 Walsingham Road was responsive.

Staff had a good understanding of people's identified support needs.

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

Support plans were centred on the person and detailed how people chose to be supported. Support reflected their current needs and preferences.

People and where appropriate, their relatives were involved in the planning and reviewing of their support.

People and their representatives were confident they would be listened to and any issues they raised would be taken seriously and acted upon.

Is the service well-led?

Good

Care Management Group - 72-74 Walsingham Road was well-led.

People, their relatives and healthcare professionals spoke positively about the provider and registered manager.

Staff told us they felt supported and could approach the management about any concerns.

The culture of the service was open and friendly.

Systems for quality review were in place and identified areas requiring improvement.

Care Management Group - 72-74 Walsingham Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home and to provide a rating for the home under the Care Act 2014.

The inspection was carried out on 22 March 2016 and was unannounced. It was carried out by an inspector and an expert by experience.

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

During the inspection we spent time with people who lived at the service. We spent time in the lounge, kitchen, conservatory and people's own rooms when we were invited to do so. We took time to observe how people and staff interacted.

We spoke with the relatives and friends of people. We gained the views of staff and spoke with the registered manager, deputy manager and three support workers.

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

We looked at three support plans and two staff files and staff training records. We looked at records that related to how the service was managed that included quality monitoring documentation, records of

medicine administration and documents relating to the maintenance of the environment.

The last inspection was carried out on 16 July 2014 and no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. We observed that when people did seek reassurance they would approach staff for support. One person said, "'I feel very safe, like when I take a shower and they support me not to slip in the shower, but I'm independent." Relatives told us they were confident the staff did everything possible to protect people from harm. They told us they could speak with the registered or deputy manager and staff if they were worried about anything and they were confident their concerns would be taken seriously and acted upon. The relative of one person said, "[My relative] can display more competence than they actually have. But staff respect their abilities and take seriously their safety." However, we found the home was not consistently safe.

Standards of maintenance of most areas of the home were consistent. A relative told us, "The environment is clean and tidy." There was maintenance programme in place and included the painting of communal areas and some work to treat damp in the hallway and stairs. However, maintenance to the hallway and stairs required further improvement. In this area infection control measures were compromised by damp manifesting as mould which could not be cleaned away adequately. We also heard about a ground floor window in the dining room that leaked. Staff told us the window leaked when it rained and that they used cloths to stem water coming in and pooling on the floor. Water on the hard floor surface is a hazard to people and staff. The registered manager was aware of the issues as they were pointed out and immediately accepted that further remedial work was required to repair and make good the areas. We saw that areas, including those identified, that required improvement were acknowledged by the registered manager and logged using the provider's electronic maintenance system. To date these had not been addressed. We have therefore identified this as an area that needs improvement.

Staff were able to confidently describe different types of abuse and what action they would take if they suspected abuse had taken place. There were up-to-date policies in place to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. When an incident or accident occurred staff reported it to the registered or deputy manager and were also responsible for escalating it to senior staff if neither was immediately available. Staff knew how to report safeguarding concerns appropriately both within the provider's organisational structure and, if necessary, to outside professionals. Recoding information included the person's demeanour and events leading up to the incident and how the incident was resolved. A review of the incident included the actions taken to identify if alternative interventions should be considered. Staff told us it provided the opportunity to reflect on triggers that had not previously been identified and the effectiveness of interventions. One staff member told us, "Keeping people safe from harm is why we are here."

Risks to people were identified and plans were put in place to manage the risk while protecting people's freedom and maintaining their independence. Person centred plans and risk assessments contained specific guidance about how staff should support people to keep them safe. These included information about how people may react to specific situations, for example out and about in the local community and what staff needed to do to support people to prevent them becoming anxious or distressed. Guidance

enabled people to safely participate in their chosen activities as staff were able to support them appropriately. Risk assessments were reviewed and staff were able to tell us about risks to people and how they supported them to minimise the risks.

People's needs varied but there were enough staff on duty to ensure support was in place when they needed it. The registered manager told us they had actively recruited staff and it was essential they employed the right staff. They told us, "At the moment, even though we are registered for ten people, we have seven service users and one vacancy. The provider has been very supportive of this decision as it's in anticipation of a move to new premises. The team has gradually been built back up and I think we are in a good place with it. We've recruited the right staff with the right outlook and skills." Staff told us they had worked extra shifts when required to ensure people received support from staff who knew them well. They confirmed they did not have to work extra hours if they chose not to.

Medicines were stored, administered, recorded and disposed of safely. We observed medicines being given at the times people required them. Where possible people were encouraged to be involved with their medicines. For example, one person told us all about the medicines they needed. People relied on staff to ensure they received what they had been prescribed. Some people were prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain or anxiety. When PRN medicine was given staff recorded when and why it had been given. Staff knew people well, they understood why these medicines were required and what actions to take if they were not effective.

We saw routine health and safety checks, for example covering areas associated with fire safety. Outcomes from these were recorded clearly. Maintenance and servicing of equipment and utilities such as the fire alarm and boiler were regularly completed.

The service had clear contingency plans in place in the event of an emergency evacuation. The service had an 'emergency grab bag' available which contained information such as a copy of people's key contact numbers and copies of people's medicine requirements. The provider also had services nearby and an agreement was in place should the need arise to respond to an emergency situation. All staff were trained in first aid and resuscitation techniques.

Records demonstrated staff were recruited in line with safe practice. For example, record of responses to interview questions, employment histories had been checked, suitable references obtained and all staff were subject to Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff described the safe recruitment process they had gone through when they joined.

Good

Is the service effective?

Our findings

People were positive about living at Care Management Group - 72-74 Walsingham Road. People told us that they thought staff had the skills to support them. One person told us, "They have enough training like [named member of staff]. She's very nice and competent, confident." People or their relatives told us they felt well looked after and enjoyed aspects of the service such as their busy social life and mealtimes.

People were complimentary about the food. We saw mealtimes were regarded by people and staff as a social experience, a time to chat and catch up over a shared meal. Staff worked to make sure people enjoyed their mealtimes. For example, we saw people sat with their friends and staff offered everyone drinks and talked with people socially. We heard about one person who preferred to choose and eat from their own separate menu. Staff worked hard to make sure the individual was included in this important aspect of life at the service. Two people had a fork mashable diet following guidance set by the Speech and Language Therapist (SALT). The menu was reviewed at mealtimes for these people but everyone was given the opportunity to seek alternatives where they did not want the main option and we saw that staff had a good awareness of who required additional support with their meal. One person said, "It's quite good because we help to get dinner on time. We help with choosing and cooking." Staff were aware of the importance of good hydration and we observed people were supported to access a range of hot and cold drinks.

Staff undertook a range of training to enable them to effectively support people living at the service. Essential training included infection control, moving and handling and fire marshall training. Additional training was undertaken that reflected the needs of people and included old age, learning disability and dementia. There was also training tailored to the needs and responsibilities of staff, for example, those appointed to the lead support worker role had a lead development programme. Staff spoke positively about the training they undertook. New staff completed an induction and underwent a probationary period during which time their practice was monitored and supported. We looked at the records of a staff member's probationary period. This covered all aspects of the new employee's role and had agreed actions in place. All staff had a regular supervision. Staff told us they felt well supported through the supervision process. One staff member told us, "The meetings with [the registered manager] are regular; constructive and supportive. I get the chance to talk about anything that is relevant, like training." All staff told us they felt well supported in their roles and could approach lead staff if they needed advice. People told us they felt the staff were well trained and able to meet their needs. One person said "Some staff know me well." One relative said "Staff appear to be skilled and well trained". A healthcare professional commented "Staff are well trained, the provider has a clear commitment to training and there is a good level of knowledge about the people".

During the inspection we heard staff asking people for their consent and agreement to care and support. For example, we heard a member of staff gently enquire of a person, "It's time for your medicine, are you ready to take it?" Staff had knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Policies and procedures were available for staff on the MCA and DoLS. These provided staff with guidance regarding their roles and responsibilities under the legislation. Staff understood the principles of the MCA and respected people's rights, where they had capacity, to make 'unwise' decisions. These are decision that may place them at risk. One staff member told us, "I always try my best to support people to make their own decisions." On the day of our inspection, some people were subject to a DoLS authorisation. The registered manager was clear on how to process an application with the managing authority.

We saw people had been referred to a range of health care professionals, these included the community learning disability team, district nurses and Speech and Language Therapists (SALT). People had access to routine appointments with chiropodists and opticians. One person told us, "I see my doctor when I need to." We sought feedback from health care professionals. They were positive about the service and staff responsiveness, one health care professional said, "Staff are welcoming and receptive to any feedback. They are supporting some people who have been quite institutionalised in the past and seek to increase their independence and quality of life." Another professional with knowledge of the service said, "I am always given the information relevant to my role, and any issues that have arisen have been dealt with promptly and effectively."

We observed a staff handover between shifts. Staff arriving for the shift were provided with a clear overview of how people had spent their morning. It included feedback of what activities people had participated in and included an assessment of their demeanour and any specific health concerns. For example, it was confirmed that a person had seen their district nurse and apprised staff of the outcome of the visit. Staff used the hand over time constructively to brief themselves of developments and plan their shift together.

Good

Is the service caring?

Our findings

People were positive about the support they enjoyed. We heard and saw staff talking and interacting with people in a kind and caring manner. For example, a member of staff assisted a woman with her nail care who clearly enjoyed and valued the support they received before then being helped to go out. It was clear that people felt comfortable and relaxed in their home and were supported by staff who knew people well. Staff told us they knew very easily if people were not feeling well, or were not themselves due to changes in behaviours or their routines. For example, staff told us how they observed a change in a person's physical appearance as a way of knowing that person wasn't well. Staff were focussed on providing quality support to people, one said, "They are at the centre of everything and we make sure that we are there for them in every way".

Staff provided support that was thoughtful and reflected people's additional need for support. People were encouraged to care about and consider others, both fellow housemates and relatives. For example, we saw that a person had been supported to buy a mother's day card and gift. A note in the communication book confirmed that they had taken them on their next visit to their mother. Our inspection was conducted shortly before Easter and we saw decorations around the house that reflected this and a Spring season theme. For example, there were fresh daffodils in a vase and little Easter chick decorations on the side. People were engaged in making and decorating baskets with which to collect Easter eggs as part of a hunt to be held over the Easter weekend. People were meaningfully engaged and excited by the preparations. A happy hum of positive comments between staff and people, smiles and chatter was heard and seen throughout the day.

People had a variety of activities to participate in during the day. We saw people using the service's car to go out and about, while other people maximised opportunities for independence and activity by using public transport or local facilities. The registered manager told us that a person had taken an active role in researching a selecting the model of the new vehicle, "[Person] went to the library to research new cars and came back with ideas. We narrowed it down to a choice of two cars." People regularly accessed the community around the area by themselves or as a small group, such as going to the local pub or supermarket. One member of staff said, "As a staff team we have a range of skills and interests. For example, someone is good at arts and crafts, another is keen to arrange days out while another plays the guitar. It's really nice being active. People still have the get up and go." People were encouraged to take responsibility for their activities of daily living. For example, some people did their own laundry and cooking. One person told us, "I like living here because I do lots of things: cooking, shopping, trips, church, seaside."

People were encouraged to be as independent as possible. The representative of one person told us, "It's really good that [person] gets to go to church. They've recognised that their faith is important to them and it's an important part of who they are as a person." People had their own door key and exercised choice about whether they used it. For example, one person enjoyed that they had their key but chose to keep it in their bedroom door, confident that their possessions were safe. One person said, "'My things are kept safe and tidy in my room." Independence was encouraged by providing access to information that was adapted to meet additional communication needs. For example, a notice board displayed the staff on duty in

pictorial form. Notices in easy read format giving details such as complaints were all available pictorially or in an easy read format.

People's bedrooms were individually decorated and furnished with people's own belongings. We heard how staff supported people to choose how they would like their bedrooms decorated and furnished. One person said, "It's a nice house. I have a big room. On Friday I do the cleaning and wash the sink." A relative said, "[relative] has a lovely comfortable room that they love. They've made it cosy and homely." A friend of a person reflected on the independence and choices provided. The person had a history of living in medicalised environments and had lived in a number of places over the years. They said, "My overriding impression is one of warmth. Staff really care. I will be honest and say that their room can sometimes smell but that is because [named person] can give services a lot of challenges around managing their own personal hygiene. But staff are enthusiastic and positive and know how to protect his rights and choices."

Staff were able to tell us about how they protected people's dignity and privacy. For example, they told us they would always knock at bedroom doors before entering and always closed doors when they supported people with personal care and we saw this on the day. A staff member told us how they maintained privacy and dignity in their work, "I think about how I'd want things myself. How would I feel if it were me." Files relating to people's support were kept secure, records were kept in the locked office.

Good

Is the service responsive?

Our findings

People said they received the care and support they needed. One person said, "During personal planning reviews I feel I have a lot of contributions. I feel supported. Lots of staff support me here."

There was an assessment of people's support needs before they moved in. This included information about their past and included their medical history, their current interests and needs. This helped to determine whether the service was appropriate for them. People's support was reviewed on an ongoing basis and one person had recently moved onto another service. A relative told us, "One of the house members moved on. The change was dealt with well and calmly." We saw that though the person had moved on, their cat was still looked after as they had been unable to take the pet with them.

From the initial assessment, a plan of support was drawn up for the person. The plan included sections on health action plans and risk assessments. These helped staff provide support for people in appropriate and consistent ways. People's preferences were central to their support plan. For example, plans went into such fine detail as how they preferred to have assistance with personal care, what sort of drink they preferred in the morning and established bedtime routines the individual liked to follow. Plans contained detail to help staff support people in the most effective way. A member of staff said, "Before I started work with [named person] I was given time to read the notes and we were as supported and prepared as we could possibly be."

Each person had an individual person centred support plan. They were maintained as a tool to enable people to get the right support from staff. They were written from the person's perspective and contained such headings as, 'Helping me to say what I want' and 'Types of choices I make'. They contained detailed information and guidance about likes and dislikes and what was important to them. Records included guidance to ensure effective communication. For some people they detailed approaches to recognise and meet behaviour that may challenge others. For example, it gave staff clear instruction on how to respond to one person's behaviour triggers which, if left unacknowledged, may escalate to behaviours that may challenge. The information ensured staff supported people appropriately and consistently.

People's support plans reflected their individual preferences for all aspects of daily living. Support documentation contained personal profiles, including family and other sources of support. Plans demonstrated assessment of people's individual needs and identified how these could be met. Areas included their independence, nutrition, personal care needs and communication. Plans contained sections that set out information for staff when they supported people with alternative verbal communication. For example, we saw that two people used Makaton, a language programme that used signs and symbols to support spoken language to help people to communicate. Plans reflected how they had one-to-one support from staff to use visual aids to communication in such areas as menu planning and activities for daily living.

Likes and dislikes identified where people were able to makes choices and exercise control in their daily routines. Plans were regularly reviewed, followed by a more comprehensive review involving family and/or advocates, social workers and the person's key worker. Staff said people were encouraged to be involved in

the review of their support and where it was appropriate, people had signed to indicate they were in agreement with the plan of support devised. People had an allocated key worker and co-keyworker. A key worker is a person who co-ordinates all aspects of a person's support and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives. People were able to express their views and were involved in making decisions about their support. The registered manager explained they used a matching tool devised by the provider that took as its starting point the needs of the individual requiring support. They said, "[Named person] arrived here and we needed to match their needs. They naturally gravitated toward [named member of staff]. So we sat down with them and reviewed the process. But people can and do clearly tell you who they want as a keyworker." Key workers told us it was essential there was a bond and mutual respect between the person and their key worker to ensure people received the best possible support.

The provider and registered manager took into account the views people who received a service and people were activity involved in shaping the service. There were weekly, 'Service User Meetings'. The registered manager said, "We held one on Sunday and the feedback was great. It worked really well. Getting people to talk is a big part in the running of the service." There was a record of the dates and discussion at the meetings.

We looked at the completed satisfaction questionnaire surveys for 2015. People, their relatives and stakeholders were surveyed. Feedback was seen to be positive. The information that was captured was collated and the results were shared with people. The registered manager told us that if anything was raised that required a response, it was identified. For example, a comment included, 'Getting things done for example, painting seems to take forever.' The attention to maintenance was then identified as a priority in the Service Delivery Plan and we saw that areas identified had been painted.

People said if they were unhappy or had any complaints they would talk with staff. One person told us, "I tell a staff if I have any complaints or concerns and they get it done nice." People told us they could speak with staff or to a manager if they were not happy with an aspect of the service. One person said, "If I'm not happy with something I complain by telling the manager and my carer." The provider had a procedure in place which explained how complaints would be answered and what people could do if they remained dissatisfied. This was also available in easy read format. A record had been kept of complaints made and we saw processes were in place to respond to formal complaints in a timely way, in line with the complaints procedure. Relatives we spoke with had not had reason to raise complaints but were confident about the process to do so and said they felt confident they would be listened to. The following comment was typical, "I have never had a complaint. But they [the staff] keep in touch by phone and [the registered manager] is very helpful, [the deputy manager] is a nice fellow and he tells me all about how [my relative] is doing."

Good

Is the service well-led?

Our findings

People, their relatives and healthcare professionals told us the service was well led. One person told us, "The manager is lovely and she talks to us. She talks about future plans and sometimes, maybe once a month, to review how I'm doing." Health care professionals were positive about the service and told us that the communication from the staff and management was good.

The provider and registered manager promoted a supportive and transparent culture. Staff spoke of an open culture. They told us that communication from the provider and management was good. They felt very supported by the registered manager. One member of staff told us, "I don't feel like I'm coming into work. The service users, other staff and [The registered manager] make the experience enjoyable. We are always going out or joining in with activities in the house. People are happy and achieve their goals." Another member of staff said, "As a staff team we're on the same page".

The provider and registered manager worked to promote a sense of pride in their staff team. Staff we spoke with said that they experienced a difficult time because of changes to key staff, including the registered and deputy manager, bereavement and changes to people who lived at the service. However, staff were positive about the registered manager and their deputy and the support they received from them. They said they were very approachable and there was an open door policy in place. One member of staff said, "The service is moving forward. I feel listened to once again. For example, there was an issue around the rota, it wasn't working. But it was sorted out by the management." Another member of staff said, "[The registered and deputy manager] are very approachable. I'm happy to talk with them or can call them if I need to." The registered manager told us that the provider had annual awards to reward achievement by people, staff and teams. They showed us the nominations for awards for individuals.

The visions and values of the provider promoted independence and enablement for people to have a life of their choice. The registered manager reflected these values and was passionate about the service and their work with people. They and their deputy took seriously their sense of responsibility to ensure that people were happy and listened to and that they were supported to exercise choice and achieve independence and choice as much as possible.

The provider had systems and processes in place to audit and monitor the quality of the service. Audits were robust and picked up areas that needed improvement. Some audits were undertaken internally by the registered manager or their deputy. We saw that the regional director carried out monthly unannounced visits and also in-depth quarterly audits. The audits focused on standards and showed how the provider closely monitored the quality of the service. For example, they had picked up recording issues around health and safety issues and the updating of peoples care plans. The registered manager used the audits to identify issues and worked through them to further improve the service.

The registered manager told us they felt supported by their line manager and communication between themselves and the provider was effective. The PIR they submitted identified they regularly liaised with their own line manager and registered managers from the providers nearby services. They described recent

training and support events they had been involved with. For example, they attended local registered manager meetings. The registered manager told us this was a good opportunity to share good practice and discuss current issues across services. They told us how they also kept up to date with best practice by subscribing to professional journals and making these available for staff to read in the office.

The provider carried out an annual quality assurance survey with key people in people's lives. Relatives we spoke with confirmed that they received these, they told us, "The Care Management Group send out a form, a questionnaire or survey once a year but I don't always fill it in. I stay in touch in the way I choose."

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