

# Caretech Community Services (No.2) Limited

## May Morning

### Inspection report

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Date of inspection visit:  
12 September 2018

Date of publication:  
19 November 2018

### Ratings

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

# Summary of findings

## Overall summary

May Morning is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. CQC carried out an unannounced inspection of this service on 12 September 2018.

May Morning provides accommodation and personal care for up to eight people who have a learning disability, autistic spectrum disorder and some physical disabilities. The accommodation is accessible and appropriate to meet the needs of the people living in the service. At the time of our inspection there were seven people living at the service.

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The values that underpin the guidance such as offering choice, promotion of independence and inclusion were evident in the support people received from staff so that they can live as ordinary a life as any citizen.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 31 May 2017 the service was overall rated as requires improvement. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, responsive and well led to at least good.

At this inspection we checked that the action plan for the previous inspection had been implemented. We found that the previous breaches regarding completion of health and safety checks, an accessible complaints procedure and the effectiveness of quality assurance systems had now been fully met, and we have rated the service as 'Good'.

There were enough staff to support people's needs. Risks to people had been assessed and measures implemented to reduce these. People's medicines were managed safely and only trained staff administered these. Their competency to do so was assessed at regular intervals. People's health and wellbeing was monitored by staff who were proactive in referring people appropriately to GP's or for specialist support from other health professionals. Guidance was in place to inform staff how to support people's specific health conditions such as epilepsy and recognise signs of deterioration.

People had care plans in place which detailed their needs and wishes. Where known people's end of life choices and wishes were recorded to inform staff who would implement these if the need arose. Staff were trained to recognise and respond to suspicions of abuse, they understood their responsibilities to

act on their concerns. Staff knew how to escalate their concerns to protect people from harm. Staff understood how to report and act upon accidents and incidents. These were analysed and informed the development of strategies to reduce risk and avoid recurrence where possible.

Staff recruitment files showed that satisfactory processes were in place for the recruitment and selection of all levels of staff. Staff received the training they needed to ensure they had the right knowledge and understanding of people's needs. Staff said that they felt supported and listened to, communication within the service between all levels of staff was good. New staff said they had felt fully supported by existing staff members and that there was good teamwork. Staff were given opportunities to express their views through staff meetings and one to one meetings. However, the delivery of an annual staff appraisal system needed improvement.

People lived in a clean safe environment that was maintained to a good standard. Equipment for the detection of fires and electrical and gas installations was tested and serviced at regular intervals. Staff were trained to take appropriate action in a fire. People had individual evacuation plans to inform staff what support they might need to affect a safe evacuation.

People were supported to make choices about their lives, including what social activities they wanted to do. Staff sought peoples consent to the everyday tasks they helped them with. Staff understood the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards DoLS. People were consulted about what they ate and drank, they were supported to make drinks and snacks for themselves. Where people showed a commitment to do so staff helped people to eat healthily and to lose weight.

A quality assurance system was in place this had been improved upon since the last inspection, this provided the registered manager with a good overview of service quality and where any shortfalls were identified. Relatives were surveyed for their comments, feedback from those received was universally positive with no comments for improvements.

An accessible complaints procedure had been developed for people and staff were proactive in supporting people to raise concerns. Relatives felt confident about raising concerns if they had any, and felt these would be acted upon.

We have made one recommendation in relation to staff appraisals.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

People lived in a safe, clean and well maintained environment and were protected by the prevention and control of infection.

Staff understood the appropriate action to take to protect people from abuse.

Risks were well managed and people were supported to take risks whilst minimising any potential harm to them. Incidents and accidents were analysed and actions taken to reduce recurrence.

There were a sufficient number of suitable staff to support people safely.

People received their medicines safely as prescribed by their doctor.

Good 

### Is the service effective?

The service was not always effective.

Improvements were needed to the delivery of an annual staff appraisal system. Staff felt supported and had opportunities to meet and discuss their training and development needs at one to one meetings.

People's needs were assessed to ensure these could be met appropriately.

Staff received the induction and training they needed to carry out their roles effectively.

People were supported to drink and eat enough to maintain a balanced diet.

People were supported to remain as healthy as possible. Environmental adaptations were made in response to identified needs of people in the service.

Requires Improvement 

Suitable arrangements had been made to obtain peoples consent to care and treatment. Staff supported people in line with the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)

### **Is the service caring?**

**Good** ●

The service was caring

Staff were kind and friendly. They respected people's privacy and upheld their dignity.

Staff supported people to develop their independence.

Peoples confidentiality was maintained.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care that was personalised to their needs and wishes.

People were supported to attend a varied range of preferred activities in the community.

People were provided with information in formats that met their individual communication needs

An accessible complaints procedure was in place and staff were proactive in supporting people to raise any concerns they may have.

Where known peoples end of life wishes were recorded.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager was supported by their peers and management team, and s to kept updated with changes in health and social care.

Staff felt supported and listened to and found the registered manager approachable.

Systems were in place to monitor the quality of the service people received.

People's feedback was sought and acted on to improve the

service.

The registered manager was aware of their responsibility to comply with CQC registration requirements.

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# May Morning

## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on 12 September 2018 and was unannounced.

The inspection was undertaken by one inspector, this was because it was considered that additional inspection staff may be intrusive to people's daily routines.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous action plans and reviewed other records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

At inspection we met six of the people who lived in the service at various times during the day. Some people were not able to express their views: we made observations of people's interactions with staff and with other people. We also observed how staff engaged with people and with each other in carrying out their care and support duties.

We spoke with the registered manager, deputy manager, one team leader and two staff. We received feedback from two social care professionals' one health professional and two relatives.

We looked at two care plans and associated health plans, environmental and individual risk assessments, medicine records, and some operational records that included three staff recruitment and training, staff rotas, menus, accident and incident reports, servicing and maintenance records, complaints information, policies and procedures, survey and quality audit information.

## Is the service safe?

### Our findings

A relative told us they thought their relative was safe living in the service, that they were "doing very well there, likes it" and "I wouldn't want them moved."

At the previous inspection in May 2017 we noted some continued inconsistencies in the recording of health and safety checks. This inspection showed us that the provider had acted to improve this by implementing a simplified auditing process making it easier for staff to maintain. As a result, all required daily, weekly, and monthly safety checks were shown to be completed. Any identified actions from these were progressed for maintenance and repair, or added to the maintenance plan.

The premises were well maintained and updating to bathrooms had been carried out since the last inspection. All equipment was serviced to the required intervals suggested by the manufacturer. Remedial works because of servicing checks were carried out. We noted a first-floor bathroom window needed new film to obscure the view in and out of the bathroom. This had been added to the maintenance plan. As an interim measure however, staff covered the window to cover up any breaks in the film to protect people's dignity and privacy.

The premises were kept clean and tidy. People, with staff support, helped with cleaning their bedrooms and in doing their laundry. Staff undertook both the cleaning and laundry responsibilities in the service. They were guided by clear cleaning schedules for each day, week and month for specific cleaning tasks to be undertaken. The schedules ensured all areas of the service were maintained to a good standard of cleanliness. Staff had received training to understand and implement good infection control. Staff had access to supplies of gloves and aprons if these were needed when supporting people with their personal care. Measures implemented to reduce the risk of the spread of infection were followed by staff. Laundry facilities were adequate to meet the needs of people in the service, and this equipment was kept serviced.

People participated in fire drills when they occurred. Staff attended regular fire drills. The registered manager was aware of the need to ensure all staff attended at least two drills annually. Staff were aware of emergency evacuation procedures both in the event of a fire or from other events that may impact on the operation of the service. Fire equipment was serviced and tested regularly. Each person in the service had a personal emergency evacuation plan (PEEP) this informed staff what help each person would need to evacuate the premises safely. This was kept updated and was contained in an emergency grab bag for staff to refer to in the event of an emergency.

Medicines were managed safely. Appropriate systems were in place for the ordering, receipt, storage, administration and disposal of medicines. Only trained staff administered medicines. We observed administration of medicines. Staff supported people's preferences around how they took their medicines and understood each person's routine well. Staff explained to everyone what they were doing and encouraged people to take their medicines. Medicine administration records were completed well. Medicine storage temperatures were recorded to ensure these did not exceed 25 degrees Celsius. Some people had

'as and when required' (PRN) medicines prescribed, an individual protocol was in place for each 'as and when required' medicine to assist and inform staff and aide consistency in administration.

There were enough staff to support people's day to day care and activity needs. A review of the staff rota confirmed that staffing levels provided the flexibility to offer one to one support for those whose funding provided this. Staffing levels also enabled people to go out on a regular basis for those who liked to do so. Additional staff were rostered on during the day to accommodate peoples' activities and support. For example, if a person was going on a day trip and needed the support of two staff, additional staffing was provided to ensure this did not reduce availability of staff to be with other people in the service. Staff said they thought staffing levels were enough to meet the care and support needs of people in the service and provide them with a busy active life. We observed staff undertaking one to one support during the visit, A shift planner was used to allocate staff to individuals during the day and evening and to support people with their planned activities for the day. Staff also took responsibility for specific tasks such as weekly checks of vehicles, equipment testing, health and safety checks.

Staff recruitment files showed that satisfactory processes were in place for the recruitment and selection of all levels of staff. Initial recruitment checks on the suitability of prospective staff included checks of previous employment history, proof of personal identity, satisfactory written references; a Disclosure and Barring Service (DBS) criminal record check; and a statement as to their current health. A record was kept of the interview process. These checks identified if staff were suitable, of good character and were not barred from working with people in care settings.

Staff were knowledgeable about the risks people may experience because of their own care and support needs and from their environment. There were some generic risk assessments of the environment in place because these affected everyone. Otherwise risks were focused on individuals and how their specific needs placed them at risk. Risk assessments provided clear descriptions of the risks to the person, and included guidance for staff about the measures implemented to reduce the risk occurring. Risk assessments covered such areas as being supported in the community, travelling in vehicles, specific areas of vulnerability such as financial management, behaviour that could be challenging and using the kitchen safely. The risk assessments made clear to staff what level of support they needed to provide when supporting the person, and what they also needed to consider such as external influences that could affect the person such as noise, or places with lots of people.

Staff had received training to understand and be aware of abuse that people in care settings can experience. In conversation staff understood their responsibilities to act on any suspicions of abuse they may have and to report this. They understood how to escalate concerns both inside and outside of the organisation if needed and were confident of using the providers whistleblowing policy if their concerns related to another staff member. Staff had confidence in the registered manager taking appropriate action and that their confidentiality would be maintained so as not to affect their working relationships within the team. The registered manager had established a good relationship with the safeguarding team and reported safeguarding issues appropriately.

Several people in the service experienced anxiety that could lead to their expressing this through behaviour that could be challenging to staff and others. Staff were trained to respond in the least restrictive way to support people through these crises. With the help of behavioural therapists, strategies had been developed to inform and guide staff responses, and staff had been trained in positive behaviour support.

Accidents and incidents were reviewed and there were processes in place to ensure appropriate action was taken.. There was clear evidence of the steps taken by the registered manager and staff to engage with

health and social care professionals to look at what further actions could be taken to protect each person and others living in the service. An analysis of the incidents and accidents occurring for individuals was carried out to look at potential patterns and trends, this informed the next steps and actions to be taken including referral to professionals, updating of strategies and risk information.

## Is the service effective?

### Our findings

A health professional who had provided training to the service commented that in their experience the service staff referred people appropriately for help from professionals, they asked the right questions about how they should implement strategies, they had no concerns about the support people received and thought staff acted in the best interest of people in the service.

There were some new staff since the last inspection some previously experienced in care with vocational qualifications others who were new to care. One new staff member told us that they were still completing their probationary period and had received a four-day initial induction to their role. They told us that they were completing on line training as part of their work towards completing the nationally recognised 'Skills for Care' care certificate standards. These standards are achieved through assessment and training, so that staff can gain the skills they need to work safely with people.

All staff completed a programme of mandatory and additional training relevant to the specific needs of the people in this service. Staff said they had completed all their required training and were reminded about this if it was overdue. Staff said they received the right training to give them the understanding and knowledge they needed to support people appropriately, additional training was provided if new needs arose. A system was in place to monitor that staff completed all their required training which included equality, diversity and human rights. The provider had a policy about equality and the protection of human rights that staff could access.

Staff said they felt supported and able to discuss their training and development needs or anything else that was impacting on their work life, and received regular opportunities to do so individually and through group sessions. Most staff were on track to receive supervision in line with the frequency stated in the providers own policy for the supervision of staff. However, most staff had not received a yearly appraisal. This is important because staff had not had the opportunity to discuss their development in the past year, reflect on their work, or identify their training and support needs for the year ahead.

We recommend that the provider in conjunction with the registered manager review the staff appraisal process to ensure this is deliverable to staff in its current format and to the required frequency.

People were unable to tell us that staff sought their consent but our observations showed that staff were always respectful and sought people's involvement and consent at every opportunity to engage them in tasks. Staff said that people made it known clearly if they did not want to do something or participate in anything and refusals were respected. Sometimes these were re-offered later or an alternative provided.

The registered manager and staff had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to decide, a best interest decision is made involving people who know the person well and other professionals, where relevant. There was evidence on people's files of best interest's discussions taking place in respect of important health decisions that needed to be made.

Mental capacity assessments were completed regarding people's ability to make decisions about their everyday personal care and support needs. All the people met the test for whether a Deprivation of Liberty authorisation should be applied for. 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 Mental Capacity Act 2005. The applications for this in care homes are called Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications for everyone in the service. These were to support the care and treatment decisions staff needed to make on an everyday basis on peoples' behalf to enable them to live their lives with dignity. To date only one DoLS had been authorised. That person received a visit from an independent mental capacity advocate to ensure the authorisation was being adhered to appropriately by staff.

People were consulted on a weekly basis about what meals they would like to eat, from this feedback staff developed a weekly menu. Staff had a good understanding of people's individual food preferences, accommodating these within menus by adapting on an individual basis the meal choices on offer. Staff encouraged healthy eating and supported people with weight loss programmes successfully where the person showed commitment to do so. One person told us that they had wanted to lose weight and staff had supported them with this. They were happy with their overall weight loss and confirmed that this had helped them to be more active. Staff recognised and respected that some people's food choices were not always healthy but this was all they would eat. People were encouraged to be actively involved in the preparation of some of their meals such as breakfast, and were observed in the kitchen making breakfast, snacks and drinks for themselves under staff supervision.

Staff protected people's health and wellbeing by having a detailed knowledge of their individual characters and general health needs. Daily records and shift handover reports showed that they were alert to any changes in mood, behaviour, body language or sign language that indicated signs of distress, pain or a visible deterioration in the persons health. Individual protocols were in place to inform and guide staff in relation to supporting people with specific health needs such as Epilepsy and staff received training around this. Staff understood they needed to alert concerns they may have about people's health to the senior on duty, and following discussion this may lead to a GP referral where necessary. Health reviews were completed for people annually, and where identified requests for referral to specialist health services such as dietitians or speech and language therapists were made to address specifically identified issues.

Staff maintained clear records of contacts with health professionals and the advice given by them. This influenced care plan information, behaviour strategies and risk information to help staff improve people's well-being. Staff handovers between shifts highlighted any changes in people's health and care needs to staff, so that staff were aware if there was a need to keep someone under closer observation in case further action was needed.

Peoples needs were continuously assessed, changes were planned for and supported by staff to deliver positive outcomes in line with best practice and current legislation. Staff considered peoples physical, mental and social needs. Records seen were regularly reviewed and updated.

People were fit and mobile and did not require any specific adaptations to the property to access all areas of the service. Consideration had been given to the needs of a person with a sensory impairment and specialist equipment had been provided to better support their privacy and alert them in the event of emergencies.

## Is the service caring?

### Our findings

People were relaxed in the company of staff, some people smiled and laughed, all communicated happily with staff using a mix of verbal communication, noises, signs and their own body language and gestures. Different approaches were used to suit people's personalities.

Staff were respectful of people's dignity. Support was provided discreetly to people Staff were mindful of people's privacy reinforcing with people occasionally when needed that they should not enter another person's bedroom as this was private.

Staff were proactive in recognising where people needed additional support to improve the quality of their life. For example, a person with a hearing impairment had been empowered by a flashing doorbell to know when staff were wanting to enter their bedroom. A flashing light and pillow alarm also alerted them when the fire alarm was ringing to aid their independence in responding to this.

Another person who preferred their own space and enjoyed the garden had been provided with their own access to a secure garden space of their own, and spent many happy hours outside.

Staff recognised the need for other people to have a secure garden space that they could use and plans were underway to develop a secure outdoor space for everyone to enjoy. At present there was not a secure garden space for people to use without staff supervision.

Staff had recognised that one person who preferred their own company and spent long periods of their time in their own room completing activities that interested them, needed more space. When a bedroom became free they consulted with the person and arranged for them to move to the larger space, where they had settled well, had more space for their activities and enjoyed the added space this gave them.

People were encouraged to personalise their bedroom with possessions that meant something to them. These could be linked to interests and hobbies or to family and friends. One person had a fish tank that they were supported to maintain. Several people had photographs of family members, and collections of games, books, toys and DVDs that were important to them and gave them pleasure.

Staff promoted people's independence. People were encouraged and supported to do as much for themselves as possible. Peoples individual planners also took into consideration opportunities for skills development. People were encouraged to be involved in the preparations of some of their meals such as breakfast and lunch, to develop skills around undertaking aspects of their laundry and tidying and cleaning their bedrooms.

Relatives we contacted said they were kept informed about their relative's wellbeing and activities in most cases, they found staff approachable and easy to speak with. They were always made welcome and one person said they sometimes shared a meal with their relative when at the service. People were out during the day so it was preferred that relatives rang ahead of any visits to be sure their relative would be available

when they arrived. People were supported by staff to have regular contact with their relatives. Some people went home on a regular basis, for weekends stays or for a weekly visit. This formed an important part of their weekly activity planner and some people regularly checked out with staff how long it would be until they saw their relative again. Staff had developed a way of managing this anxiety and offered reassurance.

Staff maintained people's confidentiality. Staff had received training and guidance in respect of the new General Data Protection Regulation (GDPR); This is the new law regulating how companies protect people's personal information. People's care records and files containing information about staff were held securely in locked cabinets. Computers were password protected and all documents were encrypted and sent password protected.

## Is the service responsive?

### Our findings

Relatives told us that they were asked to attend reviews and felt involved and consulted within these. "I feel able to comment."

People had very detailed care plans in place, which reflected their current needs. The care plans were person centred, they provided clear guidance to staff about how people should be supported, detailing each person's preferred personal care routine. The plans incorporated people's preferences in their everyday care and support and detailed what skills people had and what they could do for themselves. The plans contained information about how people communicated, what signs, gestures and body language they used to express themselves, their likes and dislikes and how they expressed emotions like happiness and sadness. Care plans recorded what things made the people anxious and positive behaviour support strategies had been developed to guide staff and support people in a positive way. We observed that staff were skilful in working with people and interpreting potential triggers and intervening when people needed extra support: staff responses were in line with the recorded strategies. People had regular reviews involving where possible their care manager from their funding authority, their relatives and any other relevant staff or professionals who may have regular input.

A weekly activity planner had been developed with each person, this reflected activities they enjoyed and showed interest in. People were encouraged to participate in a full and varied range of activities in the community, these helped to enhance their personal wellbeing and enabled them to participate in the wider community. Staff were always mindful to ensure that they provided the right level of staffing and assessed people's moods correctly prior to an external activity taking place, to ensure people had a positive experience when out. People participated in a range of external activities such as going for drives in the minibus, shopping trips, meals out, visits to the pub, golf, cinema and swimming. One person attended a day centre three times each week. There were also planned long days out usually for two people at a time to places of interest such as Portsmouth, or regular opportunities to travel abroad to locations in France or Belgium for the day. A few people were supported to use public transport. People's participation in activities was flexible, and people were supported to do different activities if they wished: for example on the day we visited, one person had decided not to do their planned activity, and chose instead to sit with a staff member who knew they had a specific area of interest and they provided printouts for the person to spend time colouring in.

Since the previous inspection the accessible information standard had been implemented. This standard sets out a specific approach to recording and meeting the information and communication needs of people with a disability, impairment or sensory loss. Care plans contained information about people's communication needs. Documents had been made accessible to meet people's needs such as, easy read versions and pictorial versions of the complaints procedure, communication plan, menus, and activity planners. To inform the people living in the service individual pictures of the whole staff team were displayed for them to refer to.

Previously we had issued a requirement notice because the complaints procedure was not accessible to

most people in the service. Since then the registered manager and staff had developed a visual complaints process that has been clearly displayed in the entrance hall of the service, people were familiar with the signs used. Some people could vocalise their dissatisfaction, others could not and relied on staff to understand their expressions, vocalisations or body language or behaviour to indicate they were unhappy. The deputy manager had initiated a session with staff looking at how they could be more proactive about recognising and acting on potential complaints from people who could not do so for themselves. This had been a successful exercise and had resulted in staff raising two separate complaints on behalf of two people. These had been recorded and action taken to resolve issues. At the time of inspection, no formal complaints had been received but an appropriate system was in place to record, investigate and action these when they occurred.

Some people but not all had end of life wishes recorded. The registered manager acknowledged this was a sensitive area that not all relatives wished to discuss, but was needed to ensure that staff responded as people and their families would wish in the event of an emergency. This was an area that needed to be clarified, where people's wishes had not been made known and the registered manager agreed to follow this up with relatives at review.

## Is the service well-led?

### Our findings

Relatives felt that they were kept informed and found the registered manager and staff very approachable "They are very kind, very friendly, I go for lunch there."

Health and social care professionals felt the service was well-led. One commented that their experience of the service had been good and that the registered manager maintained good communication with professionals. Other social care professionals said there was an overall view that the registered manager was doing a good job.

At the previous inspection we had issued a requirement because there was continued inconsistencies in the recording and completion of some quality checks and audits to provide an accurate oversight of the service quality and safety. Additionally, where relatives were surveyed and had made comments for consideration there was no clear link between comments made and service development or to demonstrate people were being listened to. At that time the provider could not demonstrate that an adequate accessible complaints process was in place.

Since then the provider, through their locality manager and the registered manager, had worked hard to identify and address shortfalls in the service. An accessible complaints procedure had been developed and was being used for people. Improvements had been made to the completion of records of quality audits and checks. These were carried out within the service to monitor quality and to identify how the service could be improved. This included weekly checks on medicine systems and records. The supplying pharmacist had undertaken an audit in December 2017 and made minor recommendations which had been implemented. Safer food better business by the Food Standards Agency was used to audit food management, and record temperatures of food and fridge freezers storage and ensure people remained safe. An infection control audit was undertaken every quarter. Health and safety checks of the environment, including hot water temperatures, window restrictors, were undertaken, to help make sure people lived in a safe environment, weekly vehicle checks were undertaken to maintain the safety of people and staff.

A staff member from the provider's own compliance team undertook quality assurance visits and reports were available. These visits mirrored the inspection process looking at the five domains of safe, effective, caring, responsive and well led. Reports showed this was a very thorough audit and action was taken to address any shortfalls identified.

There was an established registered manager in post who was supported by team leaders. The registered manager split their time between this and a neighbouring service, their main role was to provide clear day to day leadership to both services and when not based at May Morning, the deputy and team leaders provided staff with the necessary support and management. There was a clear staff structure with lines of accountability, staff knew who to report to during their shifts. The registered manager received support from their locality manager and also through peer support at manager meetings. The registered manager stated that they kept themselves updated through feedback from their Internal Compliance and Regulation Team and the Quality team who cascade changes in law and legislation to the Health and Social Care industry.

They share good practice between services to aid improvement. An external health and safety provider kept the Registered manager updated of changes to health and safety requirements through their own service inspections. Manager development events were held quarterly by the provider enabling registered managers to network and share good practice. These events also provided opportunities to be informed about forthcoming changes that may impact on their services. Subscriptions to several mailing lists also enabled the registered manager and staff to keep updated for example; drug alerts, food standards agency changes, skills for care information, care improvement works, and local commissioning team information.

The registered manager and staff received consistent support from other senior managers and the locality manager, in addition to specialist support from a behaviour therapist, maintenance staff and internal compliance staff. We were informed that resources were made available by the provider when needed. This was evident in regard to one person who now required one to one support at all times. An increase in staffing levels had been adopted in response to these changed needs, despite this not currently being part of the currently funded care package This showed the provider put people and their needs first.

The registered manager demonstrated a commitment to improving the service and recognised where things could be improved such as the delivery of yearly appraisals for staff. Staff also showed commitment and enthusiasm for delivering a service focused on the needs of the people. This was evident in the way time had been spent on developing people's communication plans to ensure that people were listened to and understood, and this gave them the freedom to make choices and decisions about their day to day life which staff respected.

Staff felt very well supported by the registered manager, deputy manager and other staff, they understood their responsibilities. They felt able to express their views at team meetings which were held three to four times each year. A staff member said of the registered manager "I have learned so much since they came, I feel more confident," Staff said they worked well together as a team, a new staff member said they felt they had been able to go to any staff member for support, and felt people were receiving a good standard of care. Staff said they felt it was a good place to work and they enjoyed working there.

Relatives were surveyed for their views. Take up of survey responses was limited but those returned showed only positive responses with no comments for further actions to be taken. The registered manager agreed that even where feedback was all positive it would be good to relay this to relatives, as this could encourage other relatives to participate. The registered manager agreed to implement annual feedback letters even where no suggestions for improvement had been made.

Policies and procedures were easily accessible to staff. These were kept updated by the provider; staff were made aware of any changes to these and asked to read updates and sign that they had done so.

The registered manager understood the need to notify the Care Quality Commission should any significant events occur, in line with their legal obligations and had done so when required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception and on their website.