

Care Management Group Limited

Care Management Group - Smitham Downs Road

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service: Care Management Group - Smitham Downs Road provides personal care and support for up to nine adults with learning disabilities or autism. Since our last inspection, everyone who previously lived in the home had moved to another service owned by the provider. At the time of this inspection six people were using the service.

People's experience of using this service: At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

Smitham Downs Road had undergone complete refurbishment and redecoration since we last inspected. The provider had managed this in such a way to accommodate the needs of new people moving to the service. This included making sure people's bedrooms were furnished according to their needs and choices before they moved in.

People needs were fully assessed before moving to the home so the provider knew whether they could meet the person's needs. Risks to people's health and wellbeing were understood and staff had the information they needed to support people and keep them safe. Care plans were personalised to reflect individual needs and preferences. People's needs were regularly monitored and reviewed and staff responded appropriately to changes in people's needs or circumstances.

People were protected from abuse and discrimination. Staff were trained to recognise signs of potential abuse and how to manage and report any situations in which people may be at risk. The provider followed safe recruitment practice to make sure staff were suitable to work in a care setting.

There were enough staff with the right skills and knowledge to meet people's needs. Staff training included supporting people who presented behaviours that could result in harming themselves or others. Staff also learnt how to communicate effectively with people in their preferred ways, for example, where people did not use verbal communication.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated people with dignity and respect. People decided how they spent their time and staff respected their choices and independence. Information was made available in accessible formats to help people who needed support with communication. People took part in activities they liked or had an interest in and staff supported people to try new ones.

People received the care and treatment they needed to maintain their health and wellbeing. They had access to appropriate health, social and medical support when it was needed. Medicines were managed

safely and people received their medicines as prescribed.

People maintained relationships with those that mattered to them. People and their relatives had opportunities to share their views and the provider listened to their feedback. Relatives knew how to raise concerns and told us they would be confident to do so. Arrangements were in place to monitor, investigate and respond to complaints.

There was an inclusive culture at the service where staff felt listened to and supported. The new manager showed effective leadership and knew what was working well and what needed improving in the home. Staff and relatives told us the manager had made positive changes since joining.

The provider had good oversight of the service and used effective systems to monitor quality and safety, keep checks on standards and develop the service. Where improvements were needed or lessons learnt, action was taken to make the necessary changes.

At the time of the provider's registration, the care service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. However, we found care was provided in line with these principles and values. People received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

Rating at last inspection: At the last inspection the service was rated Good. (Report published September 2016)

Why we inspected: This was a planned inspection to check the service remained Good.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection schedule or sooner if required.

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 remained safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led

Details are in our Well-Led findings below.

Good ●

Care Management Group - Smitham Downs Road

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Care Management Group - Smitham Downs Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home did not have a registered manager at the time of the inspection. There was a new manager who was due to apply to register. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in August 2016. This included details about incidents the provider must notify us about. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us

to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements.

People living at Smitham Downs Road were unable to fully share with us their views of the service. We therefore used observations and spent time with people and staff to help us understand their experiences. We also reviewed three people's care records to see how their care and support was provided.

The acting manager and previous registered manager were available to help with the inspection and we spoke with four members of staff. We checked recruitment records for three staff members and training and supervision arrangements for the staff team. We looked around the premises and at records for the management of the service including quality assurance systems, audits and health and safety records. We reviewed how medicines were managed and the records relating to this.

Following our inspection, we spoke with three people's relatives to ask their views about the service. The registered manager also sent us information we requested. This included service improvement plans, the most recent health and safety audit, training information and a summary of incidents/ accidents. The manager also sent us a copy of the local authority's report following their quality monitoring visit in October 2018.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Relatives were confident staff supported their family members to keep safe. Staff could identify how to recognise if someone was at risk of abuse and how to report any concerns they had for people's safety. This included external agencies such as the local authority and police.
- Staff completed safeguarding training every year to keep up to date with best practice. Contact numbers for people, staff and visitors to report concerns were displayed in the home.
- The provider had robust systems to safeguard people and responded appropriately to any allegation of abuse. Where safeguarding concerns had been raised, the service worked effectively with the local authority to investigate these and improve standards. There was one safeguarding investigation in process at the time of our inspection.

Assessing risk, safety monitoring and management

- People received care and support from staff in ways that maintained their safety. Detailed assessments explained the risks associated with people's care needs and the support they needed to reduce the risk of harm. For example, some people always needed staff support in the local community so they could take part in the leisure activities they enjoyed.
- Where people may behave in a way that could harm themselves or others, staff knew how to reduce risks and keep people safe. One staff member explained how they observed for changes in body language which indicated the person may have heightened anxiety. Another member of staff spoke about the importance of maintaining routine for people where changes could cause them to become angry or upset.
- Information about supporting people with their emotional needs explained what may trigger behaviour and how staff should respond. For example, what activities would engage and stimulate the person, so that risks were minimised. We noted assessments did not consider where people were at risk of becoming socially isolated. The manager acknowledged this and agreed to review and update people's care plans where this was an identified need.
- The provider assessed the premises for risks and made sure the environment was safe for people, staff and visitors. Servicing records, including those for fire, gas, electric and water hygiene safety were up to date.
- Staff carried out checks and ensured equipment was safe to use, effective and well maintained. Regular fire drills took place and people had personal evacuation plans for staff to follow in the event of a fire or emergency.
- People had the equipment they needed to promote their safety whilst maintaining their independence. This included a two-way pager for people to contact staff if they needed support.
- Since our last inspection, the service had undergone refurbishment and showed the provider had considered the safety needs of people using the service. Furniture and fittings were made safe and secure to

minimise the risk of people coming to harm. In preparation for a person's move, we saw maintenance staff were making adaptations to their bedroom, to ensure potential hazards were removed.

Staffing and recruitment

- People received flexible staff support depending on their needs and what they chose to do. Examples included where there were planned outings or activities and where a person required one to one support. We observed people received individual support when they needed it.
- Records confirmed staffing was organised effectively to ensure there were enough staff with the right skills to support people. For example, there was always a member of staff on duty who was trained in epilepsy and medicines administration.
- The recruitment process was thorough and enabled the provider to confirm staff were of good character and had the right skills and experience to support people. Relevant checks were undertaken to make sure staff were suitable before they started working in the home. These included a criminal records check, proof of identity, employment history and written references

Using medicines safely

- Medicines systems were organised and people received their medicines when they should. Records about people's prescribed medicines were detailed and provided staff with important information about why people needed them.
- Where people received medicines 'as and when required', there were guidelines about the reason the medicine was needed, when it could be given, and the potential side effects. Examples related to medicines used for anxiety, pain relief and managing epilepsy.
- Staff completed a 'medication alert' form when people were prescribed new medicines, or medicine doses were changed. This ensured staff were made aware of important changes that may impact on people's health and wellbeing.
- Staff received training in safe medicines management. Their competency was assessed before they could administer medicines alone and again each year to make sure their practice was safe.
- Where a medicines error had occurred, staff took immediate action to make sure the person was safe. This included contacting a GP or practitioner for advice and the staff member receiving additional training.
- The provider followed safe practice for the receipt, storage, administration and disposal of medicines. Medicines were checked and counted daily by staff to ensure people received the right medicines and in line with the prescriber's instructions.
- The pharmacist visited yearly and the acting manager completed monthly audits to check medicines management was safe and in line with current guidance. Where actions were required, these were addressed and discussed with staff to improve practice.

Preventing and controlling infection

- The home was visibly clean, well maintained and staff followed effective hygiene practice.
- Staff supported people to keep their home clean and tidy and monitored cleanliness standards. Where they identified hygiene concerns, these were addressed.
- Staff completed training on infection control and food hygiene safety which reduced the likelihood of people experiencing poor health. We observed staff wash their hands after supporting individuals with personal care and before handling food. The service had achieved a four-star rating in food hygiene standards.

Learning lessons when things go wrong

- Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses. Accidents and incidents were reviewed to identify any learning which may help prevent a reoccurrence.

People's risk assessments and care plans were reviewed and updated.

- The provider monitored all accidents and incidents to ensure appropriate action had been taken to support people safely. Where needed, information was shared with staff across the organisation. For example, if there had been learning from a safeguarding incident in another one of the provider's services.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People received effective care and support because their needs were fully assessed, understood and met in line with relevant guidance.
- Since our last inspection, six people began using the service. A relative spoke about how well the move was planned and managed for their family member. They said, "I've been very impressed with the transition. The planning was very well done." The relative told us staff got to know the person in their previous residence and worked alongside staff there. In addition, staff shared photos of the new accommodation with the person to check it was furnished how they wanted. The relative told us this preparation helped their family member experience a positive move to the service.
- The provider's assessment process was planned and thorough. People, their families and other representatives, including professionals and staff were fully involved so appropriate decisions could be made about the suitability of the service.
- Records showed staff assessed people's compatibility with one another and people were given opportunities to visit and stay for a trial period before deciding whether to stay long term.

Staff support: induction, training, skills and experience

- People received effective care because staff had the skills and knowledge to meet their needs. Relatives were confident their family members were supported by staff who knew how to care for them. Comments included, "I am very confident in their [staff] training" and "[Staff] have really got to know [my relative] and how to cope with his behaviours."
- New staff completed a structured induction, followed by a programme of training required by the provider. The induction involved working alongside experienced staff to learn about people's needs. Progress was recorded in an induction workbook that included the Care Certificate standards. These are designed to give staff, who have no care experience, an introduction to their roles and responsibilities within a care setting.
- Staff told us the provider's training was thorough, organised and gave them the skills to meet people's needs. Examples included learning about epilepsy, autism and how to support people to manage behaviours that may challenge them and others. Newer staff members told us they felt fully supported during their induction and could ask for advice whenever needed.
- Our discussions with staff and observations showed they had knowledge and awareness about people's needs and how to support them. For example, by communicating and interacting with individuals in their preferred manner. One staff member spoke about the importance of routine and structured activities for people living with autism.
- There were supervision arrangements for staff to discuss any training needs and get feedback about how well they were doing their job and supporting people. Staff confirmed they met with the manager or senior

on a regular basis and felt supported.

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

- People were supported to stay healthy and the staff team worked closely with other healthcare professionals to ensure people received the services they needed. We saw how additional support helped people maintain good health. For example, people saw other professionals such as the community mental health team and hospital consultants.
- Care plans described what support people required to maintain good health and wellbeing. Staff could describe how people's health conditions affected their lives and knew what action to take to keep people safe and well. This included specific exercises for a person to do to alleviate symptoms associated with their condition.
- People's health was monitored and staff maintained accurate records about their healthcare appointments, the outcomes and actions required. Correspondence showed advice or guidance from other professionals was followed by staff.
- People also had a hospital passport document should they be admitted to hospital. This provided other professionals with important information about the person's medical history, their medicines, allergies, communication and safety needs and any discharge support they would require.

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

- People were provided with a varied and balanced diet which met their nutritional needs and personal food preferences. The menu included pictures for people to choose from two options and people could have an alternative if they wanted. One person chose to plan and write down their menu every week.
- Menus reflected individuals' preferences and dietary needs and staff maintained records to show how people's choices were supported. Staff were familiar with people's favourite foods and during the evening, prepared different meals for people in line with their preferences.
- People's religious and cultural preferences were catered for and staff purchased suitable foods to meet individual needs.
- Staff understood and managed risks for people associated with eating and drinking and information was clearly recorded. For example, where people were at risk of choking, to make sure food was cut into small pieces and prepared to the right texture. This enabled people to eat as independently and safely as possible.
- People were involved in food shopping, preparation and cooking. Recipes had instructions with photos to help people with communication needs.

Adapting service, design, decoration to meet people's needs

- People were provided with a well-maintained environment that was designed and equipped to meet their needs. Since our last inspection, the home had been refurbished throughout and showed the provider took account of people's needs. For example, a bath was replaced with a shower facility at one person's request. To minimise disruption and anxiety for the person, staff supported them to go on holiday while the building work was completed.
- People had a choice of areas to meet with visitors, join in with activities or spend time in private. They had access to outdoor space with a spacious garden and large trampoline. The manager told us they planned for one of the two lounges to be used as an area for people to do art and craft activities and somewhere to relax, by furnishing the room with sensory equipment.
- Bedrooms we viewed were individual and decorated according to the person's needs, preferences and interests. Relatives complimented the staff for making sure bedrooms were furnished how people liked. One

relative told us staff had organised their family member's room the same way as their previous one in another service. They said this was important to the person as they found change difficult and this had helped them settle into their new home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- During our inspection staff consistently offered choices and supported people's decisions about what they wanted to do. They understood people's individual communication needs and how they expressed themselves.
- Care plans highlighted when people could make decisions for themselves or if best interests' discussions would be needed to support them. Mental capacity assessments, specific to the decision being made, had been completed.
- Staff completed MCA and DoLS training to support their understanding and practice and repeated this every year to keep up to date.
- The manager had identified and assessed where people were being deprived of their liberty. For example, where people could not leave the service unaccompanied as it was not safe for them to do so. Referrals were in process at the time of our inspection and records demonstrated the correct process had been followed.

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

Good: 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 were treated as individuals and their support plans were personalised to reflect their needs, choices and preferred routines. One relative told us, "I'm impressed with the staff" and another described staff as "polite." Relatives agreed staff always treated people with kindness and respect.
- Staff were respectful and attentive and we observed positive interactions between people and staff. People's laughter, body language and interactions showed they felt comfortable with the staff supporting them. For example, one person approached the manager in the kitchen to initiate a hand clapping game. We saw they smiled and laughed when the manager joined in with this.
- When people returned from their daily activities, staff showed interest in how people had spent their day and asked what people would like to do in the evening. Staff supported people's choices and preferred routines.
- Our observations and discussions with staff showed they knew people well and how to support individual needs and preferences. Staff could describe people's likes, dislikes and what activities they enjoyed doing.
- Staff respected people's individuality and diversity and undertook training to support their understanding. This included learning about the Equality Act legislation which protects people from discrimination. Staff spoke about how people were treated equally, regardless of their disability, race or gender.
- People's diverse needs were recorded in their care plans. This included the support people required in relation to their personal, cultural and religious beliefs. We noted information about people's relationship preferences was not recorded. The manager agreed to review and include this as part of the assessment process.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved in decision making as far as possible. A relative told us staff respected their family member's decisions and had produced a care plan with the person to represent their likes and dislikes.
- Staff knew people well and understood people's verbal or non-verbal communication, such as what people's body language and facial expressions meant. They could recognise when people were happy or sad and offer the support people needed.
- Care records explained in detail how people communicated. This included information on non-verbal communication and Makaton sign language. Staff could describe the different ways people expressed their needs and how to support them. This included using pictures, objects of reference and discussion using clear spoken language and simple sentences. One person had developed their own Makaton signs and we observed staff recognise and communicate effectively with them during our inspection.
- Meetings as a group and with keyworker staff gave people opportunities to talk about their care and support. The latest meeting information showed photos of people taking part in activities they had chosen

and discussions about activities they wanted to do next.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they could. They were encouraged to be involved with cooking and keeping their home clean and tidy. Care plans focussed on the person's strengths and abilities rather than what they needed help with.
- People's care and support plans included guidance to assist staff to involve the person and help them with everyday decisions. Our observations and review of records showed that staff spent time with people, involving them in discussions about their goals, activities, care and support.
- People's right to privacy and confidentiality was protected. Their personal information was kept secure and records held electronically were only accessible to authorised staff. Staff respected people's choice to be alone when they wanted.
- Staff recognised the importance of people's relationships with their family and friends and promoted and supported these contacts appropriately. Relatives of people who had recently moved to the service told us their first experiences of the home were very positive. They told us there was always a friendly atmosphere and they were made to feel welcome when visiting.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People experienced person centred care and were supported by staff who were responsive to their needs. Staff could tell us about people's needs and knew what was important to them.

- People's care plans were based upon detailed assessments. They described the person's background history, needs and abilities, associated risks and support needed by staff and/or other agencies. Care plans included information about people's character to help guide staff on how to provide support. An example included, "[name of person] loves humour and a friendly polite approach." Another person's referred to the importance of them listening to their favourite music and having their computer tablet.

- Where people could not communicate verbally, there was information about people's sensory needs and preferences and their likes and dislikes in terms of stimulation. For example, "Likes fibre optic lights, being outside, contrasting colours" and "Dislikes others being too close, cold weather, others vocalising loudly." This enabled staff to provide meaningful activities and identify situations that may cause people to feel anxious or upset.

- One-page summaries provided information about what was most important to and for the person. A new staff member told us they found these useful for getting to know people.

- People's needs were regularly reviewed to see if staff were providing care and support in the best ways and that support plans remained current and accurate. Where changes had occurred, their care plans were updated. For example, following a change in behaviour or period of ill health.

- Review meetings included the person using the service, family members, staff who knew them well and professionals involved in their care. Support plans and risk assessments were discussed and reviewed to see if they were effective in meeting people's needs.

- Relatives confirmed staff involved them in people's reviews and kept them regularly up to date on their family members' wellbeing. One relative told us weekly phone calls were planned with the person's keyworker.

- The provider supported people's needs in line with the Accessible Information Standard (AIS) to make sure people had information available to them in ways they can access and understand. Where people could not understand written words, they were provided with pictures and photos to help them communicate their preferences and promote their independence. For example, picture timetables helped people identify what day their activities took place. Care plans and health action plans contained pictures to help people understand what these records were about.

- People had choice and control over how they spent their time in and outside of the service. They were supported to take part in meaningful activities that took account of their needs and preferences. People took part in activities such as going to the cinema, cycling, arts and crafts, cooking, trampolining, eating out and trips to places of interest. One person had recently enjoyed a visit to Canary Wharf in London. The manager told us there were plans to increase activities within the service and a staff member had taken on responsibility for this.

- A relative told us how staff had "changed their family member's life" since moving to the service and how they were taking part in more activities. This included going out to the pub for the first time which was an achievement as the person was reluctant to socialise with others. They added, "[Staff] are always looking for things to do."

Improving care quality in response to complaints or concerns

- People used different communication methods and staff understood when a person was indicating how they were feeling and why this might be. Relatives told us they were confident to raise concerns and that these would be addressed by the manager.
- The complaints procedure was displayed and available in picture format to help people understand the information. There were details about other relevant organisations if someone wished to raise a concern outside of the home.
- There had been no complaints and systems were in place to deal with these should they arise.

End of life care and support

- At the time of the inspection, no-one who lived at the home was receiving or required end of life care. Arrangements were in process for people to make decisions about their preferences, in consultation with their families or representatives.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There had been a change in management since the last inspection. The acting manager had been in post since January 2019 and relatives were complimentary about the impact they had already made. Comments included, "It's been a really positive start, I'm looking forward to how it [change of management] evolves" and "So far, all is good. [The manager] is friendly and open, seems very knowledgeable."
- Relatives told us they had either spoken with or met the new manager and gave positive comments about her leadership. One relative said, "[The manager] is good. I will be able to talk with her." Another relative described the manager as "honest and open" and "upfront."
- The provider had clear values based on providing a person-centred service that supported people to maximise their independence. Staff were aware of these values and management monitored they followed them in practice.
- Care and support was organised to enable people to achieve their potential. Care records were personalised and put people at the centre of the service.
- The provider acted with openness and transparency if something went wrong.

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

- Staff told us they felt supported by the manager who was approachable and worked as part of the team. Staff were clear about their roles, and the manager had introduced responsibilities for staff to carry out specific tasks, such as checking medicines and health and safety.
- The provider's governance arrangements helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.
- Quality assurance systems were used across all the provider's services and included checks on people's care records, risk assessments, finances, medicines, the premises and health and safety practice.
- The manager completed a monthly audit which included details of any accidents and incidents, safeguarding and DoLS events, staffing information, complaints and compliments. This information was shared with the provider and enabled them to have oversight of how the home was running.
- A regional manager visited the service every three months to ensure that people were provided with good standards of care and support. They wrote a summary report based on the five key questions used in CQC's inspection approach. Action plans were put in place and steps were taken to implement change.
- People could be confident that important events which affect their health, safety and welfare would be reported appropriately. Registered persons are required by law to notify CQC of certain changes, events or incidents that happen in the service. When required, notifications had been completed appropriately, this

helped us to monitor any actions the service had taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were regularly asked for feedback about their experiences of the service. One relative told us the manager had organised a social event for people and families to meet and get to know each other, as they were new to the service.
- Surveys for people and relatives were in process at the time of our inspection. The former registered manager told us these were not completed the previous year, due to management changes. Relatives confirmed they had been given questionnaires in the past and were confident the provider respected their views.
- Regular meetings enabled staff to share information and discuss expected standards. At recent meetings, staff discussed tasks for keyworkers and completed a quiz on the provider's values and CQC's five key questions. Staff were also asked to talk about one thing that was working well and one that could be better.
- Shift handovers, supervision and meetings enabled staff to review and improve practice. Staff completed daily records and shared information to keep up to date with any changes concerning people's care and support.
- Staff told us they were encouraged by the manager to share their views and ideas for developing and improving the service. At a recent staff meeting, the manager had asked them for ideas on introducing further sensory activities for people. This included developing an area in the garden, using scent, sound and textured objects or materials to improve people's experience outdoors.
- The provider recognised the contribution staff made to the quality of care people received. They shared their thanks, people's compliments and gave recognition for long term service. One person's relative had nominated staff for a team award in 2018, due to the support staff provided their family member and the progress they had made. Staff confirmed the number of incidents had reduced, resulting in a positive impact on the person's wellbeing and reduced anxiety.
- Staff had opportunities to further their career through the provider's development programme. Staff members confirmed they had progressed to more senior roles such as lead support workers or deputy manager.

Continuous learning and improving care

- The manager had a development plan in place to further improve the quality of the service. This identified improvement actions and the timescales for completion. We found the plan was used effectively. For example, the manager had enhanced ways to involve people at the service in wider decision making, such as using photos and pictures to promote choices around meals and activities. Staff training had improved and plans were underway for staff to have designated duties and become champions in areas such as dignity in care and safeguarding. This role would help ensure all staff supported people in line with current best practice.
- The provider had arrangements for keeping up to date with best practice and looking at ways to improve their services. The manager attended regular meetings with other managers in the provider's organisation to keep themselves up to date and to share best practice. Key messages from these meetings were shared with staff at local level to ensure consistent practice.
- The provider regularly looked at incidents and near-misses, complaints, safeguarding and whistle-blowing to see where any trends or patterns may be emerging. The provider ensured that any learning from these was shared across the organisation.

Working in partnership with others

- The home worked well with local authorities who commissioned the service and health care professionals

to achieve the best outcomes for people. Records showed how professionals had been involved in planning and reviewing people's care, well-being and overall health. This joint working had resulted in improved outcomes for people. For example, where people had support from the provider's behaviour specialist, this had helped them manage their anxieties and the number of incidents had reduced.