

Care Management Group Limited

Care Management Group - 101 Cheam Road

Inspection report

101 Cheam Road
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Ratings

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

Summary of findings

Overall summary

About the service:

101, Cheam Road is registered to provide care and accommodation for up to seven people with a learning disability and autism. The aim is to help people to live with more independently in the community.

At the time of this inspection there were five people accommodated in one adapted building. Each had their own room, ensuite accommodation and shared communal space. The house was near the town centre and people were able to access community services easily.

The service has been developed and designed in line with the principles and values that underpin 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. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People told us they continued to feel safe with the service they received. Relatives confirmed this with us.

Staff received training to do with safeguarding adults and the provider followed clear safeguarding procedures that helped to protect people from harm.

People had risk assessments and risk management plans to reduce the likelihood of harm. Staff knew how to use the information to keep people safe and work with them positively to help them be as independent as possible.

The provider ensured there were safe recruitment practices to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable. There were sufficient staff to meet people's needs.

Safe medicines management processes were in place and people received their medicines safely.

Whistleblowing procedures were in place and displayed on notice boards for all to see. Staff told us they were confident any concerns they reported would be dealt with appropriately.

Effective infection control procedures were in place and staff received training with food hygiene.

Comprehensive needs assessments were carried out and there was sufficient detail and personalisation in the care plan to ensure the person's needs were met in a personalised way.

The registered manager ensured staff completed training to ensure they were able to meet people's needs effectively. Support was provided appropriately for staff with regards to their professional roles.

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

Records showed people were supported to have their health needs met, with access to health professionals as required.

The registered manager and staff spoke about the people they supported with care and kindness.

The service was responsive to people's needs. Staff worked together with people and their relatives to provide care and support to people to meet their individual needs. Staff were passionate about encouraging people to stretch their boundaries and to make safe but positive steps to advance their wellbeing and their life opportunities.

Staff understood people well and were able to provide consistent, supportive care which reduced people's anxieties and helped them engage in opportunities both they and their relatives told us they only once dreamt about achieving. Staff demonstrated good interpersonal skills in their communication with people. Staff were cheerful and showed tolerance and patience. They supported people to make their own decisions and gave people the tools they needed to overcome the difficulties they faced.

Assessments and care plans included details of people's preferences and wishes for care and support. They told us they were fully involved in the assessment and care planning process. Paperwork and care plans were well kept and reflected the person-centred care we observed.

Management and oversight of the service was robust, and the staff worked in partnership with health and social services to provide the best possible outcomes for people.

The provider had systems in place to ensure concerns and complaints were responded to in an appropriate way. Staff knew how to raise concerns or recognise what might constitute a safeguarding concern and actions they should take.

There were well developed quality assurance mechanisms which took into account people's feedback and how the staff were meeting people's needs in line with their wishes and expectations.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection:

The last rating for this service was good (published 10 June 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Care Management Group - 101 Cheam 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

101, Cheam 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did before the inspection

The inspection planning took into account what we already know about this service and the provider including previous inspection reports, notifications which are important events the service is required to tell us about and any feedback about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with four people who used the service. We also spoke with the registered manager and two staff. We observed medicines being administered and the support people received in communal areas, including the preparation and consumption of meals. We reviewed three people's care records and medicine administration records (MAR). We looked at four staff recruitment files, together with the provider's training schedules. We also examined other documents relating to the management of the service, procedures, quality assurance audits, team and residents meeting minutes and satisfaction surveys.

After the inspection:

We spoke with four relatives and two health and social care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's safety was maximised because the provider had effective systems to safeguard them from potential harm.
- People, their families and staff told us they experienced the service as being safe. Relatives told us, "I am over the moon with the care [family member] receives, the staff are really excellent and caring. They are committed to giving people the best care and encouraging them to take opportunities safely to improve their lives", "I am very happy about the care my relative receives, they are in very safe hands indeed."
- Staff had training about with the safeguarding of adults. Staff were able to describe the types of abuse they might encounter in their work and they knew how to recognise them. They were aware of the necessary actions they should take if they had any concerns.
- The provider had appropriate policies and procedures in place to do with safeguarding adults that were linked with the local authority. Staff were required to sign the policies and procedures to indicate they had read and understood them.
- Records showed where concerns had been raised, the registered manager investigated appropriately and together with local safeguarding teams when necessary.

Assessing risk, safety monitoring and management

- The registered manager carried out appropriate risk assessments for people relating to their care. The strategies for managing those risks were integrated into people's care and support plans so there was guidance in place for staff to follow to support people safely.
- Records indicated there were more general risk assessments for the environment that identified potential hazards. Action was taken to reduce any risks identified and this helped to keep people and staff safe in the home.
- There were arrangements in place to deal with foreseeable emergencies and to maintain the safety of the premises. People had individual emergency evacuation plans in place which highlighted the level of support they required to evacuate the building safely in the event of an emergency.
- Maintenance checks were carried out regularly to assess fire safety systems such as the fire alarm and fire extinguishers. Other maintenance checks included hot water temperature testing, legionella, gas and electrical safety checks. Records showed these services were well maintained and serviced and in good working order.

Staffing and recruitment

- The provider had appropriate recruitment procedures in place for the recruitment of all staff. These procedures included criminal record checks, identity checks and references from previous employers. This

meant only staff deemed suitable by the provider were employed to keep people safe.

- Staff rotas indicated there were appropriate staffing levels in place to meet people's assessed needs.

Using medicines safely

- Medicines were managed safely. The registered manager told us that only staff who had completed training in the safe administration of medicines were allowed to assist people with their medicines. Staff confirmed this with us. We saw training records that evidenced this.
- The provider's policies and procedures for medicines helped to ensure people received them safely and as prescribed.
- Medicines administration records [MARs] were completed as required. There were no unexplained gaps in the records.
- We undertook a stock take check of stored medicines and we found stored medicines matched the recorded levels on MAR sheets.
- An audit carried out by the pharmacist in June 2019 confirmed policies and staff procedures for the safe administration of medicines to people were safe and satisfactory.

Preventing and controlling infection

- Staff received training in food hygiene as a part of their induction training and refresher training as part of their further development programme. This helped to prevent the spread of infection to people.
- The provider ensured staff were supplied with the necessary equipment and materials to use to prevent the spread of infections when delivering personal care to people.
- The provider had an infection control policy and procedure in place that staff were aware of and worked within. This helped to reduce risks to people from the spread of infections.

Learning lessons when things go wrong

- The registered manager told us there had been no accidents or incidents reported to date. The recording format used to log any accident or incident was appropriate and included a section designed to enable improvements to be made to policies and practices where necessary.

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our previous inspection in May 2017 people did not always benefit from a well-maintained and pleasant environment. After the inspection we received an action plan that set out how remedial action was planned to address the issues identified.

At this inspection we found the provider had taken all the necessary steps to address the issues we identified, and the remedial works were carried out to a high standard. For instance, the building had a completely new roof and all the areas needing painting were refreshed with new carpets provided where necessary.

- Accommodation was flexible which enabled one person to live in an annexe which was more suited to their needs and gave them the privacy they wanted. Other people lived in the main house. Bedrooms were en-suite and personalised. People told us they 'loved' their bedrooms, relatives said their family members bedrooms were homely and provided them with security and comfort.
- One person showed us their room and was clearly delighted by all the personal possessions they had and their collection of things that were important to them. Another person told us they could retreat to their room whenever they wanted.
- Communal areas were decorated in a homely style that people had been able to contribute to. This increased their appreciation of these comfortable areas and provided them with good space to socialise and join in with people.
- The garden was well kept and people were able to get involved in the gardening work and growing flowers and vegetables with some assistance from staff. We saw that people took pride in this.

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

- People's physical, mental health and social care needs were assessed and their care treatment and support delivered in line with legislation, standards and evidenced based guidance to achieve effective outcomes.
- The registered manager ensured these assessments were used to produce individualised care plans which provided staff with information on how best to support people to meet their needs.
- People and their relatives confirmed they were involved in the assessment process and reviews of people's care. One relative said, "I am invited to reviews about my [family member's] care, so yes I have a good say about their care."
- Assessments considered people's protected characteristics under the Equality Act 2010 to make sure that if the person had any specific needs, such as those relating to their religion, culture or sexuality, the staff

could meet those needs. An example of this for one person was with their food preferences being provided to meet their cultural needs.

Staff support: induction, training, skills and experience

- All new staff received a comprehensive induction. Staff told us this helped them to carry out their roles effectively. Staff said other training they received helped them to develop their skills and knowledge appropriately for their roles.
- Staff received appropriate support to carry out their roles effectively. Staff said that the registered manager was always available if they needed to discuss anything related to their work.
- Regular one to one supervision sessions were held with staff. Any issues were raised with staff in supervision, so improvements could be made.

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

- One person's health was being negatively impacted by being overweight. The person had to have surgery and there were risks they may need further surgery if significant changes were not made to their lifestyle. The person concerned told staff they wanted to lose weight to improve their mobility and their health. Staff worked with them together with health professionals to make healthy eating choices and to take regular exercise. This person told us how pleased they were to have lost so much weight, they said they felt much better about themselves as well as having greatly reduced the possibility of needing further surgery. They now prepared their own meals and undertook regular exercise.
- We observed people were supported by staff appropriately with the preparation of their meals. Some people did their own shopping and were assisted by staff when they needed help with cooking. One person was making a meal and we could see how much they enjoyed the whole experience. They said their help and support was agreed with them when their care plan was drawn up.
- Meals were focussed on the individual needs and preferences of people being supported.
- From our discussions with the registered manager and the staff team, we saw they recognised the importance for people to have a healthy and well-balanced diet and the benefits to people's mental wellbeing.

Supporting people to live healthier lives, access healthcare services and support

- The provider worked in conjunction with other health services to make sure the person's needs were met. The care plans we inspected included details of health professionals and there were procedures for staff to follow in reporting any health emergencies. People had regular health checks with appropriate health care professionals including with their GPs, dentists and opticians and dieticians to help support people achieve positive health goals.
- Hospital passports were in place which documented people's main needs, things that were important to the person and how these needs should be met. This helped ensure that if a person required hospital care there was enough information to help hospital staff to provide the care.

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 when this is in their best interests and legally authorised under the MCA. 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. The registered manager knew what they were responsible for under these principles.

- All of the five people living at Cheam Road had the capacity to make decisions about specific aspects of their care and support at the time of this inspection.
- Staff received training on understanding and applying the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an understanding of least restrictive practice.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives were very positive about the commitment of the registered manager and the staff team to provide people's care in a respectful, kind way which was meaningful to them. They told us, "I think they [staff] are absolutely fantastic. They are kind, caring, approachable and they genuinely care for my [family member]. They go the extra mile on everything, they keep us fully up to date with our [family member's] progress and they work hard to make their life as fulfilling as they possibly can."
- We saw staff were caring in their approach to people and understood the need to approach each person in the way they responded to best. We observed staff playing board games with people, cooking together and sharing jokes. There was a friendly and relaxed atmosphere throughout the day.
- Staff demonstrated a commitment to people. They spoke to people with respect and gave people the space they needed. One staff member told us, "This is people's home and we do our best to ensure they're free to do what they want to do safely and to make the choices they want. That's exactly what we would want as individuals."
- People were supported by staff who demonstrated an understanding of people's cultural and religious needs. One person chose to go to church on a regular basis and were supported to do so. Staff were aware of the people's culture and supported them to cook specific foods they enjoyed and share them with others.

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

- We observed staff encouraged people to say how they wanted their care and support to be provided. Staff encouraged people to push their own boundaries, so they could enhance the quality of their lives, but we noted this was done at the pace of the individual and kept under constant review. Staff helped people gain voluntary and paid employment, circumstances that people and their relatives told us they would never have thought possible before.
- The positive support provided by the staff team had achieved success for people. It had helped them develop more of their potential and people told us this increased their happiness and wellbeing. There were many examples of this. For one person they decided they would like to travel to their work place alone. With appropriate support from staff this was achieved, and that person now travelled on their own to work quite independently. The transition caused the person some anxiety however because staff supported the person at their pace they achieved their wishes with great satisfaction for all concerned.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy. We observed staff always knocked on people's doors and waited for a response to enable the person to decide if they were happy for the staff member to go in.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Staff received individualised care that met their needs and enabled them to live as full a life as possible.' One person told us, "I am so happy with the staff support I have had, my dream of working and being more independent has come true." That person's relatives said, "This was only possible due to the amazingly responsive support and positive encouragement given by staff throughout the whole process." We saw from reviewing this person's care plan they had said they wanted to be in paid employment. Staff supported them to locate various potential work placements and activities. This led to the person working one day a week as a receptionist at one of these locations. Staff supported the person to travel independently and to have confidence.
- Another example of responsive care provided by staff to one person who had a phobia of going out into the community and out of the home. The person expressed their wish to try to overcome this. The staff responded to their declared wishes and provided appropriate behaviour support. This person responded very positively to this and now went out for walks regularly. Their mental health had stabilised, and their mental wellbeing improved. A relative of the person said, "It has had an amazing effect on their life now they can get out without worrying so much."
- People received individualised care and support. Relatives and people told us they were consulted and they felt listened to and empowered by the positive changes they had been able to make as a result of the responsive care they received. Personal histories for people were well documented in their care files. Staff said this helped them to understand people better and to developing more success in helping people to realise their wishes and preferences. Care plans were outcome based to ensure people's needs were met effectively. The support plan outcomes for people were drawn up together with them, their relatives and health and social care professionals and where appropriate were signed off by all those involved in the process.
- The care and support plans were reviewed as people's needs changed. Reviews were inclusive and put people and their relatives at the centre of their care and support.
- Staff were sensitive to people's needs and we saw they knew them really well. Staff demonstrated an open and honest approach with people and their relatives. They told us they received training to do with equality and diversity. They said this had helped them work more responsively to meeting people's individual needs more effectively.
- Staff were well aware of people's likes and dislikes, they knew each person's individual preferences and wishes. The impact of this was clearly demonstrated for one person who said they wanted to be more independent, to learn more skills and to be employed. The person concerned also loved animals. By

developing a good, responsive relationship with that person staff were able to support the person in seeking appropriate voluntary work and to be able to travel independently. They now work in two charity shops and on a farm once a week. The person travels independently and now does not require support either with travel or with their work.

- Staff were committed to supporting people in the least restrictive way. We observed staff enabling people to maximise their individual potential and to have the fullest life that was possible for them. People and their relatives told us they felt staff encouraged them in every aspect of their lives to fulfil their aspirations and preferences and ensured people were well supported.
- A health and social care professional told us, "Staff go the extra mile to help people achieve the most they can. The help they gave [person's name] to be able to travel and get to work successfully is a good example of how much staff really do care." People had their own success stories and achievements to tell us about. Staff in turn told us how their own lives had changed positively as a result of gaining great job satisfaction from their successful work with people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and the staff were outstanding in ensuring that they met the Accessible Information Standard in order to communicate effectively with people and tailor the service to the needs of individuals. Staff had an in-depth understanding of people's communication needs, how to support their understanding and how to present information in a way people understood.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would talk with staff or the registered manager if they had any complaints. We saw from recent feedback surveys undertaken in 2019 that comments and suggestions made by people and their relatives were used in developing the service. One suggestion that was made proposed a change in the use of the conservatory for activities people said they wanted to engage in. One person proudly showed us the activities they now engage in in this room. This showed people were listened to and their suggestions considered and used to develop the service.
- The provider had a detailed complaints policy and complaints log in place. The process for making a complaint was accessible to all people as it was available in a number of formats including an easy read and pictorial format for those people with more complex needs. The information was made accessible for people on notice boards and each person using the service had a copy of their own on their file in their rooms. People and their relatives all said they knew how to make a complaint or raise a concern if they needed to do so.
- Staff were aware of how to assist people if they had a concern or a complaint to make. Any feedback received would be used to develop and improve the services.
- The provider received many compliments from people and their relatives. Compliments ranged from praising staff for their dedicated and compassionate care to their recognition of the positive developments they had seen with their family members. Compliments were also received from health and social care professionals who worked with the service. We viewed several letters and cards from people thanking the service.

End of life care and support

- People and their relatives were consulted about their wishes and preferences for the end of their lives and

these were recorded appropriately in their care files. Relatives confirmed they were asked about this as part of the process and they said their wishes were considered and respected in a very sensitive manner by staff.

- At the time of the inspection, nobody was receiving end of life care. There was however a comprehensive policy and procedure in place developed in conjunction with a local hospice for staff to follow if and when the need arose. The registered manager told us staff had received training from the hospice's staff. This enabled staff to work sensitively with people to offer appropriate support and to plan for future events taking into account people's wishes. This included people's religious beliefs and wishes to do with planning for the end of their lives.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had been in place for more than five years, had a wealth of experience and knew people well. Relatives, staff and health and social care professionals evidently trusted and respected them. Staff told us they were supportive and provided good and clear motivation for them. They said the service was always well organised and everything was done in a safe, methodical way.
- We viewed several of the provider's audits as well as some external audits. We found them to be robust. Where issues were identified, action was taken to address the problems effectively. There were clearly identified areas of responsibility for each member of staff and checklists to help staff remember everything they should do when supporting a person with their care and support needs.
- Other auditors such as a recent pharmacy audit in June 2019 commented positively of the safety and organisation of the service.

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

- The leadership of the registered manager and the culture of this provider ensured people were positively and actively supported by staff to achieve their best potential.
- Outcomes for people demonstrated the positive and encouraging approach that staff took with people was working. People had the right level of support in place to help them maintain and improve their mental wellbeing and health.
- Staff worked flexibly and together with people, their relatives and other healthcare professionals, so people had consistency of care and their care and support outcomes met. We received many very positive comments to do with these positive professional relationships which people valued. There was focus on encouraging and supporting people to maintain good health and to maximise their potential in every area of their lives.
- The registered manager recognised the importance of enabling people to express their views about their wishes and preferences so that they would be committed to achieving successful outcomes for themselves.
- Relatives said the progress they had seen with their family members had transformed their relatives lives in a very positive fashion.

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

- Staff were open, honest and transparent. There was a willingness to learn from incidents and improve the

practice. They were open to suggestions and took on board advice to improve practice. They understood their duty of candour and were transparent with people, relatives and professionals if a mistake was made.

- Incidents were notified to the relevant authorities where appropriate.

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

- People's care, and support was agreed and reviewed with them and who they chose to support them which could be a family member or advocate. Professional meetings were held, and people's needs monitored.
- The staff were mindful of relative's needs and facilitated regular contact and visits when both parties wished for this to happen.
- Staff told us they felt empowered and a valued member of the team. Everything was discussed openly, and staff's views, and experiences respected.
- People were supported to safely and regularly access the community and establish links with others.

Continuous learning and improving care

- Staff team meetings evidenced staff were provided with opportunities to discuss any issues relevant to their work including a chance to discuss best practice areas so staff practices could be improved as and when necessary. Staff told us they were able to discuss work they did with people and to share any worries they had about individuals. They told us they felt they were listened to.
- Quality assurance systems helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided. Staff regularly spoke with people to ensure they were happy with the service they received. The registered manager worked alongside staff to monitor their practice as well as undertaking other checks of staff working to review the quality of the service provided. As an example, annual medicines competency checks were carried out for each staff member administering medicines to people so as to ensure this continued to be done safely.

Working in partnership with others

- Health and social care professionals told us the registered manager and the staff team worked in conjunction with them to ensure the best possible outcomes for people and they believed staff always acted in people's best interest.
- Relatives told us their input was sought, valued and they felt listened to and respected. They told us they were kept up to date on the progress of their family members, invited to care plan reviews and other social events such as summer BBQs and Christmas parties.