Mears Care Limited

The Orangery

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 30 August 2017 and was announced.

The Orangery Extra Care Scheme is a domiciliary care service and is registered to provide personal care. Care is provided to people living in their own home in The Orangery and Marlborough House, two Extra Care Schemes each managed by a housing association. Both provide accommodation for people over 60 years of age and care and support can be provided to people with a physical disability or learning disability, people with a sensory loss, for example hearing or sight loss and people with mental health problems or living with dementia. Twenty four hour care, seven days a week is provided with on-site care staff and with an emergency call facility. Additional services provided include organised social activities, a café, and a hairdressing salon. At The Orangery there is also a restaurant (for main meals). Around 90 people across both sites were receiving a service, of those 56 received support with the regulated activity of personal care.

This is the first inspection since the service was registered with the Care Quality Commission (CQC). On the day of our inspection, there was not 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. The registered manager had left and there had been a period of interim management arrangements. A new manager had just been recruited. The CQC had not received an application for the new manager to register for the service.

People and staff told us it had been a difficult period with a number of staff changes including senior staff and difficulties in recruiting care staff. One person told us, "There's quite a turnover of girls I'm afraid." Another person told us, "It is a very tight ship; they are always short of carers." There were vacancies of care staff and in the senior management team, which we were told were being recruited to. People were cared for by staff who had not always been recruited through a safe recruitment procedure. We found regular auditing by senior staff in the service to ensure the quality of the service had not been completed or regularly maintained and embedded in the running of the service. People had been able to feedback on the care and support they had received. However, it was not evident how this had been used to inform and improve the service provided. Where the provider and local authority had audited the service, action plans to address the issues had not been drawn up, and it was not clear any actions which had not been taken or planned to address issues highlighted through the audits to be addressed. There was no evidence of how the provider monitored or analysed the information received to look for any emerging trends or make improvements to the service provided. These are areas in need of improvement.

Care staff received a five day induction and essential training to ensure they have the knowledge and skills to meet people's care needs. Care staff told us they felt well supported. However, care staff had not always received regular supervision and appraisal in one to one meetings in order for them to discuss their role, training needs and share any information or concerns. One member of staff told us, "I haven't had supervision since I started, or an appraisal." Spot checks, which included arriving at times when the senior

staff were there to observe the standard of care and to obtain feedback from the person using the service, had not always been completed. Staff meetings had not been maintained. These are areas in need of improvement.

Consent was sought from people with regard to the care that was delivered. All staff understood about people's capacity to consent to care and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated legislation. Staff told us they always asked for people's consent before they provided any care and support. However, supporting documentation was not always in place. This is an area in need of improvement.

The needs and choices of people had been clearly documented in their care and support plans. People told us that they felt safe with the staff that supported them. Risk assessments were in place to ensure people were safe within their own home and when they received care and support. Where people's needs changed, their care and support plans had been reviewed to ensure the person received the care and treatment they required. Care staff told us they were kept up-to-date with people's care needs through reading the care plans and daily handovers between staff shifts. However, a system to ensure a regular review of people's care needs had not been fully maintained. This had not ensured all people's current care needs had been identified and the required paperwork had been fully completed and was up-to-date. This is an area in need of improvement.

Procedures were in place to ensure the safe administration of medicines. However, records of when medicines had been administered had not always been completed as needed.

People told us they felt safe with the care provided. One person told us, "I was in a home for three years, right now it is a dream and I sit there at night, I know I'm safe straight away and that gives me comfort." Another person told us, "Yes, I use a wheelchair and have to use two lifts when I want to go out but they help me to get down safely and I never have a problem." People told us they were supported by kind and caring staff. One person told us, "The carers are like friends." Another person told us, "I'm fine and happy here, it works, all nice and friendly." A third person said, "They're always respectful." A further person said, "The standard of care is down to the girls they are dedicated as well and go beyond the call of duty."

Where required, care staff supported people to eat and drink and maintain a healthy diet. People were supported with their healthcare needs.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were not cared for by staff who had always been recruited through safe procedures. There had been difficulties in recruiting care staff and a number of staff changes including senior staff, which had affected the consistency of care staff providing the service.

People had individual assessments of potential risks to their health and welfare. However, the system to ensure these were regularly reviewed and paperwork fully completed had not been maintained.

Procedures were in place for the administration of medicines. However, records of when medicines had been administered had not always been completed as needed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Care staff had an understanding around obtaining consent from people, and had attended training on the Mental Capacity Act 2005 (MCA). However, supporting documentation had not been completed.

There was a comprehensive training plan in place. Care staff had the skills and knowledge to meet people's needs. Care staff had a good understanding of peoples care and support needs. However, systems to ensure care staff received supervision and appraisal had not been maintained.

Where required, care staff supported people to eat and drink and maintain a healthy diet.

Is the service caring?

Good

The service was caring.

Care staff involved and treated people with compassion, kindness, and respect. People told us care staff provided care

that ensured their privacy and dignity was respected.

People were pleased with the care and support they received. They felt their individual needs were met and understood by care staff.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People had been assessed and their care and support needs identified. Care and support plans were in place. However, there was a lack of consistency in the recording and systems to ensure these were regularly reviewed had not been fully maintained.

The views of people were welcomed, and people knew how to make a complaint if they were unhappy with the service provided. They knew who to speak with if they had any concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There had not been a registered manager for the service, which had led to a period of interim management arrangements. There had been a number of staff changes.

This had been a significant period of change which staff and people were working through.

Systems were not fully in place to audit and quality assure the care provided.

The leadership and management promoted a caring and inclusive culture. Staff told us the management was approachable and very supportive.

The Orangery

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This is the first inspection since the service was registered with the CQC. The CQC was advised of an incident involving a person using the service. This incident is subject to an investigation and as a result this inspection was not used to examine the circumstances of the incident. However, the information shared with CQC was used to inform the inspection and ensure systems were in place so people remained safe.

This inspection took place on 30 August 2017 and was announced. We told the manager 48 hours before our inspection that we would be coming. This was because we wanted to make sure that the manager and other appropriate staff were available to speak with us on the day of our inspection. Two inspectors undertook the inspection, with an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience helped us with the telephone calls to get feedback from people being supported. One Inspector carried out telephone calls to care staff.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, complaints and any notifications. A notification is information about important events which the service is required to send us by law. We asked the provider to complete 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 contacted the local authority commissioning team to ask them about their experiences of the service provided. We spoke 12 people with using the service and five care staff.

During the inspection we went to the service's office and spoke with the manager, the regional manager, and two care staff. We spoke with one person using the service and their relative. We also visited the satellite office at Marlborough House and spoke with a visiting officer. We spent time reviewing the records of the service, including policies and procedures, seven people's care and support plans, the recruitment and

training records for six new care staff, complaints recording, accident/incident and safeguarding recording, and staff rotas. We also looked at the provider's quality assurance audits and service development plans.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe with the care provided by staff in the service. One person told us, "I feel safe in their presence." Another person told us, "I feel safe in my flat and with the furniture, I know I might fall but I can hold on to the furniture to stop and steady me." A third person said, "Yes, I have a buzzer, strings to pull in every room and a pendant round my neck," and "I call if I ever need anybody." However, despite the positive comments from people we found areas in need of improvement in relation to recruitment of care staff and risk assessments.

People were cared for by staff who had not always been recruited through a safe recruitment procedure. There was a programme of ongoing recruitment of staff for the service. The provider had recruitment practices for the employment of new care staff and senior staff had the support of the provider's human resources department when recruiting. We looked at the recruitment records for six care staff recruited, and we checked these held the required documentation. Where staff applied to work for the service they had completed an application form and attended an interview. Each member of staff had undergone a criminal records check and had two written reference requested. However, not all of the written references had been received prior to the new member of staff commencing work in the service. This meant that not all the information required had been available for a decision to be made as to the suitability of a person to work with adults. We discussed this with senior staff at the time of the inspection, who acknowledged this was an area in need of improvement.

Safe recruitment practices were not always followed. This was a breach of Regulation 19(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us it had been a difficult period with changes of care staff. One person told us, "Often they are short of carers, if carers are ill they swap some of them up to The Orangery so the ones left over are chasing around so much more." Another person told us, "The concept of care plus package is superb and the building is excellent. But the staff problems are a problem." When care staff were asked if there were enough staff to provide people's care the responses were varied. One member of staff told us there were enough staff, "As far as I'm aware." They added the service, "May need to start getting more staff in." Another member of staff told us, "Yes, there are enough staff." A third member of staff said, "We've been short staffed. It's been difficult but we've pulled through. We're very short staffed at the moment. One of our girls has done over eighty hours a week." They added "People are getting very tired. We're getting to the stage where enough is enough, that's when mistakes can happen." A further member of staff told us, "At the moment, no and this had been the situation for a while." They added "We have new staff coming in who were awaiting DBS (Disclosure and Barring Service) checks." We discussed this with senior staff during the inspection, who acknowledged recruitment of new care staff had been difficult, but there was ongoing recruitment to try and address this. There had been some use of agency staff to help. One person told us, "There are some agency staff here at weekends but they are usually the same ones." Another person told us, "The manager (Staff member's name) comes in as a carer sometimes, she did last Friday evening." A third person said, "(Staff member's name) steps up if carers go missing." This is an area in need of improvement. We looked at the times care calls were provided particularly where people needed their care calls at specific times, for

example, for the safe administration of medicines. People told us they had received their care at a consistent time. One person told us, "They are always on time, we have a joke if they are even three minutes late, because they are worried." Another person told us, "Generally okay so far but a couple of the evening visits, nobody turned up. I didn't complain but I didn't know what was going on but they have apologized for it now." When asked about the care staffs response time to care calls one person told us, "I need to have a wee at night sometimes and I get angry. I ring the buzzer but it takes them, and me over ten minutes to get to the toilet and you can have accidents." Another person told us, "(Manager's name) the current manager is getting things together but a block of five carers left last Friday. There was a time when pendant calls were not answered to my liking. Maybe this wasn't critical but it was uncomfortable."

Not everyone we spoke with had support with their medicines. For one person who was supported, they told us they had been happy with the care provided, "I take little pills at lunchtime, the pills are kept here in blister packs but they make sure I'm stocked up." Another person told us, "They give me my medications." Medicines policies and procedures were in place for staff to follow and there were systems to manage medicine safely. Care staff told us they had received medicine training. There was a system to ensure care staff had also been observed for a competency check, completed to ensure they were following the required policy and procedures. We looked at a sample of the recording of medicines and saw in some cases not all medicines had been recorded when given on the medication administration records (MAR sheets) used to record support with medicines administration. We discussed this with senior staff who told us they were aware of this and an audit system had just been put in place to check medicines administration and recording had been completed. The audit had identified this was a recording issue, not that medicines had not been given. They were working with care staff to address this. When any errors in recording were found this had then been discussed with the care staff who had not been recording accurately. This is an area in need of improvement.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them, and protect people from harm. Each person's care and support plan had an assessment of the environmental risks and any risks due to the health and support needs of the person, and these had been discussed with them. One member of staff told us, "They get risk assessed when the care plan is done." The assessments detailed what the activity was and the associated risk, and guidance for staff to take to minimise the risk. Care staff told us if there were any changes they reported this to the manager for a review to be completed. However, not all the required risk assessments were in place or fully completed. A system had not been maintained to ensure risk assessments were regularly reviewed. We discussed this with the senior staff who acknowledged this is an area in need of improvement.

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. The manager told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. One member of staff gave examples of 'financial' and 'psychological' types of abuse. They told us that it was important to prevent such abuse because, "It impacts on the person." We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse. One member of staff told us they would, "Go straight to the manager. I'd leave it in their hands to decide on further action." Another member of staff told us they would, "Document it and inform the manager," who would consider further action required.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns

to a senior manager in the organisation, or directly to external organisations. Care staff all demonstrated knowledge of the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns. One member of staff told us this meant, "If you see your colleague or manager abusing or doing something wrong there was a responsibility to report this." The member of staff understood, "I'm protected" in reporting this.

Equipment maintenance was recorded, and care staff were aware they should report to senior staff any concerns about the equipment they used. Any incidents and accidents were recorded and the provider was also informed and kept an overview of these to monitor any patterns and the quality of the care provided and offer guidance and support where needed. Care staff were aware of the recording procedures. One member of staff told us told, "I'd be very accurate" in documenting the incident. Another member of staff told us, "We have incident forms and 'body maps'. In the case of a bruise or mark, the carer would ask 'How did you get that bruise?' The member of staff told us this had happened in practice when a person had replied, "I bumped myself on a chest of drawers."

Procedures were in place for staff to respond to emergencies. Care staff had guidance to follow in their handbooks and were aware of these procedures. For example, care staff were able to describe the procedures they should follow if they could not gain access to a pre-arranged care call. The care staff told us they would report this to the office straight away and enable senior staff to quickly locate the person and ensure they were safe. There was an on call service available, so care staff had access to information and guidance at all times when they were working. Care staff were aware of how to access this should they need to.

Requires Improvement

Is the service effective?

Our findings

People told us they felt staff understood their care needs, and provided a good level of care. One person told us, "All the carers are trained up." However, we found areas in need of improvement in relation to the supervision and appraisal of care staff. Also in the records to demonstrate people's consent to their care and support.

Staff demonstrated an understanding of and there were clear policies around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff told us they had this training. They all had a good understanding of consent, and where people lacked the capacity to make decisions about their care and welfare. One member of staff told us, "It was about 'tenants or residents' capacity to make their own decisions. It should be in their care plan." People confirmed care staff always asked for their consent before providing any care and support. Another member of staff told us, "I will ask and if they say no, I will say it's in their best interest. I will go off and do other tasks and then ask again." One person told us, "They're always asking me if I'm sure there is nothing I want them to do." However, assessment documentation had not been fully completed to assess for people's capacity and to gain signatures from people consenting to their care and treatment. This is an area in need of improvement.

Staff told us that the team worked well together and that communication was good. The majority of care staff we spoke with told us they were supported well by senior staff. One member of staff told us senior staff were approachable, "A 100%, very supportive." Another member of staff told us, "I have a lot of support." The provider had a scheme where an 'employee of the month' was identified each month in the service for particular good work completed. However, feedback from care staff was varied when asked if they received formal supervision. This is where care staff meet with their manager one-to-one to discuss their performance. One member of staff told us they'd had one to one meetings with previous managers and, "I have had supervision with the present manager." They added, "If I have any issues, I say 'I need to have a word." Another member of staff told us, "I don't think I've had supervision yet." A third member of staff said, "I've never had supervision since I've been here." They added senior staff had, "Never had the time" to do this. We discussed this with senior staff during the inspection who acknowledged staff supervision and appraisal had not been fully maintained and this was an area in need of improvement.

People were supported by care staff who had the knowledge and skills to carry out their roles. The manager told us all care staff completed an induction before they supported people. All the care staff had completed the provider's five day induction. This was confirmed in the sample of recording we looked at. The induction had been reviewed to incorporate the requirements of the care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that care staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and

support. There was a period of 'shadowing' a more experienced staff member, before new care staff started to undertake care calls on their own. The length of time new care staff shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. All of the staff we spoke with referred to doing a week's training and two days of shadowing prior to working independently. One member of staff told us, "We had a week's training which was "brilliant." Another member of staff told us, "We did the care certificate." A third member of staff said they, "Shadowed senior support staff for a couple of days."

Staff received training to ensure they had the knowledge and skills to meet the care needs of people using the service. Care staff received training that was specific to the needs of people, which included moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, catheter care, dementia care and infection control. Care staff told us they were up-to-date with their training, received regular training updates and there was good access to training. One member of staff told us they were up to date with their mandatory training and that they had recently undertaken training in infection control. Another member of staff told us they did training that included moving and handling, health and safety and infection control. They had also done training in dementia awareness, mental health and learning disabilities. A third member of staff said, "I thought it was brilliant training. For moving and handling physical demonstrations are used and a hoist. There are always opportunities for training, and compulsory training once a year." Staff were being supported to complete a professional qualification and training records we looked at confirmed this.

Where required, care staff supported people to eat and drink and maintain a healthy diet. People were supported at mealtimes to access food and drink of their choice. One person told us, "I supply the crockery and the food and they cook my food for me." Another person told us, "They buy it for you, I'm a pie and mash man." A third person said, "They come and get my lunch (from the restaurant) and put it in the microwave for a while." Care plans provided information about people's food and nutrition needs and the level of support they needed. For example, for one person who was diabetic their care plan detailed, 'Try to offer well balanced options if (Person's name) will accept them.' One member of staff told us, "We do breakfast, lunch and tea calls." Another member of staff told us, "Every time I go to a call I make them a drink. They're always happy with that." They added, "If I notice someone's losing weight, I report it." A third member of staff said, there were, "No thickeners" required in drinks or food for people they supported. They would cut up food for people, "If they had trouble swallowing."

People had been supported to maintain good health and have ongoing healthcare support. We were told by people that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, care staff were available to support people to access healthcare appointments if needed. One person told us, "I've had a fall and they've been there with me, comforted me, all the way through, checking, making me comfortable, attending with the paramedics." Another person told us, "Yes if you need a GP they arrange it for you." Care staff monitored people's health during their visits and recorded their observations. Care staff referred to working in collaboration with various health care professionals. One member of staff told us, "District nurses are in every other day," to change dressings for a person.

Good

Is the service caring?

Our findings

People told us people were treated with kindness and compassion in their day-to-day care. They told us they were satisfied with the care and support they received. They were happy and liked the staff. Many positive comments included, "They're very good, no complaints," "They're perfect, they go and buy me a paper, go out to the shops, maybe make me a drink," "These girls are so on the ball, they knock on your door and will do anything at all," "They'll also pop in in the morning just to check if I'm alright or if I want anything," and "They change the beds and sometimes they just come in here for a chat." When asked if the service was caring care staff comments included," Staff are brilliant, lovely girls," "Yes, definitely," "We all get on really well," and "What I like about (the service) is that you're not on your own. We do have a good team. Staff were all very caring." One compliment received by the service detailed, 'I was greeted at the door by (Staff member's name) who told me she normally works at Marlbourgh House. She extended her hand and was quite simply warm, caring, professional and an asset to any care team.'

Staff demonstrated an understanding of the purpose of the service, with the promotion and support to develop people's life skills, the importance of people's rights, respect, diversity and an understanding of the importance of respecting people's privacy and dignity. One member of staff told us, "The team are wonderful here. One aspect of the care is promoting independence. You are there to support them. It is important to allow them to do as much as they can for themselves." People told us they felt the care staff treated them with dignity and respect. One person told us, "They're always respectful." Another person told us, "Yes, the carers get me ready for bed, help undress me, they are always gentle, not hard and let me take my time." Care staff had received training on privacy and dignity and had a good understanding of how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they treated them with respect. One member of staff told us they respected people's privacy and dignity, for example by knocking on the front door and closing the bathroom door during personal care. Another member of staff told us, "I ensure the curtains are shut. If their partners in the room I make sure the doors are shut." One person told us, "They're all fine, helping me washing and dressing, my respect and dignity protected at all times." Another person told us, "I know that I'm safe here but I still lock my door. When they knock they wait, they know it takes me a long time to get there." A third person said, "They always knock on my door, no pressure on me."

Staff told us people were encouraged to influence their care and support plans. Care staff told us how they knew the individual needs of the person they were supporting. They told us they looked at people's care and support plans and attended regular handover meetings. People consistently told us they were happy with the arrangements of their care package. They had been involved in drawing up their care plan and with any reviews that had taken place. They felt the care and support they received helped them retain their independence. The manager showed us how calls were rostered. They told us the system used highlighted individuals preferences to be considered when scheduling the care calls.

Care records were stored securely at the service's office. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which

was accessible to all care staff and was also included in the staff handbook. People received information around confidentiality as well. Care staff were aware of the importance of maintaining confidentiality and could give examples of how they did this.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people. The manager was aware of who they could contact if people needed this support.

Requires Improvement

Is the service responsive?

Our findings

People told us they felt included and confirmed they or their family were involved in the setting up of their care and support. People told us they were listened to and the service responded to their needs and concerns. The care staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. However, we found areas in need of improvement in relation to reviews of people's care and support needs.

A detailed assessment had been completed for new people wanting to use the service. This identified the care and support people needed to ensure their safety. One senior member of staff told us, "We try to get in touch with as many people as possible about people's care needs." People told us they had been involved in developing their care plans, and felt they had been listened to. One person told us, "Yes I have a Care Plan, I was fully involved." Another person told us "I was very much involved in the production of my care plan." A third person said, "Yes I have a care plan, it is here right next to me, neat and tidy." The care and support was personalised and care staff confirmed that, where possible, people were directly involved in their care planning and in any review of their care needs. One member of staff told us that people, "All have care plans in their rooms." The completion of the care and support plans was varied. Although most were detailed and contained clear instructions about the care and support needs of the individual and the outcomes to be achieved, not all had been fully completed. Care staff told us that they had a good understanding of people's care and support needs. One member of staff told us, "When we started, we had a briefing for all of the clients." Another member of staff told us, "Communication here is excellent." They attended daily handover meetings between the staff shifts which had been used to keep care staff up-to-date with people's care needs. They told us this worked well and was informative. When there were any changes to people's care and support needs care staff requested a review of the care plan. However, a system for formally reviewing care plans had not been maintained. This had not ensured paperwork had been fully completed or that the care and support plans detailed people's current care and support needs. This is an area in need of improvement.

Care staff supported people to access the community and minimise the risk of them becoming socially isolated. For example, we saw people at The Orangery could participate in activities and use the facilities provided as part of the scheme. Care staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Care staff gave us examples of providing personalised care. One member of staff told us they went to the café in the complex with one person and then, "Sat in the sunshine." They spoke with the person about a shared interest in fishing. Another member of staff told us they supported a person "Who's OCD" and "Goes round the flat and does checks." The member of staff told us that it was important to respect the person's needs including their rituals, which included doing things a certain number of times, otherwise they, "Would become very anxious and frustrated."

The complaints policy gave information to people on how to make a complaint, and how this would be responded to. The policy set out the timescales that the representatives of the service would respond in, as

well as contact details for outside agencies that people could contact if they were unhappy with the response. The information provided to people encouraged them to raise any concerns that they may have. Care staff told us they would direct people to raise any issues that they may have with the manager.

We looked at how people's concerns and complaints were responded to, and asked people what they would do if they were unhappy with the service. People told us that if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with. No formal complaints had been received. Where people had raised concerns the majority of people told us the staff had acted promptly and appropriately. The provider also kept an overview of any complaints raised and the quality of the care provided.

Requires Improvement

Is the service well-led?

Our findings

The senior staff promoted an open and inclusive culture. People were asked for their views about the service and commented they felt heard and respected. People's comments included, "I can't fault them. The manager is helpful on bits and pieces and takes the worry away," "They are all good hearted," "The carers are doing well," and "They are all outgoing and personable." The majority of care staff we spoke with told us they were supported well by senior staff. One member of staff told us, "Manager's great. I'm very happy." Another member of staff told us, "I absolutely love it here." They added, "The manager is doing a great job." They also added that the manager, "Comes in and thanks us every day." It was, "Such a nice place to work." However there were areas in need of improvement in relation to quality assurance.

We found there was a lack of regular and effective auditing and monitoring of the quality of the service, and embedded into the practice of the service in line with the provider's policy and procedure. A system to review people's care and support plans and spot checks to ensure the quality of the care and support provided had not been maintained. A quality assurance questionnaire completed in 2017 had not been collated, so it was not possible to see how this had been used to improve the quality of the care provided. Staff supervision and appraisal and regular staff meetings had not been maintained. Spot checks had not been maintained. When we asked care staff about spot checks the response was varied and comments included, "I've had spot checks," "I don't think I've had a spot check yet," "No spot checks" and "It's all been up in the air." There had been limited opportunity to both discuss problems arising within the service, as well as to reflect on any incident that had occurred. The provider and local authority had undertaken audits of the service. However, there were no action plans in place and it was not clear how and when outstanding items had been addressed.

The provider did not have effective governance to enable them to assess, monitor and drive improvement in the quality and safety of services provided, including the experiences of people who used the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policies and procedures were in place for staff to follow. Senior staff were able to show how they had sourced current information and good practice guidance, which had been used to inform the regular updates of the services policies and procedures.

The vision and values for the service was recorded for people to read, and discussed with new care staff in their induction. The aim was, 'To respect our customers' privacy, dignity and lifestyle in the way we work with them. Our care will be provided in the least intrusive way possible. We will treat the service user and everyone connected with them with courtesy at all times. Our workers are sensitive and responsive to race, culture, religion, disability, gender and sexuality and that of the service users family and representatives. Our ethos is to carry out tasks with the customer rather than for them wherever possible, to help maintain independence and autonomy'. Staff demonstrated an understanding of the purpose of the service, the importance of people's rights and individuality, and they understood the importance of respecting people's privacy and dignity. We were told by care staff that there was on open culture at the service with clear lines

of communication. All the feedback from people and care staff was that they felt comfortable raising issues and providing comments on the care provided in the service.

The manager spoke of good support being provided in their new role. Senior staff understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Senior staff were aware of the need to submit notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. There was a policy and procedure on staff's responsibility under the Duty of Candour. This is where providers are required to ensure the there is an open and honest culture within the service, with people and other 'relevant persons' (people acting lawfully on behalf of people) when things go wrong with care and treatment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People were placed at risk as the provider did not have effective systems to monitor and improve the service.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person had not ensured that effective recruitment and selection procedures had been followed.