

Leeds City Council

Woodview Extra Care Housing

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

The inspection took place on 08 March 2016 and was unannounced. We carried out an inspection in May 2014, where we found the provider was meeting all the regulations we inspected.

Woodview Extra Care Housing is registered for the regulated activity of providing personal care. Care and support was provided to people in their own flats within a purpose built housing complex in the Swarcliffe area of Leeds.

The service had a registered manager at the time of the inspection, however; they were no longer in day to day control. There was a new manager in post who had worked at the service for approximately four weeks. The manager was supported by an assistant manager who was also new to the service. 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.

We found people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment procedures were in place to make sure suitable staff worked with people who used the service. Staff received the training and support required to meet people's needs.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect people they supported. People told us they felt safe with staff and we saw there were systems and processes in place to protect people from the risk of harm. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

Managers and staff understood the requirements of the Mental Capacity Act 2005. The care plans we looked at contained mental capacity assessments where appropriate. There was opportunity for people to be involved in a range of activities within the service or the local community if they wished.

Care and support plans were sufficiently detailed and provided an accurate description of people's care and support needs. People were supported with their nutritional and hydration needs and had access to a range of healthcare services.

Staff understood people's needs and provided care and support accordingly. Staff had a good relationship and rapport with the people they supported. Staff were aware and knew how to respect people's privacy and dignity.

The service had good management and leadership. There was an effective system in place to respond to complaints and concerns. Effective systems were in place which ensured people received safe quality care.

People had opportunity to comment on the quality of service and influence service delivery.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider had systems in place to safeguard people who used the service and to ensure people were protected from abuse. Individual risks had been assessed and identified as part of the care and support planning process.

We found the management of medicines was safe.

There was enough staff available to meet people's needs safely. The provider had effective recruitment procedures in place.

Is the service effective?

Good ●

The service was effective in meeting people's needs.

People were well cared for and supported by staff that were well trained and had the right knowledge and skills to carry out their roles.

Managers and staff had a knowledge and understanding of the Mental Capacity Act 2005.

People's nutritional care needs were well supported and people were supported to access appropriate healthcare services.

Is the service caring?

Good ●

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care and support needs and were confident people received good care.

Staff knew how to treat people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's care and support plans contained sufficient and relevant information to provide consistent, person centred care and support.

There was opportunity for people to be involved in a range of activities within the service and the local community.

People were confident to raise any concerns. Complaints were responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

The management team were clear about their roles, responsibility and accountability and staff felt supported by the manager and assistant manager.

The provider had effective systems in place to monitor and assess the quality of the service provided.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through surveys, meetings and interactions.

Woodview Extra Care Housing

Detailed findings

Background to this inspection

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

This inspection took place on 08 March 2016 and was unannounced. The inspection team consisted of one adult social care inspector, a specialist advisor in governance and an expert-by-experience who had experience of people who used a domiciliary care service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of this inspection there were 25 people receiving personal care from Woodview Extra Care Housing. We spoke with seven people who used the service, three relatives, five staff, the assistant manager and the manager. We visited the complex and spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at four people's care and support plans.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent out surveys to 10 people who used the service and 10 relatives and friends; one from people who used the service and one from relatives and friends were returned. We have included their responses in the inspection report. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

Before our inspection we asked people and their relatives to complete a survey. Everyone told us they felt 'safe from abuse and/or harm from their care workers'. 100% of relatives who completed a survey told us their relative was safe from abuse and or harm from the staff of Woodview Extra Care Housing.

During the inspection people told us they felt safe in the company of the staff employed by the service. Relatives told us they were confident their family member was kept safe. Comments included: "I'm quite happy. I'm safe. My son is happy that I'm safe, and I have a life that I never had when I lived in a house. I'm involved. I never used to go out, but we've broken down that barrier. I do feel involved in things, I feel pleased when we've been out for a meal or dancing and I've helped organise it and I see people that wouldn't normally get out enjoying themselves and having fun" and "I feel quite safe here. I get looked after and my housework done."

Staff we spoke with confirmed they had received training in how to safeguard people from abuse and knew how to recognise signs of abuse and how to report their concerns. Staff records we saw confirmed staff had received training and staff knowledge was also tested regularly through supervisions. Staff said they were able to raise any concerns with the assistant and/or the manager knowing they would be taken seriously. They told us they were aware of the services whistle blowing policy. These safety measures meant the likelihood of abuse going unnoticed were reduced.

The PIR stated 'revisions had been made to the multi-agency safeguarding adult's policy following the implementation of the Care Act; this had resulted in a new safeguarding training package being developed. This training will be delivered to all working at Woodview during the next 12 months'.

We looked at care and support plans and found risk assessments identified hazards that people might face. These included smoking, internal and external areas and medication. There was guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily life with the minimum necessary restrictions.

There were procedures for staff to follow should an emergency arise in relation to the deterioration in the health or well-being of someone who used the service. In addition, people were able to access a dedicated pendant call system in the event of an emergency.

We saw there were several health and safety checks carried out, which included moving and handling, using chemicals and hazardous substances and fire. We saw equipment was tested on a regular basis. We noted there were weekly fire alarm tests carried out by the building provider.

The PIR stated 'it has been identified there is a need to increase the number of first aid trained employees at Woodview. This will help ensure we are able to safely respond to incidents and urgent health matters arising in the service'.

In our survey, 100% of people who used the service felt they received care and support from familiar, consistent care workers. They said 100% of care workers arrived on time and 100% agreed their care workers stayed for the agreed length of time.

People told us they thought there were enough staff on duty, they knew the staff and felt comfortable with them. Comments included: "It's been a lifeline. I get lots of support. I know all the carers. I prefer my regular carers. I can't fault the care that I get. They listen to what I want and will do things differently if I ask. They're well trained. They prompt me with my meds and I do take them whilst they're here."

Our observations at the time of the inspection demonstrated that although staff were very busy at key times, people who used the service received a good level of care as staff were responsive to peoples' needs. There were sufficient numbers of staff available to keep people safe. We saw rotas were available to all managers and supervisors which showed real time staff attendance. Also, where changes were necessary, a text message could be sent to staff members to inform them of the change. We spoke with the manager who said there used an IT system called 'roster live' which combined the person and the staff members profiles to provide a close match of skills and needs, which ensured safe cover with the right level of skill. The system when matching also rated the match as excellent, good, average, poor or bad. If a bad match was identified then rostering would be prevented. This ensured staff and people who used the service were well matched at all times.

People who used the service could have a copy of staff rotas if they wished which ensured they were aware who would be visiting them. One person said, "I usually get a weekly programme telling me who's coming in on my care visits that week, so I know who to expect each time." The manager told us if there were any delays to calls the person would be contacted immediately to let them know, however, this was rare.

Staff we spoke with told us they had been allocated enough time to complete each call. One staff member said, "Yes we have enough staff and we cover for holidays. We are a brilliant team, like one big happy family." Another staff member said, "We have a good team and there is always enough staff. The rostering works well." A third staff member said, "The rostering works well. We are flexible and cover shifts for holidays." People received support from a consistent team of staff who knew people's routines and preferences.

The service had a 24 hour, seven days a week on call system, and staff were available in the building at all times if people needed support. There was a manager on call seven days a week for support if needed.

The PIR stated, 'during 2016 a review of the on-call arrangements will take place to ensure the service is safely and effectively covered over a 24 hour period and can easily access a manager for guidance and support'.

Recruitment processes were robust. The Leeds city council's policies and procedures were followed and there was evidence every member of staff appointed had their skills measured and assessed to match people's needs. Appropriate checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. The staff team was a consistent group who told us they worked well together and enjoyed their jobs. They said the service ran in such a way they could get to know everyone, resulting in the care being appropriate; in line with people's individual needs and safely delivered.

We saw people's medication was stored in their own flats. Medication plans were in place in accordance with the prescription and staff used a medication administration record to support the administration of

medicines. There were prompts in the medication plan of the five 'rights of administration', which included right person, right drug, right dose, right time and right route.

People who used the service told us they either managed their own medication or had prompts from the care staff. They said this worked well and their support was timely and good. The majority of people's medication was pre dispensed from the local pharmacist, which minimised the risk of errors being made. The service completed a medication assistance screening tool to establish the support people needed with their medication. We reviewed the medication administration records for two people who used the service. These were completed correctly.

Topical medication administration records (TMAR) were used to record the administration of creams and ointment. These had information about how often a cream was to be applied and to which parts of the body by using a body map. The assistant manager told us they had recently introduced the TMAR's. They said they were in the process of reviewing people's care and support plans and everyone would have a TMAR if required in the very near future.

Medication training provided included a competency check, which all staff had to achieve before they were allowed to prompt, assist with or give medication.

Is the service effective?

Our findings

We received surveys from people who used the service; 100% agreed the care workers had the skills and knowledge to provide the care they needed; 100% of relatives disagreed.

People told us they felt confident the staff were competent. Comments include: "They're very helpful. They talk to me about how I want things doing. I have no complaints, I feel happy they know what they're doing", "I get lots of support. At the moment they come in four times a day plus extra when I have a shower. I choose when I have a shower. I know all the carers. I can't fault the care that I get. They listen to what I want and will do things differently if I ask. They're well trained. They prompt me with my meds" and "I like it on the whole, but I get a bit lonely. I don't go downstairs because the chairs are too big. I'm only little. It's clean, and I know if I was ill they'd look after me. There's always a carer ready to listen."

Staff we spoke with said they had regular supervision and appraisal which gave them an opportunity to discuss their roles and options for development. We looked at staff records which confirmed staff had received supervision on a regular basis. We saw observation supervisions were also carried out in areas such as moving and handling, medicines and food assistance. The appraisal we saw included setting personal and corporate objectives and a review of performance during the year.

Staff we spoke with told us they were well supported by other staff members and the management team. They said they received training that equipped them to carry out their work effectively. Staff told us they had completed several training courses in 2015 and 2016, which included equality and diversity, infection control and Mental Capacity Act. Staff said moving and handling training had been booked for the future. We saw staff also completed specific training which helped support people living at the service. These included Parkinson's awareness. We saw staff were in progress of obtaining or had obtained National Vocational Qualifications. The training records showed evidence of continuing development and learning and there was a system in place which showed when staff were due specific training and when training had expired.

We were told by the manager staff completed an induction programme which included orientation of the service, policies and procedure and training. We saw from the staff files we looked at staff had all been internal transfers within Leeds city council.

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.

Members of staff and the management team demonstrated a good understanding of this legislation and what this meant on a day to day basis when seeking people's consent. One staff member said, "You can never assume people are not able to make choices." Staff had access to policies and procedures. We saw staff gave an explanation to people and waited for them to respond before they helped them to undertake

care or support tasks. People had signed documents within their care and support plan and these included the access arrangements, sharing of information within the care and support plan and an acceptable behaviour statement. These showed the person agreed with the care and support package provided.

We saw a mental capacity assessment had recently been completed appropriately for one person in regards to decision making about taking their medication and their safety when not in their flat.

The PIR stated 'Dementia care mapping which is an observational tool used to measure a person's mood and engagement will be delivered in this supported living environment'.

People lived in their own flats within the service and had a range of options for food. Some people went shopping with family members, some people had shopping done by family members online and delivered to their flat, some people had shopping done by the care staff once a week. Other people had 'meals on wheels' delivered. There was an on-site cafe, which was used by the local community. The cafe has two main courses and a range of other food and snacks. People who commented about the café said, "I sometimes get food from the cafe. It depends what's on the menu. It's alright"; "I don't really eat in the cafe. The food is a bit bland for me. I prefer something a bit spicier"; "I'm going down to have my lunch in the cafe now. It's shepherd's pie today. I'm looking forward to it. My favourite is corned beef pie" and "The food in the cafe is very nice, but the menu is the same every week. We mostly eat in the flat, and only go to the cafe if we have visitors. It's nice, but very traditional."

Where staff were involved in people's nutritional support they did so as required to meet people's needs. Staff told us they would prepare meals for some people and this would be from items already purchased or ready meals. Staff demonstrated a good understanding and knowledge of the support required to ensure people had their nutrition and hydration needs met.

We saw daily and weekly diet and preferences were clearly recorded in people's care and support plans to ensure the appropriate meals and drinks were provided and in accordance with the person's wishes.

Where appropriate people had access to health professionals as required. We found people who used the service or their relatives dealt with people's healthcare appointments, although staff told us they did sometimes arrange GP, dental or optician's appointments for people when needed. Staff members told us if people became unwell during their visit then they would call either a GP or an ambulance and would stay with the person until help arrived. One staff member said, "The chiropodist comes regular." This ensured people who used the service received the health care support and checks they required.

Records showed occasions whereby GP's and community nurse's had been contacted due to a change in a person's healthcare needs. We spoke with one visiting health professional who told us, "I get a good response from staff when I visit."

Is the service caring?

Our findings

In our survey 100% told us they were happy with the care and support they received, and 100% felt care workers always treated them with respect and dignity. Everyone told us care workers were caring and kind. When we asked people if they were introduced to their care workers before they provided care or support, 100% disagreed; relatives also disagreed. Relatives and friends surveys told us 100% were happy with the care and support provided to their relative or friend.

People told us they were happy with the service they received and they received care from the same team of staff. People said they were very happy with all of the staff and got on well with them, they were very complimentary about the staff. Relatives we spoke with said they felt the staff were very good. One person said, "They're fantastic. They're the nicest people I've ever had. I count them as my friends. They just always cheer me up. I've got to know them really well. It makes your day. They'll have a natter with you. They ask me how I like things doing. They definitely know what they're doing. I know who's coming, and I miss them when they're on holiday."

Other comments included: "When I first came, I felt really shy about having to be cleaned, but they don't make me feel embarrassed. I feel really relaxed with them. I couldn't ask for any better. It's just lovely. I haven't met one member of staff that I don't like"; "My grandson knows them all by name. They're such lovely people", "When I had vomiting I was in a right state. I pressed the alarm, and they came straight away. They just said not to worry about it and got me all cleaned up. Nothing bothers them. They tell me not to worry about it. If I have a fit, they just stay with me until it's over and make sure I'm ok. I get a feeling, an aura, and I know to press my alarm. They've always been here before I'm completely out of it. They just stay with me and keep me safe"; "They're all nice lasses. They'll do anything for you, and always cheerful", "I like the staff here. They look after me. I've been here since it opened. I right like it"; "I absolutely love it. I can't tell you anything other, really. They're wonderful" and "Overall I have no real complaints at all."

Staff understood people's care needs and things that were important to them in their lives, for example, members of their family, key events and their individual personal preferences. Staff spoke with warmth about wanting to provide good care and support for people and they enjoyed working for the service. One staff member said, "People are well looked after." Another staff member said, "People get 110%." They told us they looked at people's care and support plans and these contained detailed information about people's care and support needs.

We observed staff greeted people, asked how they were and took time to listen to what people said. We saw people responded to this by talking with staff and having confidence to inform them of their needs. During the day we heard staff speaking with people in a respectful and polite way. We saw staff did not rush and always had time to get to know people well. Staff interaction with people was all friendly and relaxed. People and staff clearly knew each other well. This allowed them to focus on people's well-being and practical care needs.

People were supported to express their views and to be involved, as far as possible, in making decisions

about the care and support they received. People had been given the opportunity to provide feedback about the service through their involvement in the assessment process, where appropriate had signed to state they agreed with the content of the care and support plan and from completion of questionnaires.

Staff spoke about the importance of ensuring privacy and dignity were respected, and the need to respect individuals personal space. Staff gave examples of how they maintained people's dignity. Staff told us they would introduce themselves to new people before providing personal care. Our observations showed staff respected people's privacy and dignity. We saw staff knocking before entering people's flats and telling them who they were before entering. We also saw staff greeted people when they passed them in the hallways and communal areas. We saw there were agreements in the care and support plan that had been signed by the person about access to the flat or bungalow. This ensured staff did not enter the premises unless invited to do so.

The PIR stated, 'following a review of the service's quality assurance mechanisms, a 'dignity audit tool' was developed and will be implemented within the service this year'.

The service was purpose built with wide corridors and doorways. The communal areas were all clean and uncluttered and the odour free. We noted some people had personalised outside their front door with plants, ornaments and other decorations.

Is the service responsive?

Our findings

We saw there was evidence in people's care and support plans of adult social service referrals and assessments prior to commencement of tenancy. Assessments carried out by the provider on arrival gave a detailed picture of the individual's needs and how they hoped to be helped. The care and support plans all contained a photograph of the person. We saw people were living independently in their own flat. People enjoyed a high level of choice and control over who came into their property and were also free to come and go from the complex as they wished. We saw there were no visiting restrictions and families could visit when they wanted to.

The care and support plans we looked at were individualised and person centred and showed the involvement of the people they were written for. We saw 'this is me' document at the front of the care and support plan, which included, 'things that make me happy', 'people important to me', 'my childhood' and 'special memories'. The care and support plans covered all aspects of a person's individual circumstances. This included the level of support required, the number of staff required to provide support each visit, the length of time for each visit, call time preferences and additional duties and tasks to be undertaken. There was evidence to show the content of the care and support plans had been agreed with the person who used the service or those acting on their behalf.

The manager told us people's care and support plans were kept in people's flats and an electronic copy was kept in the office. Staff told us the care and support plans were up-to-date and gave them the information they needed. If there were any changes the management team would inform them with any updates. We saw a communication sheet was provided for staff on arrival for duty alerting them immediately to any issues or changes. Where people's circumstances had changed, the care and support plans had been reviewed and updated to reflect changes in people's needs.

In our survey 100% told us they were involved in decision making about their care and support needs. 100% of relatives and friends disagreed that they were consulted as part of the decision making process.

We saw there was an activity programme for the week that was provided by the building provider. These included, race nights and quizzes, bingo, raffles, cards, Church service and spiritualist meetings. People who used the service were able to join in with these activities if they wished.

We also saw people had access to a hairdresser, gym and electric scooter store/charging unit. People also had access to 'tenants association' information, which included forthcoming activities, counselling services, local neighbourhood network and LGB&T group.

Our survey responses from people who used the service told us 100% knew how to make a complaint about the care agency: 100% felt care workers responded well to any complaints or concerns they raised. 100% felt office staff responded well to any complaints or concerns they raised. Our survey responses from relatives told us 100% felt the agency and their staff responded well to any complaints or concerns they raised.

When we asked people what they would do, or who they would speak with if they had a complaint, comments included: "I'd go to the front office. Sometimes the timings of care have been a bit haywire recently. I wish they would call us and let us know if they're going to be late. Yesterday, the morning visit was late. Anchor said they'd passed the message on, but I spoke to the lass downstairs and she said they hadn't received the message. They're looking into it though. I know they're taking action, and she came up and apologised for the problem, and told us what they're doing to resolve it. I feel like they do look into things", "If I had a complaint I'd ring the front desk, you know, the supervisor of the carers, or Anchor. It depends what it's about. I have a booklet that outlines everything, so it's easy to work out what to do"; "If I had a complaint I'd go to the office and air my grievances. I've done it a couple of times, and it's always been dealt with", "If I had a complaint I'd ask to see the manager and talk in the office. I've never done that, but I would if I needed to" and "[Name of staff member] came to see me to discuss some changes to my care plan and to apologise for a couple of things that went wrong. It's all been sorted out. They do look into things if someone's late. I understand that emergencies happen. I feel like it is well managed and run." Everyone who told us they had made a complaint said they felt this had been dealt with and they had been informed about what was happening.

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the manager. Suitable arrangements were in place to ensure people who used the service and those acting on their behalf were aware of the complaints system. We found effective arrangements were in place for people if they had a concern or were not happy with the service provided to them. Guidance on how to make a complaint was given to people when they first started using the service. This included the stages and timescales for the process. There were a robust and comprehensive complaints and complements procedure and policy. There was evidence of recent complaints which had been handled effectively and timely.

Is the service well-led?

Our findings

The service had a registered manager at the time of the inspection however; they were no longer in day to day control. There was a new manager in post who had worked at the service for approximately four weeks. The manager was supported by an assistant manager who was also new to the service.

Our survey responses from people who used the service told us 100% would recommend the service to others and the response from relatives told us 100% would recommend the service to others. 100% told us they did not know who to contact at the service; 100% of relatives said they knew who to contact at the service. Everyone said the information they received from the service was clear and easy to understand.

People who used the service and visitors were very positive about the staff and management of the service. One person said, "I'm on the tenant's committee. I'm the one who knows about wheelchairs and what they need, and we organise all sorts of outings and events. I feel really happy that I'm involved in making things happen." Another person said, "We go to the tenants meetings. I think they do listen to us." People said they felt the service was excellent and well managed and run.

Staff we spoke with told us the service was well managed and the manager and assistant manager were very approachable and always happy to listen. Comments included: "I am very impressed, they have got stuff done, so far ok. They come across as approachable"; "[Name of assistant manager] is very responsive and deals with things. I love it here and I am going to stay" and "I am happy working here, I have no concerns what so ever and the service runs well. Manager seems alright and is very efficient, very switched on, thing get done. For the length of time they have been here they have made a positive impact, they are on the ball."

Audits in place with a clear timetable set out for the year with weekly/monthly, biannual and annual audits scheduled on a rota. These included care and support plans, dignity and annual training. We also saw there was a muscular skeletal audit undertaken in partnership with occupational health for every member of staff to ensure good postural and spinal health. We saw there were unannounced night visits undertaken by the manger and a partner manager from a neighbouring service whereby the two managers would work the shift with the staff providing leadership, supervision and support.

The manager had a comprehensive action plan for the coming year. Some of the items were Leeds city council's corporate strategic development aims and some were specific to the service. These included responding more promptly to accommodating existing people returning from hospital to avoid delayed discharges.

The manager told us they were in the process of updating all the care and support plans to move away from task orientated schedules to outcome based care with more input from the person who used the service. They also said they wanted to improve end of life care ensuring people who used the service had a preferred place of death, associated wishes were in place at an early stage and people were encouraged to have their resuscitation wishes made known. The manager told us they would like to identify 'champions' in areas of dementia, motor neurone disease, diabetes and stroke awareness among members of staff to improve

knowledge and increase standards of care in these areas.

People we spoke with told us they knew about the tenant's meetings and several said they attended them. They felt these were very positive and their opinions were taken seriously and responded to. We saw monthly tenant's meetings, facilitated by the building provider, were well attended and although mainly aimed at tenant's accommodation and facilities issues, they routinely had health and care on the agenda. The manager of the service attended these meeting on a regular basis.

Staff told us they had staff meetings. We noted staff meetings used to be poorly attended, however, this had improved in the past two months and the meetings were now focussed and well recorded with action plans in place. One staff member told us, "We have already had a staff meeting and I was able to contribute."

We saw quality assurance surveys were undertaken for different groups of people, which included the building providers, GPs, people who used the service, relatives and staff. The surveys were designed around the five CQC domains of safe, effective, caring, responsive and well-led. The results were published and an action plan agreed. There was evidence of the system working well and a high level of satisfaction overall was noted. There was good evidence of responsiveness when levels of satisfaction were low. For example, a local GP practice expressed satisfaction about the care staff but dissatisfaction about the previous management being 'brusque' and not receptive changing in care needs particularly medicine administration outside of the normal care hours. The manager, recently appointed, had responded to this very promptly and had apologised and offered to attend a meeting, which had been accepted. We saw 'tell us what you think' forms were regularly issued to people who used the service to encourage feedback and action.

We saw the manager held weekly meetings took place with the building providers, which ensured any concerns from either party were aired and addressed. This resulted in an improved process for assessing and receiving all new tenants by joint review, which ensured improved the meeting of people's care needs.

The PIR stated, 'a management re-structure has taken place and implemented in February 2016 to provide a more effective and efficient structure, across extra care housing', 'the service is introducing a system of performance and quality monitoring which will further improve current quality assurance measures already undertaken in the service' and 'a service newsletter for people using the service will be published in conjunction with the landlord, this will promote the effective joint delivery of a service'.