Housing & Care 21

Housing & Care 21 - Lincoln Gardens

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection carried out on the 15 December 2015. This is a new service registered with the Care Quality Commission on 8 April 2015.

Housing and Care 21 Lincoln Gardens is a purpose built independent living facility. This comprises of 46 flats and shared communal facilities including a hairdressing salon, bistro, activity rooms, therapy room, laundry, lounge and landscaped garden. The communal facilities, including the restaurant can be accessed by the general public.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 general public .

We found one breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

There was a complaints procedure in place and people using the service said they knew how to complain if they needed to. However the provider had not responded to four complaints according to their policy. This meant that people who used the service could not be confident that their complaints would be listened to and acted upon.

People who used the service said they felt safe and said they knew the staff well and felt staff protected them from injury. They said staff were knowledgeable about their role in protecting people from harm and abuse. All staff we spoke with said they had received training and all knew how to report their concerns.

Systems were in place to manage risk so people felt safe and able to move about as freely as they wanted to. There were enough competent staff on duty to provide people with safe care. People received their medicines as prescribed and safely.

The provider had effective staff recruitment and selection systems to make sure that staff were well vetted to look after vulnerable people.

The registered manager and care staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. This included staff understanding the importance of seeking consent from people before delivering care.

People felt confident that the staff were well trained and able to do their job well. Staff understood their obligations with respect to people's choices. They involved people in making decisions about their care and support. People received appropriate support to ensure their nutritional needs were met. They had choice of cooking and eating in their accommodation or eating at the on-site restaurant. One person said "I prefer to cook for myself". Another person said "I use the 'Meals on Wheels' service".

People were supported with their health needs. People told us they had good relationships with staff. Staff were confident people received good care and understood how to ensure they treated people with respect, dignity and privacy.

People's needs were assessed and care delivery was planned to make sure care was person centred. People enjoyed a range of activities and were protected from the risks of social isolation. These included coffee mornings and Bingo.

The service had good management and leadership. People had opportunity to comment on the quality of service and influence service delivery. Effective systems were in place that ensured that people's needs were met.

Summary of findings

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.

Although staff knew of the provider's procedures to minimise the risk of abuse to people, appropriate safeguarding procedure were mot applied. This may have put people at risk.

People felt safe and said the staff knew what to do to keep them safe.

Systems were in place to identify, manage and monitor risk, and for dealing with emergencies.

There were enough staff to keep people safe and meet people's individual needs.

People's medicines were managed safely.

Is the service effective?

Good 

The service was effective.

Staff received training and support that gave them the knowledge and skills to provide good care to people.

People were asked to give their consent to their care, treatment and support.

People were supported at mealtimes to ensure their nutritional needs were met.

People received appropriate support with their healthcare from medical and other professionals

Is the service caring?

Good 

The service was caring.

People valued their relationships with the staff team and felt that they were well cared for.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Is the service responsive?

Requires improvement 

The service was not always responsive.

The service had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. However the provider had not responded to four complaints according to their policy.

People's needs were assessed and care and support was planned.

Summary of findings

People were protected from the risks of social isolation; the service recognised the importance of social contact and companionship.

Is the service well-led?

Requires improvement

The service was not always well-led.

The provider had systems in place to monitor the quality of the service. However, complaints management had not been monitored.

The CQC had not been informed of a safeguarding incident as is the requirement by law.

There was a registered manager in the service who oversees the day today running of the service.

Staff spoke positively about the registered manager and said they were happy working at the service.

Regular meetings were held so people had opportunities to share their views.

Housing & Care 21 - Lincoln Gardens

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 15 December 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us and information from the local authority. A notification is information about important events, which the provider is required to tell us about by law.

During our inspection we used different methods to help us understand the experiences of people who lived at the service. We spoke with eight people who used the service, three relatives, a visiting professional, and eight staff including support workers and senior support workers. We also spoke with a care team leader and the registered manager. We visited people in their accommodation and looked around communal areas. We looked at medication records, seven people's care records, staffing rotas, staff training records, induction records and the quality assurance records that the registered manager and senior staff team had completed.

Requires improvement

Is the service safe?

Our findings

People were not always protected from the risk of abuse because robust procedures for managing risk were not consistently applied. An allegation of a safeguarding incident had been reported to the office and recorded on one persons' care file. The registered manager had not reported this to the local authority safeguarding team and had not reported this to us as is required by law. The registered manager and the care team leader told us they were not aware of the incident. The registered manager told us that action would be taken immediately to rectify the situation to keep people safe and to prevent similar incidents from happening. This meant that the CQC were unable to monitor that appropriate action had been taken to safeguard people's welfare

However, everyone we spoke with, who used the service, told us they felt safe. They said they knew the staff well and felt comfortable with them. One person said, "I feel safe here. I am happy I don't want to move out. It is my home" Another person said, "I feel very safe, security is quite high here".

People and staff were in the main, knowledgeable about their role in protecting people from harm and abuse. Staff were able to demonstrate a good understanding of safeguarding issues and were able to give examples of how they would identify abuse. All the staff we spoke with told us they had received safeguarding training. Staff said the training had provided them with enough information to understand the safeguarding processes and how to keep people safe. Records confirmed staff had received safeguarding training.

Records showed that previous referrals to the local authority had been appropriately made and in a timely manner. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Systems were in place to manage risk to people. Records showed that for people who were supported within the service had been actively involved in assessments to identify their individual needs and choices. There was evidence of a range of risk assessments for each person which enabled people to be kept safe in their flats or in the community. For example, one person had a risk of falls. The situation had been assessed along with action to be taken by support staff to lessen the risk to keep the person safe. Care plans also contained risk assessments for moving and handling and medicines for people who preferred to administer their own medicines.

Staff responded to potential risk in a timely manner. For example, one person who had mobility difficulties forgot their mobility aid. They attempted to walk around without the aid which could have resulted to a fall and possible injury. A member of staff was quick to respond, reassured the person and offered assistance. Staff told us risk was well managed. One member of staff said. "We always look out for our clients especially those who are at risk of falls to make sure they are safe".

We asked staff to describe what actions they would take in response to a person becoming acutely ill and needing emergency care. The answers we were given demonstrated staff were able to competently deal with a range of common emergency situations. There were also fire safety plans informing staff how people should be kept safe during a fire. These identified how to support people to move in the event of an emergency. For example fire emergency.

There were enough competent staff on duty to keep people safe. People we spoke with did not raise any concerns about the staffing arrangements. Some people told us they sometimes had to call for assistance during the night. They all said that their calls were answered straight away. One person said, "A soon as you press the bell they come straightaway. They are good staff. I don't feel uncomfortable with them".

Staff confirmed there were enough numbers to meet people's needs. They said they had work rotas which clearly identified the calls they had to complete during each shift and the allocated time they should spend with each person. On the day of the inspection we observed there were enough staff to keep people safe and meet their needs. Staff duty rotas and work sheets, we reviewed, showed sufficient staff were on shift at all times.

The provider had effective staff recruitment and selection systems. There was a clear process which ensured appropriate checks were carried out before newly appointed staff began work. These checks helped the provider to make sure job applicants were suitable to work with vulnerable people. Records in the staff files we reviewed included proof of identity, full employment

Requires improvement

Is the service safe?

history, training, qualifications, health status and a Disclosure Barring Service (DBS) check. The DBS is a national agency that holds information about criminal records. Our observations of staff and review of records showed that a robust recruitment process operated within the service.

Record showed that at the point of commencing the service people were asked to indicate their wishes as to the level of support they required to safely take their medicines. People's wishes and needs were under regular review which had led to some people requiring greater levels of support.

The provider had a medicines management policy. This was to provide guidance to staff in areas of medicines administration and keep people safe. People's medicines were consistently and accurately recorded on medicine administration record (MAR) sheets. Staff had information available to ensure 'when required' (PRN) medicines could be administered in line with the prescribing GP's instructions. Where people had not taken their medicines the reasons were recorded on the MAR sheet.

We looked at the storage arrangements for medicines in two people's flats and found everything to be in order. We asked people who needed support in taking their medicines if staff arrived on time to help with this task. On all occasions we were told they did. Our review of records showed people received their medicines as prescribed. The registered manager told us that they kept a record of missed medication to enable the service to monitor staff competency and address any shortfalls to keep people safe. This record was shown to us. We saw that staff involved received additional competency training to reduce the risk of mistakes being repeated.

Good

Is the service effective?

Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. People told us they were confident that the staff were well trained and competent. One person told us, staff are well trained, they know everything about me and how I like things done". Staff files we reviewed confirmed and staff told us they received induction and had worked alongside more experienced staff until they were confident and competent to support people unsupervised. One staff member said "It really helped me to build my confidence before working on my own".

The training record showed that staff had attended training as discussed with us and that the provider was monitoring when staff required refresher training and that this was planned. Staff competencies were also assessed for skills such as medication administration. Staff told us they were well supported by their peers and management, and had received appropriate training in subjects such as medication administration, food hygiene, end of life care, dementia, safeguarding and manual handling. This had equipped them with the knowledge and skills to do their job effectively.

The staff files contained evidence that an appropriate programme of training was completed. Training that was deemed by the provider as mandatory was provided on a number of topics such as safeguarding vulnerable adults, manual handling, first aid and medication awareness. One person who used the service told us "I always know who's coming" and "I do feel the team are well trained". Staff had access to a range of policy and procedure guidance about how to carry out their work.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) and to report on what we find. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection no one was subject to DoLS.

Staff were clear when people had the mental capacity to make their own decisions, this would be respected. We asked staff to tell us how they ensured people were giving their consent to their care. The answers we were given demonstrated staff promoted choice and enabled people to make decisions about their care and support. Records showed people consented to care and support. For example, written consent was given by people before support staff helped with the administration of medicines. People gave written consent for support staff to gain access their flats when needed.

People signed their care plans to indicate that they understood the plan and that they consented to care being provided. Discussions had taken place between people who used the service and health professionals about how they wished to be cared for in an emergency situation. Where appropriate Do not attempt cardio-pulmonary resuscitation' (DNACPR) decisions orders were in place. The correct form had been used and was fully completed recording the person's name, an assessment of capacity, communication with relatives and the names and positions held of the healthcare professional completing the form. These were kept in people's accommodation so that they were accessible to ambulance crew if they attended. This meant that people's wishes in relation to their future care were being respected.

There was a communal dining area with a restaurant available for people to use if they wished, or they could eat in their own flats. Care plans provided information on whether people chose to eat in the dining room or if they required assistance from staff to prepare their own meal. Some people required assistance to get to the dining area and this was documented. For example one plan informed staff "Take to the restaurant" at lunchtime and another informed staff "Assist with meal preparation". People who used the service said "The staff come into my flat at 6.30pm to help me with my food" and "They come and help me get me dinner. I don't like the kitchen food".

Care plans showed that staff members were guided to assist people to ensure they had enough to drink. For example, care plans informed staff to check people had a drink to hand before they left them. People ordered from

Good

Is the service effective?

the chef and staff member brought their food to their table. . The food looked and smelt good. Staff members were seen taking food to people who preferred to eat in their flats. People receiving support who had been identified at being at risk of dehydration due to underlying medical conditions or people's inability to mobilise easily to access a drink for themselves were encouraged to drink and a record kept of fluid intake as a part of their support package.

There was a programme of supervision and appraisal to ensure staff were appropriately supported. Staff we spoke with said they had supervision sessions with a supervisor "every few months" and an annual appraisal. The supervision record showed that supervisions had taken place and future dates for supervision sessions had been booked. The information we reviewed also showed that staff received annual appraisals.

People were supported with their health needs and with making visits to health professionals, or receiving visits from them. For example, we saw health professionals were involved in people's care which included GPs, community nurses, physiotherapists, occupational therapists, dentists and opticians. On the day of our visit a health professional was visiting to support a person with their health need. One person told us that staff had arranged a visit to their GP surgery as they felt unwell.

Good

Is the service caring?

Our findings

People we spoke with provided a positive about the good quality of care delivered by the service. One person told us, "I am very happy with the care and support I receive. Staff are kind and respectful. "I have a good relationship with staff. Another person said, "It is a good place to be. Staff are good to me. They help me with my showers every other day. I am happy" Other comments included positive feedback on the staff. They said "The staff are brilliant" and "The care is excellent". The provider's compliments file contained comments such as "Phenomenal care", "(Staff member) seems to like the job and is dedicated to it" and "(Staff member) is a very good carer".

A care satisfaction survey had been undertaken by the provider during April 2015 and comments relating to the care provided included "Always nice, bright and cheerful" and "All very kind".

There were however some mixed views about the staff. One person we spoke with was complimentary about most aspects of the service but was concerned because they felt that sometimes some of the staff were rushing and could be quite impatient. They said, "Most of them are very good and respectful. It's just a couple. It is my home. A couple of them need educating in how not to rush somebody for any reason". But most of them are very good." Another person said "one staff (Staff member) made me feel uncomfortable and I reported to the office and I know they are doing something about it but overall all staff are very kind and caring". We observed a staff member was kind and caring and had good interaction with the person using the service while supporting them.

We spoke with the registered manager and the care team leader about these comments. The registered manager told us they regularly discussed provision of high quality care which included giving people adequate time. The registered manager said they would continue to stress this to the staff team and closely monitor timings of visits to ensure all staff were spending the full allocated time with every individual. The registered manager also told us they would receive ensure that staff involved received extra supervision and training.

Recent staff meeting minutes evidenced that the registered manager had discussed care practices with the staff team at length. When we walked around the building we could hear chatter and laughter, and the friendly atmosphere was evident.

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People's privacy and dignity was maintained. Personal care took place in people's own flats and people who used the service said they felt their dignity was respected by staff. Care plans contained further information on how staff should preserve people's dignity, for example, by ensuring towels were close to hand when assisting with showering. Staff also confirmed that they would ensure that doors were closed while supporting people with their personal care.

People were encouraged to be as independent as possible and were free to move around the building as they wished. Whilst many people spent much of their time in their private flats we saw that communal activity space was available and was regularly accessed The reception area was busy during our inspection and several people congregated there to talk with their neighbours and friends.. People had unrestricted access to outdoor space in the well-laid-out gardens attached to the property. One person told us they loved looking at the garden. "It is lovely out there".

Staff spoke in a friendly and relaxed manner and it was evident from the discussions they knew the people they were supporting very well. We saw people's privacy was of utmost important to both staff and the people who used the service. Staff knocked on the door and waited for an answer before entering flats. When we arrived at one person's flat we were asked to wait whilst the staff asked the person if we could visit them and access their support plan. This showed that staff respected peoples home.

Requires improvement

Is the service responsive?

Our findings

People's complaints and concerns were not always logged, investigated, responded to and closed in accordance with provider's procedure. Of the six complaints we looked at, four had not been managed satisfactorily and this was confirmed by two visitors who said they had complained previously and their concerns had not been addressed. For example, not all complaints had dates recorded therefore it was difficult to assess when the complaint was received and when it needed to be investigated and responded to.

A relative said that they had made a complaint recently and had not received any acknowledgement of the complaint from the provider or from the registered manager. There was no evidence of any communication within the complaints record. This meant people could not be confident that their complaints were taken seriously. Alongside this, the lack of detailed information as described meant there was no evidence that the service used them as a learning opportunity for improving the service.

The above is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were notices throughout the building outlining complaints procedure, plus a comments and suggestions box in the lounge room. There was a complaints procedure in place and people using the service said they knew how to complain if they needed to. Copies of the procedure were displayed on public notice boards and people said they also had their own copy. There was also comments and suggestions box in the lounge room to enable people, friends and visitors to suggest ideas or raise concerns.

.People's care and support needs were assessed and plans identified how care should be delivered. A process was in place to assess people's needs before they started using the service. This covered pre-existing medical conditions, issues affecting daily living and people's aspirations for their future. The assessment was then used to indicate the amount of support time required and the frequency of that support. The person and family members were included in the planning and subsequent reviews of support needs. An environmental risk assessment was completed to ensure care and support could be delivered safely both for the person and the staff.

Care plans showed that people's levels of independence were assessed alongside their personal care needs. For example, one plan stated "I would like the carer to ring the doorbell once and wait for me to answer. Please do not keep ringing the bell". Another plan informed staff to 'Please lay my clothes on the bed ready for me' whilst they carried out their own personal care. Plans were person centred and showed that people's choices had been taken into consideration. An example of this was a plan that informed staff to "Allow sufficient time in the shower to wash the soap off"" and "Please ensure no objects are lying on the floor as I am liable to trip due to my poor mobility".

Care planning documentation gave guidelines and information for staff regarding the care and support that the person required at each visit. Examples included assistance with personal care, assistance with medication and preparation of drinks and meals. Staff we spoke with during our inspection demonstrated their knowledge about the needs of the people they were supporting and gave examples of support they had provided.

Care plans were reviewed and amended if people's needs changed. For example in one person's plan the level of support had been amended in order to meet the person's requirements following a discussion with them. Their plan had changed from the provision of two care staff during the morning, lunch and tea visits to one member of staff. The evening call had changed from one member of staff to two because the person's mobility deteriorated when they were tired.

The daily notes described the care and support that had been provided. Care plans and records of daily living were kept in people's own accommodation. Care planning information was replicated and kept in the main office. The accessibility and detail of care and support documents meant that staff had the information to understand people's needs.

Staff were allocated set periods of time to provide support to people in accordance with their care plans. People said that staff had enough time allocated and staff confirmed this. Staff said that if they felt a person required more time for a support visit, they would speak with their supervisor to see if this could be agreed with the provider and the funder of the service.

Requires improvement

Is the service responsive?

Staff knew about people's care plans and the care that was required. One member of staff said "The care plan is written with people before they move here. It's available to staff to read before they get here so by the time they get here, we know about them".

Care plans contained "pen portraits" which gave staff some information about people's lives before they moved to Lincoln Gardens. Some of these were more detailed than others, but all care plans contained them. One member of staff said "The care here is person centred. Because most people still have some level of independence we support them in the ways they want us to, so that they can remain independent". Another member of staff said "Staff do get to read the care plans. You need to be familiar with people in order to support them how they want".

People were protected from the risks of social isolation; the service recognised the importance of social contact and companionship. We observed people gathering in reception area and enjoying the company of others who used the service. Throughout the building there were notice boards with leaflets from local groups and activities.

There were social activities available for people to participate in if they wished. Activities included singalongs, bingo, a knitters and natters group, coffee mornings, arts and crafts and live music. People said they enjoyed having access to these. One person using the service said "I will go to the coffee morning tomorrow, music the day after and something else the day after that. We've got carol singers coming in soon and there's the Christmas party too".

There were notices displayed in communal areas to help keep people informed; these included details of local community events, religious services and local health services.

Visitors could visit any time, and people had individual doorbells with electronic locks so they could let visitors in themselves whilst still maintaining security. Many people accessed the local community and went into town for shopping.

Requires improvement

Is the service well-led?

Our findings

It is a legal requirement that the provider informs us of incidents that affect a person's care and welfare. We found the registered manager had not notified CQC of an incidence of alleged theft as is a legal requirement. The registered manager said they would review the provider's policy on communication to ensure that all incidences of a safeguarding nature were notified to the management team and subsequently to the Commission in future. We received the notification of this incident from the provider the day following the inspection. It also included other action taken. For example, disciplinary action.

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager dealt with day to day issues within the service and oversaw the overall management of the service. They engaged with people using the service and were clearly known to them. One person said, "I'd feel quite happy raising any worries with the staff and the manager". One relative told us "I am pleased with the care provided to my family member. My family member can speak for them self but I am happy as long as they are happy".

Staff spoke positively about the registered manager and were happy working at the service. The staff we spoke with told us they felt valued and confident in their roles. One member of staff said, "The service is very well managed. If any issues are raised they are dealt with straightaway." Another member of staff said, "The manager is very approachable and I can talk to her if I am concerned about anything. The manager is quite supportive too".

.Staff said they felt well supported. Staff comments included "I get a lot of support. I do believe the company looks after their care staff" and "I feel very valued as an employee". Staff said they attended team meetings and were kept informed. There was a staff meeting taking place on the day of our inspection, and the calendar of staff meetings throughout the year was on display in the office."

We spoke with staff about the values of the service. Staff told us the service was person centred and everyone clearly understood what was expected of them. They said the ethos was to provide a high quality person centred service. A staff member said, our aim is to promote respect, dignity and independence. "The manager is always talking to us about spending time with people and reminding us of what is important when we are caring for people." Another member of staff said, "We never rush the support we give and we always stay for the allotted period. We don' t rush people"." Another member of staff told us "To make sure that people are cared for well .I am happy if the clients are happy" The registered manager reiterated the same values and it was evident from discussions that the manager had a positive influence on the quality of service delivery.

The provider had systems in place to monitor quality and service. The registered manager and staff completed a number of checks at the service to make sure systems were working effectively. However, complaints management was not monitored /audited. For example a weekly 'pendant and pull chord' check was completed by the landlord. A daily well-being check was carried out where a member of staff visited people who used the service to check on how they were. Staff confirmed that they received' spot checks' from the senior team leaders to make sure they are doing their job well.

People told us they could put forward views and suggestions for improving the service. There was a 'tenant's suggestion box' in the communal area of the service. When we spoke with people who used the service and staff we found there was a good level of satisfaction.

People told us they held 'tenant meetings'. We looked at meeting minutes which showed that the last meeting was on 3 December 2015. Issues discussed included care plan and staff lateness. Staff meetings were also held which gave opportunities for staff to contribute to the running of the service. At the last meeting discussions were held around recruitment, activities, policies, complaints and training.

A 'service user satisfaction survey' was carried out by the provider in April 2015. The provider's report outlined the responses to the questions, feedback from people who used the service and an action plan. The report showed overall there was positive feedback; where people had indicated they were less than satisfied the provider had identified how they would ensure improvements were made to the service. Comments included "Always nice bright and cheerful, very helpful." "Staff are there to support. Always give a listening ear." Staff are good at their work. Polite and respectful." Always willing to do things for me very polite." My needs are always met, staff support me if required."

Requires improvement

Is the service well-led?

A healthcare professional from the local authority community nursing team was visiting the service on the day of the inspection. They told us the service was well managed and very responsive if any concerns were raised. They told us the care was good and staff were caring and professional. “It is a good agency in my opinion”. Two social care professionals we spoke with told us that there were issues with the service in the past but that the manager and staff were working hard to improve the service.”

.The registered manager told us there were good partnership arrangements between the service and other agencies involved in the overall quality of the service. The registered manager told us they attended a three monthly meeting with the Bristol City Council and other organisations providing extra care housing services to discuss what worked with the scheme and council updates. For example different care packages.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The registered person had failed to investigate complaints and take necessary action where failure were identified.