The Human Support Group Limited

Human Support Group Limited - Westfields

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected this service on 28 and 30 June 2016. Human Support Group Limited – Westfields – HCSA is a domiciliary care agency registered to provide personal care and support to people living in the extra care scheme Westfields, located in the Baguley area of Manchester. Care workers support people living on site in their own tenancies with a wide range of personal care needs and domestic duties, including assistance with shopping and making meals. Extra Care housing is similar to sheltered housing but with additional care and support provided to scheme residents to meet their individual needs.

There are 43 individual flats at Westfields but at the time of our inspection only 24 people were receiving an element of personal care and support. The local authority commissions a specific number of hours for the delivery of care and support from Human Support Group Limited – Westfields - HCSA and these hours are distributed between people identified as requiring support.

At each apartment we visited, people were supported with their personal care needs to enable them to live in their own homes and promote their independence, whilst living in an environment that offered companionship, a social life, security and privacy. People were able to socialise in the communal areas, whilst still enjoying privacy in their own apartments.

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.'

At the time of our inspection Human Support Group Limited – Westfields – HCSA did not have a registered manager. The previous registered manager had left in December 2015. The provider had appointed an assistant manager in April 2016 who had started the application process to be the registered manager. Staff we spoke with felt supported by management and had no problems raising any issues or concerns with senior management.

People had a joint assessment carried out by both the care provider and the housing provider prior to receiving a service. Risks were identified by the care provider before the commencement of care. How to manage those identified risks was made clear for staff as risk assessments were in place that covered various aspects of care and support.

People using the extra care service told us they felt safe. Discussions with staff and examination of training records confirmed that staff had access to safeguarding training and demonstrated a satisfactory understanding of the different types of abuse. They would have no concerns in reporting suspected abuse to their manager.

We looked at staff rotas and found that staffing levels were sufficient across the extra care scheme to safely

meet the needs of people who used the service. Some periods of care were busier than others, for example, during morning times, but staff did not seem rushed. We saw that staff had space between morning and lunch calls which the service referred to as 'downtime'. This time was spent in communal areas which were not used by people at the time of our inspection. People we spoke with were satisfied with the levels of care.

We looked at how the service managed the administration of medicines and looked at medication administration records (MARs) for people who used the service. Policies and procedures were in place covering all aspects of medicines management including the ordering, receipt, administration and disposal of medicines. The service had recently revised its practice on the storage of medicines and this was now more robust.

People and their relatives told us that they were involved in the planning of their care and they consented to their care and treatment. Records confirmed that people had consented to their care and had been involved in the assessment of their needs. People we spoke with told us that staff were caring and compassionate toward them. Care workers could demonstrate that they knew people well, as they could describe their likes, dislikes and preferences, although documentation of these in care plans was limited.

People and their relatives told us that care workers were caring and supported people's privacy and dignity. Care workers we spoke with could give examples of how they promoted people's independence and we saw examples of this during our visits to people's apartments.

Staff were recruited safely and there were Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. Staff were subject to a formal induction plan which was repeated following any long term absence, for example through sickness or maternity leave. Refresher training was undertaken by staff at intervals determined by the company and dependant on the type of training. Medicines administration refresher training was out of date for six staff at the time of our inspection.

A suitable disciplinary policy was in place and we saw evidence in staff personnel files of the disciplinary policy being appropriately followed.

The service was working within the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and staff had completed training in these areas.

The registered provider had a complaints policy to provide guidance to staff and people using the service and / or their representatives. None of the people or relatives we spoke with had made a formal complaint. Records showed that the service acted upon the written complaints it had received in 2015 in accordance with their complaints policy. People's personal information was stored securely and appropriately.

Staff meetings were held and we saw minutes from these meetings. The service had started undertaking spot checks of staff and staff supervisions and we saw copies of these on individuals' personnel files. The registered provider had internal policies and procedures to provide guidance to staff on 'safeguarding vulnerable adults' and 'speaking out at work' (whistle blowing).

The service worked in partnership with other organisations to ensure that appropriate care and support was provided to people in relation to their changing needs including GP's, pharmacists, social workers and other health professionals.

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.

People told us they had no concerns regarding their safety when staff where providing care and support. Staff were trained in safeguarding and knew how to raise concerns.

Recruitment processes were robust. People were assured they were supported by staff deemed appropriate to work with vulnerable people.

Medicines were managed appropriately. Practices in relation to the storage of medicines had been revised and made more robust.

Is the service effective?

Requires Improvement

The service was not always effective.

Medicines refresher training had not been delivered within company timescales for six staff.

Time in between periods of care and support was called 'downtime'. Staff spent this time in the communal lounge which was empty during both days of inspection. This did not contribute towards improving the quality of people's lives.

Staff worked within the principles of the MCA and DoLS and people were given choices about their care and support.

When specific care needs were identified the service could evidence that help and assistance had been sought from appropriate professionals to ensure the safety of the individual.

Is the service caring?

Good

The service was caring.

People who used the service told us staff were always kind and caring. Those who did not receive care and support had good relationships with staff.

People told us they were treated with dignity and respect. Staff supported people in a person-centred way even though this information was limited within the care plan.

We observed kind and respectful interactions between staff and people using the service. Relatives we spoke with were very complimentary about the standard of care.

Is the service responsive?

Good

The service was responsive.

People told us they received care, support and treatment when they required it. They told us they were happy with the service provided and were complimentary about all staff.

The service was flexible to people's changing needs. Packages of care and support could be increased and decreased according to the individual needs of people and any change in circumstances.

There was a complaints procedure in place. We saw that an informal complaint had been addressed with a relative who was pleased with the outcome.

Is the service well-led?

Requires Improvement

The service was not always well led.

An assistant manager had recently been appointed to the service. They were in the process of applying to be the registered manager.

Internal audits of the service were limited. The assistant manager demonstrated a commitment to continue making improvements to the service in these areas.

Supervisions and spot checks on staff practices had slipped in the absence of a registered manager but we saw evidence that these had been re-started by the assistant manager. Any training needs identified during supervisions were being addressed.

Care staff were given staff handbooks that contained policies and procedures pertinent to their employment.

Human Support Group Limited - Westfields

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 28 and 30 June 2016. The service had not been inspected since the service was re-registered in September 2013 following a change in the provider delivering care at the scheme. The first day of inspection was unannounced. The inspection team consisted of one inspector and an expert by experience, who carried out interviews of service users and staff over the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider 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 reviewed the information in the PIR, along with other information that we held about the service, including notifications. A notification is information about important events which the service is required to send us by law.

We spoke with nine people using the service and three of their relatives. We also spoke briefly with five people who lived at Westfields extra care scheme but who did not currently receive commissioned care and support from the provider.

We spoke with 11 employees of the service. This included the area manager, the assistant manager, the team leader and eight care staff. We observed the way people were supported within their own apartments and looked at records relating to the service.

We spent both days of the inspection at the service's registered address as the care was provided on site in

the extra care scheme. We looked at a variety of records, including five people's care records, six staff recruitment files, staff training and supervision records, daily record notes, medication administration records (MAR), maintenance records, audits on health and safety, accidents and incidents, policies and procedures and quality assurance records. In addition to this we observed staff supporting people during our visits to their homes, for example administering medication and with the provision of meals, and looked at paperwork relating to their care after obtaining the individual's permission.

Good

Is the service safe?

Our findings

The people we spoke with using the extra care scheme told us they felt safe when care staff visited them. Staff made them feel comfortable and at ease. When asked if they felt safe one person said, "Yes to be honest. Yes I do." Another told us, "I do feel safe. [There's] no problem with the care." One relative we spoke with spoke highly of the service and said, "The care is absolutely brilliant," whilst another told us, "My [relative] never has a bad word."

People who used the service lived in individual apartments within Westfields. Not everyone living at Westfields needed care and support. Although not everyone required a daily service people had access to care and support if they needed it. Help and assistance could be summoned by activating the care alarm located in each flat.

For example, when looking at records we read about a time when one person had been confused and agitated and care staff had been alerted to attend. Care staff had reassured and settled the person and offered to arrange a GP visit, but this was refused. This had happened twice within the same month in 2015 and logs of both calls outlining action taken by care staff had been documented by the service and communicated to commissioners. The individual had not needed any care and support since. This meant that people living at Westfields were kept safe, as care staff responded to all care alarms, including from people who did not normally receive a service.

People told us they usually received their visit from regular care staff. They said they were happy with the care staff who undertook their care calls. One person told us, "I always know who's coming." We noted that one person's morning visits sometimes fluctuated, on occasions being over an hour later than usual. We queried this with the person, who confirmed that this wasn't an issue. They told us they were kept informed if the care worker was going to be later than planned. As the person was able to get their own breakfast and medicines were not time specific support at a later time was not a problem.

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. This included systems on protecting people from abuse. Staff responsible for raising safeguarding alerts told us they were aware of and followed the local authority's multi-agency policies and procedures for the protection of adults. A copy of this was available in the office and the publication date of this document was November 2015.

Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. We talked with care staff about how they would raise
concerns about 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. Two members of staff we spoke with told us they would have no hesitation in reporting any poor practice they observed using the company's whistleblowing policy.

The area manager told us that it had been a difficult period for the service as there had been a relatively high

turnover of staff and increased periods of sickness. This had for a time affected the continuity of care staff but all care calls had been covered. We were told that the service had suffered the most over the Christmas period but people told us that things had improved, especially since the arrival of the assistant manager in April 2016.

A relative we spoke with told us in their opinion there weren't enough staff; "There's less staff now than there used to be." Staff feedback was varied when asked if the service had enough staff to meet the needs of people. One member of staff thought that staffing levels were 'not that great' at the time of our inspection. Another told us that they had enough time to undertake their calls and did not feel rushed or stressed. We looked at rotas and call times and saw that morning times were the busiest, as more people required assistance with medicines, breakfast and getting dressed. We saw that three care workers were on rota each morning but on occasions this had been reduced to two, for example in the event of sickness or holidays not being able to be covered.

The provider had used staff from other areas of the company in the past, for example another domiciliary branch or housing support. This had not always worked well. Staff told us that one person sent to cover shifts was not trained to administer medicines and could not undertake personal care. We saw during the inspection that in the event of a member of staff reporting as sick at short notice the shift was undertaken by another member of staff agreeing to cover when contacted by management.

The area manager told us there was an on-going recruitment programme. They explained how they had been exploring ways with local recruitment providers to improve the recruitment of new care staff. Two people had been recruited and were awaiting DBS clearance.

Prior to any service being delivered to people a joint assessment took place with representatives from both the housing provider and care provider in attendance. This was to ensure that the person satisfied the eligibility criteria to move into the extra care scheme but also to ensure that the care provider could meet their support needs. This assessment helped assure people they would be kept safe and their care needs met following admission into Westfields.

People had care plans which included assessments of risk and how to mitigate them. Examples of risk assessments on file included those relating to medication, personal care, moving and handling, mobility, using an e cigarette and pets. We saw one risk assessment that documented penicillin as a known allergy. The risk assessment indicated that this should also be recorded on the Medication Administration Record (MAR) and we saw that it was. We saw that care plans were reviewed every six months and updated accordingly if needs or risks had changed. This meant that people using the service received care and support in line with identified needs.

We looked at systems in place with regards to the administration of medication. Staff had received training in Medicines Administration - Level 2, which instructed staff how to support people to manage their medicines. Support was generally provided by prompting or reminding individuals to take their medicines and there were packages of care that required staff to administer medication. On the whole medicines were managed appropriately and we saw a care worker document that medicines prescribed to be taken as required (prn medicines) had been refused. A relative told us that on one occasion medication was late being administered due to there only being two staff on duty at the time. They told us that their relative had suffered no harm as a result of being given their medicines late.

The provider had previously stored all medicines delivered to Westfields in the office until this was collected by people or their relatives. They had recognised that this was an unsafe practice. This had stopped at the

time of our inspection and all medicines were either collected by individuals themselves or delivered to people in their flats by the pharmacy or by relatives.

We looked at five personnel files and saw that recruitment processes were thorough. The files we looked at contained appropriate paperwork in relation to recruitment, including two references and photographic identification on file. Staff were required to take a numeracy and literacy test prior to a formal interview and this was retained on file. We saw that recruitment practices were safe and that appropriate checks had been completed prior to staff working unsupervised for the service.

Staff we spoke with confirmed that they had been interviewed and references sought prior to starting work. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and a further check to see if they have been placed on a list of people who are barred from working with vulnerable adults. People who used the service could be confident that they were protected from staff that were known to be unsuitable to work with vulnerable people.

There was an on call service called the Response Team, available from 4pm onwards in the absence of on site management. Care staff had access to information and guidance at all times when they were working. The Response Team would be contacted for any safeguarding or general advice or in the event that access could not be gained to a flat. The on call rota was shared between the team leader and assistant manager.

The provider was not responsible for the maintenance of the building, nor any of the equipment contained within it other than their own office equipment, as the building was the landlord's remit. Tests of the fire system were made regularly, with one being undertaken during our inspection. We saw that portable fire-fighting equipment had recently been serviced on site. People living at Westfields and the provider were notified when a planned fire bell test took place so they knew not to respond as they would in the event of a real fire. The provider had a good working relationship with the housing provider landlord and any defects or repairs that were required were reported to on site personnel employed by the housing provider.

Staff confirmed that they had access to personal protective equipment when undertaking visits to people. People we spoke with confirmed that staff wore gloves and aprons when staff carried out personal care. During our visits to individuals in their own flats we saw on two occasions that staff wore aprons and gloves when carrying out care tasks, such as dispensing medication or preparing a meal. This showed us that staff were mindful of cross-contamination and promoted good infection control.

Requires Improvement

Is the service effective?

Our findings

People told us they felt that staff understood them and their support needs. One person told us, "They look after me. I have no complaints. They are lovely staff." Another person told us, "I feel well supported. They do over and above sometimes." People confirmed that care workers arrived at the allocated time and stayed for the duration of the call. One person told us that there were different carers supporting them at times but this did not cause them any concerns.

A relative told us when asked if the care staff understood their relative's care needs, "They do their best. The care [person's name] needs they are getting." They went on to tell us that the atmosphere wasn't the same in the extra care scheme as it used to be. "Compared to a lot of places it's probably quite good – but it's not as good as it was."

People were supported by care staff that had the knowledge and skill to carry out their roles. The area manager told us all care staff completed a thorough induction process before they supported people. This was followed by 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 a new care staff member shadowed a colleague was based on their previous experience and whether they felt confident in the caring role.

One member of staff we spoke with had recently returned from a period of long term absence and had undertaken the full induction programme again, as per company policy. They told us they had found revisiting the induction 'very useful' and described the trainer as 'brilliant.' It had given them confidence before returning to work after a break.

Care staff received essential training, which included training in moving and handling, medicines administration, safeguarding, dementia, Mental Capacity Act, health and safety, food hygiene, infection control and first aid. Care staff could also access additional e learning modules, for example end of life care. The company was keen to help staff with personal development and had nominated people to undertake an NVQ 3 in health and social care. One staff member told us, "I've asked and asked other companies [I've worked for]. [Manager's name] got me on it in two days."

Annual refreshers were in place with five staff having completed medication refresher training in April 2016. We noted that medicines refresher training for six staff was out of date, according to the company's own medication policy, as it was more than two years since these staff had last completed this training. The provider had addressed this as these staff were booked onto medicines training to be held in early July, however providers must ensure staff undertake timely refresher training so that care and support continues to be safe and effective for people using the service.

Care staff told us they felt they had received the training they needed to meet people's care needs. One staff member said they felt more bespoke training would benefit staff due to the increasing needs of people taking up tenancies at Westfields. They provided examples of complex behaviours they had encountered and suggested training in alcohol abuse, schizophrenia and breakaway techniques might prepare staff more

fully. We discussed this with the area manager and assistant manager who were keen to explore these training needs. All the people we spoke with said they felt that care staff had the necessary skills to meet their care needs.

All the staff we spoke with recognised the importance of communicating with people, keeping them informed about what they were going to do when providing support and asking for consent. A care worker told us, "I always keep them well informed. I tell them what I'm going to do and ask them if it's okay."

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 in order 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). We checked whether the service was working within the principles of the MCA and we spoke with staff to ascertain their understanding of the MCA and DoLS.

Staff told us that they always, in the first instance, assumed that people had the capacity to make informed decisions about their care. Staff had received training on the MCA and Deprivation of Liberty Safeguards. Staff members told us about the circumstances they needed to be aware of if people's mental capacity to make certain decisions about their care changed. We saw examples of where staff had flagged up to management occasions when they considered a person's mental capacity was fluctuating or they were 'low in mood.' They had felt this warranted further attention and input from relevant professionals. This showed us that there were mechanisms in place to raise concerns and that staff were skilled in recognising when a person's decision-making ability was possibly impaired.

People were supported at mealtimes to access food and drink of their choice. Care staff told us that food preparation at mealtimes was either preparation of a snack meal, for example soup or sandwiches, or the heating of a ready meal in a microwave oven. Some people had meals prepared by family members which required reheating. Care staff were aware of the importance of ensuring people had access to adequate food and fluids, had received training in food safety and were aware of safe food handling practices.

On both days of inspection we saw all staff on duty were sat in the communal lounge following the conclusion of morning visits. This was from 11.15 am until approximately midday. We queried this with the area manager and assistant manager, who referred to this as 'downtime.'

It had been agreed with staff that after morning calls had finished but prior to lunch visits, any spare time could be spent in the communal lounge. This was not a paid or unpaid break for staff, but a period of time identified to engage with people. On both days of inspection the lounge was empty during this time, as those who were able left the building and went out. We noted that the majority of people spent time in their own flats, therefore staff being in the communal lounge area was not an effective use of support time.

We recommend that this practice should be reviewed and an alternative one implemented that contributes towards improving the quality of life for people living in Westfields.

Health care appointments and health care needs were co-ordinated by people themselves or their relatives.

We also saw evidence of care staff contacting GP's on behalf of people and the service making referrals to district nurses. They liaised with health and social care professionals involved in their care if people's health or support needs changed.

We saw that the assistant manager had recently contacted the social worker and the speech and language team for an urgent assessment of a person recently admitted to Westfields. Swallowing difficulties not communicated to the provider during the initial pre-admission assessment had quickly been identified by staff providing support. This was an example of when the service recognised the risks posed to people and acted quickly to seek the assistance and input of relevant professionals.

Good

Is the service caring?

Our findings

Caring and positive relationships were developed with people. One person commented about the care staff, "They're all good here. There's not one of them that's not good. They [staff] chat to you – ask you if you're ok." People had strong relationships with staff and they felt that some staff did over and above what was required of them. Comments people made to us included, "The care is absolutely brilliant"; "Care staff are lovely", and "The staff are lovely, friendly and we are very lucky." Even those not currently receiving care or support were very complimentary. One person said, "I don't need it [support] now but I might. They ask me how I am, which is very kind of them."

People told us they had been asked what care and support they needed, how this should be provided and they felt that they had been listened to. Care staff told us how they knew individual needs of the person they were supporting. They told us that they looked at people's care and support plans which contained information about people's care and support needs.

A care worker told us what one person had done as a career and how interesting it was to listen to them. When asked if the information was written down in the care plan they replied, "No, I asked them and they told me. [Person's name] likes to chat about it." This meant that care staff were interested in finding out about what people had done and about their interests in order to engage the person, if this was their choice.

A member of staff told us, "We always give people choices. Everybody is different aren't they?" People we spoke with receiving support agreed and one person told us, "They give me choices. I like roast beef for my dinner." This person was then asked if they wanted 'as required' (prn) medication but they refused and told us, "I don't need them anymore." The care worker documented this and we could see from the MAR chart that the person was offered the choice of pain relief on a regular basis but opted not to take it.

We were told that staff would sometimes undertake additional tasks for people such as washing up and putting rubbish out. One person told us they had a cat that care staff looked after and fed. They told us, "They're dead good. It's a big help to me" This showed us that staff were willing to do over and above what was required of them to help the people using the service.

People told us that carers did respect their privacy and treated them with dignity. Whilst visiting a person in their apartment we heard a member of staff knock on the apartment door and announce their arrival when gaining access. They greeted the person warmly and the person responded. We observed the staff member undertaking their duties with warmth whilst keeping a professional approach.

Staff we spoke with gave us examples of what they did in the caring role to maintain people's dignity. "I close any doors and the curtains," one staff member told us. "I always knock before I go in," another said. Someone receiving a service added that care staff always treated them with respect and made sure they were comfortable before leaving. We were assured that staff had a good understanding of maintaining dignity and how this was embedded within their practice and interactions with people.

People we spoke with and their relatives were positive when asked if the service promoted their independence. A person we spoke to was very pleased about the progress of their relative since moving to Westfields. They told us, "Have I agreed the right place for my [relative]? I know it's yes." They highlighted to us the patience and caring attitude of staff wanting to promote independence and encourage people.

Staff were able to outline to us examples of when they promoted independence for the people they supported. They gave us examples of encouraging people to dress themselves, wash themselves, eat independently and self-medicate. A member of staff we spoke with told us how they encouraged someone to self-administer and said, "Why would we take [person's name] independence away when they are doing so well?" This showed us that staff understood the understood the importance of allowing a person to continue to do things for themselves and how this benefited the person.

The service acknowledged the rights of people with a Charter of Service User's Rights in place. This recognised the right of people to receive an anti-discriminatory service responsive to their race, culture, language, gender, sexuality, disability and age. This meant the service recognised that people were individuals and treated them accordingly. The service also used a befriending agency and people were given the option of being referred to the agency if this was their choice.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. There was a confidentiality policy which was accessible to all care staff and was also included in the staff handbook.

Good

Is the service responsive?

Our findings

People and their relatives were involved in making decisions about their care wherever possible. People told us they received care, support and treatment when they required it. A joint pre-admission assessment was completed for any potential new people wanting to use the service. Assessments were undertaken with a representative from the housing provider, as they had to be assured that people satisfied the criteria for a tenancy. People told us they had been involved in developing their care plans. All those we spoke with said that the care plans met their current needs and were satisfied that if any adjustments to support needs were necessary then they would be informed and involved. One person told us, "The carers are brilliant. My carer always checks I'm ok before they go."

The flexibility of the service was apparent. The service was able to increase a package if needs fluctuated. For example a care worker told us about additional support provided to a person prescribed a course of antibiotics. Care visits were increased in line with prompting the person to take the extra medicines and returned to normal once the course was completed. Similarly we were told one person had required lots of support initially following admission to Westfields. The person had improved, gained independence and therefore current levels of support were now minimal.

We saw that allocation meetings were held and attended by the person managing the service on a regular basis. These meetings were attended by representatives from the housing provider and commissioners from the local authority. Each person receiving support was discussed and updates were provided with regards to new potential tenants, those in hospital or due to return to the scheme. Minutes of these meetings were produced and we saw that the provider had raised concerns over one admission as they felt they had not received adequate critical information with regards to this person's physical capabilities. Care staff had worked with the person following admission and adapted to their needs to ensure their ongoing safety and progress had been made.

Care staff were knowledgeable about the people they supported. Although not always included in the care plan care workers were aware of people's individual preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff we spoke with all recognised the importance of communication and getting to know what mattered to people. Discussions with staff, our observations and feedback from people who used the service and relatives showed that the staff knew people well and staff respected people's choices and decisions about their support needs. One care worker told us about an individual's breakfast choices, "[They] always want porridge. They love it. I ask them if they want a bit of sugar on top or not – it's their choice." This meant that staff responded to people's individual preferences but also recognised that people might make different choices from time to time.

The care plan identified the care and support people needed to ensure their safety. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them or encouraged them to maintain life skills they had developed. We saw one care worker assist someone to make a cup of tea during lunch time support. They offered words of encouragement to the individual and gentle reminders about what was needed to make a cup of tea. We heard the person chatting to the care worker in the kitchen and there was

friendly conversation going on all the time. The person returned to the living room with the drink and told us," [A] cup of tea, done and dusted." This showed us that staff recognised the importance of a person maintaining their independence and supported them to achieve goals and outcomes.

People did tell us that they were able to make choices about how their care was provided and delivered and that staff respected their decisions. Care plans we looked at were predominantly task orientated, with identified risks highlighted; however we saw, and concluded from what people told us, that the care being delivered was person-centred.

We looked at care plans kept in the office and also those in people's apartments. Care plans were electronic documents and were clinically based with little or no information about a person's life history. Care plans mapped out what was expected of carers at each visit and included aspects of care in relation to mobility; continence care; medication; eating and drinking.

We saw people living at Westfields participated in activities held within and outside the scheme and used the facilities provided as part of the scheme. Staff did not arrange events held at the scheme as these were arranged by the residents themselves or the housing provider, but they did get involved. We were told staff participated in coffee mornings, bingo sessions and any special occasion celebrations held at the scheme.

There was a transition flat on site in the scheme however this was not in use at the time of our inspection. We saw that this flat was used on a short term basis for people requiring reablement support with a view to returning home. One person had used the flat recently but it had been identified that ongoing support would be more beneficial and they had taken a permanent tenancy and moved to another flat.

The extra care housing scheme had a communication book to inform each shift of staff about care provided to individuals and how they had been when supported. Staff carrying out the care and support also completed a record of each visit they made. These daily notes were retained on people's support plans stored in their flats. A handover between staff shifts took place daily to ensure care staff remained up-to-date with people's care needs and the care which had been provided. Staff told us this worked well and was informative.

The provider had a complaints procedure and information about how to make a complaint was provided to people when they started using the service. The complaints policy gave information to people how to make a complaint, and how this would be responded to. The information provided to people encouraged them to raise any concerns that they may have. Records showed that the service acted upon the written complaints it had received in 2015 in accordance with their complaints policy

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 they felt listened to and that if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with.

Some people we spoke with said they had never had a cause to make a formal complaint but would have no problems in doing so. One person told us, "I've never made a complaint. Believe me if I had to I would." Care staff told us they would encourage people to raise any issues that they may have directly with the new assistant manager.

Where people had raised concerns they felt these had been dealt with satisfactorily and quickly. A relative we spoke with had expressed concerns with the changes regarding the storage of medicines. These were no longer handled by the provider. The relative was not always able to visit promptly to see that medicines

were stored safely in the person's apartment and the individual did not have the capacity to do this.

The provider had worked with the relative to resolve the issue as they had Power of Attorney. This meant that they were able to make decisions on behalf of the person about their care and support. When the person's medicines were delivered by the pharmacy the provider had agreed to take the medicines and store them safely in their apartment. We saw written consent on file from the relative agreeing to this action and proof of their Power of Attorney status. The relative told us that they were happy with the outcome.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with were complimentary about the new assistant manager of Human Support Group Limited – Westfields - HCSA. This included people using the service, their relatives and staff employed at the extra care scheme. The assistant manager had been in post since April 2016 and was applying for the position of registered manager at the time of our inspection. People we spoke with told us that things had improved since their appointment to the post. One person told us, "It was awful without a manager. Things are getting done now." Another person we spoke with when asked if things were better told us, "Oh yes. [Assistant manager] has made a big difference – [there's a] big improvement." Everyone we spoke with living at Westfields had met the assistant manager, who was hands on when necessary, and had provided support to people on occasions.

The majority of the staff employed at the extra care scheme had been employed by the previous care provider and had transferred over to Human Support Group in September 2013. These staff were employed on set amounts of weekly contractual hours which were honoured by the new provider. Staff employed since the transfer were employed on Human Support Group – Westfields – HCSA terms and conditions.

At the time of our inspection the commissioned hours were over and above the actual number of hours care was being delivered. The area manager told us this was for a number of reasons, for example people being in hospital or having recently left the service and a number of vacant flats.

All the staff we spoke with agreed that the organisation and leadership of the service had improved since the appointment of the assistant manager. Staff told us they found the assistant manager approachable and supportive. We saw a large whiteboard in the office that displayed important information and reminders for staff. For example, there was a message on the board about the changes in the storage of medicines reminding staff these could no longer be stored in the office. Another informed staff of the new on call number and a third reminded staff to carry the door alarm at all times. This showed us important changes in the service were communicated to staff.

The assistant manager had completed a thorough induction prior to starting employment at the extra care scheme. They told us, "It was a really good induction. I'm getting lots of support." They were also complimentary about the staff team, indicating that they communicated well and covered for colleagues when necessary. The assistant manager had introduced more formal mechanisms since their appointment. Staff were no longer able to alter the rota in the event of a shift change or absence. This had to be done by using a rota change form. This meant that the assistant manager had more oversight of the rota and could manage staff absences better.

When asked if they felt supported and listened to all staff gave us positive replies. Examples of staff comments included, "I get on well with the management"; "I would go to the assistant manager if I had any concerns"; and "[the assistant manager] is really good. Yes, I do feel listened to."

Staff told us they felt they were able to put their views across to seniors and to management and we saw

examples of this from minutes of meetings and supervision records. Staff told us staff meetings were held and we saw examples of minutes from these meetings. Topics covered during the last staff meeting included breaks; communication; downtime; on call response and the new formal disciplinary process.

Staff told us that supervisions had not been undertaken for some time due to the lack of a manager but we saw that this was now changing. Several staff had had supervision in June and responsibility for supervisions was to be shared between the assistant manager and the team leader. In one staff supervision the assistant manager had identified that a member of staff required refresher training in medicines administration and moving and handling. The training matrix showed us that this person was booked onto both courses to be held in early July. This showed us that management were proactive when dealing with any issues identified during supervision sessions.

We looked at the systems that were in place to monitor and review the quality of the service. An audit had been carried out by Human Support Group as part of their audit schedule in June 2016. This audit identified minor issues around service delivery and people management, which the assistant manager had started to address with support from the area manager. The assistant manager acknowledged that internal audits undertaken by the service were currently limited given their short time in the post. Audits of medication administration records (MARs) had been completed and had not highlighted any major issues. Individual errors or missing entries would be addressed in supervisions and spot checks on these staff would be prioritised the assistant manager told us.

Head Office had recently issued questionnaires to service users and their relatives but the results from this were not yet available at the time of our inspection. We looked at the results of the previous survey undertaken in September 2015 and saw people had made positive comments about the service.

The service had mechanisms in place to perform spot checks on care staff. Records we reviewed showed that the assistant manager and team leader had started conducting checks of staff performance using observations of practice which were then formally recorded.

Spot checks on staff included indicating whether staff had washed and dried their hands; whether the customer had been given choices during the period of support and noting if the care worker had stayed for the whole of the time allocated for support. Completed spot checks we saw on file had not identified any issues.

We found the service had up to date policies and procedures in place, which covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control.

Care staff were given staff handbooks that contained policies and procedures pertinent to their employment. These included information about flexible working, sick pay, disciplinary process, standards and rules of behaviour. The provider had recently introduced an absence management policy and we saw examples of where this had been applied when sickness levels triggered it.