Octavia Housing

Octavia Housing -Bridge Water House

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 6 and 7 March 2018 and was unannounced. The service was registered on 24 March 2017 and had not been inspected before.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People were provided with flexible care and support on-site to enable them to live as independently as possible. Support included personal care and support with medicines, meal preparation, shopping and cleaning. There were 36 flats which included two 'shared ownership' flats. At the time of our inspection there were 27 people using the service.

There was no registered manager in post at the time of our inspection. A manager was employed by the provider to oversee the service and another similar service nearby and had applied to be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager was only briefly available and we were assisted by the service manager and other members of the senior team throughout our visit.

There were systems and processes in place to protect people from the risk of harm. There were enough staff on duty to meet people's needs and there were contingency plans in the event of staff absence. Employment checks were in place to obtain information about new staff before they were allowed to support people.

Care plans and risk assessments were reviewed and updated whenever people's needs changed. People and relatives told us they were involved in the planning and reviewing of their care and support and felt valued.

The risks to people's safety and wellbeing were assessed and regularly reviewed. People were supported to manage their own safety and remain as independent as they could be. The provider had processes in place for the recording and investigation of incidents and accidents.

People were given the support they needed with medicines and there were regular audits by staff and the management team.

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

Staff had undertaken training in the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to this. They ensured people were given choices and the opportunity to make decisions.

People were protected by the provider's arrangements in relation to the prevention and control of infection. People told us that staff adopted high standards of cleanliness and hygiene and always put on fresh gloves and aprons during personal care. The provider had a procedure regarding infection control and the staff had specific training in this area.

The provider ensured people's nutritional needs were met. People were able to dine downstairs in the communal dining room if they wished. Some of the people using the service shopped for ingredients and cooked their own food in their flats.

People were supported by staff who were sufficiently trained and supervised. The service liaised with other services to share ideas and good practice.

People's healthcare needs were met and staff supported them to attend medical appointments if support was required.

People's care plans were comprehensive and detailed people's identified individual needs. They were personalised to reflect people's wishes and what was important to them.

Staff had received training in end of life and there were plans for the management team to undertake training in this subject. There were plans to introduce advanced care plans and discuss end of life wishes with people and their relatives.

A wide range of activities were arranged that met people's individual interests and people were consulted about what they wanted to do.

Staff were caring and treated people with dignity, compassion and respect. Support plans were clear and comprehensive and included people's individual needs, detailed what was important to them, how they made decisions and how they wanted their care to be provided.

Throughout the inspection, we observed staff supporting people in a way that took into account their diversity, values and human rights. People confirmed they were supported to make decisions about their activities.

Information about how to make a complaint was available to people and their families, and they felt confident that any complaint would be addressed by the management.

There was a clear management structure at the service, and people and staff told us that the management team were supportive and approachable. There was a transparent and open culture within the service and people and staff were supported to raise concerns and make suggestions about where improvements could be made.

The provider had effective systems in place to monitor the quality of the service and where issues were identified, these were addressed promptly.

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.

Staff had received relevant training and knew what to do if they were concerned about someone's safety.

There were risk assessments and management plans to mitigate the risk of harm to people.

The provider had systems in place to manage incidents and accidents and took appropriate action to minimise the risk of reoccurrence.

Safe recruitment procedures were followed and there were enough staff to meet people's needs.

People received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and these were regularly reviewed.

The provider was aware of their responsibilities in line with the requirements of the Mental Capacity Act 2005 and understood its principles. People had consented to their care and support.

People were supported by staff who were well trained and regularly supervised.

People's health and nutritional needs had been assessed, recorded and were being monitored. People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

Feedback from people and relatives was positive about both the

staff and the management team.

People and relatives said the care workers were kind, caring and respectful. People received care from regular care workers and developed a trusting relationship.

People and their relatives were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

Care plans contained enough detail for staff to know how to meet peoples' needs.

There was a wide range of activities available at the service and people were encouraged to join in.

There was a complaints policy and procedures in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

Is the service well-led?

Good

The service was well-led.

There were systems in place to assess and monitor the quality of the service, and these were effective.

People and their relatives found the management team to be approachable and supportive.

The provider encouraged good communication with staff and people who used the service, which promoted a culture of openness and trust within the service.

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Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 6 and 7 March 2018 and was unannounced.

The inspection was carried out by one inspector and an expert-by-experience undertook telephone interviews with people and relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to 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 sent to us in the PIR and notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection, we observed support being delivered to people to help us understand people's experiences of using the service. We also looked at records, including six people's care plans, five staff records, medicines administration records and records relating to the management of the service. We spoke with a group of five people and spoke with an additional seven people who used the service by telephone. We also spoke with five relatives of other people, the manager, the service manager, the scheme coordinator, the scheme support officer, the quality assurance manager, two support workers and a senior support worker. We also spoke with two healthcare professionals who were visiting on the day of our inspection. We also received feedback from the activities coordinator by email.

Good

Is the service safe?

Our findings

All the people we spoke with indicated they felt safe in their environment and trusted the staff who supported them. Their comments included, "I feel very safe here", "The staff treat me very well, always ask how I am", "I have the same carers", "I feel very safe when they come and see me", "All needs are met", "Continuity is good" and "They stay the time allocated." Relatives echoed this and added, "Staff are very respectful", "Staff treat [family member] individually", "Staff have a good rapport with [family member]" and "They are very attentive."

People told us they received their medicines as prescribed. Most people required support from staff with their medicines. All medicines were stored in locked medicines cabinet in each person's flat. We checked the Medicines Administration Records (MAR) charts for ten people who used the service, for the months of January and February 2018 and saw that these were completed appropriately and there were no gaps in staff signatures. Additionally we obtained permission from four people to check their medicines in their flat and saw that their current MAR charts were completed correctly and staff signatures corresponded to the stock of medicines being used. We saw that when a medicine was not administered, the correct code was entered and a full explanation recorded at the back of the MAR chart.

There were protocols in place for the use of PRN (as required) medicines, for example, pain relief medicines. We checked if the amount of tablets in the packs corresponded to the staff's signatures on the MAR charts, and saw that they did, indicating that people were receiving these medicines appropriately and as prescribed.

Most medicines were blister packed and correctly dispensed. Boxed medicines were counted at each administration by staff to ensure they were correctly administered and at the right time. These checks were recorded and kept up to date.

There were policies and procedures in place for the management of medicines and staff were aware of these. We saw they had signed the documents, indicating they had read and understood these. Staff received medicines training and had their competencies checked regularly, to ensure they were able to administer medicines safely. The senior staff undertook weekly medicines audits to check medicines were being appropriately managed and these were thorough.

The provider had taken steps to protect people from the risk of abuse. Staff received training in safeguarding adults and training records confirmed this. Staff were able to tell us what they would do if they suspected someone was being abused. One staff member told us, "I would definitely report if I thought someone was being abused. I would also explain to the client why it has to be reported." A healthcare professional stated that people were safe at the service and said, "People are well looked after and safe. There were teething problems at the beginning but these were addressed quickly. I have no concerns." The service had a safeguarding policy and procedure in place and staff had access to these. Staff told us they were familiar with and had access to the whistleblowing policy.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified either at the point of initial assessment or during a review. These were reviewed yearly or more often if necessary and included risks to general health, mental health and the person's ability to complete tasks related to everyday living such as going out, personal care and mobility. Each risk was described and analysed and control measures were in place. For example, where a person had been identified at risk of malnutrition and dehydration, we saw instructions to staff included, "Staff to make sure to be on time for [person's] meals", "Staff to always leave fluid on [person's] table or on a reachable place" and "Staff to make sure to keep [person's] meals menus according to his likes and dislikes."

However, one person had been admitted six weeks prior to the inspection with a history of pressure ulcers and although this was identified in the original needs assessment, there was no specific risk assessment in place about how to manage this risk. We saw evidence that the person's skin was being monitored by staff and a visiting district nurse and written records showed that the person's skin had greatly improved since their admission to the service, indicating that staff were providing appropriate care and applying the prescribed cream. We discussed this with the service manager who told us they would ensure this was addressed without delay. We were shown a detailed risk assessment by the end of the inspection.

Staff were clear about how to respond in an emergency. Senior staff were available to help and support the staff and people using the service as required, and involving healthcare professionals as needed. There were staff on duty 24 hours a day and they knew who to call in case of emergency.

Incidents and accidents were recorded and analysed by the manager to identify any issues or trends. We saw evidence that incidents and accidents were responded to appropriately. For example, where a person had fallen, they had been referred to a relevant professional and had their own call system linked to the service's call system, so that they would receive immediate support should they fall in their own flat. The service manager told us they ensured that lessons were learned when things went wrong, or when accidents and incidents occurred. They said, "We involve people and look at why it happened. [Quality assurance manager] dissects the incident/accident to see what happened. Direct observations are done with the staff and any issues or concerns addressed in supervision. This stays open until we are satisfied all is in place to prevent this happening again. Only then do we close it."

The provider had a health and safety policy in place, and staff told us they were aware of this. This helped to ensure the safety of people, staff and visitors.

The provider had taken steps to protect people in the event of a fire, and a risk assessment had been carried out in July 2017. We saw that where issues had been identified, action had been taken to rectify these. People's records contained individual fire risk assessments and personal emergency evacuation plans (PEEPS). These included a summary of people's circumstances and needs, and appropriate action to be taken in the event of fire.

People were protected from the risk of infection. People were supported to maintain and clean their own flats. Staff were provided with personal protective equipment such as gloves, aprons, hand washing facilities and sanitisation gels to ensure infection was prevented and controlled.

People told us they were happy with the staffing levels, and we saw that there were enough staff on duty on the day of our inspection. The service manager told us they sometimes used agency staff, however they ensured that they used a reputable agency and a core group of staff who were reliable and knew the needs of people who used the service. We viewed the staff rota for four weeks and saw that all shifts were covered

appropriately. The service manager told us they planned to employ more staff as the service grew.

Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check was completed.

Good

Is the service effective?

Our findings

People's care and support had been assessed before they started using the service. People who used the service had been referred by their local authority. The manager told us they assessed people once they had been referred before they moved into the service, to ensure the service could meet their needs. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing/supporting their needs. People and relatives told us that they were consulted before they moved in and they had felt listened to. The healthcare professionals we spoke with said that the staff team provided a service which met people's individual needs and they had no concerns. The service manager told us they ensured they knew and understood a person's needs before they started living at the service to ensure that all staff were confident they were able to meet these. This included offering a couple of days' trial so people could get to know the staff and decide if this was the right place for them.

The provider had introduced the 'Star' tool. This tool is used to measure a person's wellbeing as they see it. It is designed to be used in collaboration with people in an objective and fully integrated way. When using the tool, people were able to indicate their wellbeing in seven core areas by choosing a score. This gives staff an indication of areas for improvement so they can work with people to achieve their goals. This assessment is repeated during reviews to check if the goals have been achieved and if not, what needs to be done to achieve these. Using the Star tool enables staff to work more effectively with people who use the service. We viewed examples in people's care plan and saw that this tool was being used effectively.

People and relatives told us the service was responsive to their health needs. Their comments included, "The staff know what they are doing", "I can talk to my carers if I don't feel well" and "The staff pick up if I am unwell." A healthcare professional confirmed this and said, "Staff knew what to do today when someone was unwell. They care and respond well to people's needs." The care plans contained details about people's health needs and included information about their medical conditions, medicines, dietary requirements and general information. Records showed that advice from relevant professionals was recorded and actioned appropriately and regularly reviewed. People were able to attend their own medical appointments and make their own arrangements and were encouraged to do so. However, staff told us they were available to support them if needed.

Some people had 'hospital passports' in place. These reflected the care plans and included, 'Things you must know about me', 'Things that are important to me' and 'My likes and dislikes'. These were designed to accompany a person in the event of a hospital admission, so that hospital staff would provide care according to the person's individual needs. The service manager told us that in time, every person using the service would have this document in place.

People were supported by staff who had the appropriate skills and experience. All staff we spoke with were subject to an induction process that included shadowing more experienced staff members and a probation period after which they were assessed before becoming permanent. One staff member told us, "I had a good induction, and shadowed staff. Even after, when I worked on my own, I was supervised to make sure I was

ok." New staff were supported to complete the Care Certificate qualification. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

Staff received training the provider had identified as mandatory. This included moving and handling, medicines administration, health and safety, infection control, food hygiene, safeguarding and Mental Capacity Act 2005 (MCA). They also undertook training specific to the needs of the people who used the service which included dementia, equality and diversity and end of life care.

Records showed that staff training was up to date and refreshed yearly. The service manager told us that staff were provided with face to face training. They said, "This company does not use online training. We believe staff learn better in a classroom environment." Staff told us they received regular training and refreshers and felt well trained. One staff member told us, "I had a good induction and lots of training. We can't work without training" and another said, "We get regular training in everything. For example, one person was admitted with a colostomy bag. So we asked for training and we got training." The provider's training matrix we looked at confirmed this. This meant that staff employed by the service were sufficiently trained and qualified to support people to the expected standard.

People were supported by staff who were regularly supervised. Staff we spoke with told us they felt supported and were provided with an opportunity to address any issues and discuss any areas for improvement. Supervision of staff included recorded direct observations in people's flats. We viewed a sample of these and saw that observations included communication, nutritional support, assisting with personal care, maintaining a safe environment, moving and handling and record keeping. Comments were written for each area assessed and included details of any actions to be addressed. We saw evidence that actions requiring improvement were recorded and followed up with individual staff members. The provider had not started staff appraisals as the service was newly registered, however this was planned to start soon.

The MCA provides a legal framework for making particular decisions on behalf of people who use the service and who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. Care and support was being delivered in line with the principles of the MCA. Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose and we saw evidence that people were consulted in all aspects of their care and support. 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. At the time of our inspection, nobody was being deprived of their liberty unlawfully. Staff received training in the MCA and demonstrated an understanding of the principles of the Act. One staff member told us, "We have to assume a person had capacity. If I thought someone's capacity was declining, I would report it straight away."

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing, as an important aspect of their daily life. People's individual nutritional needs, likes and dislikes were assessed and recorded in their care plans. People's flats enabled them to cook and eat their meals independently and staff supported people to shop for their food and cook their own meals if they wanted to. However, people were able to purchase food and eat in the communal dining room where a choice of meals was served at every mealtime. People told us they were consulted and menus were designed according to their likes and dislikes. One person told us, "I'm always asked what I would like to eat or drink" and another said, "I like all

my carers and they always ask me what I would like." Relatives were happy with the food their family members were eating. Their comments included, "They will offer a choice of meals" and "They listen and meet [person's] needs. They always leave a drink."

Good

Is the service caring?

Our findings

People were complimentary about the care and support they received and said that staff treated them with kindness and respected their human rights. Their comments included, "I am very happy with the carers", "Having the same carers means they know what I like and what I don't like", "Very caring staff. Cannot do enough for me", "Staff and office staff listen to my needs", "The staff encourage me to make decisions", "Carers are great" and "So happy to see my carers." Relatives echoed this and said, "Very happy with the service", "In general, I am happy", "They will sit with [family member] and talk to her, and this makes her day", "They encourage my [family member] to do as much as she can", "They always ask and tell my [family member] what they are going to do" and "Very proactive."

The staff and management team spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and diverse needs. A healthcare professional told us, "I think people are respected. People are very happy. They know staff and when they are coming. One lady knows staff very well. She seems very happy" and another said, "They're brilliant. They are very good, responsive and caring" and "I always see them respect people, offer them a cup of tea, ask their wishes."

People's cultural and spiritual needs were respected. The service manager told us that cultural diversity was taken into consideration with themed activities to celebrate various festivities or to recognise specific times of the year such as Black History Month and Eid. There was a multi-cultural staff team who brought their own cultures and traditions for all to share and learn about. We were told and records confirmed that staff asked people who used the service if they required anything in particular with regards to their faith and cultural beliefs and if they had a preference in the gender of the staff providing support. The complaints procedure and other documents were available in a range of languages including in braille when this was required.

We saw staff approached and addressed people in a kind, caring and respectful way. Staff we spoke with were aware of the needs of each person who lived at the service and we saw that the culture of the service was based on providing care and support that met each person's unique needs.

People told us that their privacy was respected. We saw that staff spoke discretely about people's needs and offered support in a sensitive manner. They knocked on people's doors and asked permission to come in. They introduced us when we requested to check people's medicines and addressed people by their preferred names, which were recorded in their care plans. We saw that people who used the service knew staff well and looked happy to see them. Staff stopped and spoke with people throughout the day and there was a calm and happy atmosphere in the service.

People were consulted during regular meetings where they were able to discuss any concerns and contribute to ideas about the running of the service and what activities they wanted.

Good

Is the service responsive?

Our findings

People and their representatives were fully involved in the development and review of their care plans and records we viewed confirmed this. People's comments included, "Care planning is good and I am involved" and "Staff listen to my needs." Relatives echoed this and said, "I was involved in the care planning", "I am involved in the planning of the care and can call the office if I have any concerns", "I can speak to the office with any change in care needs" and "I was involved in the care plan and reviews."

All the care and support plans we looked at were comprehensive, detailed and personalised. They were designed in a way to support people whilst maintaining their independence. For example, they contained information about the opening hours of the GP surgery, contact numbers of the out of hours services, and information about staff, including 'What is a care coordinator?' Care plans also provided staff with clear guidance on how to meet each person's specific care needs. Each person's care plan included details of their preferences in relation to how their care and support should be provided. They were developed from information provided by people and family members, as well as healthcare and social care professionals involved in people's care. This information was combined with details of people's specific needs identified during initial assessments.

Care plans were regularly reviewed and updated to help ensure they provided staff with sufficient detailed information to enable them to meet people's individual needs. These were signed by people, or, where appropriate, their representative, to record their involvement to the care and support as described. Each care plan included details of the person's background, likes and interests as well as information about their medical history so staff had all the necessary information about the person to understand the person's needs and how they liked to be cared for.

Care plans included a 'My life' document. This detailed people's background, past occupation and family. They also included people's daily routines, what their individual needs were and what support they required from staff. For example, "I would like the care staff to wake me up or to check if I am up" and "I prepare my lunch meals and I sometimes go out for my meals."

Staff completed daily care notes for each person. These were written in a person-centred way and included social interactions as well as tasks undertaken. However, a person's care notes did not include follow up information when they had been admitted with a pressure sore. We saw that a healthcare professional had recorded advice to staff to ensure that the person's prescribed cream was applied, and although there was evidence that the person's skin had greatly improved, indicating staff were following advice, they had not recorded anything about this. We discussed this with the service manager, who agreed that recording needed improvement and told us they would discuss this with staff at the next team meeting.

People told us the service was responsive to their needs. One person told us, "The office listens to any concerns or suggestions." Relatives confirmed this and said the service was "Very responsive to my [family member's] needs." One healthcare professional told us that any advice was always followed by the staff and communication was very good. They said, "Whatever I say to them, they take it on board. They are

responsive." The company operated a bespoke service where they tried to meet the needs of the people who used the service and the staff to ensure mutual satisfaction. One staff member told us, "We get a lot of information about people's needs, but if we notice someone needs more help, we report it and it prompts another review." This confirmed that the service was responsive and ensured that people's needs were met by a motivated staff team.

People and relatives told us staff provided support and encouragement for them to do things independently and within their local communities and pursue their interests. One relative said, "I am glad they are doing more activities." Staff told us they ensured people were involved in activities they enjoyed and supported them to go out if they needed support. Some of the people were independent and went out by themselves, others went out with family members and enjoyed activities in the community.

The provider employed an activities coordinator who provided and facilitated a range of activities at the service, and coordinated a group of volunteers who regularly visited and befriended people who used the service. Groups of students from the local colleges, schools and universities regularly visited the service and spent time talking to people, providing company and conversation. The service manager told us, "We encourage interactions with other people of different ages, and doing different things. It changes people's perspective."

An activity plan was created following discussions with people and this was displayed in communal areas. Each person was also provided with a copy in their flats so they knew what was on offer and when and could choose to take part according to their wishes. Activities were mostly held in the communal areas and included art and craft sessions, board games, word search, chair based exercises combined with yoga, meditation and mental games, physiotherapy exercises, music and a lunch club, besides various specific celebrations from time to time such as Valentine's Day or Christmas.

The activities coordinator told us they aimed to provide a program which will help maintain or enhance the quality of people's life and well-being, through socialising and meaningful activity. This involved activities which promote physical fitness, encourage learning, reduce isolation, provide mental and social stimulation as well as fun and play. They said, "Some people bring their own activities, such as 'scrabble' or 'dominoes' games. Another resident loves doing 'word search' and has challenged himself by timing himself in getting all the words. Most residents enjoy the 'music' session and we even see those who are wheel chair bound and usually preferring to stay in their flats, come down and shake a leg or two, while remaining in their seat." We witnessed a 'chair exercise' activity delivered by an external professional and saw that this was well attended and people were visibly enjoying the session.

The service had a policy and procedures for dealing with any concerns or complaints. Details of the service's complaints processes were provided to all the people who used the service and were available in an easy-read format and in different languages or braille if needed. People told us they understood how to report any concerns or complaints about the service. Their comments included, "Any concerns, I would call the office", "Any complaints are dealt with" and "I pull my cord and they come." Relatives echoed these comments and said, "Any concerns I call the office and I am confident they will listen and take action", "I have called the office with a staff member problem and they have sorted it for me", "It's a good company. I am confident if I call the office they will take action" and "Any issues, I just call the office and it is acted upon." A healthcare professional confirmed this and said, "I raised a concern, they dealt with it."

We saw evidence that complaints were taken seriously and issues were resolved in a timely manner. For example, where a relative had complained about a staff member not responding to a call, a full investigation had taken place and the complainant was responded to in a timely manner and was informed of the

outcome. Furthermore, a complaints monitoring survey was issued to the relative to obtain feedback about the way their complaint was handled.

The service manager told us they had not yet developed an advance care plan for people to include their end of life wishes because the service was still new and they wanted to make sure they were properly prepared and confident to hold sensitive discussions with people and relatives. In preparation, the provider had put in place and end of life policy, which all staff were advised to read, and all staff had attended end of life training. This training included a relevant healthcare professional providing role play exercises to help staff build their confidence talking about end of life care. There were plans for senior staff and managers to undertake training in this subject in the next two weeks. The service manager told us, "It's about feeling comfortable to have conversations about death. Now staff have been trained, we can start developing this area and create advanced care plans."

Good

Is the service well-led?

Our findings

People and relatives were complimentary about the management team and felt that they were approachable and they could speak with them at any time. People's comments included, "Amazing company", "Fantastic", "Extremely happy", "Very friendly and very effective", "Very genuine staff", "Really happy with my carers" and "So clean." Relatives agreed and said, "The office staff act on things quickly", "Very well led", "Very clean", "Spotless", "My [family member] is very happy" and "Management are really good, very helpful."

There was a manager in post at the time of our inspection who had applied to be registered. They were also managing another service within the same organisation. They were supported by a service manager and an established senior team. The manager was studying for a leadership in management qualification at the time of our inspection. They told us, "I feel very motivated. We are getting there."

The provider placed people at the heart of the service. Their values were based on the person coming first, respect for people and promoting people's independence. Staff told us these values were embraced by the whole team. People said they were treated with dignity and respect at all times. The service manager told us, "Our ethos is, we want to get better at getting better." The manager echoed this and stated, "Every day is a learning process. We want to deliver a person centred service. The vision is not to achieve outstanding on paper, but to deliver an outstanding service. It is not a tick box exercise."

Staff told us the managers were approachable and they felt well supported by them. Their comments included, "The managers are good. We can communicate and help each other" and "Very approachable managers. We have a [social media] group so we can communicate. We also have a private number to call when we have a problem." A healthcare professional told us that managers were "Friendly and approachable."

The provider recognised the importance to keep themselves abreast of changes within the social care sector by attending managers' meetings, conferences and workshops. From these meetings, relevant information was cascaded to the staff team during meetings to improve knowledge and share information. They also attended managers' forums in other boroughs where they discussed social care changes and updates and liaised with other managers. They also consulted the Care Quality Commission (CQC) website and provider's handbook to keep abreast of developments within the regulatory framework of care services.

There were effective systems in place to monitor the quality of the service provided to people. The provider employed a quality assurance manager who undertook monitoring visits, based on the CQC's key questions, and we saw these were regular and thorough. Audits included checks of people's files, medicines, staff's files including recruitment checks, training, incidents and accidents and complaints. We saw evidence that where issues were identified, these were addressed without delay. The quality assurance manager told us they continually strived to improve the service. They said, "We are rolling out a new auditing system next month. This system will be even more effective as it will be accessible by the managers so they will be able to input their internal audits." There were quarterly forums where managers and coordinators met to

discuss the outcome of quality monitoring visits and internal audits and make plans for improvements.

There were systems in place to monitor the standards of care provided and identify any areas in which the service could improve. These included regular meetings with people who used the service. The provider carried out surveys of people and relatives. The results of these were analysed and any areas for improvements were discussed and used to improve the service. Comments from people indicated they were happy with the service. These included, "Very happy", "Things are looking up", "We are getting to know each other" and "Management polite and helpful."

The service manager told us they strived to constantly learn and improve the service. They said, "We have a corporate work plan which shows our objectives and demonstrate how we can achieve Outstanding." We viewed the work plan for 2018/2019 and saw that objectives planned for developments included, 'Embed the Care and Support Philosophy consistently across services' and 'Review and implement our approach to falls management'. Each objective included what it would involve, the impact it would have and the expected timeframe to achieve this.

Records showed there were regular staff meetings. Issues discussed included communication, report writing, incident reports and training. These meetings gave staff a forum to raise issues and be involved in the development of the service. There were also monthly managers' meetings where any relevant operational matters were discussed.