Care Quality Commission

The ExtraCare Charitable Trust

ExtraCare Charitable Trust Rosewood Court

Inspection report

Irthingborough Road
Wellingborough
Northamptonshire
NN8 1LQ
Tel: 01933 222828
Website: www.extracare.org.uk

Date of inspection visit: 16 November 2015
Date of publication: 31/12/2015

Ratings

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

Overall summary

This inspection took place on 16 November 2015 and was announced.

Rosewood Court is an independent living complex managed by The Extra Care Charitable Trust. The service offers support to older people who either own their property on site or have a tenancy agreement. Many of the current tenants have support from the in-house personal care agency. Support is assessed and provided within a banding of five levels of care. There were 29 people receiving care at the time of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found that staffing numbers were not always sufficient to ensure people's care and support needs could be met in a timely manner. The recording of medicines did not consistently follow best practice guidelines.

Staff had not received up to date training in all essential core subjects to ensure they were qualified, competent and skilled to deliver care or treatment to service users.

Personal information was not stored securely and kept confidential at all times.

The provider had internal systems in place to monitor the quality and safety of the service but these were not always used as effectively as they could have been.

People were protected from abuse and felt safe. Staff were knowledgeable about the risks of abuse and reporting procedures. We saw that risks to people's safety had been assessed and were linked to their care plans. Pre-employment checks were completed on staff before they were judged to be suitable to look after people at the service.

People told us that staff always asked for their consent before undertaking any task. People were supported to eat and drink sufficient amounts to ensure their dietary needs were met. There was a restaurant which served a variety of meals, including a vegetarian option. People's health and wellbeing needs were closely monitored and the staff worked with other healthcare professionals to ensure these needs were met and to prevent hospital admissions. There was a well-being advisor who promoted good healthcare access for people using the service.

People were looked after by staff that were caring, kind and promoted their privacy and dignity. People's rights in making decisions and suggestions in relation to their support and care were valued and acted on. People's needs were assessed and care plans gave clear guidance on how people were to be supported. Records showed that people and their relatives were involved in the assessment process and review of their care.

Staff supported and encouraged people to access the community and participate in activities that were important to them. There was a process in place so that people could raise a concern or make a complaint and these were acted upon. On the provider's web site we saw they had a compliments and complaints page for people to complete if they were not satisfied with the service.

We identified that the provider was not meeting regulatory requirements and was in breach of a number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
This service was not consistently safe.

Staffing arrangements did not always ensure there were sufficient numbers of staff to meet people's needs in a timely manner.

The recording of medicines did not consistently follow best practice guidelines.

Staff had a good knowledge of safeguarding and knew how to identify and raise safeguarding concerns.

There were risk management plans in place to promote and protect people's safety.

Robust and effective recruitment practices were followed.

Requires improvement

Is the service effective?
This service was not consistently effective

Staff had not received up to date training in all core subjects to ensure they had up to date information to undertake their roles and responsibilities.

Staff supported people to eat and drink sufficient amounts of healthy and nutritious food to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare facilities when required.

Requires improvement

Is the service caring?
This service was not consistently caring.

People could not be confident that information about them was treated confidentially.

Staff developed caring relationships with people who used the service.

People were supported by staff to express their views and be involved in making decisions about their care and support.

Staff ensured that people's privacy and dignity were promoted.

Requires improvement

Is the service responsive?
This service was responsive

People, and their relatives, were actively involved in reviewing the person's care plan and their care needs.

People were enabled to participate in a wide range of activities.

People were provided with suitable information on how to make a complaint.

Good

Summary of findings

Is the service well-led? This service was not consistently well-led. The quality assurance and governance systems were not always used effectively to drive improvements. People, their relatives and staff were encouraged to share their views and help develop the service. However, feedback and results from service satisfaction surveys were not always acted upon effectively to ensure improvements to the service were made.	**Requires improvement**

Care Quality Commission

ExtraCare Charitable Trust Rosewood Court

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 16 November 2015 and was announced. We gave the provider 48 hours' notice to make sure staff would be in the office and people would be available for us to talk to.

The inspection was undertaken by two inspectors and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people receiving care from this agency. We observed how the staff interacted with people who used the service. We spoke with eleven people who used the service in order to gain their views about the quality of the service provided. We also spoke with two visitors, one team leader coach, one activity coordinator and four residential support workers to determine whether the service had robust quality systems in place.

We reviewed care records relating to five people who used the service and four staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service, including quality audits.

Requires improvement

Is the service safe?

Our findings

People we spoke with expressed dissatisfaction about the times and duration of their calls. They told us this had only started to happen in recent months. One person said, "In recent months I've noticed some changes. Staff here seem to be a bit pressed for time and because I'm tied to a catheter at certain times I have to call them if I need help. On a number of occasions they say they will come, but I've waited and waited, sometimes up to an hour before someone comes." Another person told us, "There are times when they are short staffed and you have to wait for someone to come and wash & dress me. Sometimes I have to wait twenty minutes or more."

On the day of our visit we found that the service was a staff member short and one person commented, "Sometimes they are short of staff, and it's easy to tell because things get done later or people turn up late. I think there were some minor problems today."

We spoke with two close friends of one person using the service. They informed us, "We have spoken to other residents and it's quite apparent to us there is a staff shortage here which is having a knock on effect to residents. We understand the staff on duty aren't responsible, but to leave people in need when they need something just isn't acceptable."

Staff told us that they felt under pressure and did not feel the staffing numbers were adequate. One staff member told us, "The biggest challenge is getting relief staff. We are aware that we sometimes work one down on a shift." Staff told us there were eight people that needed two staff for their moving and handling needs. The said, when there are only three staff on duty; the team leader will be based in the office, leaving only two staff to provide care to people. A member of staff commented. "Yes we have enough when there is four staff and we can do it with three but it's a struggle. Relatives have complained sometimes about the time their family members have to wait to go to the toilet and that sometimes they are wet because they can't wait."

The team leader coach showed us how they calculated staffing hours required on a weekly basis and this took into consideration the banding levels of the people in the service and the outcomes of any recent reviews. People were in one of five bands. Band five was people with the highest level of need and requiring the most hours care (up to 26), but not nursing care.

We looked at staff rotas and found they had been planned until the end of December 2015. The team leader coach told us there were four staff in the morning, three staff at night and one waking and one sleeping staff at night. We saw that from previous, current and future rotas it was not always possible to know who and how many staff were on duty. The team leader coach said they were aware that they regularly fell below the staffing numbers we were advised of. Although the team leader coach could describe and explain how shifts were covered, they could not always demonstrate this from the rotas. For example, we found shifts during October and November where there did not appear to be the staffing levels we were advised of. A staff member informed us, "We fall below the staffing numbers frequently, like today. There's a high demand on relief time."

We could see from the rota that there was one vacancy which the assistant manager told us was regularly covered by a relief member of staff. However, we were unable to find any evidence of this on the staff rota. We also found a notice in the staff office that showed there were 19 shifts that needed to be covered by staff between 6 November and 30 November 2015.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements for the safe storage and administration of medicines. We viewed Medication Administration Records (MAR) for five people using the service. We found they contained numerous hand written entries. These had not been signed or dated by two staff to minimise the risk of error when transcribing in line with current best practice guidance. On one MAR chart we saw a hand written entry for Phorpain Gel to be administered 'as and when'. There was no guidance as what areas this should be applied and how often. On a further two MAR charts that were hand written by staff, the person's date of birth, allergies and the date the MAR chart commenced had not been completed.

We spoke with two people who were given their medicines by the service and one person who administered their own

Is the service safe?

medication. All three people told us that medicines were given on time. Consent to administer medicines had been obtained from people or their appropriate relative. One person said, "I self-medicate and it's delivered here to my home. My [relative] puts it in a dispensing box for me. I understand the staff know all about the arrangements." Another person commented, "Someone from the staff gives me a tablet with a glass of water every morning."

Staff told us they received training in the safe administration of medicines. One member of staff said, "I did medication training and had to be signed off as competent before I could administer medicines."

The team leader coach told us that all medicines were delivered direct to people's flats and people we spoke with confirmed this. No medicines were stored by the provider. They also informed us that if a person required a lockable facility to store their medicines safely this would have to be provided by the person using the service or their family. We saw that one person who was not able to look after their medicines safely had a lockable cabinet in their home.

The MAR charts contained a list of people's current medicines. When medicines were not given, the appropriate code to explain the reason was stated. There were instructions for giving 'as required' (PRN) medicines and creams, except for the one hand written entry we found. We saw that staff signed the MAR charts confirming they had given people their medication as prescribed.

People told us they felt safe or felt their relatives were safe in their environment, both with the care staff and within the complex. One person said, "I like it here and I do feel safe. I visited a friend here a few times before I moved in. It's a cosy atmosphere and the staff and other people here make me feel safe." Another person commented, "I feel safe here and comfortable because there is always someone to hand and I ask them once for help and they do come fairly quickly."

We spoke with two close friends of one person using the service. They felt that their friend was kept safe and the premises were secure.

Staff members were able to describe abuse and the different forms it may take, as well as identifying potential indicators of abuse which they would look out for. One staff member said, "I would report any concerns I had. I know they would be taken seriously." Staff members explained that if they suspected somebody was at risk of abuse, they would take action to stop the abuse and report the incident. Staff told us that, as well as reporting internally, they would also report it directly to the local authority safeguarding team if it was necessary. They also made us aware of a card that each staff member carried with them. This contained the contact details of who they needed to contact to report abuse.

We observed safeguarding information available to staff in the main office, including names and numbers of who to contact and safeguarding and whistleblowing procedures. There were effective measures in place for ensuring that any concerns about a person or a person's safety were appropriately reported. Staff told us, and training records confirmed that staff received regular training to make sure they stayed up to date with the process for reporting safeguarding concerns. Records showed that the registered manager documented and investigated safeguarding incidents appropriately and had reported them to both the local authority and the Care Quality Commission (CQC).

There were risk management plans in place to protect and promote people's safety. One person told us, "I'm very fond of living here because I have a degree of independence, but know that if I needed help there is someone to hand."

Staff were able to explain to us how risk assessments were used to promote people's safety. For example, a member of staff told us about how one person they visited required support to cook their meals. They described the risk management plan in place for this person and said, "The manager produces the risk assessments and we follow the guidance in them."

Staff told us that people were involved with the development of their risk assessments and records confirmed this. We looked at people's care files and found that risk assessments were in place where risk had been identified. Risk assessments outlined key areas of risk, such as falls, medication and manual handling. They included information on what action staff should take to promote people's safety and independence; and to minimise any potential risk of harm. We saw that risk assessments were up to date and reviewed as people's care needs changed.

We saw that accidents and incidents had been recorded and monitored to ensure hazards were identified and reduced. Other measures taken to reduce the risks to

Is the service safe?

people included the provision of pressure-relieving equipment to reduce the risk of pressure ulcers developing. In addition, people were provided with bed sides to protect them from the risk of harm when they were in bed.

Staff told us they had been through rigorous recruitment checks before they commenced their employment. They told us that the provider carried out checks before they were allowed to start at the service. The team leader coach explained that before anybody could start working at the service, they needed to receive at least two references and a Disclosure and Barring Service (DBS) criminal records check.

We looked at staff recruitment files and found that they all contained evidence of the appropriate employment checks and recruitment information, such as, application forms, interview notes, references and DBS checks. In addition, staff files recorded past qualifications gained and current training certificates, which demonstrated that staff were of suitable character and experience to be working at the service. However, we did find that one person had a short gap in their employment history, May to August 2015 and there was no evidence to suggest this had been discussed with them. The recruitment policy did not advise recruiters that they needed to discuss these gaps with prospective new employees and ensure a record was kept.

Requires improvement

Is the service effective?

Our findings

We looked at staff training files and found little evidence of staff induction. On one person's file we found a corporate three stage induction which was reviewed at intervals and referred to training. For three others there was no evidence of induction training. The team leader coach told us that staff kept their own induction book at home. Following this inspection the registered manager sent us information that showed another staff member had completed their induction programme.

We were provided with a staff training matrix. However, we were unable to find any training certificates in the staff personnel files that we viewed, to confirm that training had taken place. The registered manager provided us with further information following this inspection. This demonstrated that staff were up to date with moving and handling, safeguarding, first aid and medication training. However there were 22 staff from 26 staff employed that required refresher basic food hygiene training. We saw that some staff had not attended food hygiene training since 1999, 2000, 2002, and 2003.

People told us they were looked after by staff that had the necessary skills, knowledge and experience to provide effective care and support. One person said, "The staff come and shower me in the morning and put me to bed at night. They know how to do it right." Another person told us, "They are good at what they do."

Staff were positive about the training provided and they told us they had enough skills to meet people's needs. One staff member told us, "I did NVQ 2. I could have done NVQ 3 but I chose to go and do my nurse training so I work part time now." Another member of staff said, "Extra care are really good at training and they make a point of telling us that we can't miss it. I have NVQ 2 and 3." Staff told us that when they had started working at the service they completed an induction. This involved identifying training needs, whilst completing mandatory training courses, such as safeguarding and moving and handling. One staff member told us, "We had buddy shifts, training like moving and handling, basic food hygiene and this was signed off before we were let loose on the floor on our own."

Staff told us they have an annual performance development review with managers and a 1:1 with team leaders 6-12 monthly. One staff member told us, "I have a 1:1 with the manager if they want to pick up anything. I know I could email them and request some time if I needed it."

We looked at four staff files and found that each staff member was observed in practice three monthly. These observations were used to provide staff with support and identify areas of their performance which required further development. On one staff file there were Personal Development Reviews (PDR) for each year except 2015. In the three remaining files we were unable to find PDRs for staff. The registered manager sent us further information following our inspection that demonstrated the three staff members had received a PDR in 2015.

Staff told us, and records confirmed, that consent was always obtained about decisions regarding how people lived their lives and the care and support they received. People told us they were able to make their own choices and that staff asked them before providing them with care. One person told us, "The staff always talk to me about things and ask me if it's alright for them to carry on."

Staff told us they always asked people about their care before they supported them, to ensure they were complying with the person's wishes. A staff member explained, "They [people using the service] decide what their needs are and how they would like them to be met. We always ask them if it's okay to start their care."

People told us that, where necessary, staff supported them to prepare meals and drinks in their homes. In addition, there was a restaurant in the complex which provided a lunch time meal with a choice of two main meals, or an alternative such as baked potato or omelette. The restaurant also offered a delivery service to people's flats if they wished. One person said, "The food here can be plain, but very wholesome and tasty. There is always a good choice of two mains dishes at lunch time, plus you can have a salad or omelette if you don't like what is on offer. To be honest, there is so much food sometimes I don't need more than a couple biscuits in the evening." A second person commented, "There are always plenty of drinks and alcohol if you want it. The only thing I'd say is that staff don't go around as much as they did offering cups of tea throughout the day." A third person agreed with this

Is the service effective?

comment and told us, "I get the feeling there is a very slight cutting back on services, but nothing major. We used to be offered tea a lot when sitting in the lounge, now I have to call someone to get a cup of tea."

Staff told us that people choose their lunch for the next day from menus and we saw this taking place after lunch on the day of our visit. One member of staff said, "There's always two choices and the chef is very obliging. If they want something else there are salads, jacket potato and omelettes." Another staff member told us, "We have some people with soft diets and some people who need some assistance. We have one person who sometimes has trouble swallowing. So we are careful with their diets."

We saw detailed guidance in people's files about the support they required with their meal preparation. This included information about the support they needed and how much they were able to do independently. Staff we spoke with confirmed that before they left their visit they made sure people were comfortable and had access to food and drink. Care plans we looked at recorded instructions to staff to leave drinks and snacks within people's reach.

People were supported to access health services in the community. We were told by people using the service that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support them if needed and staff would liaise with health and social care professionals involved in their care if their health needs changed. One person told us, "I had a tummy upset recently and the staff couldn't have been more helpful getting me over it, offering to call the doctor, offering assistance and keeping close contact."

The team leader coach told us that district nurses visited people in their homes. Staff recorded these visits and the outcomes of them to ensure people's care was reflective of these visits. At the service there was a well-being advisor who people could go if they felt unwell, or wanted their blood pressure or blood sugar taken. They also helped people make appointments and made referrals to their GP'S.

Records confirmed that people's health needs were frequently monitored and discussed with them. They showed that people had attended appointments with health professionals such as their GP, the Occupational therapist, optician and dietician.

Requires improvement

Is the service caring?

Our findings

During our inspection we observed the staff office door to be open. This contained confidential and personal information about people using the service. Filing cabinets were unlocked or had the keys in the locks. We also saw a clip board outside a person's flat unattended. We looked at the information on the clip board and found this contained personal hand written notes about people using the service. This meant that people could not be confident that information about them was treated confidentially and respected by staff.

There were positive relationships between people using the service and members of staff. People told us that staff treated them with kindness and compassion and made them feel that they mattered and were important. One person told us, "I pass the time of day with staff and they are very friendly, chatting about all sorts of things and I think they know me well, which is good." Another person told us, "I do have chats with the staff and they like a joke."

Staff were positive about the service and the relationships they had developed with people. One staff member told us, We have a good rapport with people and get to know them so we recognise small changes." Another member of staff said, "People who live here don't feel alone and get used to us as carers and let us do their care. We know straight away when something's wrong."

We spent time in the communal areas of the scheme, such as the restaurant, and observed people undertaking activities. We saw that interactions between people and staff were positive and clearly trusting. People responded to gentle prompts and encouragement from members of staff. Likewise, staff clearly understood each person's specific communication style. We observed staff responding to people's anxiety quickly, to ensure the effect of this anxiety was minimised and to encourage them to carry on with their chosen activities. There was frequent friendly engagement between people and staff and staff responded to people's needs appropriately.

People were involved in making decisions about their own care and support. They told us that staff encouraged them to express their views about their care and to inform staff about how they would like their care to be delivered. One person told us, "I make my own mind up when I want to get up in the morning and go to bed at night, but the staff do check on me to make sure I'm okay, especially just before bed at night."

Staff told us they were aware of the needs and wishes of each of the people they provide care for. They also explained that people told them how they would like to be cared for. One staff member said, "There's a person who likes their sleeves folded back, another has to have braces on with their trousers not a belt. Some people just like things in a specific way and I can understand that, so would I."

We looked at people's records and saw evidence to show people were involved in decision making processes and their preferences were clearly recorded. People told us that they had been involved in the development of their care plan. They said that they had been listened to and the care they received was according to their own wishes. One person told us, "I was involved in my care plan. I know it is reviewed every six months." We saw that people had care plans in place and these recorded their individual needs, wishes and preferences. There was evidence of people's involvement in their care plans and signatures to state they agreed with the content of them.

We asked people if the received all the information they needed from the service. They told us they had been provided with information pack when they first arrived that contained information about the service and its facilities. We observed notice boards displaying information about the service and any upcoming events throughout the communal areas. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available.

People told us that staff treated them with dignity and respect. They said that staff spoke to them in a polite and respectful way and that they took steps to ensure their privacy was maintained as much as was possible. One person said, "The staff all treat me with respect. They are very good like that."

Staff confirmed that they respected people's dignity and that privacy and people's rights were important to them. They gave us examples of how they maintained people's dignity and respected their wishes. One staff member said, "I wouldn't discuss residents out of work or put anything

Requires improvement

Is the service caring?

online. I wouldn't take any paperwork out of here and in the flats it's kept where the resident's want it to be." Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples' of how they maintained people's dignity and respected their wishes, such as covering people up with a towel and closing doors and curtains.

Throughout the day we saw that staff supported people in a kind, patient and respectful way. We observed staff engaging with people in a kind and respectful way, calling them by their preferred names. We saw that staff knocked on people's doors and asked for permission before entering their flats. We found that staff communicated with people in a way that respected them and ensured their dignity was maintained. For example, we heard staff use appropriate terms of address when talking with people.

Good

Is the service responsive?

Our findings

People received care to meet their needs and were involved in the planning of their own care. They said that staff visited them in their flats before a care package was offered to fully identify their needs and future wishes. One person told us, “Staff discussed what I needed before I moved in.” Another person said, “They talked with my family and myself and we sorted everything out.”

Staff told us that they contributed to people’s care planning and reviews and these took place with people and their families. One staff member said, “We know what people want from the support plan. It tells you that I like to do this and that. The resident will tell you how they want things done anyway. That shows their confident.”

Staff told us that people’s needs and wishes were considered, such as what visits were needed by the person and what time they want staff to come. If staff had any views or concerns regarding somebody, they passed that information on to the office staff so that a review could be arranged accordingly. Staff told us that any changes in people’s needs were passed on through communication books, daily handovers and supervisions. One staff member said, “There is good communication.” We observed a staff handover and observed that points were raised about health issues, people in hospital, family visits and holidays and whether someone had eaten and drunk well. They also talked about someone who was struggling a bit now at bedtime and they would carry out a care review for this person the next day.

Records showed that assessments had been undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. We could see that people, and where appropriate, their family had been involved in the assessment and care planning process which meant their views were also represented.

We saw there were ample opportunities for people to follow their hobbies and interests. There was a well-equipped greenhouse, a small library and access to several computers. There were numerous activities arranged and these were displayed in the communal areas of the service. On the day of our visit we observed people taking part in chair exercises and a needle work class.

People told us that if they any concerns or issues they could raise them with the staff or contact the office and the problem would be resolved quickly. One person told us they had not had to raise any issues yet, but they were confident they could and would be listened to if they had to in the future. Another person said, “I do feel that I can raise issues but many are small matters.”

We looked at the complaints log and found there was one complaint recorded for 2015. This had been from a relative in relation to staff being rushed. We saw that this had been dealt with in the timescales set out in the providers complaints procedure.

We observed suggestion boxes and ‘Tell us’ forms in communal areas if people wanted to raise a concern or make a complaint.

Requires improvement

Is the service well-led?

Our findings

During this inspection we found that a range of audits had been carried out on areas which included falls, medication, staffing, staff training, daily record sheets and care plans. During this inspection we found areas of concern in relation to the recording of medicines and staffing numbers. In addition, we found that some areas of staff training were lacking and had not been identified for a long period of time. We also found areas of concern in relation to confidential information not being stored securely. Audits had not highlighted the areas of concerns we had found. Therefore, the systems in place were not always used as effectively as they could have been.

The team leader coach told us they involved people and their families in the monitoring of the quality of care and had systems in place to gain feedback from people. We were told that service satisfaction surveys were sent out to people annually. We asked to look at these but they were not available on the day of our visit. The registered manager sent us a graph of the overall results after our inspection. We saw that these were the results from a survey sent out in March 2014 and compared the service's performance to its performance in July 2011. Although this showed an improvement since July 2011 there remained areas that required further improvement, for example maintenance. We were unable to assess how the service would do this due to insufficient records available to us. We also spoke with some people who told us there continued to be on-going problems with maintenance. Two people we spoke with raised concerns with us about their central heating. They told us they had raised the matter before but it had not been resolved. One person said, "There are minor problems with the central heating, which never seem to be sorted out."

Staff told us that relatives had raised concerns about the time their family members have to wait to go to the toilet and that sometimes they are left soiled or wet because they have had to wait. We could not find any evidence that these concerns had been investigated and resolved.

One person we spoke with said that street meetings were held once a month where, "anything and everything is discussed. We always get a copy of the minutes of the meeting but I can't think of any examples where things have changed as a result, but I know things do happen."

Another person told us, "I do go to the monthly Street Meetings, which I feel are good. Last month someone had a problem with a tree blocking her view from the flat and they called in a tree surgeon to prune it right back." A third person informed us, "Myself and [person using the service] tend to lead the Street Meetings on behalf of the residents, but sometimes we are reminded that perhaps we are a little too vocal. You can talk about anything at the meetings; good things, complaints or calls for action."

The service had a manager in post in accordance with their legal requirements. They were not available on the day of our inspection. In addition, there were systems in place to ensure the service met with other legal and regulatory requirements, such as sending the Care Quality Commission (CQC) notifications of certain incidents, such as safeguarding concerns.

We asked staff if they felt well supported and got a mixed response. One member of staff said, "Yes and no. The manager supports me and never stops me doing anything." Another staff member commented, "'Sometimes yes and sometimes no, mostly I do." Staff told us they had staff meetings. We looked at meeting minutes and saw that a lengthy meeting had taken place in March and two meetings had been held the week prior to our visit. The meeting covered a range of topics including any other business and listed attendees. However, they did not detail a follow up from previous meetings, who was responsible for what action and within what timescales those actions would be completed. Therefore we could not see if changes had been made as a result of the staff meetings.

Staff told us that communication was effective and concerns or issues were identified and rectified. One staff member told us, "If I have any concerns I will raise them. I'm not backward at coming forward." They told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service. Feedback was sought from staff through face to face meetings, personal development reviews, and supervisory practice and staff surveys.

Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person has failed to ensure that there are sufficient numbers of suitably qualified, competent, skilled and experienced persons providing care or treatment.