Creative Support Limited

Creative Support - Regency Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This inspection took place on 9 and 10 May 2018 and was announced. Creative Support – Regency Court 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 bought or 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 receiving this service live in 60 one or two-bedroom apartments located in a single apartment block within the London Borough of Bromley. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

The service had a registered manager in post although they were not available at the time of our inspection. 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 provider also had a separate manager in post who oversaw the day to day running of the service.

At this inspection we found a breach of regulation 12 of the Health and Social Care Act 2014 because people's medicines were not always safely managed or recorded. We also found areas requiring improvement because; identified risks to people were not always safely managed; accidents and incidents were not consistently reported, recorded and reviewed to help reduce the risk of repeat occurrence; staff were not always consistently deployed in a way which ensured people's needs were met; staff did not always receive regular supervision or refresher training to ensure they were up to date with current best practice and; the provider's systems for monitoring the quality and safety of the service identified issues but action had not always been taken to drive service improvements.

The provider followed safe recruitment practices when employing new staff. Staff worked in ways which reduced the risk of the spread of infection. People were protected from the risk of abuse because staff were aware of the type of abuse which could occur and the provider's procedures for reporting abuse allegations. Staff were also aware of the provider's whistleblowing policy and told us they would be confident to report any concerns to external agencies if needed.

People's needs were assessed to ensure the service was able to support them effectively before they moved in to their apartments. Staff supported people to maintain a balance diet where this was part of their assessed needs. People had access to a range of healthcare services when needed and staff worked to ensure people received joined up care when moving between services. Staff sought people's consent when offering them support. 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 treated people with dignity and respected their privacy. People were involved in making decisions about their care and treatment, and in the planning of their care. Staff supported people to maintain their independence where possible. People were treated with care and consideration. People also knew how to make a complaint and expressed confidence that any issues they raised would be addressed.

People and staff spoke positively about the manager and the impact they had had since starting work at the service. Staff told us they worked well as a team. The manager held regular meetings with staff to discuss the running of the service and ensure staff were aware of the responsibilities of their roles. People's views on the service were sought through spot checks, meetings and surveys, and the most recent survey showed that people were satisfied with the service they were receiving. The provider worked with other agencies to ensure people received good quality care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always managed safely.

Risks to people had been assessed but improvement was required to ensure identified risks were managed safely.

There were sufficient staff but improvement was required to ensure they were deployed in a way which consistently met people's needs.

Improvement was required to ensure accidents and incidents were consistently reported, recorded and reviewed in order to reduce the risk of repeat occurrence.

The provider followed safe recruitment practices.

Staff worked in ways which reduced the risk of the spread of infection.

People were protected from the risk of abuse because staff were aware of the provider's safeguarding procedures.

Is the service effective?

Requires Improvement

The service was not always effective.

Improvement was required to ensure staff received regular supervision and refresher training in areas considered mandatory by the provider order to keep up to date with current best practice.

People's needs were assessed prior to ensure the service was able to provide them with effective care and support.

People were supported to maintain a balanced diet.

People had access to a range of healthcare services when required and staff worked to ensure they received effective care when moving between different services.

Staff sought consent when offering people support and told us they would work in line with the requirements of the Mental Capacity Act 2005 (MCA) if people lacked capacity to make decisions about their care and treatment for themselves.

Is the service caring?

Good

The service was caring.

Staff treated people with care and consideration.

People were involved in making decisions about the support they received from staff.

People were treated with dignity and their privacy was respected.

Is the service responsive?

Good

The service was responsive.

People were involved in developing their care plans and received support which reflected their individual needs.

Staff were aware to report any changes in people's conditions to ensure their care plans remained reflective of their current needs.

People's care plans identified areas in which they were able to maintain their independence.

People received a copy of the provider's complaints procedure when they started using the service. They were aware of how to make a complaint and expressed confidence that any issues they raised would be addressed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had systems in place for monitoring the quality and safety of the service but improvement was required because action had not always been taken to drive improvements where issues had been identified.

The service had a registered manager in post and a separate manager who was responsible for the day to day running of the service. The manager had a good understanding of the provider's responsibilities under the Health and Social Care Act 2008.

The provider sought the views of people using the service through spot checks, meetings and surveys.

People expressed confidence in the service manager and told us they were available for them to talk to when needed.

The provider worked in partnership with other agencies to ensure people received good quality care.

Staff spoke positively about the way they worked as a team and the support they received from the manager.

Creative Support - Regency 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 9 and 10 May 2018 and was announced. We gave the provider two working days' notice of the inspection because the service provides support to people living in their own homes and we needed to make sure staff would be available to assist us during the inspection.

The inspection was conducted by one inspector who visited the service on both days and an Expert by Experience who visited the service on the first day. 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 we reviewed the information we held about the service. This included details of notifications received from the provider about deaths, injuries and safeguarding allegations. A notification is information about important events that the provider is required to send us by law. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider for some key information about the service, what the service does well and any improvements they plan to make. Additionally, we sought feedback from the local authority commissioning team involved in commissioning the service. We used this information to help inform our inspection planning.

During the inspection we spoke with eleven people and two relatives face to face, and a further three relatives by telephone to gain their views on service. We also spoke with a visiting social care professional who had regular contact with the people receiving a service from the provider and two staff from the tenancy provider who gave us feedback on their experiences working with the provider's staff.

We spoke with eight staff, including a visiting director from Creative Support and the service manager. We also reviewed records, including six people's care plans, five recruitment records, records relating to staff training and supervisions and other records relating to the management of the service including meeting minutes, spot checks and audits and Medicine Administration Records (MARs).

Requires Improvement

Is the service safe?

Our findings

People told us staff supported them to take their medicines as prescribed. One person said, "I get them [their medicines] on schedule." Another person said, "The staff make sure I get my tablets at the right times each day and they write it in the book." Whilst most relatives also commented positively about the support people received with their medicines, two relatives told us there had been isolated instances where their loved one's medicines had not been administered or had been administered at a time later than prescribed.

Medicines were not always managed safely. Staff rotas did not always consider the need to ensure a minimum time gap between doses of medicines which had been prescribed to be taken 'as required'. For example, records showed that one person routinely received their morning and lunchtime visits three hours apart and that during both calls staff offered to administer an 'as required' pain relief medicine which required a minimum four hour gap between each dose. Whilst the person's current MAR identified them as having refused this medicine when offered, their visit timings placed them at risk of unsafe support should they have accepted the offer to take this medicine from staff.

People's care plans included medicines assessments which identified the level of support they required with their medicines and provided information for staff on any known medicines allergies to help reduce the risks associated with medicines administration. Staff told us they completed Medicines Administration Records (MARs) to confirm that they had supported people to take their medicines as prescribed. However we found MARs had not always been completed accurately by staff and it was not always clear from the remaining medicines stocks that people had consistently received the correct support. For example, one person's MAR had not been signed by staff to confirm the administration of their morning medicines over two days during the week prior to our inspection and whilst it was evident from their remaining medicines that at least one of these doses had likely been administered, it was unclear whether the other dose had been administered or missed.

In another example we found that one person had been regularly refusing to take their prescribed medicines at tea time, but where there were gaps in their MAR it was not always clear if the remaining stock was consistently due to them refusing, or because staff had forgotten to administer them. The manager also confirmed that whilst they were aware that there had been a historic issue with the person refusing to take their medicines on occasion which had been discussed with their GP in the past, they were not aware of the recent high level of refusals at tea time and had not escalated this concern for review. This placed the person at risk because they were regularly not taking their medicines at the doses prescribed to help ensure they maintained good health.

Five staff responsible for medicines administration were still due to receive training in this area from the provider, although records showed this training had been scheduled. The provider's medicines policy identified the need for staff to undergo three medicines supervision sessions on completion of the medicines training to ensure their competency to administer medicines safely, but the manager told us, and records confirmed that whilst some staff had received a medicines supervision session, none of them had received supervision in line with the medicines policy. This meant they could not be assured that staff were

competent in medicines administration.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement was required to ensure risks to people were managed safely. People's care plans included risk assessments covering a range of areas including the risk of falls, moving and handling, malnutrition, the environment, skin integrity and the risk of choking. However, we noted that epilepsy management plans were not always in place where people had been identified as suffering from the condition, to ensure staff were aware of the action to take in the event of them having a seizure. We also found two examples where staff had not always completed food and fluid charts in line with the requirements of people's care plans, where they had been identified as being at risk of dehydration or malnutrition. This meant it was not possible to determine whether they were eating or drinking in sufficient amounts to keep them safe.

In a further example, we found that whilst staff were supporting one person to eat and drink in accordance with guidelines provided by a speech and language therapist (SALT) to reduce the risk of them choking, the guidelines had also recommended changing the person's medicines to liquid form or seeking advice on whether they could be crushed, but staff had not followed up on this with the person's GP at the time of our inspection. We raised these issues with the manager and they started working on implementing epilepsy management plans during our inspection. They also contacted the person's GP to request a review of their medicines in consideration of the guidelines provided by the SALT, and told us they would follow up with staff to ensure food and fluid charts were completed correctly where required.

In other areas, risks to people were managed safely. For example, where risks to one person's skin integrity had been identified, we saw pressure relieving equipment had been put in place to reduce the risk of them developing pressure sores. In another example, staff demonstrated a good understanding on one person's moving and handling guidelines and could describe the steps they took to transfer them safely when using a hoist.

There were sufficient staff on duty but improvement was required to ensure they were appropriately deployed in such a way as to consistently meet people's needs. Three people and one relative told us that staff could be slow, or on occasion had failed to respond to their call bells when they used them which they explained had a negative impact on their well-being. For example, one relative told us staff had not responded when they used the call bell when their loved one had fallen over and one person told us that the slow response from staff to respond to their call bell had meant they had to wait to receive pain relief medicine for a long time. The manager told us they had not been monitoring call bell response times but would look to implement a system for this following our inspection in order to ensure improvements were made.

People and their relatives also had mixed views about the staffing levels at the service and the timings of their visits. One person told us, "The staff generally arrive at the time I expect them, and they stay for as long as I need them." A relative said, "There were a lot of staff changes earlier in the year but we're seeing familiar faces now." However, one person commented, "They [staff] can sometimes be late, particularly if the visits are later in the day." Another person also explained that they had not received a planned call from staff during the day prior to our inspection, which the manager confirmed this had been down to an error when planning the staff rotas which they said they had subsequently addressed.

Staffing levels at the service were determined based upon an assessment of people's needs and we saw actual staffing levels at the service reflected the planned allocation. There had been a number of staffing

changes in the time since the current provider had taken over the running of the service in 2017 which had resulted in the need to use agency workers, but records showed that the provider was in the process of recruiting new staff and had sought to use the same agency staff where possible to improve consistency. Staff told us that shifts at the service could be busy and demanding, but said they were able to complete the visits assigned to them and safely meet people's needs. One staff member told us, "It can be hectic on a busy day, but everyone is getting the care they need."

The provider followed safe recruitment practices. Staff files contained evidence of checks having been made in a range of areas included proof of identification, previous employment history, criminal records checks, right to work in the UK where applicable, and reference from previous employers to help ensure staff were of good character and suitable for the roles they had applied for.

Improvement was required to ensure accidents and incidents were consistently reported and recorded. Staff told us they were aware to report any accidents or incidents which occurred to the management team. However, we found improvement was required because incidents had not always been recorded in order to help identify trends and reduce the risk of recurrence. For example, whilst we saw examples of incidents where people had not received their medicines as prescribed having been reported and recorded as incidents which had been followed up by the management team, such issues had not been reported and recorded consistently when they occurred to enable overall analysis.

There were arrangements in place to deal with emergencies. Staff were aware of the action to take in the event of a fire or medical emergency. People's records included personal emergency evacuation plans (PEEPs) which details the support they required to evacuate from the building in the event of an emergency. The provider had an out of hours on-call service for staff to use in the absence of the management team should they need advice or support.

People and their relatives told us they felt safe with the support provided by staff. One person said, "This is the fourth or fifth service I've been supported by and it's the best; the staff are fairly hot on any issues here." Another person told us, "This is my home and I feel quite safe here. I've not had any problems." A relative said, "[Their loved one] is safe here; I can sleep without worrying."

People were protected from the risk of abuse. Staff were aware of the types of abuse that could occur and the action to take in reporting any suspected abuse. One staff member said, "If I had any safeguarding concerns, I'd report them immediately to my line manager." Staff were also aware of the provider's whistle blowing policy and told us they felt confident to escalate any concerns they had accordingly if they felt they needed.

The manager was the safeguarding lead for the service and was aware of the process for reporting any allegations of abuse to the local authority and CQC. Records showed they had made safeguarding referrals where required in response to any concerns raised. The local authority confirmed they were not involved in any ongoing safeguarding investigations involving people using the service at the time of our inspection.

Staff were aware of the steps to take to reduce the risk of infection when supporting people. One staff member told us, "I always wear gloves and an apron if I'm providing people with personal care." Another staff member said, "If I'm preparing food for someone, I make sure I've washed my hands and am working on a clean surface. I also make sure I check the dates on the food before preparing it." All of the people we spoke with confirmed that staff wore personal protective equipment (PPE) such as gloves or aprons when providing them with support.

Requires Improvement

Is the service effective?

Our findings

People had mixed views on the competency of the staff supporting them. One person told us, "Staff need to hoist me every day and there have not been any problems." However, another person told us that the competency of staff could be variable, and a relative said, "The agency staff do not always know the system." We found improvement was required to ensure staff were up to date with training in areas considered mandatory by the provider.

Records showed the provider had started rolling out their training programme in the nine months since taking on the contract to provide the service from the local authority. Training areas included safeguarding, manual handling, food hygiene, infection control and first aid. We spoke with the provider's training co-ordinator who showed us plans were in place for staff to complete the training programme by October 2018. However, they also confirmed that many staff were already overdue refresher training and this required improvement. For example, records showed all of the staff at the service were overdue refresher training in health and safety and two staff who had been working for the provider since the start of the contract in 2017 had not completed any of the eleven training areas considered mandatory by the provider.

Staff confirmed the received an induction when starting work for the service which included a period of orientation, time spent familiarising themselves with key policies and procedures, and time shadowing more experienced colleagues. One staff member told us, "The induction was helpful and combined with the training I've had, has enabled me to do my job well."

Improvement was required to ensure staff were consistently supported in their roles through regular supervision. The manager told us that they aimed to ensure staff received a form of supervision on a quarterly basis and confirmed that this would include an annual appraisal at the end of their first year working for the provider. One staff member told us, "I find the supervision sessions helpful to identify areas I can improve in. They also give me the opportunity to discuss any concerns I have, if needed." However, improvement was required because records showed five of the 20 staff identified on the manager's supervision matrix had not yet received supervision in 2018. Despite this issue, we saw plans in place for outstanding supervisions to be completed in the month following our inspection.

People's needs were assessed before they started receiving support from the provider in order to ensure their needs could be met by the service. These assessments formed the basis upon which people's care plans and risk assessments had been developed, and considered areas including people's physical and mental health, any cultural or spiritual requirements and people's communication needs.

People were supported to maintain a balanced diet where this was part of their assessed needs. People's care plans included information on any support they required with food shopping, meal preparation, and eating and drinking. One person told us, "The staff help me make my breakfast, every day; I like porridge and they know that." Another person said, "They [staff] make sure to leave me with a drink that I have between their visits." The local authority had a separate contract in place with a catering service operated from an onsite canteen which prepared people's main meals each day. The provider had shared important

information about people's dietary requirements with the catering service to ensure the meals they prepared were suitable. For example, records showed that kitchen staff were aware of which people required a soft diet or meals which reflected their cultural beliefs.

People had access to a range of healthcare services. One person told us, "I arrange my own appointments usually, but the staff would help me do this if I needed them to." A relative said, "The GP visits every week and will visit [their loved one] then if needed. I know the staff would request an appointment more urgently if it was needed." People's care plans included information about their healthcare needs and the contact details for their GPs. Records also showed that people were supported to access a range of healthcare services when needed, including mental health professionals, speech and language therapists, dieticians and opticians. Staff confirmed they were aware to monitor people's health and told us that they would either call an ambulance or seek advice from a GP promptly if a person became unwell.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff told us that people were able to make decisions for themselves about the support they received and that they sought consent from people when offering them assistance. One staff member said, "The people we support are able to make their own decisions about their care needs; we would never force anyone to do anything they didn't want to do." Another staff member told us, "When I'm helping someone with a task, I always make sure I communicate my intentions clearly and wait for their response. If they don't want me to do something, I won't do it." People and their relatives confirmed staff sought their consent when supporting them. One person said, "They [staff] always ask me if I'm happy for them to help." A relative commented, "Staff wouldn't ever do anything [their loved one] didn't want."

Good

Is the service caring?

Our findings

Staff treated people with kindness and showed concern for their well-being. One person told us, "Some of the staff are exceptional; really, really kind." Another person said, "They [staff] are a friendly bunch; we get on well." A relative commented, "The staff are caring and always make sure [their loved one] is well presented." Another relative said, "The staff I've met have been caring and show an interest in [their loved one]."

We observed and heard staff supporting people in a considerate and caring manner during our inspection, engaging them in friendly and familiar conversation and periodically checking on their welfare in communal areas in the building. People appeared relaxed in the company of staff and were comfortable asking them for support when needed.

Staff we spoke with knew the people they supported and the things that were important to them. For example, one staff member described the preferred morning routine of the person they had just been supporting, explaining that they liked to be ready in plenty of time for a relative who was visiting later that day. In another example, we observed staff holding a detailed conversation with another person about an issue which was causing them concern and it was clear from their discussion that the staff member was both familiar with the issues and able to provide effective reassurance to the person concerned.

The provider had an equality and diversity policy in place and staff confirmed they were committed to support people's individual needs and preferences. People's care plans included information on any specific cultural or spiritual requirements that they had and how these could be met. For example, one person's care plan included information on their preference for a culturally specific diet and how this was catered for.

People were treated with dignity and their privacy was respect. One person told us, "The staff always ring the doorbell and call out when coming into my apartment." Another person said, "I've not had any privacy issues, and the staff are friendly and polite." A relative commented, "They respect [their loved one's] privacy and don't intrude when we visit."

Staff described the steps they took to ensure people's privacy was maintained. One staff member said, "I make sure the curtains are closed if I'm helping someone to have a wash or get changed." Another staff member told us, "I make sure I don't talk about people's business publicly; it's important to maintain confidentiality." We observed staff ringing on people's doorbells before entering their apartments, and calling out to make sure people were happy for them to enter throughout the time of our inspection.

People were involved in decisions about their care. Staff told us they involved people in making decisions about the support they received each day. One staff member said, "Whilst I've got to know people's routines, I still make sure I ask them what they want me to do, in case they want a change." Another staff member told us, "I always ask people what they want, or give them choices if there are options, such as what they fancy for breakfast, or what they want to wear." People confirmed that staff involved them in making decisions. One person said, "They [staff] always ask me what they can help me with and give me time to decide as I can be a little bit slow." Another person said, "I'm mostly independent and only need help in certain areas; I let

the staff know what I want help with and they do it."

Good

Is the service responsive?

Our findings

People and their relatives told us they had been involved in discussions around the planning of their care. One person said, "We discussed what I needed help with when I moved in and they [staff] wrote it up in my care plan; I have a copy here." Another person told us, "My son and I were both involved in putting my care plan together." A relative commented, "We've regularly discussed [their loved one's] needs and have worked with the manager and local authority to make the changes we've wanted, such as an increase in the care plan to the amount of time needed for a shower."

People had care plans in place which had been developed based on an assessment of their needs. Care plans covered a range of areas, including the support people required with personal care, eating and drinking, mobility and night time support, as well as including information about the number of daily visits people required from staff and their individual support requirements at each visit. People told us that the support they received reflected their individual needs. One person said, "The staff know me and the things I need help with." Another person commented, "They [staff] understand my needs. I sometimes need support at night and they've always been very responsive and friendly when I've needed them."

Care plans also included information about people's life histories and the things that were important to them, as well as details about their preferences in the way they received support and areas in which they liked to remain independent. For example, one person's care plan highlighted their wish for staff to check which areas they wished to be supported with each day and highlighted the things they could do for themselves, including choosing what they wished to wear or eat, and that they administered their medicines independently and only required staff to check they had taken them.

People's care plans also included information for staff on people's communication needs. Staff we spoke with were aware of the details of people's care plans and any specific considerations they needed to make when communicating with them. For example, they were aware of the guidance in one person's care plan which highlighted the need for them to speak slowly and clearly, and to ensure they gave the person time to respond. Staff were also aware to monitor people's needs to ensure their care plans remained up to date. One staff member told us, "I'd report and changes I noted to the manager so that they can arrange a review."

The provider had a complaints procedure in place which was provided to people as part of the information they received when they started using the service. The procedure contained guidance for people on how they could make a complaint as well as details of the timescale within which they could expect to receive a response and the steps they could take to escalate their concerns if they remained unhappy with the outcome.

People told us they were aware of the provider's complaints procedure. One person said, "I can speak to any of the office staff if I have a complaint." Another person told us, "If I had any problems, I'd talk to the manager and they'd sort it out." The manager maintained a record of the complaints received by the service which included information about any subsequent investigation they had carried out, the action they had

taken to address the issues raised and their letter or response to the complainant. We spoke with one relative who had previously made a complaint about the care provided to their loved one and they confirmed their concerns had been dealt with appropriately and that they were happy with the way the service had been provided since that time.

Requires Improvement

Is the service well-led?

Our findings

The provider had systems in place to monitor the quality and safety of the service, but improvement was required because they were not always effective in driving improvements. Senior staff carried out checks on a range of areas including observations of staff practice, medicines audits and checks on people's care records. We saw examples of action having been taken where issues had been identified. For example, records showed referrals had been made to the local community equipment service to arrange repairs to a hoist and wheelchair following checks made on people's equipment. However, improvement was required because effective action had not always been taken to address issues where they had been identified.

For example, a recent audit of one person's medicine administration records (MARs) had identified gaps in recording but no actions had been taken to address this concern. In another example, records showed that senior staff identified the need to observe one staff members medicine administration practice following an error they had made during the month prior to our inspection, but the manager confirmed the observation had not been carried out or scheduled at the time of our inspection. We also found examples of audits of people's MARs having been conducted up to three months after their completion and this required improvement to ensure any potential issues were identified and addressed in a timely manner.

The service had a registered manager in post although they were not available to meet with us at the time of our inspection. The provider also recently employed a service manager who had day to day responsibility for the running of the service. The service manager told us that they would be applying to become the registered manager in the near future. They demonstrated a good understanding of the provider's responsibilities under the Health and Social Care Act 2008 and had worked with the registered manager to ensure that any notifications the provider was required to send CQC by law had been submitted in a timely manner.

People and their relatives told us the manager had made a positive difference and was a visible presence at the service. One person told us, "The manager is great and even comes in at weekends or during the holidays." Another person said, "The manager is doing a good job and is always available to speak with when needed; I feel confident that any issues I raise will be dealt with." A relative told us, "The manager's door is always open and we feel things have been moving in the right direction after lots of changes over the last year."

Staff also spoke positively about the manager and their leadership. One staff member told us, "The manager is involved with everything here and isn't afraid to work alongside us on the floor if we need support." Another staff member said, "The manager will always take time for us if we have anything we need to discuss; I've felt able to raise any concerns I've had about work and any talk about personal issues when they've affected me." Staff also told us they felt they worked well together and sought to support each other when needed. One staff member said, "I think we communicate well with each other and the team working is good; if I have a problem, I know I'll get support."

The manager held regular staff meetings to discuss the management of the service and to make sure staff

were aware of the responsibilities of their roles. Areas discussed a recent meeting included updates on staffing and visit allocations, updates on people's current conditions, a discussion on the risks associated with the failure to accurately complete people's MARs and a reminder for staff to encourage people to drink more fluids during warmer weather.

People's views about the service were sought through the use of surveys, resident's meetings and during observations of staff practice. Areas discussed at a recent residents meeting had included options for activities for people to take part in as well other possible service improvements such as installing a computer in a communal area for people to use which was something the manager told us was still being considered at the time of our inspection. The manager told us they were still in the process of developing an action plan in response to the findings of the provider's most recent survey but we reviewed the initial results which showed a high level of overall satisfaction with the service provision.

The provider worked in partnership with other agencies to help ensure people received a high-quality service. We spoke with staff from the tenancy provider who told us that the manager had a good grasp of the importance of partnership working and was responsive to any issue they raised. They also told us they had received positive feedback from people regarding the support they were receiving from staff. We also spoke with a social care professional who was a key point of contact for people from the commissioning local authority and they told us the manager had been receptive to their feedback and from their perspective was working positively to make improvements at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely.