

G P Homecare Limited

# Radis Community Care (Surrey Court ECH)

## Inspection report

Surrey Court  
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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

### About the service

Surrey Court provides care and support to people living in 'extra care' housing. People using the service live in their own flats within a shared building containing 70 flats. The building also houses the offices used by the registered manager and staff.

Not everyone living at Surrey Court received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection, 40 people received personal care from Radis staff.

### People's experience of using this service and what we found

At this inspection we found the provider and registered manager had made substantial improvements to the service. They were compliant with the fundamental standards set out by law although further actions were required to embed good working practices in the service.

People told us they had noticed positive changes in the service and told us they felt confident to raise any concerns with the registered manager. The new area manager was supporting the registered manager in promoting an open and inclusive culture within the service.

Several people told us they were concerned about the future and an increase in admissions of people with higher needs. The service was working with partner agencies to clarify and improve assessment and admission procedures.

People using the service told us they felt safe. Risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks.

People were supported to maintain their health and staff contacted healthcare professionals when they had concerns about people's health and wellbeing.

Improvements had been made in the way people's medicines were managed and audits were carried out and recorded. There was a new facility for storing people's medicines.

A system was in place to keep track of and record relevant checks that had been completed for staff who worked in the service.

There was an improved system for monitoring the training that staff received and further specific training was being sought that included dementia awareness.

Where people required support in relation to preparing food and drink this was recorded within their care plans.

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

People were happy with the overall care and support being provided. We observed the registered manager and staff treated people with respect and this was confirmed by the feedback we received from people and their relatives.

The service was responsive to changes in people's needs. Staff we spoke with demonstrated understanding of people's needs.

A record of complaints received, and actions taken in response, was available. This was being reviewed by the provider, along with the systems for auditing the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 22 September 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Radis Community Care (Surrey Court ECH)

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by one inspector 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, in this case care for older people including those living with dementia.

#### Service and service type

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 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available to facilitate the inspection. The inspection site visit activity started on 18 September 2019. We visited the location on 18 and 19 September to speak to people and their relatives in their own homes or by telephone, to speak with the registered manager and staff, and to review care records

and policies and procedures.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 12 people who used the service and nine relatives about their experience of the care provided. We spoke with six members of staff including the area manager, registered manager, a team leader and care workers. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider did not have robust procedures and processes to protect people using the service from abuse or improper treatment while receiving care and support. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13. These improvements will need further embedding.

- People said that things had got better following changes to the staff team. People also commented: "I feel safe here as I know there is someone around to help me", "We feel happy she's in here as we know she's safe and well cared for" and "I feel safer in here than at home, happier overall."
- Two staff were not clear about whistle blowing and how to identify possible signs that abuse might be taking place and said they would like more training. One added that they thought safeguarding and whistle blowing training "could be done in more detail" but that they did receive annual refresher training.
- The registered manager downloaded and printed a copy of the local authority safeguarding policy on the advice of the area manager.
- We saw the record of a safeguarding enquiry into the case of a person who was given the wrong dosage of their medicines on three occasions. The provider had completed a report of their investigation and actions taken to minimise the risk of a re-occurrence.

Assessing risk, safety monitoring and management

- Care plans contained environmental risk assessments, fire action plans, personal handling risk assessment and support plans.
- Staff said the registered manager and team leaders carried out the risk assessments and staff had to read them. Records showed senior staff received training to do this.
- A person confirmed that the service had carried out a risk assessment of the environment before providing care.
- However, there had been incidents whereby staff had not stayed with people who may have fallen or had a seizure whilst waiting for paramedics. We were told the previous area manager fully investigated following the incident in January 2019 and addressed this with the staff team.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Feedback about staffing was still mixed. Some people, whilst overall happy with the quality of care they were receiving, felt that there were insufficient numbers of staff at times. Comments included: "I do worry about the girls; they do a great job for me but they are always rushing about", "I think the girls are under pressure sometimes due to lack of time and it shows", "Sometimes the carers are late for my 10pm call and some have even rushed to finish quickly so they can get to the next call on time", "I wonder if the carers have enough time to do the job properly, Dad often tells me that he feels hurried sometimes."
- Other people's comments indicated staffing was now more consistent. They told us, "They did suffer from a high turnover of staff but recently it seems to have improved with a more stable set of carers" and "The carers don't chop and change all the time. If there's something wrong with you, they see it."
- Staff we spoke with told us they thought there were now enough staff to meet people's needs.
- We saw the staffing roster for the service, which showed when there were gaps or intervals in the scheduled 'runs' of care visits, so that staff had opportunities to catch up if visits overran or changes happened.
- We looked at the recruitment records for two recently recruited staff. These included evidence of employment histories, previous employer references, and satisfactory Disclosure and Barring Service (DBS) clearance. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work in care services.

### Using medicines safely

At our last inspection the proper and safe management of medicines was compromised by inadequate receipt & storage arrangements. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There was now a locked cabinet for storing medicines that were delivered to the office, and a receipt book that was signed by a member of staff and the delivering pharmacist.
  - Staff confirmed the arrangements for collection, receipt and storage of medicines had been reviewed and changed. A member of staff also told us, "The medicines administration records (MAR) charts we are currently using are brilliant, a lot clearer."
  - Staff told us that if a care worker made an error handling medicines, they had refresher training before they were authorised to support people with medicines again.
  - The registered manager said, and records confirmed, that medicines training now included staff competency assessments. All staff had completed this with the exception of a new staff member who was not authorised to support people with medicines until they had done the training.
  - Medicines refresher training was scheduled for the following week.
  - A relative told us that the MAR had been reviewed following errors with the person's medicines.
- The service also now had a 'medicines lead', which is a member of staff who could advise on good practice regarding the management of medicines.

### Preventing and controlling infection

- Staff told us cleaning was carried out by another company, but care workers did do cleaning tasks that were part of people's care packages.
- Staff confirmed they were provided with sufficient supplies of personal protective equipment (PPE).
- A person told us, "Staff always wear their tunics, gloves and aprons."

### Learning lessons when things go wrong

- A member of staff told us that issues could be raised and learning was discussed at staff meetings. For example, following a series of falls, a person was now supported by two care workers on each call.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Several people told us they were concerned about the future and an increase in admissions of people with higher needs. For example, "If the (service) brings in more people with dementia it will alter the place, after all it's supposed to be assisted living here". Another person added, "If that happens the staff will be even busier and that may affect us all. I moved here as it was 'assisted living', is it now becoming a care home?"
- Some staff commented that "Some people perhaps should not be here", referring to people living with advanced dementia or with other high support needs.
- The registered manager told us that most people receiving personal care were initially assessed by the local authorities who commissioned the care packages.
- Discussion with managers and staff and the review of records showed there had been occasions when the service had not been able fully to meet the needs of some individuals admitted with care packages to Surrey Court as the assessment panel was not working effectively.
- The service was now working with partner agencies to clarify and improve assessment and admission procedures, and the impact this had on services to individuals and communal life at Surrey Court.
- People were able to visit and 'try out' the facilities and activities on offer, to support them in making the transition to extra care housing.
- Staff maintained daily records of the care they provided, which were kept in people's care plans held in their flats.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff all received appropriate support and training to enable them to carry out their duties. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- We received some mixed feedback about staff training. Some people confirmed they felt the staff had the right qualities and skills for the work they performed. One person said, "The carers vary from excellent to not very capable, some of them do not seem to know what to do, others are brilliant and just get on with it". Another person told us, "Overall the carers are good and the standard of care is high now."
- A relative said, "I sometimes wonder if all the carers have received sufficient dementia training as I often get comments from carers that Dad is confused, when it's written in his care plan that he has advanced

dementia, so they ought to know that he is very likely to be confused, as normal." Another relative said, "The agency staff, when they are used, are not best for Mum as she forgets to tell them what needs to be done and because they don't know her it doesn't always get done, for instance her hearing aids are forgotten, stuff like that."

- Staff confirmed they had an induction, which included how to use equipment and shadowing experienced staff while being introduced to tenants they would be working with.
- A member of staff said they felt the training was good but could be extended, for example more practical learning. Another member of staff said the provider's training programme "doesn't feel enough", particularly the online training. They told us, "Staff get sent a lot, but I feel it could be better. I would prefer more, but shorter length training, separate training for new staff and those repeating training." Staff told us they would like more training in relation to dementia. One staff member said they liked the e-learning as they could access this again at any time to refresh their memory.
- Staff confirmed that supervision and spot checks were now taking place on a more regular basis said they felt well supported to do their job.
- The registered manager informed us that training was arranged from mid-October onward for any staff who had not completed it. There was an electronic record of training that had been completed or was due. This did not include online training.
- Following the inspection visit, the registered manager confirmed they had accessed the training certificates and that most staff had completed or almost finished the online training, including safeguarding. They informed us that a meeting had taken place with those staff who had not completed the training and a deadline for completion set for 30 October 2019.
- We saw induction, supervision and appraisal records for three staff. The records also contained training certificates in relation to: induction, moving and handling, recording and reporting, assisting clients with medicines, safeguarding, and also competency assessments in medicines and moving and handling.
- We spoke with the registered manager and area manager about other training, such as dementia and epilepsy awareness, which was relevant to two tenants who had a history of epilepsy. The area manager was already looking into dementia awareness training for staff and also looking at starting learning and support meetings with team leaders around risk assessment.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported at mealtimes to access food and drink of their choice. Staff told us most people required minimal support regarding meals and went to the on-site restaurant at mealtimes. This was confirmed by people we spoke with.
- Staff could also prepare a meal, heat up a meal or make a light snack. Care plans contained information about specific food preferences and were suitably detailed about the support people needed with their nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- People's care records showed relevant health and social care professionals were involved with people's care when required.
- During the inspection, the registered manager contacted the paramedics for a person who had fallen in their flat. The manager made the person comfortable while they waited.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager confirmed there was no-one receiving care who was subject to any restrictions on their liberty.
- Care plans showed that people were able to make their own decisions independently or with support from relatives or other representatives.
- The service had policies and procedures to help them meet the requirements of the MCA.
- A member of staff said they were aware that training was provided in relation to the MCA and that senior staff would deal with any related issues. Another member of staff told us there had been "Some discussion about MCA and whistleblowing since the new area manager has been in post. There is written guidance in the staff room." Another member of staff demonstrated some awareness of the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The feedback we received from people indicated they were happy with the overall care and support being provided. A person said, "Personally, I love them all. They are very nice, always courteous and willing to help" and "They go out of their way, do anything for you." Another person told us, "I find them all excellent, very helpful, and they always say 'If ever you need us, just call or buzz'." Another said, "Nothing is any trouble, if I ask them to do anything, they just help. They do a wonderful job. All very caring. I don't think anything could be improved" and "I'd trust every single one of them." One person remarked, "I've been here for some years now and I'm very happy here, the carers and I have a good laugh together and the manager is very nice and helpful to me."
- The culture within the service had recently improved and now better supported a caring environment. Staff told us, "There is good contact and communication within the team", " (Registered manager's name) is helpful, and the other care staff" and, "It feels more positive among the staff team."
- A person told us, "I have no complaints regarding the care." They told us, "It seems calmer", and, "All the staff now seem to get on better." A relative commented, "The atmosphere is happier now. Less task orientated. The banter lifts mother's moods."

Supporting people to express their views and be involved in making decisions about their care

- People confirmed that care staff consulted them about their care and how it was provided. For example, a person told us, "They ask whether I want a shower or a bath."
- Care plans were written in a way that respected people's choices, wishes and individuality. For example the plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks.
- Staff demonstrated knowledge of people's individual needs and preferences regarding their support. Staff also told us the registered manager, "Asks tenants what they think of new care staff."

Respecting and promoting people's privacy, dignity and independence

At our last inspection we found people using the service were not always treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- There had been changes within the staff team. We observed the registered manager and staff treated

people with respect and this was confirmed by the feedback we received from people and their relatives.

- Staff were aware of the importance of confidentiality. One member of staff also commented, "You should not bring your problems to work. It's about professionalism and empathy." A person told us, "They don't talk about each other" when carrying out care.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was responsive to changes in people's needs. A person told us, "If I am coming home late from an appointment, staff say 'Let us know and we will come up later.'" They told us care staff were, "Most of the time, on time," and that they had, "Fitted in an earlier time when requested recently." They also told us they had been receiving a service for about nine months and that, while they had not yet had a formal care review, "If there was a change in anything I'd just speak to (registered manager's name)."
- Another person told us the care staff, "Stick to agreed times" and "If there's a problem, press the (pendant) alarm and they're there." They told us they had consistent care workers who understood their needs and would recognise if anything was wrong.
- We observed the registered manager taking swift action in response to a person needing medical assistance. Staff told us about the service "Putting in extra calls if someone is ill, after discussion with their family" if necessary.
- A person told us that, in addition to providing the regulated activity of personal care, "The manager and staff help to get activities going. They do their best." Another person said, "One of the carers will take mum out for a short walk to the shops, which is really very good for her."
- Care plans contained details of people's agreed care schedules, their routines and preferences. This information included individual morning, lunch, afternoon and evening routines, as appropriate, and the support people required with tasks such as bathing, dressing, medicines and meal preparation. The plans would enable staff to provide personalised care in line with each individual's needs.
- When care plans were reviewed within the service this was recorded. A person's review records showed they were involved in reviewing their care.
- The service had introduced 'catch up' meetings at 11am, so that staff could discuss and respond to any changes in the care schedules.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included sections about their personal histories and current communication needs and abilities.
- The service had access to a range of communication formats, if required, through the provider organisation.

### Improving care quality in response to complaints or concerns

At our last inspection the provider had not ensured that an effective and accessible system for managing complaints was established and all staff knew how to respond when they received a complaint. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16. These improvements were continuing to be made and would need to be embedded in practice to ensure they are sustained.

- People we spoke with felt comfortable to raise any concerns with the registered manager and felt they were listened to. For example, one person said, "The management appear to listen to any concerns now." Another told us, "I have not needed to raise any concerns."
- Following the inspection visit, the area manager sent us a copy of a complaints record audit they had carried out in August 2019. The audit report had identified that records were incomplete and had concluded: 'All complaints to be kept in the complaints file, even those that are minor and dealt with on a day to day basis. Complaints need to have outcomes attached which shows the feedback given to the complainant in order that they can see that the issues that they have raised have been taken seriously.'
- The record of complaints received, and actions taken in response, was on file and these were almost complete. However there were remained some gaps in the evidence relating to the written feedback the service should give in line with company policy.

### End of life care and support

- When we visited the service, nobody was receiving end of life care. Due to the type of service end of life care was not usually provided.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care. Regulations were now being met but improvements will need to be embedded in practice to ensure they are sustained.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the last inspection we found the culture within the service did not support the delivery of high-quality care. People did not feel listened to and any concerns they raised were not always addressed.
- At this inspection, we found improvements had been made. People told us they had noticed positive changes in the service. A person told us, "It seems to be managed OK." They felt confident to raise any concerns with the registered manager. A relative told us, "We have had occasion to complain in the past about some issues and, generally, these small things do get solved". Another relative told us the registered manager, "Listened and tried to resolve issues" and that currently "Things are where they should be."
- Overall, people felt the registered manager was approachable, involved and highly committed. People's comments included: "(Registered manager's name) is very nice, she is always cheerful", "The manager is very accessible, I speak to her regularly. If there's anything special she writes it down and it gets passed on to the carers" and, "Things have improved recently. I know the manager was, up until recently, managing two places and now has just the one so there is better focus perhaps."
- The new area manager was supporting the registered manager in promoting an open and inclusive culture within the service. They maintained a presence within the service and had an open-door policy for people living there, staff and relatives. The registered manager told us they were being well supported by the area manager.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to help ensure staff acted in an open and transparent way in relation to care and treatment when incidents occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had not ensured systems and processes were in place and robustly operated to assess, monitor and improve the quality and safety of the service.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 17.

- At this inspection, we found improvements had been, and were continuing to be made. Audit trails were more thorough. This would need to be built upon to ensure the quality and safety of service provision.
- Following the inspection visit, the area manager sent us records of the audits they had completed for Surrey Court and the format of the monthly audit the registered manager would complete going forward. This audit would check actions from the previous month were completed and identify any further actions needed.
- The area manager had audited care and support plans in August 2019 and identified where there were gaps or omissions in the records. The subsequent monthly audit showed actions that were taken or on-going to bring the records up to date. It had been identified that there was further work to do in ensuring people's care was reviewed; audits needed to take place regularly to show continual improvement; and staff were to continue having regular supervisions and appraisals to identify any issues in good time.
- These audits also included staff records, complaints, accidents and incidents, and notifications to CQC. In addition, the area manager recorded feedback they received from staff and people using the service.
- Staff told us the registered manager had meetings with them, where they could discuss any tenant or staff issues, and they felt supported to carry out their roles. They also said that there was now more support for the registered manager since two team leader posts had been filled.
- The registered manager and team leader on duty confirmed that actions arising from audits of daily diary records were followed up in daily meetings with staff, such as the completion of care notes if necessary. Anything more serious was followed up in staff supervisions.

At our last inspection the registered person had not always notified CQC when required of specific incidents affecting the health, safety and welfare of people using the service.

This was a breach of regulation 18 (Notification of other incidents) of the Health and Social Care Act 2008 (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- We had been notified, when required, of incidents that had occurred and actions taken by the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider carried out an annual customer satisfaction survey questionnaire. People's responses were returned to and collated at the head office and a report and development plan was developed and sent to the registered manager. The registered manager told us they had only recently received the report for the January 2019 survey when the new area manager took up post. The development plan had yet to be implemented.
- An annual internal audit had been undertaken by the provider's (new) compliance officer and there was a report of their findings available, dated 13 June 2019.
- We discussed this with the registered manager and the area manager, who told us they planned to create one overall action plan for the service. This would clarify and streamline service development.
- The provider did not engage in a staff survey. However, staff told us they had meetings with the new area manager and said, "The new area manager is very good and by the book", and described her as a "Positive role model."
- The area manager was also now holding meetings for the managers of the provider's local services, to provide support and opportunities to share information and ideas. Meetings to provide further support for

team leaders were also to be implemented.

Working in partnership with others

- The service worked in partnership with the local authority and local district nursing team.
- The registered manager and staff were also very involved in the activities programme organised by and for people living at Surrey Court. We saw a lot of photographs of events that had taken place.