

Key 2 Care Limited

Greenwich Gardens

Inspection report

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Ratings

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

Summary of findings

Overall summary

This announced inspection took place on 23 January 2018. Greenwich Gardens was registered by CQC on 3 March 2017 and this was the first time we had inspected this service.

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.

Greenwich Gardens is situated in a large modern purpose-designed three-storey building in Derby. There are 98 one and two-bedroomed apartments. These are either rented or part of a shared ownership scheme. There is a range of on-site facilities including a restaurant, social and quiet lounges, a library and cinema room, a hair and beauty salon, a games room, and gardens.

The service caters for people who are usually over the age of 55 and have been referred by the local authority. Some of the people using the service have needs relating to their physical and mental health. At the time of our inspection there were 51 people using Greenwich Gardens' personal care and support services.

Not everyone living at Greenwich Gardens' was receiving personal care and support. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager. This 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.

People were safe at the service and staff knew how to protect them from abuse. People wore pendant alarms so they could call staff in an emergency. Managers and staff monitored people's well-being and took preventative action to keep them safe.

There were enough staff on duty to support people and meet their needs. Staff supported some people with their medicines and this was done safely. Staff were trained in infection control and wore PPE (personal protective equipment) to reduce the risk of the spread of infection or illness.

People's needs were assessed before they started using the service. The staff were well-trained and knowledgeable. Staff assisted people with their meals either in their own apartments or in the 'pay as you

go' restaurant on the premises.

People's healthcare needs were met and staff referred them to healthcare professionals where necessary. If people were ill staff visited them regularly to check on their well-being and ensure they were having the healthcare they needed.

Staff were trained in the Mental Capacity Act and sought people's consent before providing any care or support.

The staff were caring and kind and had developed good relationships with people using the service. They engaged with people and welcomed their relatives and friends when they visited. If people were distressed staff provided them with comfort and reassurance.

Staff respected people and supported them to make choices about their care, support and any individual needs they might have including cultural, religious, and those relating to disability. People told us staff treated them with dignity. People's personal information was kept securely.

Staff provided people with responsive care that met their needs. Care plans were personalised and written in conjunction with the person themselves and others involved in their care. They included information about people's life histories which enabled staff to get to know people and take an interest in their lives.

Staff encouraged people to socialise and to join in with activities and events that took part on the premises and provided assistance for them to do this where necessary.

Staff were trained in equality and diversity and information was provided to people in formats that were accessible to them. The service had a complaints procedure and if a person made a complaint they were listened to and their concerns taken seriously.

The service was well-led and people were satisfied with the care and support provided. Staff said they liked working at the service because they were able to provide a high standard of care in a pleasant environment.

Managers carried out regular audits to ensure good quality care was provided. People, relatives, and staff had the opportunity to comment on the service through surveys, meetings and one-to-one discussions. Records showed the service was committed to continual improvement and worked with other agencies to ensure people's needs were met.

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 safe.

There were systems in place to protect people from the risk of harm and staff were knowledgeable about these. Risks were managed and reviewed regularly to keep people safe from harm, injury and infection.

People were supported to take their medicines safely. Staff were committed to reviewing and learning from accidents and incidents.

Good 

Is the service effective?

The service was effective.

People's needs were assessed and met by staff who were skilled and had completed the training they needed to provide effective care.

People were supported to maintain their health and well-being. Staff helped to ensure people's nutritional needs were met.

Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care

Good 

Is the service caring?

The service was caring.

The staff were kind and compassionate and understood the importance of building good relationships with the people they supported.

People were involved in making decisions about their care and support. Staff supported people to be independent and to make choices. People's privacy and dignity was respected and their diverse needs met.

Good 

Is the service responsive?

Good 

The service was responsive.

People were supported to be involved in the planning of their care. They were provided with support and information to make decisions and choices about how their care was provided.

People knew how to complain if they needed to and had access to the service's complaints policy. Staff supported people at the end of their lives to ensure they were comfortable.

Is the service well-led?

The service was well-led

There was clear leadership and management of the service which ensured staff received the support, knowledge and skills they needed to provide good care.

Feedback from people and staff was used to drive improvements and develop the service. People's diverse needs were recognised, respected and promoted.

Comprehensive audits were completed regularly at the service to review the quality of care provided. The service worked with other agencies to ensure people's needs were met.

Good ●

Greenwich Gardens

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 23 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure staff would be available meet with us. We visited the office location on this date to review care records and policies and procedures and also met with some of the people using the service.

The inspection team consisted of an 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. Our expert-by-experience's area of expertise was the care and support of older people including those living with dementia.

We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with eight people using the service and four relatives. These conversations took place in communal areas. We also spoke with the registered manager, care manager, activities coordinator, one team leader, and four care workers.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at four people's care records and three staff recruitment files.

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "Someone speaks to me each morning on the intercom to check I'm okay. I think that's good." Another person said, "I am very safe here because there are always staff around who you can go to if you have a problem."

Staff were knowledgeable about safeguarding (protecting people from abuse) and understood the signs of abuse and how to report any concerns they might have. Following training they completed a feedback form to confirm they understood the service's whistleblowing and safeguarding policies and procedures. Staff carried identity cards so people could check who they were when they came to deliver care and support.

Records showed the managers reported safeguarding concerns as required to the relevant agencies including the local authority and CQC. Where necessary they took immediate action to protect people and worked with other agencies to ensure people were safe.

People were encouraged to wear pendant alarms so they could call staff in an emergency. We saw most people had their pendant alarms with them. One person told us, "Having this gives me an extra sense of security. No matter where I am in the building I can just press the button and staff will come." Staff were instructed to answer pendant alarm calls within ten minutes. The registered manager received print-outs from the pendant alarm system so was able to check calls were answered promptly.

One person raised a concern with us. They said they'd heard that one person spoke to another person in an 'aggressive' way at a recent social event. They said they were concerned about the person who was allegedly spoken to in this manner. We discussed this with the registered manager who was already aware of this incident and had taken steps to ensure the people involved were safe and appropriately supported.

Managers and staff had a good knowledge of the people using the service and where they might potentially be at risk of harm. This meant they could monitor people's well-being and take preventative action to keep them safe.

People had risk assessments so staff had the information they needed to keep people safe. For example, if people needed support with their personal care or mobility staff had instructions to follow on how to assist them safely. Risk assessments also covered people's mental health needs and advised staff how best to communicate with people to help ensure they were supported in the way they wanted. Risk assessments were updated when care plans were reviewed or when people's needs changed.

Some issues highlighted in people's assessment documentation did not have accompanying risk assessments. For example, one person had a catheter in place but although staff were told to 'monitor' its use there was no risk assessment to instruct staff how to safely support them with this. Another person was described as being 'a little agitated and confused sometimes due to their dementia'. Records showed this was managed by the person's GP with the use of medication. However, a risk assessment telling staff how to support the person with this issue might help to reduce their agitation and confusion.

We discussed risk assessments with the registered manager. She said all the information staff required to enable them to reduce risk was in people's records. However she said she would review care records to ensure information about risk was clear and easy for staff to find.

Most people said there were enough staff available to meet their needs. One person told us, "I have carers in the morning and in the evening which is enough. They help me with some personal care and they see that I take my medication. The carers are very efficient." Another person said, "We could do with a few more [staff]. They do a lot of hard work."

During our inspection visit there were enough staff on duty to support people safely. Most staff said they were satisfied with the number of staff available. One staff member said they thought there should be more staff on duty at the weekend as there were seven care workers during the week but only six at the weekend. We discussed this with the registered manager who said this was because there was a drop in care provision at the weekend and the number of staff had been adjusted accordingly. However she said she would continue to monitor staff numbers on all shifts to ensure there was always enough staff on duty to meet people's needs.

Staff were safely recruited. Staff recruitment files contained the required documentation to show staff were safe to work at the service including proof of identity, a satisfactory DBS (criminal records check), a full employment history, and a health declaration. The provider had obtained references to provide satisfactory evidence of staff conduct in previous employment concerned with the provision of health or social care. This helped to ensure that only suitable staff were employed.

Some people told us staff supported them with their medicines. One person said, "[The staff] make sure I'm getting medication in the right way."

People's medicines needs were assessed when they first came to the service and written instructions given to staff on how to support them with these. People had medicines risk assessments to ensure staff were aware of any issues concerning people's medicines, for example allergies and side-effects.

Staff were trained in medicines administration and underwent a 'competency based assessment for medication handling in home care and extra care' before they were allowed to give out medicines. The staff we spoke with understood the importance of safe medicines administration and what to do if they thought a mistake had been made.

People's medicines care plans were personalised and set out how they wanted to receive their medicines and whether or not they could take responsibility for some or all of their medicines. For example, one person who had their medicine looked after by staff, was still able to take part in the medicines administration process. Their care plan read, 'I can put my tablets in my mouth one by one.' Staff supported them to do this which ensured they remained as independent as possible.

People's individual MARs (medicines administration records) were audited monthly by a manager and action taken if any improvements were needed. We sampled people's MARs and those we saw were completed correctly with no gaps or errors evident. If people wanted staff to manage all or some of their medicines they signed consent forms which showed they were involved in the process of safe medicines administration.

Staff advocated for people and took action to ensure they had their medicines as prescribed. For example, records showed that on checking one person's medicines staff found that one of their tablets was missing

from the blister pack the medicines had arrived in. They promptly contacted the person's GP and pharmacist to get this corrected thus ensuring the person had all their medicines when they needed them.

In September 2017 the service notified us that a number of medicines errors had been made with regard to one of the people using the service. In response the managers took a number of actions to reduce the likelihood of a reoccurrence. The staff involved were given immediate medicines refresher training and had a disciplinary meeting. All other staff were also given medicines refresher training. Spot checks and monitoring were increased and the service's shadowing process for new staff improved. This was an example of managers taking prompt action to address a shortfall in the service and being open and honest in sharing information about this with CQC and the local authority.

Staff were trained in infection control and wore PPE (personal protective equipment) to reduce the risk of the spread of infection or illness. If people were at risk of infection staff worked in partnership with healthcare professionals and followed their guidance to keep the risk of infection to a minimum.

The provider had infection control policies and procedure in place based on NICE (National Institute of Clinical Excellence) guidance. These covered areas such as the handling and disposal of clinical and soiled waste, the cleaning of spillages, handwashing, outbreaks of communicable diseases, and the use of protective clothing. Staff had access to these policies and procedures which were kept for reference in the office and discussed during training and at staff meetings.

Posters were displayed in bathrooms and toilets to remind staff and people using the service of the importance of hand washing and other actions they could take to reduce the risk of infection. Staff were kept up to date with infection control issues. For example, a recent memo sent to staff reminded them not to wear nail varnish or false nails due to the risk these posed of spreading infection.

The provider and managers took action to bring about improvements to the service when necessary. For example, there had been a recent incident at the service when staff manually lifted a person who had fallen. This was unsafe and put the person and the staff at risk of injury. In response the manager carried out an investigation which resulted in appropriate action being taken with regard to the staff involved. In addition staff were re-trained in moving and handling and had their competency checked, and additional spot checks and observations were carried out to ensure staff were supporting people safely at all times.

Is the service effective?

Our findings

People received effective care and support because their needs and choices were assessed, understood and met in line with relevant guidance. Records showed that people underwent comprehensive assessments before coming to the service. Assessments included a summary of people's cultural and religious needs so staff were aware of these as soon as people began using the service and could ensure they were met.

People said the staff were well-trained and knowledgeable. One person told us, "The staff do lots of courses and know how to look after me in the best way possible." Another person said, "The staff are very good at helping people who can't walk. I have watched them do this and they are very efficient." A relative told us, "I've noticed new staff shadowing experienced staff [working alongside them to learn their roles]."

Staff told us they were satisfied with the training they received. One staff member told us they'd completed a range of care courses and shadowed a team leader before commencing their role. Another staff member told us, "There's good support and encouragement here to do NVQs [National Vocational Qualifications] in Care."

Staff had the skills, knowledge and experience to deliver effective care and support. Records showed they completed a wide range of induction and on-going training courses to enable them to meet people's needs. These included moving and handling, catheter care, tissue viability, first aid, communication skills, behaviour that challenges, and dementia awareness. Once trained they worked under the supervision of experienced staff who checked they were competent in their duties and produced reports confirming this.

If people had specific needs that were not covered by the service's training programme managers arranged for external training to be provided. For example, some staff had been trained at a local hospital in administering percutaneous endoscopic gastrostomy (PEG) feeds when these skills were required. The managers also said they could approach the providers for support if staff needed specialised training and the providers would help them to source the relevant courses.

People told us they enjoyed the food served in the on-site restaurant that people using the service had access to on a 'pay as you go' basis. One person said, "That young man in the cafe makes gorgeous meals." Another person told us, "Sometimes I like a cooked breakfast and that can be pre-ordered [from the restaurant] and the carers bring it up to me in my apartment." One person tried the restaurant for the first time on the day of our inspection visit and told us, "I enjoyed being in there and the food."

We spent time in the restaurant seeing how staff supported people with their meals. We saw that staff were available to assist and/or encourage people using the service to eat and drink. This was done discreetly and staff socialised with people while supporting them and joined in conversations and banter. The atmosphere was pleasant and relaxed and people could take as long as they liked over their meals.

Some people preferred to prepare their own meals in their apartments with staff assistance where necessary. If people needed this assistance they had care plans in place setting out the support they needed

to help ensure they maintained an appropriate diet. For example, some people were on soft diets. The restaurant catered for these and if people did their own cooking staff assisted them to prepare soft diets using a blender.

People were encouraged to make choices about what they ate. For example, one person's care plan stated their food preferences and how staff were to prepare and present their meals. It also stated 'I will tell you if I want anything different' giving the person the option to change their mind about their meals if they wanted something different on the day. Staff were trained in food hygiene and knew how to prepare food safely.

Staff worked with people's families, housing and social workers, and health care professionals to ensure people had effective care and support. People's healthcare needs were assessed when they began using the service and staff were made aware of these through care plans. If staff supported people with medical devices, for example catheters and peg feeds, they were trained by the local health authority to ensure they could do this effectively.

People told us staff supported them with their healthcare needs and contacted health care professionals, for example GPs and district nurses, if they needed them. Staff monitored people's health and well-being and took action when necessary. For example, records showed staff had observed changes in one person's mental health. They recorded this in the staff communication book and reported it to the managers who involved mental health professionals. As a result the person received the support they needed.

If people were ill staff carried out well-being checks. This meant they visited them regularly to check on how they were and to ensure their needs were being met and that they were having the healthcare they needed. Records in the service's accident and incident book showed staff took appropriate action if a person came to harm, for example by falling, by contacting the emergency services and ensuring they received urgent medical attention if they needed this.

The service worked closely with the housing organisation responsible for people's accommodation. If staff had concerns about the safety, suitability or condition of people's private accommodation they reported this to the housing organisation so action could be taken as necessary. People's accommodation was secure and they had the added security of a reception service at the entrance to the building where their accommodation was situated. This ensured the premises were suitable for the needs of the people using the service.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. People's mental capacity was assessed when they came to the service. People signed their care plans to show they were in agreement with them. Best interest meetings were held where necessary with people and their relatives, advocates and social workers attending.

Staff were trained in the MCA and told us they always sought people's consent before providing any care or

support and people confirmed this. At the time of our inspection no applications had been made to the Court of Protection because people were not being deprived of their liberty. The registered manager told us that if it appeared a person was being deprived of their liberty she would refer them to the local authority for assessment.

Is the service caring?

Our findings

People told us the staff were caring and kind. One person said, "The staff are lovely. They are very patient and never make me feel like a nuisance." Another person said, "They talk to me when they're helping me about what they're doing or general chat."

A relative told us how caring the staff had been when their family member needed them close by for support. They told us, "We stayed in the guest room [on the premises]. Being close to her and in good accommodation in a good environment has been a great help." Family members and friends were able to use guest accommodation if they were visiting or helping to support a person using the service.

During our inspection visit we saw staff in the communal areas of the premises chatting to people, gently putting arms round people if people wanted this, and addressing them directly and with eye contact. It was evident that staff knew the people they supported well and had developed good relationships with them. We also saw staff greeting people's relatives and friends and making them welcome.

If people were distressed staff provided them with comfort and reassurance. If this was something people needed on a regular basis care plans were in place to support this. For example, one person's care plan stated, '[Person] feels depressed most days and expresses this to carers [saying] how fed up they are, so having chats with them can really cheer them up.' This helped to ensure that staff understood the person's needs and were able to meet them in a caring and empathetic way.

The care manager gave an example of staff 'going the extra' mile when she told us about a person who came to the service with 'nothing'. They said staff rallied round and donated furniture, bedding and equipment for the person's apartment, and clothes for the person themselves. The care manager told us, "The staff are very caring. If someone needs help or extra care the staff will provide it with no hesitation."

The service was committed to promoting equality and diversity and a summary of their policy on this was in the 'Welcome and information pack' which all the people using the service were given a copy of. Records showed staff supported people with any individual needs they might have including cultural, religious, and those relating to disability. One person told us, "They [the staff] help me to get down to the communal areas when I want."

People told us they were involved in making decisions about their care and support and had copies of their own care plans. They attended care plan reviews and were able to invite anyone they wished to attend, for example a family member, friend, social worker or advocate or anyone else involved with their support. They were also given the opportunity before the review to add anything to the agenda they wanted to discuss at the meeting which gave them a say in how the review was carried out.

We looked at the reviews of people's care. Records showed people attended their reviews either on their own or with family members or friends depending on their preferences. We saw they contributed to the reviews and were routinely asked for feedback on the service they were receiving.

People told us staff treated them with dignity. One person said the staff were 'respectful'. They told us, "I feel at ease when they help me with personal care." Another person told us, "I have help with personal care like showering. I'm comfortable when getting this help." If people preferred a staff member of a particular gender the service tried to accommodate this. One person said, "I've been told that if I prefer personal care from a female carer that's up to me."

Care plans stressed the importance of staff respecting the people and supporting them to make choices. For example one person's stated, "[Person] should be treated with dignity and respect always. [Person] should be offered choices daily with drinks, meals and personal care." All the staff we spoke with understood this. Another person's care plan stated, '[Person] is a private person and likes their own space to relax and rest in.' Making staff aware of this helped to ensure the person's privacy was maintained.

People's personal information was kept securely. Staff were trained in data protection and signed confidentiality agreements to show they understood their responsibility to protect data about people and keep it securely.

Is the service responsive?

Our findings

People told us the staff provided them with responsive care that met their needs. One person said, "I get the care I need and require. Once in the morning and once in the evening. They [the staff] are efficient." Another person told us, "Generally anything I want doing happens. I never get any problems [with my care]." People and relatives said calls were punctual and staff stayed for the correct amount of time when providing care and support.

People's care plans were personalised and stated how staff would provide them with care and support that was responsive to their needs. Care plans were written in conjunction with the person themselves and others involved in their care. They gave staff the information they needed to help ensure people received support that was right for them.

Care plans included information about people's life histories, previous occupations, families, hobbies and interests. This enabled staff to get to know people and take an interest in their lives. If people had other health and social care professionals involved in their care this information was in their care plans so staff knew who was responsible for which aspects of the person's care. People had copies of their care plans in their apartments which they could refer to if they wanted to.

Care plans were reviewed regularly or more often if people's needs changed. People and their relatives, where appropriate, were involved in reviews and had the opportunity to make changes to care packages if they wanted to. If people needed urgent changes to their care packages these were made. For example, staff had found it difficult to give one person all the care and support they needed in the allotted time. They informed the registered manager who contacted the local authority and arranged for the length of the calls to be increased. This meant the person had all their needs met.

People told us staff encouraged them to socialise and to join in with activities and events that took part on the premises and provided assistance for them to do this where necessary.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard.

The service catered for people with a diverse range of needs including those relating to physical disabilities, mental health, dementia, and learning disabilities. Although predominately aimed at people over 55 years old, at the time of our inspection the age range of people using the service went from 30 to over 100. Staff were trained in equality and diversity and all had a copy of the service's user-friendly staff guide on this. The guide stated that if people needed support to access information about the service it could be supplied to them in different formats including on tape, in braille, in large print, or translated into people's preferred language.

If people had any concerns or complaints they could use the complaints procedure in the 'welcome pack' they received when they began using the service. This advised them they could complain in person, by phone or by letter/email, or get a friend or relative to complain on their behalf.

Records showed that if a person made a complaint they were listened to and their concerns taken seriously. The managers carried out a thorough investigation, involving the complainant, and shared the resolution with them. This meant that a person making the complaint could be confident that the managers would take action to resolve it and make improvements to the service where necessary.

All complaints were logged and tracked so managers could identify any trends and see if improvements were needed. We looked at the complaints log which showed that any issues people had were addressed and resolved. For example, one person had raised a concern that they did not get their expected member of staff for a regular call. The registered manager investigated and explained to the person that this had been due to an emergency at the service and in future they would assure that the staff member they wanted was assigned to their calls. This showed that a person's complaint was taken seriously and they were reassured and given an explanation of why a change had been made to the way their care was provided.

Staff supported people who were at the end of their lives so they remained comfortable, dignified and pain-free. They worked closely with district nurses and staff from a local hospice to ensure people's needs were met if they had reached the end of their lives. People's wishes for how they wanted to be cared for were in their end of life care plans so staff were aware of these. Staff welcomed and supported the relatives and friends of people at the end of their lives.

Is the service well-led?

Our findings

People told us the service was well managed and they were satisfied with the care and support provided. One person said, "I think the atmosphere here is happy and contented. The manager is extremely good. She is willing and happy to listen." Another person told us, "I've been here five years and it's been very good. The managers and carers are all very approachable" A relative commented, "Yes it is good. All the family are very happy with the place."

Staff said they liked working at the service because they were able to provide a high standard of care in a pleasant environment. One staff member said, "Staff are like a big family and we get lots of support. The residents are lovely as is the atmosphere. It's a good place to work." Staff said they supported people to live as independently as possible. One staff member told us, "No-one tells them [the people using the service] what to do and they can come and go as they like. But we make sure they're safe."

The registered manager told us the aim of the service was to promote people's independence while providing them with a high standard of care and support. People gave us many example of how staff supported them to remain independent. These included assisting them to cook, mobilise, wash and dress, get out and about, and socialise with others.

The service's governance framework ensured that regular audits were carried out to ensure good quality care was being provided. The registered manager, care manager, and a senior manager at provider level carried out monthly and quarterly audits. Record showed that following these audits managers took action based on their findings to improve the service where necessary. For example a full check of staff files had been carried out after an audit showed that not all staff had the correct documentation in place. The registered manager and care manager from Greenwich Gardens and other services run by the provider met on a monthly basis to share good practice and learn from accidents and incidents.

The registered manager sent out annual quality questionnaires to people. We looked at the results of the most recent survey carried out in October 2017. Thirteen people responded to the survey. The analysis of the survey results showed that the majority of respondents were satisfied with all aspects of the service. Some areas were mainly scored as 'excellent', for example staff attitudes and their ability to provide people with the care and support they needed. Some areas for improvement were identified and the registered manager included these in the service improvement action plan to ensure they were addressed. Managers also had six weekly quality meetings where they looked at complaints to see if there were any trends and action was taken as necessary to address these. This showed a commitment to continually improving the service

People also had the opportunity to share their views about the service at monthly residents meetings and weekly surgeries with the care manager. Minutes of the last residents meeting held in December 2017 showed that people were keep informed about changes at the service and given the opportunity to raise concerns and compliments and provide feedback on the service they received. The weekly surgeries enabled people to see the care manager on a one-to-one basis. Anonymised notes from a surgery held in January 2018 showed a wide range of issues discussed and the care manager taking on board people's proposals for improvement to the service. The care manager said these would be discussed at managers

meeting and, where appropriate, feed in to the service's improvement action plan.

Staff told us they felt well-supported and valued by the registered manager. One staff member said, "She is always there for us. If I feel unsure about anything she'll talk me through it." There was always a manager on call so staff could contact them at any time if they needed advice. Another staff member told us, "Management are really supportive. They listen and take action to make improvements if they are needed." Managers had introduced an 'employee of the month' scheme for staff who had excelled in their work to give them the recognition they deserved.

Staff told us they were given opportunities to share their views about the service. For example, the minutes of the most recent staff meeting, held in January 2018 and attended by 24 staff, showed that those present were given the opportunity to raise any concerns they might have so they could be addressed. A staff member said, "At a monthly staff meeting myself and some other carers spoke about our concerns over the length and number of calls to one resident. Management listened and looked into this and as a result there was an increase in call time." Another staff member told us, "We have monthly meetings and we feel comfortable giving our opinions." This showed that staff were listened to and managers took action to improve the service.

All managers and staff had two monthly supervision sessions to give them the opportunity to reflect on their work and identify any training needs they might have. The registered manager told us, "We have a culture of openness. Nothing is hidden – we tell all our staff that – and if mistakes have been made we put things right and learn from what has happened." The registered manager also said staff were well supported by the providers. She said the director of the company came to two staff meetings a year and the nominated individual attended senior management meetings. This meant the providers were aware of how the service was running and could offer support and advice when it was needed.

Changes and improvements to the service were communicated to staff via memos and during group and one-to-one meetings between staff and managers. Recent memos had been used to remind staff of good medicines recording practice, appropriate moving and handling techniques, and the importance of well-being checks. These issues were also discussed at the most recent staff meeting held in January 2018. This helped to ensure both managers and staff were involved in improving the service.

Staff at the service worked closely with the staff from the housing association that managed the apartments people lived in. The service and the housing association had adjacent offices and the managers met weekly to discuss any issues or concerns that had arisen. Care staff frequently passed messages to the housing association staff on behalf of people. For example, during our inspection one person said one of their lightbulbs needed replacing and staff immediately informed housing association staff of this. This joined-up way of working helped to ensure that people's care and accommodation needs were both met.

The registered manager understood their responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely way.