Housing & Care 21

Housing & Care 21 - Cambrian Green Court

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 15 and 17 November 2016. The service was last inspected in May 2013 and met the regulations we inspected against at that time.

Housing & Care 21 – Cambrian Green Court provides an 'extra care' service to people living in their own flats. There were 60 flats in the main building and 10 cottages set behind the flats. Extra care housing supports people to live as independently as possible, with the reassurance of onsite care support when needed. At the time of the inspection the service was supporting 37 people with personal care. Not everyone living at Cambrian Green Court required assistance with personal care, some had support with domestic duties such as cleaning and shopping. This did not fall within the scope of registration with the Care Quality Commission.

The building was owned by Housing & Care 21.The accommodation did not fall within the scope of registration with the Care Quality Commission.

A new manager had been appointed and was available during the inspection. The registered manager left in July 2016, and a new manager had been appointed. However they had resigned and left in October 2016. 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.

Staff had a good understanding of safeguarding and knew what to do if they were concerned about the welfare of people or an allegation of abuse had been made. Any safeguarding concerns were investigated with the outcomes fed back and practices changed if necessary in order to prevent reoccurrences. People had risk assessments to keep them safe whilst receiving personal care. This included environmental risk assessments. People told us they felt safe whilst being supported by staff. Staff were recruited in a safe and consistent manner.

Medicines were managed safely with people receiving their medicines appropriately. All records were complete and up to date with regular medicine audits being carried out. Where errors had taken place, appropriate action had been taken to protect people, including additional training and observations of staff practice.

There was sufficient staff to meet people's individual needs. People told us staff turned up on time and stayed for the full duration of the visit.

People had access to a range of health professionals when required. Some people looked after their own health care appointments. People's nutritional needs were being met. There was a communal dining facility on the premises that operated Monday to Friday which people could use if they wanted.

People had their needs assessed and clear plans of care were in place about how the person wanted to be supported. These were personalised and up to date. People were very much involved in their care. There was an emphasis on encouraging people to be independent as possible enabling them to live independently in their own flats.

Staff were consistently caring and supportive and demonstrated a good understanding of their roles in supporting people. Staff received training and support that was relevant to their roles and the people they supported.

People told us they knew how to make a complaint and would feel comfortable in doing so. They confirmed they had no complaints about the care they received. People's views were sought periodically through care reviews and surveys. The management team regularly visited people to check if people were happy with the service being provided.

People were provided with a safe, effective, caring and responsive service that was well led. The registered provider was aware of the importance of reviewing the quality of the service and was aware of the improvements that were needed to enhance the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe. Recruitment procedures were robust to ensure people were supported by staff that had the right skills and were suitable to work in care.

There were sufficient staff to meet people's needs. Visits to people were planned and carried out in accordance with people's assessed and planned needs. Staff were always available in the event of an emergency.

Risks were clearly identified and monitored to ensure people were safe enabling them to live independently in their own homes. People received their medicines safely with checks in place to minimise errors.

People were protected against the risks in respect of cross infection.

Is the service effective?

Good

The service was effective.

People received an effective service because staff provided support which met their individual needs. Care was tailored to the person.

People's nutritional needs were being met. People had access to health care professionals and were supported by staff to make appointments where necessary.

People were involved in making decisions and staff knew how to protect people's rights.

People were supported by staff who were knowledgeable about their care needs. Staff were trained and supported in their roles.

Is the service caring?

Outstanding

The service was caring.

People were supported by staff who understood the values of caring. There was a culture of individualised care with staff going the extra mile to achieve this.

People who used the service valued the relationships they had with the staff. They expressed satisfaction with the care they received. Care was tailored to the person and reflected what they person wanted and needed.

People were treated with kindness and compassion. Staff went the extra mile to support people in an individualised way. This included helping people to look after their pets.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's care needs. Care plans clearly described how people should be supported. People were involved in developing and reviewing their plans enabling them to live independently in their own flats.

People were supported to make choices and had control of their lives.

People told us they knew how to raise concerns if they were unhappy but had no complaints about the care they received.

Is the service well-led?

Good

The service was well led. Staff and people spoke positively about the recent change in management. The new manager was aware of their responsibility to register with us.

Staff felt very supported and worked well as a team. Staff were clear on their roles and the aims and objectives of the service and supported people in an individualised way.

People, their relatives and staff spoke positively about the leadership of the service and felt listened too.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service, their relatives and staff. Action had been identified to address shortfalls and areas for improvement.

Housing & Care 21 - Cambrian Green 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 was 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 15 and 17 November 2016 and was announced. We gave the service short notice of our visit to the office, because we wanted to make sure the people we needed to speak with were available. The inspection was carried out by two adult social care inspectors on the first day and one inspector on the second day. The last inspection to the service was in May 2013 where we found the service was complaint.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We also spoke with the local authority commissioners for the service. We spoke with five people who used the service and two visiting relatives. We also spoke with the manager, the care team leader, two senior carers and three care staff. Their comments are included in the main body of our report.

We looked at the care records for five people who used the service and other associated documentation. We also looked at records relating to the running of the service. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff and

recruitment records for three staff.

Good

Is the service safe?

Our findings

People told us they felt safe when receiving care and support from staff. People told us they knew if they had an accident or there was an emergency the staff would respond promptly. People had access to a pendant which they could either wear around their neck or on their wrist which enabled them to alert staff if there was an emergency. Nominated staff had a telephone device that received the alert. People confirmed when they had raised an alert through their pendant, the staff had responded promptly to assist them. There was also an intercom in people's flats linked with the telephone device. This would alert staff and enable them to speak with the person to ascertain if there were any concerns and to offer assistance where required. Staff were available in emergencies 24 hours a day, seven days a week.

There was a door entry system that afforded people some security in respect of access to the building. One person told us, "I do feel safe here, the building is secure. I always make sure my front door is locked at night." The manager told us if the security of the building was compromised they can change the codes to afford people 'peace of mind'.

Risk assessments were in place to keep people safe. Staff described how they kept people safe without restricting them and allowed them to have control over their life. Each person had clear risk assessments that described their support needs and staffing that should be in place. Some of the risk assessments were generic such as completing household chores and infection control. There was a lone working policy for staff.

It was noted that the risk assessment in respect of falls asked questions but provided no guidance or information about the level of risk. The document sign posted staff to other professionals but there was no guidance when this was to be completed. The manager told us they would always speak with the person's GP or the district nurses and ask for referrals to the falls clinic where they were concerned about a person's frequency of falls. The manager told us they were aware of the shortfall of the documentation and had raised this with a senior manager who were in the process of reviewing and updating the documentation in respect of falls.

Some people required assistance with their medicines. This was clearly recorded in the person's care plan along with a risk assessment and consent form in relation to staff providing assistance in this area. Medicine administration records (MAR) had been completed appropriately to show where people had taken medicines or declined them.

There had been six medication errors in the last six months. These had been investigated and followed up with the staff involved. Appropriate action had been taken including contacting the GP or the 111 service at the time of the error. Weekly checks were completed on the medicine administration records to ensure these had been signed and that there were no errors in recording. Staff had received annual training in the safe administration of medicines and their competence checked three monthly. Staff confirmed their role if they noticed that medicines had not been given or signed for which included reporting to the office staff. This meant prompt action could be taken if an error was spotted and safeguarded people using the service.

People told us staff delivered care in accordance with their care plans and this included shopping trips. Staff confirmed they undertook shopping for people who used the service and told us of the safeguards that were in place. Records were completed of all financial transactions which were signed by the person and the staff member. These were checked regularly by the manager and the care team leader. Financial risk assessments were in place when needed.

Where people had been involved in an incident or an accident, for example a fall, the staff recorded the cause, any injuries and the immediate actions or treatment. The records were checked by the manager after the accident or incident who then assessed if any investigation was required and who needed to be notified. The reports included what action had been taken to address any further risks to people. Records confirmed that information was shared with the person's relative where relevant.

Staff confirmed they knew what to do in the event of an allegation of abuse being made. All staff completed safeguarding training annually which included completing a knowledge test. Staff were aware of the reporting process for allegations of abuse. There were policies and procedures to guide the staff on what to do if an allegation of abuse was made. The contact details for the local authority's safeguarding team was clearly displayed on a notice board in the lobby area and on the office notice board. This meant people using the service and staff had access to this information. The manager had raised alerts promptly and put suitable safeguards in place to protect people. These were in the main about medication errors.

Staff told us they had access to equipment they needed to prevent and control infection. They said this included protective gloves and aprons. Spot checks were carried out to observe whether staff were following the correct infection control procedures. The provider had an infection prevention and control policy.

People were cared for by suitable numbers of staff. Staffing was planned in conjunction with the local placing authority and local commissioners of services who prescribed the hours of support each person required, based on their individual care and support needs. A commissioner is a person or organisation that plans the services that are needed by the people who live in the area the organisation covers, and ensures that services are available. Sometimes the commissioners are the people who pay for the service, but not always.

There were usually seven staff working in the morning, two in the afternoon and four in evening and two staff working at night. The manager was able to demonstrate how the staffing was kept under review to meet people's ongoing and changing needs. Where two staff were required to assist people with moving and handling or they were particular unsteady on their feet this was built into the rota. Rotas were planned on a two week rotational basis. People told us they always received the care they should which further indicated there was sufficient staffing. Staff told us with the recruitment of the new staff, the staffing levels had improved. The manager told us that during the summer there were a number of staff vacancies and whilst this had not impacted on the delivery of care it meant the staff had increased workloads.

The building complex was owned and managed by the care provider Housing & Care 21. People had a tenancy agreement for their accommodation and separate contracts for their care. Each person had their own flat, with their own front door. Cleaning staff were employed to clean the communal areas. People told us the complex was always clean and well maintained. Some people received support with the cleaning of their flats and no personal care. This activity did not fall within the scope of registration.

There were safe recruitment and selection processes in place to protect people receiving a service. We looked at three staff files to check the appropriate checks had been carried out before they worked with people. Records showed that references had been obtained and a check made with the Disclosure and

Barring Service (DBS) before new staff started working. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults. Staff completed a knowledge test as part of the interview process to ensure they had the competence to complete the role.

Good

Is the service effective?

Our findings

People told us they liked and had the confidence in the staff that supported them. One person said, "The staff are wonderful, and very caring of me". People received the support they needed to enable them to continue to live independently in their own flats. Relatives said they could not fault the service and had the confidence in all the staff to provide good care. This gave both the person and their relatives comfort knowing they were supported by staff that had the skills to respond to their needs.

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.

We checked whether the service was working within the principles of the MCA. The manager and the care team manager had completed training in the Mental Capacity Act 2005 and understood the importance of this legislation in protecting people who lacked capacity. Other staff we spoke with had an understanding of people's rights to make decisions for themselves and the role of their relatives or other professionals if they were unable to do so. Staff told us they would speak with a senior member of staff or the manager if there were any concerns about the person's ability to make a decision. Care plans contained assessments of people's capacity where required. We found where people did not have the capacity to consent to or make decisions about their own care; decisions were made in line with the MCA and were made in people's best interests.

Staff confirmed they always asked people for their permission prior to any care being given. This included asking them what they would like support with. A member of staff told us they would accept when a person refused care as that was their right. However, they also acknowledged they had a duty of care and would check this out with senior management especially if this was happening on a regular basis.

We saw people had signed a document about Data Protection (1988). The date of the legislation should read 1998. There was a section for the person to delete whether they gave Housing & Care 21 permission to share personal information and whether information could be held on the computer. The section had not been deleted in all cases to let staff know they did give or did not give permission. This meant they could not be assured they were upholding a person's rights in relation to personal information. This document also asked the person to confirm they had been involved in the development of their support plan. There was no evidence this form had been kept under review for some people each time the care plan had been updated. Therefore it was not a document that was reviewed to demonstrate people were fully involved in decisions or changes relating to their care. The manager told us this was meant to be reviewed annually or as people's needs changed and this would be addressed.

There was a communal dining facility that some people choose to use at lunchtime. These meals were provided at an additional cost (payable to the council) which people could choose if they did not want to

prepare food in their own flats. The manager told us the service operated five days a week Monday to Friday. They were exploring whether this could be a seven day a week service. There were also exploring options for the Christmas period and they were liaising with a local pub to see if Christmas meals could be delivered to people if they wanted.

Some people had their meals delivered from the dining area to their flat. People confirmed they had support with preparing meals where required. Care plans included the support people required. Where people were at risk of malnutrition this was monitored and advice taken from professionals. Food and fluid charts were put in place to enable staff to monitor this.

Some people were able to manage their own health care, and for others their relatives supported them with this. For example, accessing the doctor's surgery, the dentist or attending outpatient appointments. Staff told us if people needed help to make contact with their GP they would provide this. Office staff were observed contacting the surgery to make an appointment for one person and liaising with the community matron about concerns of another. People were observed coming to the office to provide updates in respect of healthcare appointments. For example, one person's medicines had changed as a consequent of a visit to the GP. Staff responded promptly and went with the person back to their flat to update their medicine administration record. This ensured the staff had the correct information to support the person effectively.

Staff were positive about the training and support they received. A member of staff who recently had been recruited told us their induction was good and prepared them well for their role. They told us they had completed lots of courses before they started supporting people. New staff were given the opportunity to shadow more experienced members of staff. This enabled them to understand the role before beginning to work alone. As part of the induction staff were expected to complete the Care Certificate. The Care Certificate is an induction programme for care staff, which was introduced in April 2015 for all care providers.

Staff received training so they knew how to support people in a safe and effective way. Staff felt they were provided with appropriate training. They told us their training needs were discussed during their individual supervision meetings with their line manager. Staff told us their line manager would tell them when training was required to be completed. There was a tracker used to monitor the training of staff. This alerted the manager to when staff required updates.

Staff confirmed they received regular supervision with their line manager. Supervision meetings are where an individual employee meets with their manager to review their performance and discuss any concerns they may have about their work. Records of staff supervision showed this process had been used to identify areas where staff performance needed to improve, with targets for improvement agreed with staff. In addition spot checks were completed where a senior manager would observe the practice of the member of staff. There was a tracker in place to enable the manager and senior management to monitor the frequency.

Outstanding ☆

Is the service caring?

Our findings

People spoke extremely positively about the approach of staff telling us they felt well supported and all the staff were caring. One person told us, "All the staff come into my home with a smile, it is lovely". People told us they looked forward to their visits and felt all the staff were caring. Other comments included, "Excellent staff, very respectful", "Staff don't talk about other people, they are genuine and take an interest in me", "All the staff are friendly and professional" and "I love living here, have got used to all the carers. I have a laugh, a joke and talk about general life".

Staff went the extra mile in supporting people. Some people had brought their pets with them when they had moved to Cambrian Green Court and needed assistance for example, with walking the dog or feeding the cat. This was very much part of the person's care and support package. Staff would regularly walk a person's dog and this formed part of their daily duties. A member of staff said if a person was unwell or unable to care for their pet then staff would assist in this area.

Another example, was how staff and people completed fund raising events with themed 'bake offs'. Some of the money had been given to a local charity and some had gone to a social fund for the service to enable people to go on day trips. The manager told us most of the staff had taken part in baking cakes with staff attending the event on their day off.

Another example of the staff going the extra mile in meeting people's needs was a monthly take away night. One person told us the staff had arranged a monthly 'take away night' of fish and chips. They said the staff had liaised with a local chip shop to organise a delivery. The care staff then distributed this to people. They told us nothing was too much trouble and they really looked forward to this. The manager told us they were exploring options for a mobile shop to visit the service which would sell fresh vegetables.

We looked at the compliments the service had received and saw one had been received from a local school praising a member of staff for going over and above the call of duty. A member of the teaching staff had found a very confused older person wandering the local area. They assumed the person had lived at Cambrian Green Court so took the person there. The care team manager made contact with various agencies to establish the address of the person. This included speaking with the person's GP. The staff from the school praised the skilful approach of the member of staff in calming the person down as they were very disorientated and confused. They said the member of staff was extremely kind and very supportive to the person. The person was assisted back to their place of residence but the staff had also shared their concerns with the GP about the person's vulnerability.

There was a further compliment received from a person living in Cambrian Green Court when staff went out of their way to locate a missing Zimmer frame. And another relative had praised staff stating "Cannot thank you enough for the care, thought and laughter you gave every day".

People told us their privacy was respected and their dignity was promoted by the care staff. People gave us examples of how staff promoted privacy and dignity. They told us how staff knocked and called out before

entering flats and how they were supported to shower in a dignified way. One person told us when they were assisted with personal care, the staff always allowed them some private time and remained outside the bathroom. Another person told us the staff always ensured they were 'covered up' when going from their flat to the assisted bathroom. Relatives confirmed the staff were always polite and respectful to people.

Staff described how they involved people in making decisions about their care and treatment when they visited and they never assumed what the person wanted doing. People told us the care staff always asked if there was anything else they needed doing such as emptying bins or offering to make a drink for them. People told us when staff assisted them in their bathroom or in the kitchen they always ensured it was tidy before they left. This showed staff were respectful of people's property. Other comments included, "The staff know what my needs are, as they read my 'bible' (care plan) and talk to me", "They do what they are supposed to do, and do it in a loving way" and "Nothing is too much trouble, all the carers are lovely".

Staff told us people received the care they required at the time that suited them. This was confirmed in conversations with people. People were asked what time they would like to be supported with their personal care before they started receiving a service. Staff told us some people liked to be assisted early in the morning before 0700 hours and others liked to be assisted to bed after 10 pm and people's preferences were generally accommodated. Staff told us this was kept under review and people could always make changes to the times in consultation with the management of the service. The visit times and frequency were clearly recorded in people's care plans. One person had requested an earlier shower during the inspection and the staff were trying to accommodate this on the rota. This person had only been using the service for a short while and it was evident the staff were continually reviewing both the care and the timings to ensure they were appropriate for the person. This was because the person was usually dressed when they arrived and it was felt an earlier call would benefit the person. These discussions involved both the person and their relatives.

The manager told us when new people moved to Cambrian Green Court they would be supported by one or two staff to offer some continuity and enable the person to get to know the staff and for the staff to get to know the person. This was confirmed on the rota for the newest person to have moved to the service. One person who had lived in Cambrian Green Court for four years told us they had quite a few different staff supporting them, but they said this did not bother them because "All the staff are really good you cannot fault any of them". They told us they looked forward to their visits and extra visits had been arranged for them as they liked the company of staff. They told us the extra visits had helped in reducing their feelings of isolation.

Some people were identified as being at risk of isolation and may need some assistance to participate in the activities that were organised in the communal areas. We saw in one person's daily records the staff were regularly supporting the person to attend a friendship group and other activities. Staff understood and showed empathy in respect of people feeling lonely or isolated and tried to reduce these feelings for people. One person told us the staff were their friends and they really looked forward to their visits.

People told us they had been involved in the planning of their care. Care records showed people and their relatives were involved in care plan reviews as well as their social worker and staff from the agency. There was a tracker in place to ensure care reviews were completed annually. This showed the staff were being proactive in keeping the care plans under review and involving the appropriate people.

Care plans reflected what people could do for themselves and where they needed support. Staff said it was always important to encourage people to be independent where they were able to do things for themselves. There was strong emphasis that the service was about encouraging people to be independent as they were

able, enabling them to continue to live in their own flats.

Advocacy services were available for people. There were leaflets to tell people about how to access advocacy services and information about Age Concern. These were available in the main lobby area.

Good

Is the service responsive?

Our findings

People told us they were receiving a service that was responsive to their needs. People told us the staff always completed what was in their care plan. People told us the staff always stayed the full time and visits were never missed. Where staff were running behind contact was made with the person to explain.

People we spoke with confirmed staff completed all the care and support they required. They told us the staff always ask if there was anything else they needed to be done before leaving. People told us if there was any time left after completing personal care the staff always asked if there was anything else they could do for them such as making a drink or emptying the bins. One person said, "The staff sometimes just sit and talk with me when they finish, I look forward to my visits from all the staff".

The manager told us either they, or the care team manager would assess people prior to a service being agreed. This included speaking with the person to find out what their wishes were, along with talking with relatives and other professionals involved in the care of the person. Care plans were obtained from social workers and other commissioners of the service. These clearly described the individual support package in relation to how a person wanted to be supported, the hours required and the frequency. This was then transferred to the organisation's care planning documentation. The manager told us they would not agree to support people unless there were sufficient numbers of staff to respond to the person's care needs. This included any training required to support the person safely enabling them to respond effectively to meeting their needs.

The assessment also included gathering information about people's communication needs, finances, daily living skills, medicines and the person's social interests and aspirations. The assessment also included details of people's likes and dislikes and life histories and who was important to the person. The manager told us they were in the process of expanding the information in people's pen portraits as it was recognised for some people these were short in detail. This was important so staff could get to know the person especially if someone was living with dementia.

People were reassessed after a hospital stay. This ensured the service could continue to meet the person's needs effectively. The care team manager told us on occasions other care agencies were involved to support people back to their own homes. For example, some people used the services of the rehabilitation team after a long stay in hospital. The care team manager said it was important to work closely to ensure a smooth transition for the person enabling them to continue to live at Cambrian Green Court.

The service was extremely responsive to people's needs. For example, people were observed coming into the office to request changes to times, discuss their welfare or health issues. Staff were observed responding promptly to each person's needs. For example, one person requested assistance to be brought down from their flat to wait for hospital transport. Staff were delegated to complete this. Another person had fallen and staff were allocated to stay with the person. Senior management also completed welfare checks to ensure the person was as comfortable as possible and to check the staff were confident in waiting for the paramedics. A member of staff stayed with the person until the ambulance crew had arrived. This was to

monitor the well-being of the person and provide reassurance to the person that had fallen and their partner. Staff told us there was always some flexibility to stay with people or increase calls when a person was unwell or an accident had occurred.

People told us that when they were unwell, staff would check on them periodically throughout the day. The manager told us when staff had free time some welfare checks were completed if people were known to be unwell.

There were three levels of banding for care and there was some scope for the manager to increase hours if required. Where the person went from a low to medium or medium to high banding then a reassessment was required involving the person's social worker. The manager told us this had recently changed and within each banding there was a further breakdown of hours.

People had a file in their own home containing information about the agency, their care plan and any associated risk assessments. There was also an office file containing the same information. Care plans were reviewed on a regular basis, as well as when people's needs changed. Care plans generally were up to date and reflected the needs of each individual person. Where we identified a minor area such as the person now used a key safe. This was updated during the inspection. The manager told us they were planning to review all care documentation to ensure all information had been updated and the appropriate documentation was in place. This process had begun.

A member of staff told us they read the care plan on each visit to be assured they were aware of any changes to the person's care. They also told us the communication between staff was excellent and daily handovers were a good opportunity to discuss any changing needs. There was also a handover record book where staff would redirect other staff to look at a person's care plan where changes had been made.

Written and verbal handovers took place at the start and end of each shift where information about people's welfare was discussed where relevant. Throughout the inspection staff were observed sharing important information about the people that they had either visited or were planning to visit. Staff also completed a daily record of care delivery. Where people were able to, they had countersigned this alongside the staff to agree that what was written was a true reflection of the visit. The daily record included the start and end time of the visit, the name of the staff responsible for the visit and what care and support was given. The records were clear and reflected what was detailed in the person's care plan.

People had a keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included reviewing care documentation and spending time with the person to ensure the care was suitable. People confirmed they knew who their key worker was.

People told us there was a real community feeling at Cambrian Green Court. There were activities taking place on a regular basis that people could choose to participate in if they wanted to. These were either arranged by the staff from Housing & Care 21 or the tenants themselves. Activities included bingo, coffee mornings, and friendship groups, trips to places of interest and musical events. Staff confirmed where people needed assistance to access the activities this was supported. There was also a hairdresser on site for people to access if they wanted. On the day of the inspection there was also a visiting chiropodist who had set up a clinic in a private room on the ground floor.

The staff brought the community to Cambrian Green Court. It was recognised that some people could not go out to look at mobility aids and the manager had arranged for a representative to come to Cambrian Court Green to meet with the residents as a group or individually. The manager told us a local clothing shop

had also come to Cambrian Court Green so people could purchase items from the comfort of their own home. The manager told us they were trying to arrange an organisation called Zoo lab that enables people to handle animals as people had expressed an interest in this area. It was evident the service was responsive to people's requests.

People we spoke with said they knew how to complain. People spoke positively about the service and said they had no cause to complain. One person told us they would have no hesitation in going to speak with the office staff or the care staff if they had any concerns and would know these would be handled appropriately. A recent survey provided further evidence that everyone was aware of how to raise concerns.

A clear complaints policy was in place. This included arrangements for responding to complaints within clear timescales. Information about how to raise a concern or make a compliment was included in the care file kept in each person's flat. This included the contact details for the registered provider. Where complaints had been made we saw clear outcomes were recorded to ensure improvement of the service. These had been fully investigated with feedback given to the complainant.

There were regular meetings with people. People confirmed this was an opportunity to discuss any concerns or make suggestions. Minutes of these meetings were sent to all tenants and copies were held in the office and displayed on a notice board in the main lobby. One person told us they were going to see if some information could be shared such as when a person was in hospital or had died. They were aware that staff had a responsibility to ensure confidential information was not shared but said it would be nice to send a 'get well' or 'condolence card'.

Good

Is the service well-led?

Our findings

The registered manager left in June 2016. With a new manager starting in July 2016. This manager left on the 18 October 2016 before they could be registered with us. This manager had been supported by the manager of another service who had previously worked as the care team manager at Cambrian Green Court. This manager was supporting the service and had been successfully appointed as the manager of the housing and care and support at Cambrian Green Court. They were aware they needed to submit an application to register with us to become the registered manager. We received their application on the 22 November 2016. The manager was part of a number of networks that they told us were very useful in keeping themselves and staff up to date. This included a forum for registered managers, and a care provider forum organised by the local Council. They were also in the process of completing a Diploma in leadership.

People and staff spoke positively about the newly appointed manager telling us she was approachable and would respond to any concerns promptly. One person was very pleased with the appointment of the new manager telling us, "She is great and has real people skills". They told us, "Nothing would be left on the top shelve and things would always be sorted". A member of staff told us, both the new manager and the care team manager were approachable and would always be willing to help them if needed. They told us they did not know the previous manager who had recently left, as they spent much of their time in the office and had not been there long enough.

We saw the manager had a visible presence within the service and was readily accessible. The manager clearly knew the people using the service, relatives and staff well. They actively engaged with people or their relatives when they came into the office or in passing through corridors. Staff and relatives expressed their confidence in the management of the service with the appointment of the new manager. One person said, "I want to dance and sing I am very happy with the appointment of X (manager's name)".

Staff told us they enjoyed coming to work; they spoke highly of their colleagues in 'all pulling together' to support people. Staff told us they knew that if they needed assistance to support someone this was always accommodated. Staff gave lots of examples where the care team manager would assist and complete welfare checks if people were unwell. The care team manager said they regularly visited people to make sure they were happy with the services being provided. This was observed during the inspection when anything came to the office's attention that someone was unwell or feeling a little bit down then either the care team manager or the senior carer responded. Two staff had completed their planned duties and they were observed coming to the office to check if anything else required to be done. The care team manager suggested some welfare checks were completed. It was evident staff worked well as a team. A new member of staff told us all the staff had been supportive and she felt confident to ask questions of any of the team, the care team manager or the manager.

The office was open plan with the manager working alongside the care team manager and the senior care staff. There was a professional atmosphere that was calm and friendly. The management team were knowledgeable about the people they were supporting. In addition to the open office there was a lounge area that staff could use to hold meetings and enable private and confidential matters to be discussed.

When there were no staff in the office it was securely locked and access was via a key code. All staff had access to the office at all times enabling them access to care records, IT equipment, telephones and the policies and procedures. Records were held securely in locked cabinets. There was also a staff room available to staff to store their belongings.

Staff told us they had regular meetings where they had the opportunity to give their views about the service. During the inspection we viewed minutes from staff meetings. We saw areas discussed included changes in procedures, records, expectations of the care staff, updates on recruitment of new staff and any issues within the service. The manager told us they were increasing the frequency to monthly rather than 3 monthly due to the management changes which they hoped would offer the staff team some stability and a forum to raise concerns.

We were shown evidence of the most recent satisfaction survey which was being carried out at the time of the inspection. This was a survey of people who used the service and their relatives. The returned survey feedback indicated a positive view was held by these people about the services provided to them. An analysis of the results was being completed. Where improvements or concerns were being raised the feedback would be used to make improvements. This ensured that feedback was used to improve practice and the overall service provided.

There were various checks completed by the manager and the staff. This included checks on care records, daily records, training, supervision, medicines, health and safety, recruitment information and moving and handling equipment. A tracker was in place that could be shared with the senior management team on progress of these checks. In addition a senior manager visited the service every six weeks to meet with the manager and check on the quality of the service. A senior manager visited the service every six weeks to complete an audit and meet with the manager. From these visits action plans were developed to improve the service.

The provider's internal audit was undertaken yearly to check the manager had completed quality checks required by the provider. This was completed by the Housing & Care 21 internal audit team. These linked with the way the CQC inspected services looking at whether the service was safe, effective, caring, responsive and well led. This had been completed in November 2015 and the service had been awarded a rating of good. This meant the service was complaint with quality processes and internal policies and procedures. There were seven recommendations, three were of high priority. The manager showed us the action they had taken to address these, such as ensuring staff had regular supervisions and people's pen portraits and risk assessments updated and their views sought through local surveys. There was a recommendation for the manager to sign of the each members of staff's supervision and to make comments where required. This had not been implemented as the service has not had a registered manager since July 2016. However, the manager had implemented this in the other service they had worked in. They told us this this would be addressed.

Whilst the staff were responsive to people's changing needs the manager told us this had to be monitored with regular reports on care hours being submitted to the local council. This ensured people received the hours of support they were entitled to and where needs had changed these could be highlighted to the funding authority. We spoke to commissioners of the service who said they had no concerns in respect of the management and care delivery. They found when they visited people and their relatives had spoken highly about the care and support they were receiving. They confirmed quarterly meetings were organised with the manager to discuss the quality of the service from a commissioning point of view. They said they were monitoring the medicine errors to ensure safeguards were in place.

The service had policies and procedures in place which covered all aspects relevant to operating a care service including the employment of staff. The policies and procedures were comprehensive and had been updated when legislation changed. Staff told us, policies and procedures were available for them to read and they were expected to read them as part of their induction and when any had been updated. Staff were expected to sign when they had read the policy.

An open and transparent culture was promoted. Complaints showed that where things had gone wrong, the organisation acknowledged these and put things right. For example, making sure people or their relatives had given feedback about their complaints including an apology.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affected the well-being of a person or affected the whole service. There was a lessons learnt log which included any accidents, incidents or complaints. The manager told us this had been introduced in August 2016 in response to the internal quality audit. There was evidence that learning was taking place to prevent further occurrence, which included looking to see if there were any themes.

The organisation had a 'Duty of Candour' policy which clearly described the staff's responsibility in being open and transparent and informing appropriate people when an accident or incident had occurred. This had been recently discussed at a team meeting. Staff had signed to confirm they had read and understood the policy.