

# Notting Hill Genesis Turnberry Court

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Turnberry Court is an extra-care sheltered housing service providing personal care and support to people living in their own flats. It provides a service to adults with a range of needs, such as dementia and those with a learning disability. The service provides 38 one-bedroom and two two-bedroom flats. There were 33 people receiving personal care at the time of our inspection, one of whom was in hospital.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Risks to people's safety and wellbeing were not always appropriately assessed and mitigated. There were systems for monitoring the quality of the service, gathering feedback from others and making continuous improvements, however, these had not identified the concerns we found during our inspection.

Staff were responsive to people's individual needs and knew them well. They ensured that each person felt included and valued as an individual. People were supported to remain as independent as they could and were encouraged to engage in activities organised at the service. They were consulted in all aspects of their care and support and were listened to.

People who used the service and their relatives were happy with the service they received. Their needs were met in a personalised way and they had been involved in planning and reviewing their care. People said the staff were kind, caring and respectful and they had developed good relationships with them.

The provider worked closely with other professionals to make sure people had access to health care services. People received their medicines safely and as prescribed. People's nutritional needs were assessed and met.

People's needs were assessed before they started using the service and care plans were developed from initial assessments. People and those important to them were involved in reviewing care plans. There were systems for monitoring the quality of the service, gathering feedback from others and making continuous improvements.

Staff were happy and felt well supported. They enjoyed their work and spoke positively about the people they cared for. They received the training, support and information they needed to provide effective care. The provider had robust procedures for recruiting and inducting staff to help ensure only suitable staff were employed.

The service has been developed and designed in line with the principles and values that underpin

Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

#### Rating at last inspection

The last rating for this service was outstanding (published 3 February 2017). Since this rating was awarded the registered provider of the service has altered its legal entity. This was the first inspection since registration.

#### Why we inspected

This was a planned inspection based on the provider's new registration.

We have found evidence that the provider needs to make improvements. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Turnberry Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified a breach in relation to the health, safety and welfare of people at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Turnberry Court

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the compliance manager, the regional business manager, the nominated individual (The nominated individual is responsible for supervising the management of the service on behalf of the provider), the registered manager, the support assistant, the supported housing officer and care workers. We also spoke with a healthcare professional who was visiting people on the day of our inspection.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

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

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered provider. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People's records contained risk assessments of each person's personal environment, and individual risks they might be exposed to such as risk of falls, smoking and behaviour that challenges. However, not all risks people faced had been assessed and mitigated.
- For example, there was a 'risk assessment form' in the care plan of a person living with diabetes. This was confusing and did not address what the risk was and how staff would recognise signs of the person becoming unwell. The form contained a list of tasks in relation to the condition such as the person's eating pattern, if they had insulin and if the district nurse visited. One 'task' stated, 'Limit sugar and sweets'. The staff's comment stated, 'gone off sweets at the moment'. However, there was no explanation about the effect sweets might have on the condition.
- Another section of the risk assessment listed signs for low blood pressure, such as feeling shaky or weak, fatigue, irritability, feeling anxious or sweating. The form indicated a 'yes' for most of these. The action box stated for staff to call 999 immediately if they noticed any of the symptoms. We discussed this with the registered manager and senior staff member, who acknowledged this would possibly confuse staff. They added they would expect staff to seek advice and report these symptoms but would review the document to make this clearer.
- One person's healthcare needs meant they were often spending time in hospital. We saw their support plan was reviewed and updated when they recently came back from hospital on 28 August. The diabetic risk assessment had been reviewed but did not specify that the person was only self-administering their insulin and not the rest of their medicines. The provider later explained that the diabetic risk assessment only referred to diabetic medicines. However, this could have been made clearer in the assessment.
- The registered manager told us one person was at risk of choking because they liked to eat lying down. They added that staff had been told to support the person with eating safely by ensuring they were sitting up. However, there was no risk assessment in place and we were not shown evidence that this had been discussed with healthcare professionals. We discussed these concerns with the registered manager who assured us they would make immediate improvements.

The provider had not robustly assessed all the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider sent us evidence they had made improvements and were taking

appropriate steps to address the concerns we identified. They also sent us evidence that the issues in relation to the person at risk of choking had been discussed with a range of healthcare professionals.

#### Using medicines safely

- Overall, people received their medicines safely and as prescribed. However, when we checked the boxed medicines for one person, we found there were two tablets too many. We raised this with the registered manager who assured us the person was fully aware of the medicines they took each day and would have said something if they had not been given these.
- Following the inspection, they sent us a statement from the person telling us they had received their medicines as prescribed. The registered manager told us the two tablets had been brought forward from the previous medicines cycle, but this had not been recorded. They assured us they would take action to prevent this happening in the future.
- Medicines were stored securely in a locked cabinet in a locked room. However, we saw staff did not keep a check on the temperature of the room. We raised this with the registered manager who immediately took action and put a thermometer in the room. They told us they would keep a record of this going forward. Medicines administration records (MAR) charts were clear and completed correctly with staff signatures, or, where appropriate, codes for refusals or omissions. We checked the medicines and records for 12 people and found these to be correct.
- There were procedures for the safe handling of medicines. All staff had received training in these and the registered manager regularly assessed their skills and competencies to manage medicines in a safe way. The registered manager undertook regular medicines audits to check medicines were handled safely and people received these as prescribed. The pharmacy provider undertook training for staff in house as needed.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Turnberry Court. Their comments included, "Yes, I am very happy" and "Oh yeah, great bunch of carers." A healthcare professional echoed this and told us people were happy and safe and they had "no concerns."
- The provider had a safeguarding policy and procedure, and staff were aware of these. One staff member told us, "If I saw something wrong, I would always report it to the manager." The registered manager referred concerns to the local authority as needed and worked with them to investigate safeguarding concerns. There were no safeguarding concerns at the time of our inspection.
- The compliance manager led on safeguarding and provided training for staff as needed. This helped ensure all staff were suitably qualified to recognise signs of abuse and protect people from harm.

#### Staffing and recruitment

- There was enough staff employed to meet the needs of people who used the service. Staffing levels depended on people's care packages and was decreased or increased accordingly. For example, two people were in hospital therefore staffing levels were reduced in line with this. The provider employed a pool of bank staff who were available at short notice. The registered manager told us they required the use of agency staff at times but ensured these were regular staff who knew people well, so that they could ensure consistency of care.
- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. New staff underwent training and were assessed as part of an induction, before they were able to work independently.

#### Preventing and controlling infection

- People were protected from the risk of infection and cross contamination. The communal areas were clean, tidy and hygienic. People who used the service had their own package of care, which included



assistance with cleaning.

- Staff received training in infection control and were provided with personal protective equipment such as gloves and aprons. Toilets were equipped with liquid soap and hand towels and this was replenished as needed.

Learning lessons when things go wrong

- There was a policy and procedures for the recording and management of incidents and accidents. These were recorded and included a description of the incident or accident, time and date and what action was taken to prevent reoccurrence.
- The registered manager told us lessons were learned when things went wrong. They said they worked closely with senior managers and staff to help embed learning. The regional business manager told us, "It's important to understand what happened and what we have learned from things. I go around and get to know people and staff. They know who I am. [The compliance manager] also lets me know if there is anything I need to look at and address."
- Staff told us they felt involved in discussions about lessons learned. One staff member stated, "We rectify our mistakes between us. It's a learning curve every day."

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager assessed people's needs prior to them moving in to the service. Initial assessments were detailed and included all aspects of people's care according to their choices and wishes. These were used to write people's care and support plans.
- Most people were referred by the local authority, who provided a detailed written assessment of the person. The registered manager told us, "Two of us always go and assess the person. That way, we can assess their most recent needs and ensure we can meet these."

Staff support: induction, training, skills and experience

- People received care and support from staff who had the relevant knowledge and skills. One person told us, "Yes, the staff training here is very good." We viewed the training matrix which showed all staff received training in courses the provider identified as mandatory, such as safeguarding, health and safety, moving and handling and medicines. Staff also received training in subjects specific to the people who used the service, such as dementia, diabetes, mental health and learning disabilities. We saw when training was due, this was identified in red and action was taken to ensure staff received this without delay.
- Staff we spoke with told us they felt supported and were happy with the training they received. Their comments included, "I love the training. We get a lot of training all the time" and "They trained me in everything. Safeguarding, medication, personal care, person-centred care."
- Staff received a full-time two-week induction before they were able to deliver care and support to people who used the service. Induction included fire safety procedures, health and safety regulations, infection control and safeguarding adults. New staff were supported to undertake the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.

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

- People told us they enjoyed the food on offer. The provider had appointed a contractor to provide a cooked lunch each day in the communal dining room. The registered manager told us people had breakfast and supper in their flats and were supported by staff where necessary.
- The registered manager told us people's likes and dislikes were considered and menus were decided in line with these. They said, "We invite the catering company to some of our customer meetings, so people say what they like and don't like. There are always alternatives in they don't like what is on offer. There are always several choices."
- People's cultural and dietary needs were recorded in their care plans, and respected. One person chose to

have their meals provided externally and another required a lighter diet for health reason, and this was provided. The registered manager stated, "There are always foods from other countries provided but people can purchase food from outside if they want."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed, recorded and met. People had access to healthcare professionals, including GPs, dieticians, mental health services and district nurses. A healthcare professional told us, "Staff are empathetic and communicate well with me about any issues. Staff are very compassionate. I think they are meeting [Person's] needs very well. They took the time to explain what the concerns were, so I could speak with [them] appropriately."
- People's dental needs were recorded and met. The registered manager told us, "We looked at increasing dental care awareness. We get a talk annually from dental people who raise dental awareness with staff. A lot of people here go to their own dentist. We make sure they attend their appointments when they come through."
- The registered manager told us they had a good relationship with healthcare and social care professionals who provided them with support. They said, "We work with social services from the referral. We liaise with them throughout, such as reviews and change of packages. It's good to have a relationship with them. District nurses sometimes help with specific training. The nutritionist also helped us with particular diets when people lose weight." Records we viewed confirmed this.

Adapting service, design, decoration to meet people's needs

- People lived in self-contained flats but had access to communal areas such as a lounge and dining room. We saw these were large, light and airy and well maintained. Communal areas and toilets were clean and pleasantly decorated with a range of framed pictures, objects of interest and various information for people to read.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People told us they were consulted in all aspects of their life and consent was obtained before providing care and support. Consent forms included safe keeping of people's money, medicines, sharing records and photographs.
- The provider was aware of their responsibilities under the MCA. Staff received training and demonstrated a good understanding of the principles of the Act. Some people had been assessed as lacking capacity to make decisions about aspects of their care, and we saw decisions had been made in their best interests.

- Some relatives had a Lasting Power of Attorney (LPA) for health and welfare matters so they could make decisions on behalf of their family members where they were no longer able to do this. An LPA is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. The registered manager showed us evidence of these documents in people's files.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us the staff treated them kindly and respectfully. One person said, "The carers are wonderful. They are kind and good to talk to." When asked if they were happy with their care worker, one person stated, "Yeah because they are doing the job right." A healthcare professional echoed this and said, "Based on my visits, they are very caring."

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

- People who used the service were supported to express their views and be involved in the service development via regular meetings and quality surveys. Discussions in meetings included activities, shopping trips, maintenance and housing issues.
- Staff told us they encouraged people to have a say and get involved in decisions about their care. One staff member said, "We allow people to have choice in every aspect of their lives. We let people have a say."

Respecting and promoting people's privacy, dignity and independence

- When asked if staff treated them with dignity, one person told us, "Yes I am (treated with dignity), always" and another said, "Yes absolutely." Most people told us the staff respected their privacy. One person said, "They always knock before they come in. Very courteous."
- However, while a member of the inspection team was talking to a person in their flat, a member of staff entered without knocking to bring the person's lunch. We raised this with the registered manager who told us they would address this with the staff member and the staff team without delay.
- People lived in their own self-contained flats and had their own tenancy with the housing department. Most people enjoyed and maintained their independence but were encouraged to come downstairs and use the communal facilities such as the restaurant, hairdresser, and activity room.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

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

- People told us they received good care which was personalized to their needs. Care plans were clear and contained the necessary information for staff to know how to meet people's individual needs. Care plans contained a one-page snapshot of the person, so staff could get a summary of the person's needs. These displayed a recent photograph, stated their likes and dislikes and how they wanted their care delivered.
- Some people's records contained a life history, which provided staff with information about the person, such as what work they used to do, family history and what they enjoyed doing.
- People told us they were involved in planning their care and support and in regular reviews. One person said, "Sometimes they come in and sit down with me and go over everything."

Meeting people's communication needs

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

- People's care plans included their preferred ways of communicating. For example, one person's care plan stated, 'Please speak clearly and precisely so I can understand what you are saying'.
- One person's hearing and speech was impaired. We saw a member of staff communicating effectively with them, using sign, and gestures which the person understood. The staff member told us, "I have known [person] for a long time. We have a great rapport. We understand each other."
- The person's care plan contained a wide range of photographs of fruit, vegetable and food items. This was used to gather information from the person and make a shopping list, so they could be supported to shop for ingredients and have meals of their choice.
- The person's care plan also included pictures of service providers and activities, such as the hospital and sport club. This was to facilitate conversation with the person and involve them in decision-making.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities of their choice if this was part of their care plan. The provider organised a range of in-house activities such as visiting entertainers, games and puzzles.
- The 'Garden room' was equipped with a pool table, dart board and cinema screen where films were shown regularly. Staff told us people liked spending time doing jigsaws and did these in little groups. We saw an almost completed jigsaw on the table.

- People were encouraged to maintain relationships with family and friends who could visit them at any time.

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

- There was a complaints policy and procedures in place and people were aware of these. They told us they knew who to complain to and would not hesitate to do so if they had a concern. One person stated, "Never made a complaint about anyone" and another said, "I would go to [Registered manager] downstairs." The provider kept a record of all complaints received and we saw evidence they addressed these appropriately.
- The provider kept a record of all compliments they received from people and relatives. Comments included, "Thank you for all your kind help" and Thank you so much for all the care [family member] received over the years."

#### End of life care and support

- Some people who used the service had end of life care plans in place, and these stated how they wanted their care when they reached that stage. However, nobody was receiving end of life care at the time of our inspection.
- Some people had 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNACPR) documents in place and these were signed by the relevant people. These are decisions that are made in relation to whether people who are very ill and unwell should be resuscitated if they stop breathing.
- Staff received end of life training during their induction. The compliance manager was undertaking a level two certificate in end of life care. They told us this qualification was going to be offered to other senior staff and support staff. They added, "Ideally there will be an end of life champion in each service."

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had monitoring systems in place in line with the CQC's key lines of enquiries (KLOEs). We saw the last internal compliance audit which had taken place in April 2019 indicated the service was compliant in all areas. However, systems had failed to identify the concerns we found in relation to risk assessments and medicines management. Following our feedback, the managers took immediate action and showed us evidence they had addressed the shortfalls. The regional business manager told us they would add our findings to their improvement plan.
- Notwithstanding the above, there was evidence the senior management team worked together to make ongoing improvements. For example, the regional business manager was working with the registered manager on a development improvement plan. They reviewed the incidents and accident forms quarterly, to identify any patterns and learn from these. This was discussed during staff meetings.
- The compliance manager carried out two inspections a year using the CQC's KLOEs. They told us, "It takes me two or three days. I speak with customers and staff. I will make improvement suggestions where necessary. I have a lot to do with training and work with training providers to ensure training covers the newer aspects of the KLOEs."
- The regional business manager liaised with the housing department to help ensure they met people's needs as a team. They told us, "I work with housing too, it's a new focus, so we all work seamlessly together." There were regular spot checks of people's flat where areas such as floors, surfaces, medicines and bedding were checked. Where a concern was identified, we saw evidence this was followed up with relevant staff members.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were complimentary about the staff team and the registered manager. They told us the management team were visible and approachable. Their comments included, "Excellent. They do an excellent job. All of them", "Alright, most of them definitely alright" and "Wonderful. They care. Very efficient. They listen and anything wrong, they act. There is always someone to talk to."
- Staff told us they felt supported and listened to by the management team. Their comments included, "The manager is supportive. I think the service is very well-led, very organised", "The managers are very good. We hear 'record and report' all the time. We call the manager on call if we need to" and "The managers will leave



their desk and come and support us if we need them."

- The registered manager had been in post for seven months. They told us they felt supported by senior managers and they worked well as a team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was transparent and told us they understood how important it was to be honest and open when mistakes are made, or incidents happen. They said, "Very important. It's about us being honest. We attended training about that so staff could understand why we need to know stuff. We will report to CQC, as it is important."

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

- People and relatives were consulted about their opinion of the service. Overall their comments were positive and indicated they were happy with the service. Where people's comments indicated areas of dissatisfaction, the provider consulted them and put in place action plans to make improvements. The assistant director of care and support told us, "We look at customer feedback, incidents and accidents, any learning we might want to share. We share this with other services. The managers work together, and it is very interactive."
- The provider ran a staff focus group, where staff were able to discuss any concerns they might have or suggest any ideas about how to make improvements. The assistant director of care and support told us, "We don't have an agenda as we like to leave it open for staff to decide. We have developed resilience training for staff who identified this need during the focus groups." There were regular staff surveys to obtain feedback from staff about working for the provider. The most recent surveys was being analysed at the time of our inspection.
- There were regular staff meetings and staff were expected to attend. Minutes were distributed to all staff and they were asked to sign to evidence they had read these and understood their content. Staff meetings included discussions about training, teamwork and support, people who used the service and dignity and respect.
- There were regular meetings for people who used the service. Discussions included upcoming events and activities, food choices and any other business. There were regular six-weekly extra care managers meetings where registered managers of the provider's services met to share ideas and discuss any issues they might encounter.

Continuous learning and improving care

- The registered manager kept abreast of developments within the social care sector and was always striving to improve their knowledge and skills.
- The registered manager attended regular training courses arranged by head office. They told us, "It is important for me to keep updated. Things change all the times. I haven't recently been to provider forums, but there is one coming up which I will be attending. I read the CQC documentation, look on the internet etc."
- The provider promoted ongoing learning for all senior staff. There were quarterly meetings for extra care managers and care coordinators in the form of workshops which included presentations in a range of subjects. This information was cascaded to the care staff to help ensure they were informed and felt valued.

Working in partnership with others

- The registered manager worked alongside other healthcare professionals such as the mental health team, optician, dentist and district nurse. Staff told us when they reported changes in people's conditions, they

were listened to and action was taken. One staff member stated, "We had a person who had a lot of high needs, we liaised with the social worker and met to try to get a solution."

- Staff told us there was good communication at the service. One staff member stated, "We record everything in the black books and pass on to the next staff team" and another said, "We have handover every afternoon where we discuss any issues. We communicate constantly. It's really good."
- We observed handover and saw morning staff sharing relevant information about people who used the service to the afternoon staff. The senior staff member recorded important information which needed to be followed up.
- The provider issued monthly newsletters to people who used the service. This informed them of relevant development in the company such as carer of the month, feedback about people and staff's quality questionnaires, vacancies, and any events taking place which they could attend, such as coffee morning, in house entertainment or outings people could join.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always assess the risks to the health and safety of service users of receiving care or treatment.</p> <p>Regulation 12 (1) (2) (a) (b)</p>