Housing & Care 21

Housing & Care 21 - Linskill Park

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

The announced inspection took place on 21 and 22 June 2016. This was the first inspection since the service registered with the Care Quality Commission (CQC) on 8 December 2014.

Housing & Care 21 – Linskill Park is an extra care service consisting of 64 individual apartments and five separate bungalows within the same complex. There is an office base and care staff provide people with a range of services including; personal care, medicines management, shopping and domestic services. Not everyone in the building receives services from the provider and not all services are regulated by the CQC. At the time of the inspection 40 people lived independently and received care and support from the provider, with other people receiving support from other providers or none at all.

The service had a registered manager in post. 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.

People who used the service and those supporting them knew who to report any concerns to if they felt they or others had been the victim of abuse. Staff had received training in safeguarding and knew about whistleblowing procedures.

There were suitable medicines procedures in place to support staff. Staff we spoke with told us they were trained and felt confident in administering people's medicines safely and people told us they received their medicines on time and as prescribed.

Risks to people's health and safety were managed and detailed plans were in place to enable staff to support people safely. Accidents and incidents were investigated and monitored for any trends forming.

There were enough staff with the right skills training and experience to meet people's needs, and although holidays and sickness affected staffing rota's, this was managed well with attention given to minimise the impact to people through consistency of staff as much as possible. Staff supervisions were not all up to date, although the registered manager was working to rectify this.

People told us they felt confident that should concerns be raised, these would be dealt with appropriately. People told us they could contact the registered manager or staff at the service if they needed to discuss anything. People had the opportunity to talk about their opinions of the service during reviews and through meetings or surveys they completed.

Care Quality Commission (CQC) is required by law to monitor the operations of the Mental Capacity Act 2005 (MCA), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. We found the

provider was complying with their legal requirements.

People were supported to be able to eat and drink satisfactory amounts to meet their nutritional and hydration needs. People received treatment when needed from a range of health care professionals which helped to promote their health and well-being.

People were treated with kindness and respected by staff. Staff understood people's needs and provided care and support accordingly. Staff had a good relationship and rapport with the people they cared for. Staff supported people to be as independent as possible and they were encouraged and supported to undertake daily tasks and attend to their own personal hygiene needs where possible.

Care and support records were in the process of being updated to ensure that people's needs were continually being met and a range of activities were available for people to participate in within the complex.

Complaints processes were in place for people and their relatives to access if they were dissatisfied with any aspect of the service provision. Any complaints received were prioritised and dealt with quickly and appropriately.

The provider and registered manager ensured people received the quality of care and services they would expect. There were processes in place to monitor the quality of the service people received and experienced. This was through regular communication via meetings, surveys and a programme of continuous checks and audits.

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 supported by staff who could identify the different types of abuse and knew how to report concerns if the need arose.

Risks to people's safety were assessed and any accidents and incidents were recorded and monitored for any trends forming.

People were supported by a sufficient number of staff who had been appropriately recruited.

People received the support they needed to ensure that they received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were well cared for and supported by staff that were well trained and had the right knowledge and skills to carry out their roles. The registered manager was working to provide regular supervision to all staff.

Staff had a knowledge and understanding of the Mental Capacity Act 2005.

People's nutritional care needs were supported by staff so as to ensure that they received sufficient nutrition and hydration.

People were supported to access appropriate services for their on-going healthcare needs and to ensure their well-being.

Is the service caring?

Good

The service was caring.

People were pleased with the care and support they received.

There were clear policies and guidance for staff on how to treat people with dignity and respect and care staff gave us examples

about how they did this.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed regularly and their care plans were produced and updated with their and their family involvement.

People felt that staff were responsive to their preferences regarding daily wishes and needs.

Is the service well-led?

Good

The service was well led.

The provider and management team provided good leadership. Staff understood their responsibilities to ensure people received the quality of care and service they expected and felt supported in their role.

People spoke positively of the management team at the service and felt at ease to approach staff or the registered manager if they needed to.

There were quality monitoring systems to identify if any improvements were needed.

Housing & Care 21 - Linskill Park

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 21 and 22 June 2016 and was announced. The inspection was carried out by one inspector. We gave the provider 24 hours' notice of the inspection because we needed to give advance notice and seek permission of people who used the service. This was to advise them that we would be calling by telephone or visiting them in their own homes. We needed to also be sure that staff would be present to access records.

Before the inspection, the provider completed 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 other information we held about the service, including any notifications we had received from the provider about safeguarding incidents, serious injuries, deaths or other reportable issues. We contacted the local authority commissioners and safeguarding teams for the service and the local Healthwatch. We used their comments to support our planning of the inspection. On the day of our inspection we spoke with an occupational therapist, two care workers from different organisations and three staff from a dance group that were visiting the service.

We spoke with eight people who used the service and five family members. We also spoke with the registered manager, the regional extra care manager, the assistant housing manager, the team leader, two senior care assistants and six care assistants. We observed how staff interacted with people and looked at a range of records which included the care and medicines records for eight people who used the service and

six staff personnel files. We also looked at health and safety information and other documents related to the management of the service.

During the inspection process, and after the visit to the location, we contacted another occupational therapist, a care manager, a district nurse and an independent advocate. Where people responded, we used their comments to support our judgement.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe and that staff made them feel comfortable. One person told us when asked if they felt safe with the care provided, "Completely, they're lovely, lovely people, they're brilliant." Another person said, "I am very happy here. I don't worry about people knocking on my door here. Anyone that does is someone I know."

People told us they received their medicines on time and as they were prescribed to them by their GP or hospital. Medicines were administered by staff who had received suitable training and records confirmed this. People's records showed that any support they received with their medicines was well documented and included details of which level of support the person should receive. For example, people who required reminding about their medicines were on a lower level of support than people who required staff to fully administer their medicines in line with how they had been prescribed. Where a risk had been identified, for example, if people self-administered or could not read the print or open bottles; then a full risk assessment had been completed. Separate care plans were in place for medicines that were used in emergency situations, for example, Glyceryl Trinitrate spray, which is used for people who have been diagnosed with angina. Angina is a condition marked by severe pain in the chest, often also spreading to the shoulders, arms, and neck, owing to an inadequate blood supply to the heart. This meant staff had clear information to follow.

How people preferred to take their medicines was recorded, for example, one person had documented how staff should tilt the medicines 'pot' and hold a glass of water with a straw close to them to allow them to take the medicine easily.

Staff signed once on the medicines administration records (MARs) when they administered a dose from within the person's blister pack. Blister packs are a system used by pharmacists to dispense medicines so that people can keep track of what to take at particular times of day. They are usually in some form of tray with medicines boxed into individual pods which are labelled by day and time. We queried with the registered manager why medicines were not signed for individually by staff when they were administered. It was explained that senior staff check the individual medicines off with the MAR when they are delivered to the service by the pharmacy and we saw evidence that this was the case from a record kept by senior staff. A senior member of staff told us, "The medicines are then taken to the person and stored in their rooms with the MAR sheet and staff sign the one entry knowing that we have already checked them off."

Allergies were recorded in people's records to alert staff and help ensure people did not receive or take anything that they shouldn't. For example, one person had recorded that they were allergic to plasters and when we asked one member of staff they were aware of this. Allergies were also recorded on the MAR sheets to ensure that people were not given medicines which would give them an allergic reaction. For example, one person was recorded as having an allergy to penicillin. We checked their MAR and noted that this was recorded, which meant that when medicines were checked by senior staff, any that were not appropriate would be identified and communication with the GP or pharmacist would be made. Any discarded medicines were suitably disposed of.

Any medicines that were 'as required' were kept in their separate packages and listed separately on the MAR. 'As required' medicines are medicines used by people when the need arises; for example tablets for pain relief used for headaches. We noted that on some people's documentation, a full description of why the medicine would be given or how much had been given at any one time had not always been recorded. We spoke with the registered manager about this and she said this would be updated immediately. We saw that staff immediately set about updating the information on people's records as is best practice and as per the company's own policy.

People told us they were confident that staff knew how to keep them safe and protect them from harm. A person told us, "They know how to help me in the shower and get me out of bed without me hurting myself." Another person said, "They are always asking me how I am and seem to care about my safety." Staff we spoke with were aware of how to protect people from the risk of harm and knew how to raise concerns if they suspected any safeguarding incidents had taken place.

Staff told us, and training records confirmed that staff received regular training to make sure they stayed up to date with the process for reporting safeguarding concerns. Staff knew about the whistle blowing policy and where this was kept if they needed to refer to it.

Risks to people's health and safety had been assessed and measures put in place to minimise the risks. One person told us, "I have my call bell and if I press it staff come quickly. That makes me feel safe." We saw that people had been assessed for particular risks relevant to them. For example, one person was at risk of falls, and a full risk assessment had been completed to help staff support them in a safe manner. The provider had identified other risks to individuals and staff, for example those at risk from showering, bathing and staff at risk from moving and handling people. Full and detailed paperwork was in place to mitigate against these risks and protect both the person and the staff member from harm.

Staff were aware of the procedures to follow in the event of an emergency such as a fire. Care records contained personal evacuation plans which detailed information about any support people would need to evacuate the building. We saw a small number needed to be reviewed, although we noted that there appeared to have been no change to the person's situation. We spoke with the registered manager about this and she said these would be updated. Staff knew about the fire procedures and the action they should take to keep people safe within the building in the event of a fire and told us they had completed fire drills. We noted that fire marshal training was included in the training completed by staff.

Accidents were reported and reviewed by the registered manager for any trends forming. Actions had been documented to prevent recurrence; for example, one person had fallen and we saw in their records that staff supported the person to ensure that clutter in the person's flat was not adding to the risk of falls for them. Staff knew how to report incidents and understood the importance of this in order to prevent recurrences. The registered manager was in the process of updating their incident recording system to ensure that full details of all incidents were recorded and learnt from.

We saw there was a coded entry system into the building and this ensured no unwanted visitors were able to access the private living areas. One person we spoke with as they were using this space said, "I like knowing that not every Tom Dick and Harry can get in."

The provider had suitable recruitment processes in place and staff confirmed the provider had followed these practices when they were interviewed and took on their particular role. The recruitment records we checked confirmed robust recruitment procedures were followed. The provider checked with the Disclosure and Barring Service (DBS) whether applicants had a criminal record or were barred from working with

vulnerable people, which meant they took precautions to ensure suitable staff were employed.

There were enough staff to keep people safe and meet their needs. People confirmed they were always supported by the number of staff identified as necessary in their care plans. A copy of the daily rota was given to each staff member and when we looked at these, we confirmed that where two staff were identified as required for a person, two staff members had been allocated a time to attend. The registered manager said that sickness and holidays did interfere with staffing rotas, however they tried to minimise the impact on people receiving lots of different care staff as much as possible at these times, although they admitted it was difficult due to the nature of the service. One person told us, "I have different carers but I know all of them." People also told us that they were usually supported by the same staff. The registered manager told us that they had recently employed additional care staff and a review of staff rotas showed that staffing levels were consistent and where possible, the same staff were used. People told us they could request that call times were changed in order to fit around their specific needs, for example, if they were going out with family or to a hospital appointment. This meant the provider was able to meet the needs of people when their circumstances changed and had enough staff to do this.

Good

Is the service effective?

Our findings

The majority of people and relatives we spoke with told us that the service provided was effective. One person said, "I think it is good here". Another told us, "I have lived here for a long time. The care and support is good." One relative said, "I am happy with the care they [person] receive." People thought care staff were good at their jobs and had the right approach.

Where people's needs had changed or become unmanageable in this type of service; staff and relatives were seen to be working with healthcare professionals to ensure that the person was still suitably supported. We spoke with an occupational therapist who was working with one person at the service and they went through all the various options they had implemented with the person in order to support them in their own flat. They said, "We have tried all sorts and will continue to try and manage the situation. It's best for everyone if people can stay in their own home for as long as possible."

Staff were able to tell us about the provider's arrangements for newly employed staff to receive an induction. Staff confirmed that this included training in key areas appropriate to the needs of the people they supported, an introduction to the organisation and job-role specific induction at the service. In addition to this staff told us they had opportunities to shadow a more experienced member of staff for a number of shifts depending on their level of experience and competence. Staff told us that they had found the latter to be instructive and very useful. One staff member said, "I shadowed staff for a while until I was confident. It worked for me." All of the providers training materials had been redesigned to meet the outcomes of the Care Certificate. In addition there was a new learner toolkit that enabled staff to capture evidence toward the Care Certificate. The Care Certificate was officially launched in April 2015. It aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. It replaces the National Minimum Training Standards and the Common Induction Standards.

From our discussions with staff and review of staff files we found staff had obtained appropriate qualifications and experience to meet the requirements of their role. All of the staff we spoke with provided personal care and told us they had received a range of training that was relevant to this and their training was up to date. Training included, moving and handling, health and safety training and infection control. The registered manager told us staff were provided with further training if it was found they were not following the correct procedures. Staff confirmed it was easy to access training and another staff member said, "There is lots of training available to staff and a new system to use. We can do it here or sometimes we go to other sites for it." The provider had a relatively new training and learning system called FRED in place. We looked at the providers website to confirm the training model available to staff and found it was 'City and Guilds' accredited. City & Guilds Accreditation is an instantly recognisable mark of quality and credibility. City & Guilds Accreditation recognises the process and delivery of a bespoke training programme which doesn't result in a qualification, but has an end assessment.

Staff received supervision from their line manager, although senior staff told us and staff personnel records confirmed that these sessions were behind in their completion. Supervisions had been noted as 'behind' in an internal audit completed in September 2015 with the previous registered manager. The newly registered

manager had implemented a new staffing matrix which was going to be used to record support meetings completed, direct staff observations, medication competency checks and spot checks on care given by staff. The registered manager told us that this would help them to monitor and ensure that all staff received the correct levels of support they required. The registered manager explained that the provider had implemented a new process called the VIP appraisal process. They explained that it combined the annual appraisal with the normal supervision process and continually monitored and supported staff in their performance and development, which they felt would ultimately be better for staff. They said, "It's early days yet, but it seems to be working okay." We saw that a number of staff had participated in one of these meetings.

Staff communicated well with each other. We saw a staff communications book and a senior staff handover book, which recorded relevant information to pass between staff to support them in their day to day work and in relation to the people they cared for. For example, it was noted that one person had an appointment, while another entry noted that one person's medicines had been refused and what actions had been taken. While staff were on duty in different parts of the service, they carried a telephone which was linked to the main office. This was used for emergencies and also if staff were needed in other parts of the building or required for additional assistance.

We noted that a small number of people had DNACPR paperwork in place. A DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) is a decision made when it is not in a person's best interest to resuscitate them if their heart should stop beating suddenly and is signed off by a suitably qualified healthcare professional. We asked a senior member of staff who had these in place and they were unable to tell which individual persons had them in place. We discussed this with the registered manager who said they would look into this issue by putting a process in place to enable staff to easily identify who had one.

People we spoke with confirmed they had agreed to the content of their care plans and staff always asked for their consent before providing care and support for them. We saw that records were signed by either the person or their representative to confirm their consent. One person said, "The staff always ask me what I want done and they do what I want them to do." Another person told us that staff never did anything without asking first.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff we spoke with told us they had attended training in the MCA. People they supported had varying capacity to make decisions and where they did not; action had been taken by the service to ensure relevant parties were involved in making best interest decisions. One person at the service was under the Court of Protection and there were no current applications pending. The Court of Protection makes decisions and appoints deputies to act on behalf of people who are unable to make decisions about their personal health, finance or welfare.

Staff supported people in their own flats within the building if they required support with cooking and nutrition. The building had a restaurant situated near the main reception and staff were seen bringing a number of people (at their request) down to this area so they could have a meal there. Where people

required support with their nutritional needs, this was documented in their care records. Details included how staff should support the person and what their likes and dislikes were. We noted on one person's record that thickeners were added to their food as part of their lunchtime support. We saw 'meal time information' for one person provided by the NHS which gave detailed information for staff to follow. The information detailed why coughing was important to note and also detailed what staff should do. This meant that people with particular dietary needs were having those needs met in a way that suited them and staff followed guidance to support people in a safe way.

People's records detailed information about the medical conditions that each person had and also if other healthcare professionals were involved in their care. Details of any appointments or professional visits were also recorded. Where people needed help to make and attend medical appointments, staff would support them with this in order to maintain their personal health. One person told us that staff had supported them to make an appointment with the hospital after a mix up had occurred and said, "They [care staff] sorted the mess out for me. I was quite upset by it all, but they were very good and helped get a new appointment for me. I think I would have just given up with it all if it had not been for them." This demonstrated that the provider supported people to maintain good health and to access healthcare services if on-going support was required.

The flats were wheelchair accessible with lifts taking people to the upper floors. Accessible wet rooms and assisted bathing areas were available for people who needed additional support with their personal care.

Good

Is the service caring?

Our findings

People who lived at the service and received care and support told us that the staff team were "caring" and "very thoughtful". One person said, "The lasses [care staff] are lovely. They care about their job and that washes off on me. Don't think they do this for the money." Another person told us, "I remember one time when I felt awful. [Staff name] came to see me and sat and held my hand. Won't forget that."

Staff were enthusiastic about their roles. One member of care staff said, "I love my job. All of the people who live here are lovely, and the team is great" and "I really do think the staff here are excellent." We spoke briefly with one staff member who was relaxing in one of the lounge areas during their break time. They said, "We use the cold drinks machine there if we need to, as do the people who live here, which is nice when it's hot like today. It's a very friendly place to live and work I think."

The people and relatives we spoke with all confirmed that the staff communicated with them appropriately. Staff bent down to the same level as people when speaking with them so that they could hear what was being said. We observed that people understood and responded by communicating back to staff. Some people who lived with various sensory conditions, for example, hearing difficulties told us that staff communicated with them appropriately.

We saw warm and friendly interactions between people and staff during our inspection. When providing support to people, staff were attentive and supportive, speaking with people in a way that made them feel like they mattered. We saw that staff shared a joke with those they were supporting when this was appropriate. We overheard two members of care staff chatting with one person and the person told them a funny story. The staff and the person were heard laughing about the story and they were all clearly enjoying the banter. During our inspection, people were made aware of who the inspector was and why they were there by the staff that were supporting them. Staff told us how important it was for people to feel at home and comfortable in their own flats.

People told us staff supported them to be independent and respected their privacy and dignity. One person told us, "The staff help me with my daily shower to make sure I don't injure myself. They close the door slightly for privacy and talk to me all the time to make sure I am okay and if I need any help, they come straight away. It is very reassuring for me knowing they are there but at the same time doing it for myself." Another person told us that staff encouraged them to do as much as they could for themselves so as to keep their independence. They said, "I don't want to be totally reliant on the girls, so I try and they help me to do things for myself."

Staff we spoke with confirmed they were aware of the provider's confidentiality policy. A member of care staff told us, "I know that we should not discuss anything about the people living here outside of work or in corridors where we could be overheard, and that records must be locked away at all times." Each person kept their care planning records in their own flat, located where they wished so that it was available to staff. Personal details for people which were held in the office part of the complex were kept in files which were stored securely in a cabinet so that they could only be accessed by those who needed them. This protected

people's personal and confidential details.

A wide range of information was available to people in the communal areas of the complex. This included information on cancer care, advocacy, bereavement, bogus callers, security in older age and training opportunities for older people. There was guidance on how people could gain information in a range of formats, including in braille, audio or in other languages, although some information was already printed in a large print format. This showed that the provider aimed to actively involve people with information about their care or other elements of support that may have been important to them or if they required further help to understand anything.

Good

Is the service responsive?

Our findings

People told us that the care and support they received matched with their individual need and when this changed, staff responded well. One person told us that staff listened to what they had to say and tailored how they were supported to how they liked. They said, "I am very particular about how I look. The staff are very good and help me how I want. It's no good if they just do things their way, and they seem to know that somehow." One relative was heavily involved in the person's care. They told us, "I am fully involved and wish to remain that way. Staff know that and really do take notice of my comments. Cannot fault them for how they respond as it must be a very difficult job for them."

We spoke with staff from another organisation who used part of the building. Talking about the staff at Housing & Care 21 – Linskill Park, one staff member said, "The staff here are canny [nice], we work well together." We were told some of the people that lived in the complex attended their sessions and said, "People living here have a good community spirit and staff look after them well."

Information about people's care needs was provided to staff in care plans as well as during the shift handover and was written in communication books. Staff told us that they had the time to read people's care plans and were kept informed where there had been changes. It was evident that staff had an understanding of people's care needs and how they had changed over time.

People's records included details of their identified care and support needs and how staff were going to support them to maintain these and we saw these were reviewed regularly. Records included a detailed 'pen portrait' of the person. A pen portrait is a one page document (usually) which summarises the person and their family, their life history and likes and dislikes and is a tool used by staff to gain a snapshot of the person. Records also detailed what support was offered at different times of the day. For example, on one person's records it detailed how they liked to receive support in the morning and this included using mouth wash after cleaning their teeth. Full 'customer' support plans were in place which detailed if the person had needs in connection with emergency procedures, spiritual or religious needs, communication needs or financial needs for example. The registered manager told us that they were in the final stages of reviewing all of the care records and we were able to confirm this was nearing completion. This meant that the provider had personalised records to ensure that people received care and support that was tailored to their own individual needs.

People told us that staff involved them in care planning so they could decide how they wanted their care and support to be delivered. A person confirmed, "I am asked when and how I want my support." Another person said, "I tell the staff what I want done." A relative said, "I am fully involved in everything and the staff know that I want to be."

A range of activities took place in the complex. On the days of the inspection, people were seen participating in a bingo session and a dance class that was organised with a local dance studio. One of the dance organisers told us, "The numbers of people participating have grown steadily. People really enjoy it and the smiles on their faces show us how important it is to them." Many of the people living at the service were able

to participate in their own organised activities away from the complex, either with the support of friends or family. Many of the people living at the service and receiving care and support from the provider did not have activities recorded as part of their assessed need and care package, however, staff still motivated them to participate in any events that were taking place and encouraged them to make friends with other people in the complex.

There had been eight written complaints made to the provider since the last inspection. We reviewed these and found that they had all been dealt with in a timely manner. The issues ranged from complaints about a late call, to a noisy television from one of the people living in the complex, to concerns about certain charges. People had all received a response from the registered manager in post at the time and where possible actions had been taken to remedy the cause of the complaint if possible.

People felt they were able to raise concerns and complaints and told us they knew how to do so. One relative said, "If I had to complain, I know where the boss is and would just speak to them. They seem willing to listen from my experience." We spoke with a visitor who told us they had no complaints but felt confident to speak with the registered manager if they did. One relative told us, "[The registered manager] can always be contacted through the office downstairs if I need to speak to them." People had access to the complaints procedure which was displayed in a prominent place within the communal areas and they were also given copies of the procedures when they started using the service.

Good

Is the service well-led?

Our findings

The service had a registered manager in place who had a good understanding of their responsibilities and how they needed to respond to ensure that the needs of those using the service were met. They had registered with the Care Quality Commission in May 2016 at this service, but had worked for the provider for nine years at their other services in the North East area and therefore had experience of adult social care services of this type.

Staff were positive about the management change at the service and said that the new registered manager seemed "straight and fair". Staff spoke well of the management team at the service, telling us they felt well supported and that there was an open and transparent culture at the service. Staff said they were comfortable saying if they had made a mistake or raising concerns and felt that their concerns would be listened to. One staff member told us, "If the registered manager is not here, there is always someone else to ask for advice. They told us that they felt that there was strong teamwork and everyone pulled together to resolve problems. Staff were confident that they could speak up if they needed to.

The views of people who used the service were sought through regular surveys and meetings. This information was used to inform the planning of the service provided. 10% of people every month were given surveys to complete and we saw this evidenced by the replies recorded, which were generally positive. Questions asked included, 'how well do you feel our staff are trained to carry out your care needs', 'are you treated with dignity and respect' and 'do you feel your allocated time meets your care needs'. We noted that the head of extra care had completed a 'surgery' in September 2015 at the service, which gave people the opportunity to come and talk with them and bring any issues to their attention. Where issues had been raised by people, actions were put in place to rectify these. Meetings were held with people and we noted that one had occurred in February of this year with a range of issues on the agenda, including staffing and changes to the management of the service. This meant that people were encouraged to give feedback on the quality of the service provided and actions were taken to put corrective measures in place if required.

The management team completed a number of checks and audits within the service. Senior staff checked people's 'log' books and monitored for any concerns, accidents or issues identified. Where any issues were noted, this was reported to the registered manager and actions put in place to rectify. For example, it had been noted that an accident had not been reported in the correct way and this was raised with the staff member and the correct paperwork completed; with additional training put in place for the staff member. MAR charts were regularly checked to ensure that staff were administering medicines correctly and where staff had not completed these correctly, this was followed up with additional monitoring or training.

Audits of staffing personnel files had been completed with evidence to show that actions had been put in place. For example, it had been noted that the right to work document for one person was not completed correctly and an action had been put in place to update this with the employee.

The regional extra care manager completed visits to the service provided the registered manager with support and also completed a number of checks in relation to the quality assurance of the service. This

included, seeking the views of the people who lived there and checks on all areas of the service including health and safety and finances. We were told by the registered manager that a full in-depth internal audit was due to be completed in the coming months. They told us they took this as a positive move as they wanted to provide the best service they could and wanted to continue to provide good quality care to the people they supported.

We noted that an internal audit completed in August 2015 had identified a number of areas for development for the service, including for example, better information in people's support plans, frequency of staff supervision and people to be provided with service guide and other service details, including complaints. We noted that the newly registered manager had actioned these areas and had a plan in place for future developments, including for example the use of space in the building and also activities on offer.

The registered manager was aware of her legal responsibilities to report relevant notifications to the Care Quality Commission (CQC), for example, safeguarding incidents, serious injuries, deaths and police involvement with people using the service and followed the provider's policy and procedure around reporting mechanisms.