Housing & Care 21

Oakley Gardens

Inspection report

82 Oakley Gardens
Dial Lane
West Bromwich
West Midlands
B70 0EH

Tel: 03701924249
Website: www.housingandcare21.co.uk

Date of inspection visit:
10 November 2016

Date of publication:
05 January 2017

Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 10 November 2016 with further contact by phone made with people using the service, their relatives and staff on 14 and 15 November 2016.This is our first inspection of this service since their registration with us in November 2015.

Oakley Gardens provides Extra Care Housing provision for adults, providing personal care and support within a complex of 81 flats. Staff provide care at pre-arranged times and people have access to call bells for staff to respond to whenever additional help is required. People have communal facilities including lounges and a restaurant available to them. At the time of our visit the service was providing personal care to 60 people at the service.

The service has a registered manager. 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 had mixed experiences of the levels of staff at the service, with some feedback describing staff being rushed and not staying for the full length of care calls. Staff had a good understanding of what they would do should they suspected or witnessed abuse. Risks to people's health had been assessed, regularly reviewed and were well understood by staff. Regular monitoring and analysis of incidents that occurred at the service was undertaken to identify and act upon any patterns or trends developing. The provider operated safe recruitment practices. People were appropriately supported by staff with their medicines.

People were supported by competent staff that had regular supervision and had undertaken an effective induction when they started working at the service. Training provided to staff developed their knowledge and skills. Management and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and supported people in line with these principles. People were supported and monitored to ensure they ate and drank sufficiently. People were supported by staff as required to access the healthcare they needed if they felt unwell.

People had positive caring relationships with the staff that were supporting them. Plans of care described people's abilities, preferences and wishes for staff to refer to if they were unfamiliar with the person's needs. People were supported to make day to day choices relating to how their care was provided. Staff were mindful of preserving people's privacy and dignity and demonstrated this in their daily interactions with them. People were actively encouraged to be as independent as possible, according to their individual abilities. Information was kept confidentially and stored securely.

People received the care and support they required which was responsive to their needs. Pre admission information was sought and used to develop a detailed care plan when the person moved into the service. Effective systems were in place for staff to be aware of and to communicate about peoples changing needs

and wellbeing. People's preferences and interests were well known and understood by staff. When people raised concerns or complaints, the provider responded and acted promptly to address these.

Overall people were positive about how effectively the service was managed. The provider promoted an open and inclusive culture within the service with people and staff able to freely raise any concerns they had. Staff were clear about the leadership structure within the service. The registered manager was well supported by the provider in terms of how they developed and monitored the quality of the service. The registered manager understood their responsibilities for reporting certain incidents and events to us that had occurred at the service or affected people who used the service. The quality of the service was monitored in a variety of ways including through audits, satisfaction surveys, staff speaking with people during planned visits and spot checks.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The service was short staffed and arrangements to cover this shortfall were not wholly effective in ensuring people received the length of call they were meant to.

Staff had a good understanding of what they would do should they suspect abuse or if abuse had occurred.

People were appropriately supported by staff with their medicines.

Is the service effective?

Good

The service was effective.

Staff had the appropriate skills, training and experience to support people.

People received the support they needed to meet their specific nutritional needs and preferences.

Staff applied the principles of the Mental Capacity Act (2005) appropriately when providing support to people.

Is the service caring?

Good

The service was caring.

People had positive caring relationships with the staff that were supporting them.

Staff were mindful of preserving people's privacy and dignity and demonstrated this in their daily interactions with them.

People were supported to make day to day choices relating to how their care was provided.

Is the service responsive?

Good

The service was responsive.

People received the care and support they required and that was responsive to their needs.

When people raised concerns or complaints, the provider responded and acted promptly to address these.

Is the service well-led?

Good

The service was well-led.

The provider promoted an open and inclusive culture within the service with people and staff able to freely raise any concerns they had.

Staff were clear about the leadership structure within the service.

The registered manager was regularly visited and supported by the provider in terms of how they developed and monitored the quality of the service.

Oakley Gardens

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 November 2016 and was unannounced with further contact made by phone with people using the service, their relatives and staff members on 14 and 15 November 2016. The inspection was undertaken by one inspector and an Expert by Experience. An Expert of Experience is someone who has personal experience of using or caring for a user of this type of care service.

We considered the information supplied to us in the provider's information return (PIR). The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We received this form after our inspection so were able to review the information to support our evidence gathered on inspection. We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We spoke with six people who used the service, five relatives, five staff members, a social worker and the registered manager. We reviewed four people's care records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including three medication administration records, three staff recruitment records, the provider's quality assurance audits and records of complaints.

Requires Improvement

Is the service safe?

Our findings

People gave varied feedback about whether there were sufficient numbers of staff available to meet their needs. Some people described instances where they felt the care they received was 'rushed' and that staff had not been able to stay the full amount of time they were supposed to due to being short staffed. People told us they received the care and support they needed but said, "They [staff] are in and out well before the hour, they are not staying as long as they should. They have told me they have not got the staff they need, even though they have agreed to it, it's not good enough" and "They are short staffed a lot of the time". Other people were more positive telling us, "They [staff] are generally on time", "My alarm bell gets answered if I need them" and "They [staff] generally call on time, more or less".

Feedback from the relatives we spoke with was also mixed in terms of staff availability and staying at calls for the correct time. Comments received were, "I cannot say anything negative. [Staff] are on time and [relative] needed them to be on time…they would not let him down", "Lots of discrepancies were found in the times they [staff] spent with [relative]" and "Not every visit are they [staff] spending the full time with him". We asked staff whether they felt they had sufficient time to spend with people and if staffing levels were adequate. Most said that in general staffing was insufficient but more so at weekends if staff called in sick at short notice for duty and cover could not be found, they explained at times they had to cut calls short to ensure everyone received the care they needed. They told us, "The staffing can be variable, it's very busy at the moment and we are lacking senior staff. If people ring their bell and need assistance we may have to leave someone mid call if we are short staffed and go back to them after", "Weekends can be really short staffed, we have to cut peoples calls short to cover all the work, I know they are recruiting. They [on call manager] do ring round to try to get staff in" and "The staff shortages have a big impact, you are rushed. I can't deliver the care people deserve or what they are paying for. You have to be quick and I worry I will make a mistake". A social worker who visited people using the service said they had received some less positive feedback and concerns about calls being cut short and staff seeming rushed. However the people using the service and relatives we spoke with reported no omissions in care provision as a result of short staffing.

The registered manager discussed with us the difficulties of getting cover at the weekends in particular when staff failed to turn up for work or rang in sick at short notice. They told us they had had difficulty finding suitable candidates to take up two senior staff posts and up to six care staff vacancies. The registered manager and their deputy both filled in where possible if shortages arose, or attempted to cover shifts using staff already employed internally or cover by staff from other service s belonging to the provider was sought. The registered manager was having a jobs fair at the service shortly after our inspection which had been advertised locally to maximise recruitment opportunities; interviews were also being conducted on the day of our inspection. Rotas were planned in accordance with the calls required by people; however no effective contingency was seen to be in place during busier periods should an issue with staff availability arise. This meant that at times people were at risk of not receiving the appropriate length of call they had been assessed as needing or were paying for.

People told us they trusted the staff who cared for them and felt safe in their company. They told us, "I feel

very safe", "I have had no injuries or falls due to them [staff]…but I had a couple of falls last week when they [staff] were not here. They came very quickly and helped me up", "I'm very safe and at ease with them [staff]. I like them calling to see me" and "I was not safe at home and I am here". Relatives comments about the safety of the service included, "[Relative] feels safe and I feel she is too" and "He is safe enough and at ease at here". A social worker who regularly visited people at the service said they felt that the service was safe and well maintained.

Staff had received training and had a good understanding of what they would do should they suspect abuse or if abuse had occurred. They told us, "If I had got any concerns, for example if I suspected a person was being abused or taken advantage of, I would report it to my manager, the police or local authority" and "If I had any concerns I would try to speak to the person privately in the first instance and reassure them, then I would report it". The registered manager was aware of and followed the local multi-agency policies and procedures for the protection of adults. We saw that they had appropriately notified us at the Care Quality Commission [CQC] and other external agencies when safeguarding issues had arisen at the service. The provider told us in the PIR they sent to us that safeguarding was a standard agenda item at staff and management meetings and that monthly audits of reports were completed, lessons learnt and how to improve the service were discussed and agreed. Staff confirmed that they received information at staff meetings in relation to safeguarding issues and incident's that had occurred.

The people we spoke with were satisfied with the way in which risks to their health and safety were managed by staff. Staff were able to tell us the ways in which they minimised any risks of harm or injury to people, for example by making sure people were safe before they left their flat with no obstacles in their way that may be a trip hazard. They also told us, "If the person I am visiting is not a regular then I always refer to their care plan and risk assessment", "People's risks are different and individual to them, and based on what they can and cannot do for themselves" and "It's important to check the sling we are using in the hoist, make sure it's the correct size and there are no frays in the material and it's all in good working order before you start using equipment". Risk assessments we reviewed clearly identified areas of potential risk and described what people could do independently; we found that care was then planned to minimise any risks to people's health. Records showed that risks to people's health had been assessed and were reviewed and updated regularly.

Staff were able to describe how they would deal with, report and document any incidents or accidents that occurred. We saw that incident forms were comprehensively completed in a timely manner. Each incident outlined the immediate actions taken by staff to minimise any further risks. We found that any action to be taken was shared with staff in handovers and meetings, to ensure that any changes to practice were clear and understood by everyone. The provider performed regular analysis of the incidents that occurred in order to identify and respond proactively to any patterns or trends developing.

We looked at the recruitment files for three members of staff. These files had the appropriate records in place including, references, details of previous employment and proof of identity documents. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

People who used the service told us they felt well supported with their medicines. They told us, "They [staff] do my tablets when they call and they make a note of what I have had", "The staff give me my medication and always ask if I want my painkillers" and "The staff put some cream on my knees to help with the pain, I'm really pleased with how they manage my medicines". Relatives said, "We are happy with how they monitor [relative] medicines" and "[Relative] gets his medication okay".

Staff used a Medication Administration Record [MAR] to support the administration of medicines. We looked at a sample of the MAR and saw these were well completed by staff. Guidance was available for staff when providing and enabling people to access their 'as required' medicines. The majority of people's medication was pre dispensed from a pharmacist, which minimised the risk of errors being made. Those people at the service who were self-managing their medication had a risk assessment completed and regular reviewed to establish if this could be done safely and if any additional support was required from staff. Staff told us they had received medication training and we saw they had regular competency checks completed to ensure they were following the provider's procedures and safe practice. A staff member told us, "When I do medicines, I check the MAR, make sure it's the right person and the right medicine. I talk to the person, ask how they are or if they feel unwell or have any pain. I have received training about medication".

Good

Is the service effective?

Our findings

People we spoke with felt that staff were competent and provided effective care. A person told us, "They [staff] are very good and I think they are well trained". Overall relatives we spoke with were confident in staff's level of ability. They told us, "Occasionally it's not the same level of care by some staff who work here, some are better than others", "The staff were well trained and they were very patient", "They [staff] seem well enough trained" and "I can't really say much about the staff training but they seem okay".

Staff were provided with training to ensure they developed a good level of knowledge and skills. The provider told us in the PIR they sent to us that staff received annual refresher training, a minimum of four supervisions, two medication competency checks and at least one full direct observation of their practice annually. We were able to confirm this with staff and through the records we reviewed on our inspection. We saw that staff received training that was specific to the needs of people at the service, for example topics included moving and handling, medicines, first aid and health and safety. Care staff told us they were up-to-date with their training, received regular updates and they had good access to any additional training they identified. Staff said about the training they received, "We do learning on FRED [the providers on line learning resource] on site or at home, if you are unsure the managers help you" and "We are always being offered other courses and they [management] will arrange additional training if you need it". Staff confirmed to us and records showed that regular supervision was provided to them where they could discuss their performance and training needs.

The provider told us in the PIR they sent to us new staff had a full corporate induction in line with common induction standards. Staff told us they had their practice observed during their induction and had to be signed off as 'competent' before they were able to work more independently with people. A staff member told us, "I had an induction and was signed off after around six weeks when I had completed everything, I did all my basic training then too".

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. Applications to deprive a person of their liberty needed to be made to the Court of Protection, but at the time of this inspection no applications had been submitted. One person told us, "They [staff] always ask my permission before they do anything; they are good like that; they don't just assume it's okay". Staff we spoke with had an understanding of how to consider peoples level of capacity and how to ensure they were not restricted in relation to the support they were provided with. A staff member said, "I always make sure what I am doing is what the person wants". Staff had received the relevant training in relation to MCA and DoLS. Care plans reviewed demonstrated and outlined to staff the need to seek informed consent from

people. We saw that when a person's capacity to make specific decisions had been in question, an assessment had been sought in relation to the person's mental capacity and to consider best interests decisions making. This meant that the provider ensured that people were supported to make decisions in line with legislation.

We spoke with staff who told us how they encouraged people to eat and drink enough, recording what had been offered, prepared and/or consumed in the persons care records. People told us, "They [staff] bring my meals up; I don't go down to the restaurant. The meals are nice" and "The staff heat up my meal and they make sure I drink enough". A relative said, "They [staff] are monitoring [relative] as they have lost weight, they do her food, or they take her to the restaurant or collect her meal and take it to her. In the evening the staff put a meal in the microwave for her; because of all this her weight is improving". One staff member told us how they check each day if someone wants to eat in their flat, or wanted to go down to buy a meal from the restaurant . Staff were aware of people's specific dietary requirements and they prepared meals for some people, from items already purchased or ready meals. Records we reviewed considered and assessed any risks in relation to people's nutritional needs. This showed people were supported in relation to their nutritional needs and preferences.

People told us staff supported as required to access healthcare if they felt unwell. People said, "I know they [staff] would support me if I needed the doctor but it's not been needed yet", "The staff help me to each day and they have spotted things I haven't that the doctor should look at" and "They [staff] send for the doctor, I have had just one episode where there was a need for a paramedic they [staff] got them out so I was checked on". A relative said, "[Relative] has not needed the doctor which is good in itself". We found people who used the service or their relatives dealt with arranging most routine healthcare appointments. Staff told us and records demonstrated that they also arranged appointments for people when needed. They told us if people became unwell during their visit to them then they would call either a GP or an ambulance and would stay with the person until help arrived. Care records we reviewed outlined the signs for staff to be aware of and look out for that indicate the person may be at risk from instability of their health condition, for example diabetes. This ensured people who used the service received the health care, support and monitoring they required.

Good

Is the service caring?

Our findings

People said they were very happy with the staff working at the service and got on well with them, They were complimentary about the staff who supported them, their comments included, "The staff are very nice", "They [staff] are very polite, nice people" and "The staff] are very good, they are polite and respectful". A relative said, "[Relative] looks well and she is happy and likes the staff, which feels good".

Some people spoke of a lack of consistency in the staff supporting them, but did not feel this had a negative impact upon the care they received, as they all told us that they were shown kindness and compassion by all staff. People told us, "It's mostly regular staff, more or less, but they are all kind to me", "I know all the staff by name", 'The staff I have are really great. I tend to get the same ones and they do everything for me". A relative says, "[Relative] has not been affected by any staffing changes. She has some regular staff, about a half dozen who know her needs and she now knows their names". Staff we spoke with knew the needs of people they were caring for and supporting, including their preferences. Records we reviewed contained plans of care that described people's abilities, preferences and wishes for staff to refer to if they were less familiar with the person.

People told us, "I don't get lonely here" and "They [staff] help me. I had lost my confidence and it has picked up since I have been here". A relative said, "[Relative] loves his independence there and has the support he wants on site. He's doing more activities now and he really enjoys that". We saw warm and friendly interactions between people and staff during our inspection. When assisting people, we saw that staff were attentive and supportive, speaking with them in a kind manner and actively listening to them. We saw that staff shared a joke with the people they were supporting when this was appropriate and made time to stop and speak with people in communal areas even when they were clearly busy.

People were supported to make day to day choices relating to how their care was provided. Staff told us that all the support they provided was done how the person wanted it done and through consultation with them at each call. In the PIR the provider sent to us they told us support plans were completed with the person and written to reflect their expressed choices and support needs. We spoke with a person who told us how they had been involved in what went into their care plan it and that they had agreed it all. Records showed assessments were completed to identify support needs that people and their relatives had contributed to. Pre assessment information was also available to inform the planning of care. Care plans contained relevant personalised information, detailing how people's needs should be met and had been reviewed and updated in a timely manner.

Verbal information about how to access an advocacy service could be sought from staff or the registered manager by people. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. No information about advocacy services, for example information leaflets in the lobby or contact numbers included in the service user guide [provided to people when they joined the service]. The registered manager assured us they would attend to this. No one at the service required advocacy support at the time of our inspection

People told us they felt the care staff treated them with dignity and respect. They told us, "They [staff] give me a bath, this is done with dignity and they take the time to do it right", "Any help I have had has been done with dignity", "They [staff] help me with dignity and they don't rush me", and "They [staff] help me wash and get dressed, it's all done with dignity. The staff are nice and good to have about". Care staff had received training about privacy and dignity issues and had a good understanding of how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they treated them with respect. Examples staff gave included, closing curtains before providing personal care and explaining what and how they would be providing support once the person had given their consent.

People told us staff actively encouraged them to be independent according to their individual abilities. A relative said, "[Relative] likes their independence and to do a lot for themselves and he can do that here, whilst having the help he needs help nearby". During our inspection we saw people going out of the complex independently and accessing the communal areas and restaurant as they wished. No visiting restrictions were in place and families/friends could visit when they wanted to.

People had copies of their care plans which were accessible to them and kept within their own flat. Information was kept confidentially and stored securely in the services office. Policies and procedures were in place which staff were aware of and adhered to, to protect people's personal information.

Good

Is the service responsive?

Our findings

People were asked if they received the care and support they required and whether it was responsive to their needs. Some people told us, "The bell gets answered if I need help" and "I've not needed to use the alarm bell but I know from others here that if I needed them they would come quickly". Other people told us that before they started using the service, discussions were held on how the service could meet their care needs, wishes and expectations. One person told us, "There is a care plan and they [staff] went through it with us and we were agreeable to it". The registered manager told us that prior to any potential admission to the service, a member of the senior staff team went out to meet people to assess their needs and ensure that their needs and expectations could be met. We saw that this pre admission information was used to complete a more detailed care plan if the person was accepted into the service which provided staff with the information they needed to deliver the appropriate level of care.

We found care plans were developed with the person and/or their relative, contained details of people's routines and information about their health and support needs. People told us they were able to read these or comment on them if necessary at any time if they felt changes needed to be made. They said staff spoke with them about their support needs regularly. Relatives told us, "We sit down and we plan for the future and they [staff] ask us questions" and "They [staff] keep up with [relatives] changing needs, his needs are different now and have been more changeable recently".

Staff used a daily communication sheet to inform each shift of the care already provided to and required by people. A handover between shifts took place to ensure staff remained up-to-date with people's care needs and to note any changes that had occurred they needed to be mindful of. Staff told us these systems worked well and were informative.

During our visit we saw small groups of people enjoying each other's company and chatting happily in the communal areas. A person told us, "There are always things going on I can get involved in". Staff supported people to access the community and minimise the risk of them becoming socially isolated. For example, we saw people were supported to participate in activities and use the facilities provided as part of the service. We saw a film afternoon taking place in another lounge, where several people were clearly enjoying this social gathering with others, along with a film of their liking and the groups choosing. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which supported them to provide a personalised service.

People felt able to raise concerns and complaints and told us they knew how to do so. They told us, "I've had no complaints but will take any issue up with them [staff]" and "I've had no complaints. If there is something I can get it sorted with the office and the tenants meetings are also good for that". A relative told us, "I have no complaints". Meetings took place with people regularly; minutes we looked at showed that people were asked for their thoughts and opinions at these meetings and people were able to speak openly. Staff were able to tell us about the complaints policy and described how they would direct or support the person to make a complaint or raise a concern.

The complaints process was displayed in communal areas and was also made available in the service user guide provided to people when they moved into the service. Records we reviewed showed complaints were handled and responded to appropriately and in line with the provider's policy. Where people had raised concerns we saw and they told us the staff had responded and acted promptly. A relative said, "We complained a few weeks ago and since then it has been better. They [staff] get it right now more than they get it wrong. The manager did take our complaint seriously". The provider also monitored concerns and complaints raised as part of its quality assurance systems.

Good

Is the service well-led?

Our findings

People told us they were happy living at Oakley Gardens. They told us, "It's very good here, it's working for me", "I would certainly recommend it", "It's nice here, very friendly" and "I like it very much and I have settled in and it's marvellous". Relative's comments about the staff and service they provided included, "They are very good actually I think they are awesome, really brilliant", "I would recommend it. It's very good", "It's very good it's been excellent. Can't fault them at all" and "We would not want [relative] anywhere else".

People were able to identify who the management team were and how they could access them if they needed to. They told us, "I know who the manager is, she is very friendly" and "The manager is good". The registered manager demonstrated to us that they had a good level of knowledge about the people at the service and their support needs. Comments received from a professional we contacted who had experience of the service included 'the manager has been responsive to new ideas; if I have raised an issue they have dealt with it swiftly'. Staff spoke highly of the registered manager, telling us they felt supported and that they were comfortable saying if they had made a mistake or raising any concerns and felt that they would be listened to. They told us, "The manager is good, if you are unsure you can go to them and they give you full support", "They are great and do really care about the people here" and "The manager is always available and out of hours, whoever is on call is there if I have any issues". This demonstrated the management team promoted an open and inclusive culture at the service.

Staff were clear about the leadership structure within the service. The registered manager told us that they were regularly visited by the provider and they received the support they needed from them in terms of developing and maintaining the quality of the service. Our observations on the day were that people and staff approached the management team without hesitation. Staff were supported through regular supervision and meetings and they were able to demonstrate to us they were clear about the values of the service and that they felt involved in its development. Staff gave a good account of what they would do if they learnt of or witnessed bad practice. The provider made the whistle blowing policy available to staff. This detailed how staff could report any concerns about the service including the external agencies they may wish to report any concerns to.

The registered manager understood their responsibilities for reporting certain incidents and events to us that had occurred at the service or affected people who used the service. For example we saw that incidents were appropriately recorded and shared with external agencies. They also investigated and monitored these for trends and to reduce any further risks for people. For example, external professional support and further assessment had been sought in relation to the appropriateness of the service for a person in terms of their safety. This meant that the registered manager acted when incidents occurred to reduce any potential future risks to people's safety.

The quality of the service was monitored in a variety of ways such as staff speaking with people during planned visits to ensure they were happy with the service they received and completing formal reviews with people of the experience of the care being provided. Spot checks were undertaken at times when the staff were in people's flats to observe the standard of care they provided. These visits were also used to review

the care records kept in the person's flat to ensure they were appropriately completed. Satisfaction surveys were sent out to all stakeholders including staff, however no mechanisms were in place to share this information and demonstrate improvements that had been taken as a result of feedback received. The service had only been operating for just over a year and the provider told us in their PIR and on the day of our inspection that they intended to implement a more robust system for using the feedback received to improve the service. They planned to display any analysis of feedback and their response on the main communal area notice boards and in meetings with people and their families.

There were effective systems operated to monitor the quality of service. The provider told us in the PIR they sent to us an annual internal audit by the quality assurance team was undertaken and a monthly audit of all care calls, log sheets and was conducted by the management team. Their findings and action plans based on the results were shared with the registered manager; we saw that they updated the plans when remedial action was completed and shared this with the provider accordingly. The issues that we identified in relation to staffing levels had already been clearly identified by the registered manager and the provider; they were able to demonstrate to us that their priority was to take action through recruitment drives to find staff that had the right skills, attitude and knowledge to work at the service. As part of the provider's quality assurance systems and ongoing monitoring of the service, the operations manager visited the service regularly to undertake their own checks on various elements of service provision. This meant that the provider monitored the service to ensure it was safe and of good quality.

The provider sent us their Provider Information Return (PIR) within the timescales they were given. They had outlined how they were meeting the standards and advised us of their plans for improvement.