

Coastline Housing Limited

# Miners Court Extra Care

## Inspection report

Miners Court  
Miners Row  
Redruth  
Cornwall  
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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

Miners Court Extra Care provides accommodation and support to up to 64 people on a purpose built site. People live in their own self-contained flats. Numerous communal facilities are provided including a café, hair salon and lounge areas.

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 experience of the personal care provided by the service. At the time of our inspection 50 people living at the Miners Court were receiving personal care.

This unannounced comprehensive inspection was completed on the 5 April 2018 by one inspector and one expert by experience.

The service did not have a registered manager at the time of our inspection. However, an acting manager had been appointed and was in the process of applying for registration. 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.

The acting manager had been appointed prior to the registered managers departure and there had been an effective handover of responsibilities. The acting manager was supernumerary and supported by two deputy managers who were also not routinely allocated care shifts. This meant staff had access to management support every day and we saw there was open and effective communication between staff and managers. Staff said they felt well supported and commented, "The new manager is brilliant. She has a really caring nature" and "I have never had a manager that has been so approachable. They sort things out straight away."

The acting manager received regular supervision and support from the providers theme Lead who visited the service regularly. There were effective systems in place to support the manager and staff outside of office hours and the acting manager told us, "The support is fantastic" and "[Senior management] are always on the end of the phone if I need them, even at weekends."

People were relaxed and comfortable in the service and consistently complementary of the care and support they received. People's comments included, "The staff give me all the care I need", "The best thing I did was come here" and "I love it here." Staff enjoyed the company of the people they supported and actively sought additional opportunities to interact with people. Staff told us, "I adore it here, we have lovely clients. All different with different needs" and "I get a lot of enjoyment out of working here." We saw staff dancing and laughing with people in communal areas and it was clear staff knew people well and understood their individual likes and preferences.

Staff had received safeguarding training and understood their responsibilities in relation to protecting people from abuse, harm and all forms of discrimination. Staff told us they would report any concerns to their managers who they were confident would take any action necessary to ensure people's safety.

Staff had the skills necessary to meet people's needs and their training had been regularly updated and refreshed. Staff told us, "You have a lot of training and it is constantly updated" and "You do shadowing for a while, then someone shadows you, then you are released." All new staff completed training in accordance with the care certificate and shadowed more experienced staff before providing support independently. Staff records showed all necessary pre-employment checks had been completed.

Staff were well motivated and worked effectively with their managers to ensure people's needs were met. Staff spoke positively of the acting manager's approach and commented, "The new manager is brilliant. She has a really caring nature" and "I really like our manager actually. I have never had a manager that has been so approachable. They sort things out straight away."

The provider actively encouraged staff development and operated a variety of schemes designed to support staff and ensure good practice was shared. There was an employee assistance programme where staff could anonymously access support during periods of difficulty. The provider had been recognised nationally as one of the top 100 not for profit employers.

People understood how to report any concerns or complaints and where issues or suggestions were made they were acted upon. Residents meetings were held regularly and records showed people's suggestions had led to changes in how activities were arranged within the service.

People's care plans included risk assessments and guidance for staff on how to protect individuals from all identified risks. Where areas of increased risk had been identified appropriate measures were introduced to mitigate these risks.

The service was well staffed and people told us, "There's always somebody around to help." Records showed planned staffing levels had been routinely achieved and staff reported, "There are enough staff" and "The deputy manager is always spare and can pick up a list if someone is ill." There were no records of any planned visits having been missed and staff consistently told us this did not happen.

Staff responded promptly when additional help was needed and records showed additional visits had been arranged where staff were concerned about an individual's welfare. Staff told us they did not feel rushed and used radios to reschedule visits if they were delayed. One staff member told us, "I don't want to be too late, 10 or 15 minutes maximum. I will ask for help if this happens so the person can be warned I am running late."

Assessments of people's needs were completed before they moved into the service to ensure their needs could be met without impacting on people already using the service. Information gathered during the assessment process was combined with details supplied by commissioners and relatives to form the basis of people's care plans.

Care plans were sufficiently detailed and staff had a good understanding of individual care and support needs. They provided staff with specific guidance on the support people normally required and were designed to encourage people to remain as independent as possible. Care records also included information about people's life history and background to help new staff to see each person as an individual.

People were able to choose how to spend their time and access the community independently when they wished. Facilities were provided for the storage and charging of mobility aids and everyone was invited to weekly coffee mornings held in the service's café to help reduce the risks of people becoming socially isolated. In addition, there was a day centre and hair salon on site which people enjoyed. There was an active gardening club and raised plant beds and a poly tunnel had been provided to enable people to continue to enjoy gardening. People told us, "We have great entertainment, I love to listen to the singers and music players." Games and entertainments were regularly arranged in communal areas.

The management team strived to continually improve the quality of service they provided. There were robust processes in place to seek people's views and monitor the quality of care provided at the service. These included unannounced spot checks of the quality of support provided by individual staff, management audits, regular residents meetings and an annual survey of people's feedback. Where any concerns or issues were raised action was taken to address and resolve them. For example, people had raised issues in relation to the availability of parking at the service. As a result of these concerns parking enforcement had been introduced which had successfully resolved this issue.

Information was stored securely and there were systems in place to monitor the service's performance, gather feedback from people and their relatives and identify where improvements could be made.

## 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 remained Good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained good.

# Miners Court Extra Care

## **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 5 April 2018 and was unannounced. The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who has experience of, or has cared for a person who uses similar services.

The service was previously inspected on 8 January 2016 when it was found to be Good in all areas. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with the eight people who used the service, eight members of care staff, the acting manager and a deputy manager. We used surveys to gain additional feedback and received responses from 12 people, four relatives and two health and social care professionals. In addition we observed staff supporting and interacting with people in the communal areas of the service. We also inspected a range of records. These included three care plans, four staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

# Is the service safe?

## Our findings

People told us they felt safe and comfortable living in Miners Court and we found there was a peaceful and homely atmosphere in the service. People were protected from the risks of abuse and discrimination because staff had received training to help them identify possible signs of abuse and understand what action to take to ensure people's safety. Information about local safeguarding procedures was available throughout the service and staff understood how to report any safety concerns. Staff told us they were confident any concern reported to management would be investigated and resolved. There were appropriate whistle blowing procedures in place designed to protect staff that raised safety concerns.

Risks in relation to people's care and support needs had been identified and assessed. Care plans provided staff with specific guidance on how to protect people from each identified area of risk. Where accidents or incidents had occurred these had been fully documented, investigated by the service's management team and the records were regularly audited to identify any evolving trends or patterns. Where areas of increased risk were identified risk assessments were updated with additional guidance for staff on how to ensure people's safety. A recent incident had identified a need for additional staff training on how to support people when they became upset or anxious. As a result the manager had arranged training in de-escalation techniques for all staff.

There were personal emergency evacuation plans (PEEPS) in place detailing the support each person required in the event of an emergency evacuation. Firefighting equipment within the service had been regularly serviced and the provider had worked with relevant authorities to develop site specific emergency plans.

Access to the service by visitors was controlled by staff and there was a security guard on duty each night. People told us they found this reassuring and one person commented, "I feel safe because we have a security guard at night." In addition, there were systems in place to enable people to identify individuals they did not wish to be visited by. Staff were aware of these arrangements and able to identify the individuals concerned.

Planned staffing levels had routinely been achieved and people told us, "The staff are always around" and "There's always somebody around to help." During our inspection staff responded promptly to people's request for additional support and worked as a team to ensure support was provided quickly when requested. Staff told us, "There are enough staff", "Very rarely are we short staffed. They are quite quick at filling positions" and "The deputy manager is always spare and can pick up a list if someone is ill."

Each staff member was allocated a list of visits to provide each day as part of the staff handover meeting. Staff told us this system worked well and that they had more than enough time to meet people's needs. Their comments included, "We do have enough time", "You don't really have to rush", "I have more than enough time" and "Our rotas are worked out quite well." One staff member who had recently been appointed to the service said, "You are not chasing the clock the whole time here."

People had access to a pendant alarm system and told us, "I can always use my call pendant if I need any help." Staff carried radios to ensure effective communication throughout the service and responded promptly to requests for additional support. Staff told us, "I don't want to be too late, 10 or 15 minutes maximum. I will ask for help if this happens so the person can be warned I am running late", and "We are a good team. We help each other out and offer to do visits if someone is running late."

None of the people we spoke with or who responded to our survey reported any missed care visits. Staff confirmed this did not happen, saying, "No missed visits, I just follow my list" and "No missed visits, you can always radio for help and someone will always back you up."

The service had suitable and robust recruitment procedures. Necessary checks had been completed to demonstrate that staff employed had the skills and knowledge necessary to meet people's needs. Staff files contained records of pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks.

There were appropriate disciplinary procedures in place. Where issues in relation to staff performance were reported, they had been thoroughly investigated and, where necessary, appropriate action taken to ensure people's safety during the investigatory process. Records showed investigations had been completed by the service's manager with decisions on possible disciplinary action made at the provider's senior management or executive level.

Where people required assistance to manage their medicines this was provided by staff who were sufficiently trained and competent. Staff used Medicines Administration Records (MAR) to record details of the support they provided people's with medicines. We found these were fully completed and showed medicines were administered as prescribed. Where medicine errors occurred advice was sought from health professionals and additional support provided where necessary. The service sought to learn from any errors that occurred and one staff member told us, "I made an error with one person's medicines, I spoke with the deputy manager and she had me phone 111." The deputy manager explained this was done so the staff involved would understand the impact of what happened. Staff training was also refreshed following any medicine error to minimise the likelihood of similar mistakes reoccurring.

Staff had a good understanding of infection control procedures and Personal Protective Equipment including disposable gloves and aprons was readily available in the staff room and people's individual flats. Each staff member carried additional PPE with them during care visits

There were systems and procedures in place to support people with their finances. Where people had asked the service to hold money on their behalf there were appropriate records of purchases with receipts for expenditure. People's money was stored securely and our audit found that balances were accurate.



## Is the service effective?

### Our findings

People interested in moving into the service were encouraged to visit, meet staff and other residents and attend the day centre to gain a better understanding of the support available. People's needs were assessed by managers and commissioners before they moved in. This was done to ensure the service could meet the individual's needs while maintaining a balance in the support needs of the community at Miners Court.

People and their relatives consistently told us the staff team had the skills and knowledge necessary to meet their needs. We saw staff knew people well and had a detailed understanding of individual needs and preferences. Records showed there were appropriate systems in place to ensure all staff received regular training updates in topics considered mandatory at the service. One person told us, "You couldn't get better trained staff to look after me". While staff commented, "You have a lot of training and it is constantly updated", "There is lots of training" and "The training is OK. A lot is computer based which is OK but once you have done it a couple of times it becomes repetitive." Where specific additional training needs had been identified these were addressed. For example, arrangements had been made to provide all staff with training in mental health and de-escalation techniques as a result of learning identified following an incident.

Staff were actively encouraged and supported to further develop their skills and experiences. The provider operated a number of job shadowing schemes so staff could experience working in different roles. Staff who had participated told us these were beneficial and that, as a result, ideas from the provider's other services were now being introduced at Miners Court.

When new staff were appointed they completed an induction training package in accordance with the requirements of the care certificate. This nationally recognised training is designed to provide staff, new to the care sector, with an understanding of current good practice. Staff told us they initially observed and shadowed experienced care staff until they felt sufficiently confident to provide support independently. Comments from recently appointed staff included, "I did the induction and then shadowed someone until I felt confident", "I shadowed for quite a while. Around a month I think, until I had done my medicine training" and "You do shadowing for a while, then someone shadows you, then you are released."

Records showed staff performance was monitored regularly during their initial period of employment. New staff received regular supervision and support from managers to help ensure they understood the service's policies and procedures. Where appropriate staff probationary periods had been extended to ensure new staff were sufficiently skilled and competent to perform their role.

Staff were well supported by their managers. Team meetings were held regularly and provided an open forum where ideas and suggested improvements within the service were discussed. Records showed staff received regular formal supervision and annual performance appraisals. These meetings provided more formal opportunities for staff and managers to discuss training needs, individual performance, career developments and observed changes in people's needs. In addition managers regularly completed spot checks where, with a person's consent, they observed staff during a planned care visit. These spot checks

were unannounced and one was completed by the deputy manager during our inspection. Staff comments in relation to the services supervision systems included, "I just had a spot check done this morning, the deputy manager observed me doing a visit. They do them quite regularly", "They check you every two months I think" and "We have supervision once a month and then there is an appraisal once a year."

People were supported to access external healthcare services as necessary. Each person was allocated a key worker who was responsible for supporting the person to arrange any necessary healthcare appointments. Records showed prompt and appropriate referrals for additional support had been made to appropriate healthcare professionals.

Care records showed people were supported to manage their food and fluid intake. Staff told us, "If someone is not eating or drinking much we do extra visits to try and prompt them." One person commented, "They make sure I always have something to drink." On the day of our inspection we saw that lunch in the café was well attended and people consistently told us they had enjoyed their lunch.

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. Managers and staff had a good understanding of this legislation and acted to ensure people's choices and decisions were respected. One person told us, "The staff involve me in making my own decisions."

Staff sought people's consent before providing support and respected their decision where support was declined. There were systems in place to enable people to specify circumstances when staff were permitted to enter their flats without consent. These preferences were recorded in each person's care plan.

## Is the service caring?

### Our findings

Throughout the inspection people consistently talked of how caring and compassionate the staff team were. People said, "We couldn't have found a better place to live", "They have sustained my life by giving me this accommodation", "You can't ask for anymore living here" and "I love it here." Two people became emotional while describing how well cared for and safe they felt living at Miners Court.

People were supported by a consistent team of staff who they knew well and were supported by regularly. This enabled staff to build relationships with people over time and gain detailed understanding of people's needs and preferences. Staff clearly enjoyed the company of the people they supported and there was a relaxed, warm and peaceful atmosphere throughout the service. Staff actively sought additional opportunities to interact with people living in the service. During our inspection we saw staff dancing with people they met in corridors, spending time chatting and providing reassurance in the reception areas and chatting with people as they waited for lunch to be served in the café. Staff told us, "I really love working here, the residents are lovely", "I adore it here, we have lovely clients. All different with different needs" and "I get a lot of enjoyment out of working here."

Everyone we spoke with and who responded to our survey was highly complementary of the care and support they received. People's comments included, "The staff are as good as gold", "The staff give me all the care I need" and "The staff are fantastic and very understanding." One person said, "I feel like the staff are my family" while another person commented, "The best thing I did was come here."

An example of the staff team's commitment to the people they support was demonstrated at Christmas when the café provider withdrew from their contract at short notice. Staff had rallied round and worked while off duty on Christmas Eve and Christmas Day to ensure everyone who used the service received their Christmas dinner. People recognised and appreciated the staff teams commitment saying, "Nothing is too much trouble", "The staff really make it feel like home", and "You couldn't find better care."

Staff and managers had a good understanding of equality and diversity issues and additional formal training in the area was planned for all staff. Where people had expressed preferences in relation to the gender of their carer for personal care appointments these preferences were recorded and respected. One person said, "They know I only like a female carer to help me in the shower."

People told us their friends and relatives were able to visit when they wish and made to feel welcome by staff. There was a room available for relatives to stay in if they wished. This was used to enable relatives to provide additional support if a person was feeling unwell or when relatives were visiting from distant parts of the country. Wi Fi internet access was available people, their relatives and visitors throughout Miners Court. During the inspection we saw staff supporting one person to communicate with their relatives using a tablet style computer.

Staff ensured people's privacy and dignity was respected. Staff told us, "I treat people how I would like my mum and dad to be treated" and explained the importance of recognising that people's flats were their own

homes. People told us staff ensured doors and curtains were closed while providing personal care. Staff always knocked on doors and waited for a response before entering people's flats. In addition, people were able to define in what circumstances staff were permitted to enter their flats if they did not respond to the door. This information was recorded within care plans and respected.

People told us their care staff always responded to small changes in their care needs and offered additional support and extended care visits if they were feeling unwell. One person told us, "When you want them they are there for you." Records showed additional unplanned care visits were regularly provided to support people while feeling unwell. The provision of these unplanned care visits, demonstrated the commitment of both staff and managers to ensuring people's needs were met.

The provider had recently introduced an, "OKEachDay" service for people living at Miners Court but not in receipt of personal care visit. This enabled staff to be alerted if a person had not been in touch to inform staff that they were up each morning and thus provided people and their relatives with additional reassurance and support if required.

People were supported and encouraged to be as independent as possible. There were facilities available for the storage and charging of mobility aids and we saw people leaving the service to access the local community and facilities. Staff understood the importance of the role in supporting people to remain as independent as possible and commented, "We try to encourage people to be independent" and "Without us the resident would not be able to be independent, they just need that little bit of help."

## Is the service responsive?

### Our findings

People's needs were assessed by managers before they moved into the service. This was done to ensure the service could meet the person's individual needs and expectations. Information gathered during the assessment process was combined with details provided by care commissioners and relatives to form the person's initial care plan.

Each person's care plan included background information, with details of their life history, family, interest and hobbies. This information was provided to staff to help them understand how the person's background could impact on their current needs and to help new staff identify topics of conversation the person might enjoy.

Care plans provided staff with sufficiently detailed guidance and information to ensure people's needs were met. A summary 'grab page' had recently been introduced to provide emergency service staff with details of the person's medical background and current care needs. This information was provided to help ensure people's care needs were understood and met in the event of an emergency hospital admission.

Care plans included specific information on tasks people were normally able to complete independently and guidance on how to provide support while encouraging people to remain as independent as possible. For example, one person's care plans stated, "[Person's name] is able to wash her hands and face, however she may need support to put on her socks only as she is unable to bend down."

There was a clear focus on supporting and encouraging people to remain as independent as possible and one person's care plan instructed staff, "It is vital that staff are consistent in their approach and do not complete tasks for [Person's name] that she is capable of doing for herself." People told us, "They help me to be independent by at least letting me try to do things on my own" and "I take great pride about doing my own housework."

Care plans had been updated regularly to ensure they accurately reflected people's current care and support needs. Records showed people had been involved in the care plan review process and one person commented, "I'm definitely involved in my care plan." Staff told us people's care plans were accurate, informative and up to date. Their comments included, "They are good, very clear. There is a section at the front to tell you what people need", "There is enough information in the care plans" and "I've just done a visit I had not done before. I read the care plan and knew what to do."

Staff handover meetings were held each morning to ensure staff, coming on duty, were aware of any changes to people's needs. Staff told us these meetings were useful and commented, "We have a handover in the morning when we first come in", "The handover is good to make sure you are up to date" and "The handover in the mornings is good, there is a lot of information in the handover book."

Daily records were completed by staff at the end of each care visit. These recorded the arrival and departure times of each member of staff and included details of the care provided, food and drinks the person had

consumed as well as information about any observed changes to the person's care needs. Our analysis of these records found that people normally received their care visits on time.

On site facilities at Miners Court included a café, hairdresser salon, and a day centre. These facilities were also available to members of the local community and were popular and busy during our inspection. There was also a quiet lounge area on the first floor and gardens where people could relax if they wished.

A residents gardening club had been set up and people told us, "The garden area has been adapted for my wheelchair with low raised planters." The manager actively supported the gardening club and was fundraising for a greenhouse and developing links with a local agricultural college to provide additional support.

There were regular activities and events within the service including evening entertainments. People told us they enjoyed participating in the variety of activities and games on offer which were planned by the residents association. People's comments included, "We have great entertainment, I love to listen to the singers and music players" and "Just a little while ago we had a posh tea, scones and three tiered cake stands. The staff all dressed up."

The service had systems in place to support people if they became socially isolated. There was a weekly coffee morning to which everyone was invited and where staff became concerned people were becoming isolated additional support was offered. Records showed the service had strong links to local befriending services who visited some people regularly. In addition, the provider was actively researching the use of new technology to help manage isolation within the service. Two digital therapeutic pets had been purchased and were due to be introduced to the service in the weeks following our inspection.

People's care plans included information about their specific communication needs and preferences. We observed staff using individualised approaches and communication aides effectively to share information with people.

Staff told us, "We can't force anyone to do anything" and we saw people's decisions and choices were respected. In addition, there were appropriate procedures in place to support people who regularly declined planned support. Staff told us they respected people's choices but if care was repeatedly declined this was reported to the manager. One staff member told us, "Today [one person] declined a shower, I looked through the records had they had not had one for two weeks. My manager spoke with the person and they then agreed to have a shower."

The service had appropriate complaints procedures in place and people told us they felt confident that any concerns or complaints they made would be acted upon. Records showed one person had raised an issue in relation to availability of parking spaces at the service. This concern had been investigated and as a result parking enforcement had been introduced to control use of the service's parking facilities by members of the public. The service regularly received compliments and thank you cards from people and their relative's. Recently received compliments included, "Thank you for everything you do" and "Carers are all wonderful and so caring and the management is great."

All staff had received training in end of life care and the service regularly managed to support people to remain in their own flats at the end of their lives. This was greatly valued by people and their relatives. Recently received thankyou cards showed the service had successfully met people's needs at the end of their lives.

## Is the service well-led?

### Our findings

People were highly complementary of Miners Court Extra Care and the quality of care and support they received. Their comments included, "I've never been looked after so good in my life", "It's like living in a hotel" and "They have sustained my life by giving me this accommodation." Staff took pride in their role and the support they provided. They told us, "It's brilliant, I love it. I would have to say it is the best job I have had", "I just think it is a good place and I don't think there are enough places like this in Cornwall" and "I would bring my mum here, my gran, everyone. I think this is the most outstanding place." One staff member told us, "You have nothing to be worried about at all here."

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. The service requires a registered manager but at the time of inspection there was no registered manager in post. The previous registered manager had been promoted to another role within the organisation and an acting manager had been appointed. The acting manager was in the process of applying to the commission for registration.

The acting manager had been appointed prior to the registered manager's departure. There had been a transition period where both managers had worked alongside each other in the service to ensure the new acting manager understood the service's system and procedures. Staff told us the acting manager had completed a number of shadow shifts and was completing the same training as care staff to gain a better understanding of how the service operated. They told us, "It has been a really smooth transition."

The acting manager did not normally provide care visits and was supported by two experienced, full time deputy managers. Management shifts were designed to ensure a leadership presence in the service seven days per week. Staff told us they felt well supported by their managers and could immediately raise any issues that arose. During our inspection there was open and effective communication between staff and managers. It was clear staff were comfortable reviewing decisions with their managers and records showed timely action was taken when significant issues arose.

Staff spoke positively of the acting manager's leadership style and approach. They told us, "The new manager is brilliant. She has a really caring nature". "She's brilliant. A very nice lady, very approachable" and "I really like our manager actually. I have never had a manager that has been so approachable. They sort things out straight away."

The acting manager received regular support and supervision from the provider's theme lead for Care and Support Services who visited the service regularly. Staff told us, "[The business manager] is in quite regularly. If the receptionist is off she will often cover that" and "The management team are good." While the acting manager said, "The support is fantastic, I know I can go to [the business manager] with anything" and "[Senior management] are always on the end of the phone if I need them, even at weekends."

There were strong links between the service and the provider's executive directors who regularly met in the service's quiet lounge. All new board members visited Miners Court as part of their induction and specific training on the commission's role and board members responsibilities were scheduled for the next board meeting. The acting manager completed a formal performance report to the executive team each month including details of any safeguarding issues, staffing levels, recruitment, activities, planned events and development goals. Any significant incidents were investigated by the acting manager and reported to the board for decisions in relation to any staff disciplinary issues.

There was a positive, caring and compassionate culture within the staff team who were highly motivated and focused on supporting people to live fulfilling lives. Adverse weather during the winter period had not impacted on staff attendance and a deputy manager commented, "The team were incredible during the snow. Everyone pulled together." Staff said, "Morale is good. The girls are a really good bunch to work with" and "It's like one big family." Team meetings occurred monthly and were well attended. Minutes showed staff felt comfortable raising, discussing and resolving a variety of issues with support from the acting manager.

The provider had been nationally recognised as one of the top 100 not for profit employers and numerous other local and national awards. There was an employee assistance programme in place which staff could access anonymously for support and advice when required. Staff told us they felt comfortable approaching managers for support and felt confident they would provide any assistance possible. An example of the provider's commitment to the staff team occurred during a recent internal awards ceremony to which all staff had been invited. Managers had recognised that staff on duty at Miners Court would be unable to attend these celebrations so arrangements had been made for pasties and other treats to be delivered to staff on duty at the service.

The provider actively encouraged personal development and life-long learning. Staff were supported to become champions in relation to specific topics they were interested in and supported to complete additional training and attend relevant conferences. For example, the service's mental health champion had recently attended a training event in Plymouth and planned to pass on this training to colleagues during the next team meeting.

The provider also actively encouraged career development and offered staff a wide variety of shadowing and temporary work placement opportunities. Staff told us they enjoyed these opportunities and that they provided an effective system for good practice and ideas to be shared between different services. For example, the homelessness service operated a buddy system where peers helped to provide assistance and reassurance to people new to the service. A similar scheme was now being introduced at Miners Court to help support people when they initially moved into the service. This demonstrated the provider was able to identify what worked well in other services and apply the learning across the organisation. This meant there was a continual effort to drive improvement.

The provider took innovative approaches to recruitment. They also operated a housing association which ran an "Inspiring futures" programme. This enabled customers of the housing association to improve their financial wellbeing by accessing support, training, funding and employment opportunities to get back to work. This involved offering 8 week work experience placements within the providers businesses including at Miners Court. Two staff currently employed as carers at Miners court had been recruited through this programme.

The provider also recognised and valued the benefits to the service and the people it supported that could be gained from volunteers. It had achieved accreditation under an "Investing in volunteers" scheme and had



recently been commended as a host service. On the day of our inspection there was a volunteer working with kitchen contractors in the café and records showed the service worked with local voluntary organisations to enable people to access additional support.

Residents association meetings were held regularly. People told us they felt able to contribute to these discussions and that their ideas and suggestions were acted upon. For example, people said arrangements for evening entertainments and activities had been discussed and subsequently introduced. There was a suggestion box in the reception area and any comments and ideas received were reviewed by managers or the residents association as appropriate.

The provider was continually striving to improve the service by using new technology to improve people's experience. For example, there were plans in place for the introduction of digital therapeutic pets designed to provide comfort and companionship to people who were likely to feel isolated. The provider was also working with a local university to investigate the possible introduction of additional supportive technologies to the service. In addition, the provider was working with local and national projects to improve the quality of activities and exercise programmes available within the service.

Annual quality assurance surveys were used to monitor the standards of care provided and identify any areas in which the service could improve. The finding of the most recently completed survey showed that people were highly satisfied with the quality of care they received. People's comments had included, "Proper Job! [excellent]", "I love them all deeply" and "Staff are friendly, understanding and helpful." Unannounced spot checks of the quality of care provided by individual staff were completed regularly and part of the service staff supervision programme.

Information was stored securely and the service had made all necessary notifications to the commission. The service's most recent inspection report was displayed prominently within the service. Regular audits by managers ensured information was recorded accurately in care records and on MAR charts.