Housing & Care 21

# Housing & Care 21 - Laurel Gardens

## Inspection report

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Date of inspection visit:
09 May 2017

Date of publication:
04 July 2017

## 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? | Requires Improvement |

# Summary of findings

## Overall summary

This inspection took place on 9 May 2017 and was announced. This was to ensure the registered manager and staff were available when we visited, to talk with us about the service.

Laurel Gardens provides an extra care service of personal care and support to people within a complex of flats. Staff provide care at pre-arranged times and people have access to call bells for staff to respond whenever additional help is required. People have access to communal facilities, including a lounge and a restaurant which offers hot and cold meals daily. At the time of our visit the service was providing care and support to 70 people.
The service had 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 told us they felt safe, and that they could raise concerns with staff at any time. Staff were trained in safeguarding people, and we saw that they understood what action they should take in order to protect people from abuse. Staff were supported in doing so by access to the provider's policies and procedures. Systems were used to minimise risks to people's safety, and staff knew how to support people safely, through access to accurate and regularly updated risk assessments.

People were supported with their medicines by staff who were trained to do so, and had been assessed as competent. Medicines were given in a timely way and as prescribed. Regular audits took place, which helped to ensure medicines were given effectively. However, these audits had not identified recording errors for one person. Rapid and effective action was taken by the registered manager to ensure this was rectified. There were enough staff to meet people's needs.

Checks were carried out prior to staff starting work to ensure their suitability to support people. Staff received appropriate training, support and guidance through regular supervision meetings, which helped to give them the skills, knowledge and understanding to meet the needs of people.

Management and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and supported people in line with the principles of the Act. Staff were aware of the need to seek informed consent from people wherever possible.

People told us that staff were respectful and treated them with dignity and respect. They also told us that staff supported them to be as independent as possible and respected their right to privacy. People told us they could choose what to eat and drink, and that they were supported to prepare their own meals where required.

People had access to healthcare professionals whenever necessary, and we saw that the care and support

provided by staff was in line with healthcare professionals' advice. People's care records were written in a way which helped staff to deliver personalised care. People were fully involved in deciding how their care and support was delivered, and they felt able to raise concerns about their support with staff and the manager if they were not happy with it.

People told us they were able to raise any concerns with the registered manager, and that these concerns would be listened to and responded to effectively, and in a timely way. People told us that staff and the management team were responsive and approachable. Some systems used to monitor the quality of the support provided were not always effective, and action had not always been taken as a result.

## 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's needs had been assessed and risks appropriately identified, with risk assessments being kept up to date. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. Staff were also aware of how and when to escalate concerns if they felt these were not being dealt with. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs, and staff were recruited safely.

### Is the service effective?

Good

The service was effective.

People were supported by staff who knew about their needs. People received timely support from appropriate health care professionals, and communication between staff and professionals ensured people's health care needs were met. People were supported to maintain nutrition and hydration where this was part of their package of care.
Records gave staff information about which decisions people had the capacity to make for themselves.

### Is the service caring?

Good

The service was caring.

People were treated as individuals and were supported with kindness, dignity and respect. Staff were kind, patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's preferences. People were supported to be as independent as possible. Staff showed respect for people's privacy.

### Is the service responsive?

Good

The service was responsive.

People were involved in planning how they were cared for and supported. Care plans were reviewed and staff received updates

about changes in people's care. Staff responded to people's needs as they changed and people were familiar with staff who supported them. People were able to share their views about the service and told us they felt any complaints would be listened to and resolved to their satisfaction.

## Is the service well-led?

**Requires Improvement**

The service was not always well led.

There were systems in place for the provider to assure themselves of the quality of service being provided. However, these had not always been effective and action had not always been taken as a result. People, relatives and staff felt able to approach the management team and felt they were listened to. Staff felt well supported in their roles and there was a culture of openness.

# Housing & Care 21 - Laurel 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.

The inspection took place on 9 May 2017 and was announced. We told the provider we would be coming 24 hours before our visit. The notice period gave the manager time to arrange for us to speak with people who used the service and to ensure staff were available to speak with us about the service. The inspection was conducted by two inspectors.

We reviewed the information we held about the service. We looked at information received from local authority commissioners and statutory notifications sent to us by the service. The commissioners told us they had no concerns about the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. 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 were able to review the information as part of our evidence when conducting our inspection, and found it reflected what we saw.

During our visit we spoke with three people who used the service, and one relative. We also spoke with the registered manager, a care team leader and four care staff.

We reviewed five people's care plans 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 medicine records,

staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at Laurel Gardens. One person told us this was because, "Girls [staff members] are here to help me." Another person explained they had a 'button' [pendant] which they wore around their neck to alert staff if they needed assistance. They said, "This [pendant] makes me safe. I fell over and pushed my pendant. The staff came straight away."

Staff understood the importance of keeping people safe to ensure they felt safe and comfortable. We overheard one staff member say, "[Name], would you like me to lock your front door for you when I leave?"

People's care records included information for staff on how they could keep people safe. One person's care plan stated, "Before you leave, please ensure I am wearing my pendant alarm, this will ensure that I will be able to alert somebody if I am unwell or experiencing any difficulties."

Risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities and had been updated with the most recent information. Action plans were in place about how to manage identified risks, which linked clearly to people's day to day care plans and the outcomes they wanted to achieve. This gave staff the information they needed to reduce risks to people, so they could promote their safety and well-being.

Risk assessments gave staff clear guidance. For example, one person was at risk of their skin becoming damaged due to their limited mobility. The risk assessment informed staff to 'discreetly' check the person's skin each visit and to report any concern's to the senior on duty. The assessment also detailed the importance of staff ensuring the person skin was dried thoroughly to reduce the risk of skin damage.

Staff demonstrated they had a good knowledge of the risks associated with the care and support of people they visited and how these were to be managed. One said, "We always read risk assessments before the first visit and then we read it again when we do a visit." They told us this ensured, "We know how to support clients [people] safely." Another staff member said, "If there is anything different that we need to know before a visit, it's written in the 'communication book'. Then we know we also need to read the updated assessment at the start of the visit." Another staff member told us that, as well as reading risk assessments, "I do a mental risk assessment when I enter the property. For example, are the rugs flat, are there any obstacles that could be a risk. You just do it automatically."

The provider checked that staff were suitable to support people before they began working alone with people in their own homes. This minimised risks to people's safety and welfare. For example, recruitment procedures included checks made with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records. Staff confirmed they were not able to start working at the service until all pre-employment checks had been received by the registered manager. One told us, "There was a delay with my DBS coming back. I think they [DBS] were busy. It was frustrating because I couldn't start until it came back."

People were safe and protected from the risks of abuse because staff understood their responsibilities and the actions they should take if they had any concerns about people's safety. One staff member told us, "It is our responsibility to keep them [People] safe. We have to be alert at all times." Staff members told us they attended safeguarding training which included information on how people may experience abuse. All staff members had a clear understanding of the different kinds of abuse, and what action they would take if they suspected abuse had happened. One staff member told us, "I would report it without question. They [management] would investigate and talk to the local authority. I am confident of that."

Another explained the service had a whistleblowing policy. They said, "I wouldn't hesitate to ring the number. It's in the staff room." Whistleblowing is when an employee raises a concern about a wrongdoing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public.

Records showed that safeguarding concerns were reported to the Local Authority in a timely manner, and were recorded, so that lessons learnt were clearly documented and communicated to staff. Records also showed that trends were analysed in order to try to make the service safer for people. If there were concerns for a person's safety, information was available for staff so they knew what to look out for and when to escalate concerns.

Accidents and incidents were logged and appropriate action was taken at the time to support people safely and to minimise the risk of them reoccurring. For example, one person had, recently experienced a number of falls. This information had been shared with staff members who had been instructed to ensure the person was reminded to use their walking stick when moving around their home. One staff member told us the information was also recorded in the 'communication book'. They explained this ensured staff who had not been at work could update themselves before they started their shift.

There were enough staff members available to support people at the times they preferred, and people received the support they needed. One person explained they never worried about their care calls. They said, "In all the time the girls [staff members] have been coming I have never not had my visit." A relative told us, "More or less they arrive on time. It's only if there is an emergency they are late. The relatives added, "If this happens I usually get a call to explain." Staff members told us they worked flexibly as a team, to provide cover for planned and unplanned absences. One said, "We are all about team work, we pull together. If someone is off we agree who will cover. I don't recall ever working with agency staff."

People told us staff members supported them to take their medicines. One person said, "I always have my medication on time. They [staff members] write it in the book." Another person told us staff reminded them to take their medicine which meant they did not have to worry about forgetting.

People's care records included records of known risks associated with particular medicines, along with clear directions for staff on how best to administer them. Where people had to take their medicines at specific times and in specific ways, such as before or after food, their care records contained information for staff on how this should be done.

Some people were prescribed creams or gels which needed to be applied to their skin. Their care records included 'body maps' which indicated to staff which parts of the person's body needed to be applied to. We saw people's Medicines administration records (MARs) were checked each month by the registered manager for any missing signatures or errors, and to ensure special instructions for people to take their medicines were being followed by staff.

Good

# Is the service effective?

## Our findings

People received care and support from staff who knew them well, and had the knowledge and skills to meet their needs. People and relatives spoke highly of staff members and the support provided. One person said, "My carers are brilliant. They know all about me. I couldn't ask for more." Another person told us, "They are really good at their job." A relative told us, "As far as I am concerned they must be well trained because I have watched them work."

Staff told us they had been inducted into the organisation when they first started work. This included completing training the provider considered essential to meet the needs of people using the service. It also included new staff working alongside more experienced staff. One staff member described their induction as 'brilliant'. They said, "Here I did my induction and training before I started. It was intense but good."

Induction for new staff was linked to the 'Care Certificate'. The Care Certificate assesses staff members against a specific set of standards. Staff had to demonstrate they had the skills, knowledge, values and behaviours expected from staff members within a care environment to ensure they provided high quality care and support. Staff told us in addition to completing the induction programme; they had a probationary period to check they had the right skills and attitudes to work with the people they supported.

Staff spoke positively about the training they received, which they said had given them the skills and knowledge to do their job. Staff told us training was also linked to people's specific needs which enabled them to support people effectively. For example, one staff member told us they had undertaken training on how to support people living with Dementia. They said, "I didn't feel confident so they [Management] put me on training. Now I understand much more. Like if a person is reliving a moment form the past, as long as they are not in danger you just go with it."
Staff also told us the provider invested in their personal development, as they were supported to achieve nationally recognised qualifications. One told us, "I have just started my NVQ thanks to the management. They said if you want to do the training then grab the chance."

Staff told us their knowledge and learning was monitored through a system of individual meetings (supervision) and 'observation checks' on their practice. One staff member said, "These [observations] have started again since the new manager came. I think it's a good idea to be told you are doing things right or not." Another told us, "We have random observations. You don't know they are going to happen. That way they [management] get to see if you really are doing your job properly."

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. In community settings, providers are expected to alert the local authority to any deprivations of liberty that become necessary, so that an application to the Court of

Protection can be made to consider whether or not these are justified.

People and a relative told us staff members asked for their consent before providing care and support. One person said, "They are pretty good at that. They always ask before they start." Another said, "They definitely do ask me. They never do anything without asking me first."

Staff members understood the importance of obtaining people's consent before assisting them with care and support. One told us, "They [people] have the right to choose so we always check what they want us to do first. It's important as each day could be different even if you think someone has a routine." Another explained they always recorded in the 'communication notes' that they had obtained the person's consent at the start of the visit.

Staff understood and worked within the principles of the Mental Capacity Act, and told us they had received training to help them understand the Act. One staff member told us, "It's designed to protect vulnerable people who may or may not lack capacity to make a decision. For example, you can't assume because someone is old they can't make decisions. But if someone had a brain injury they may not be able to then they would need an assessment." Staff members were clear that people had the right to make their own decisions, and supported people to make decisions where they had the capacity to do so.

People's care plans included information for staff about the level of support people needed with day to day decision-making. Where it had been identified that people's capacity might fluctuate for example, care plans helped staff to decide what action they should take, and who should be consulted if decisions needed to be made in people's 'best interests'.

The service was not currently supporting anyone who was being deprived of their liberty, but the registered manager understood DoLS and when and how to respond in the event of someone being subject to a deprivation of their liberty. They had established effective links with the local authority and had sought advice and guidance when it was appropriate to do so.

People's nutritional needs were met by staff members if this was part of their planned care. One person told us, "I rely on my carers for help with my meals. They are very good. I only get things I like." A staff member told us, "I always make sure I offer people different choices by showing them what's in the cupboard or the fridge." Another staff member described how they encouraged person to eat by sitting chatting to them. They said, "This seems to work well. If I just leave the food on a plate it doesn't get eaten."

Where the service supported people to maintain food and fluid intake, there was information for staff so they knew how to do this safely and effectively. For example, one person's care plan had been reviewed following an increase in the risk of the person experiencing hospital admissions due to infection. As this had been linked to the person's fluid intake, risk assessments and instructions for staff on the support they needed to provide on a day to day basis, had been updated so the person could be supported more effectively.

People told us staff supported them to manage their day to day healthcare. One person explained they had been unwell and staff had immediately called for an ambulance. The person said, "They [staff members] were amazing. I don't know what would have happened if they hadn't arrived." A staff member told us, "We make any appointments with their [people's] permission. If someone is refusing to see the doctor and we are worried we check the care file to see if we have permission to talk to the family. If we don't we talk to the manager."

Good

# Is the service caring?

## Our findings

People and a relative spoke positively about the staff who supported them. One person told us, "My carers are brilliant. They always have time for me." Another person told us their staff members were like their extended family. One person told us they enjoyed laughing and joking with staff. They commented, "You can pull the staff's leg [joke with them], they don't mind that at all." A relative told us, "They [staff] are kind and friendly. [Person's name] needs kindness. We have lots of laughs." They added, "The care is there, you can see it."

Staff told us what caring meant to them. Comments included, "Walking in their [people's] shoes and understanding how they feel." And, "Looking after someone and trying to make them happy. Being genuine. " And, "Always seeing the person first. Regardless of their age, disability or gender. Learning what's important to them and helping them."

Staff knew people well and we observed them talking and laughing with people and enjoying each other's company in shared spaces within the building. People seemed to be comfortable in the company of staff, and knew the names of staff members.

People told us staff always maintained their privacy and dignity. One person explained staff always knocked on their front door and called before entering their flat. They said, "They always ring the door bell and they always let me know before they come in. They are all like that." Another person described how staff members used a towel to protect the person's dignity when providing assistance with personal care.

Staff told us they understood the importance of promoting people's dignity and privacy. One said, "Privacy, dignity and respect are all important. I think about how I would feel if I was being helped." Another staff member described how they 'preserved' one person's privacy and dignity by asking family members to leave the room before providing assistance with personal care. People's care records included information explaining how, and in what circumstances, information about them would be shared. This helped ensure people understood how the provider would protect their privacy and keep personal information confidential.

People told us they felt cared for, as staff supported them to have choice and control over the support they received. Care records contained important information for staff about the choices people had made about their care, and how they preferred support to be delivered. For example, one person's care plan indicated they had requested female staff members only. Records of care calls showed their wishes had been respected.

People were encouraged to be as independent as possible. One person told us their main goal was to maintain their independence. They said, "The girls [staff] help me by not doing everything for me. They know what I need help with." This was reflected in the person's care plan. Staff told us encouraging people's independence was important because it enabled people to remain 'in control'. One told us, "I always encourage them to do what they can for themselves. It makes them feel good. But I always ask. It's their

choice." Another described how they promoted a person's independence by ensuring the person's walking frame was by the chair so the person 'can get up and move around'.

Good

# Is the service responsive?

## Our findings

People told us they were very satisfied with the service provided because it was reliable, and was provided by staff they knew, and who understood their needs and preferences. People also told us staff responded to their needs in a way that made them feel happy and confident. One person told us, "The staff are very good. They will do anything they can to help you."

People had signed their care plans to confirm they had been involved in planning and agreeing their care and support. Care plans had been written in a personalised and respectful way. All plans included information about people's life history, their likes, dislikes and cultural and religious needs. This meant staff had information to help them support people in the ways they preferred. Care plans detailed people's preferences for how they wanted to be supported and gave staff instructions about what to do on each care call. Records of calls completed by staff, confirmed these instructions had been followed. Care plans were reviewed and updated as needed.

Care plans also included detailed information for staff to follow where the person had specific health conditions, for example those living with dementia. Staff told us they had time to read care plans. One staff member commented, "Reading the care plan is very important. It contains the information we need; to do things how residents [people] want you to. They tell us if we need to approach a person in a certain way, or if they have a particular like or dislike." Another staff member said, "No matter how much information is in a care plan it's just the start. You really get to know people by talking to them and developing a friendship."

People and a relative told us they were involved in planning and reviewing their care and support. One person told us, "When my calls started I was not well so my daughter talked to them [management] to plan it. Now I'm better, so they talk to me." A relative described their involvement in care planning. They told us, "I am absolutely involved. I read everything [care plans] to make sure it meets [person's names] needs and that I'm happy with everything. If things change I am consulted and the plan is updated."

Staff completed communication notes at each call with information about the person, their care and any changes to their needs. Staff members told us they read these notes at the start of each call. This ensured they had the information they needed to support people and respond to any changes in people's physical and emotional needs. One staff member told us, "We also read the 'communication book' which is gives us a summary before we start work but we can also back and check something." Another said, "Communication is very important. Communication in our team is very good so we pass information on."

People told us they were very satisfied with service provided because the service was reliable, was provided by staff members they knew, and who understood their needs and preferences. One person told us, "I know all the girls [staff member] and they come at about the same time every day." Another person told us staff members arrived at the time they expected and never left before everything the person needed was done. A relative told us staff members had a 'very good' understanding of their family member's needs.

Staff told us they were able to make care calls at the allocated time because they worked to set 'runs' [rota].

One staff member told us, "We do cover different runs but by covering them all we get to know the residents [people] and they get to know us."

All the people we spoke with told us staff members had sufficient time to carry out care calls without having to rush and had flexibility to stay longer if required. One person told us, "I can honestly say I have never felt rushed. They [staff members] give me as much time as I need." A relative told us, "Carers are very patient they take their time." When discussing the time allocated for calls with staff members we were told, "We have plenty of time to do everything for them [people] because of the way our work is planned. It's very good." One staff member said, "I never leave a visit until I am satisfied I have done everything for the person. That makes me feel good."

People and a relative told us they had no complaints, but knew how to complain and would be confident to raise any concerns with the management team, or staff members if they needed to. One person said, "I know I can speak to [managers name] if I wasn't happy about something." A relative told us the manager operated an 'open door policy'. They said, "And the door is always open." The relative told us they had previously spoken to the registered manager about an issue they described as 'hiccups'. They added, "Mistakes can happen we are all human. It was immediately resolved." Staff members told us they would refer any concerns people raised to the senior person on duty and they were confident concerns would be dealt with effectively.

Requires Improvement

# Is the service well-led?

## Our findings

Systems in place to ensure staff had the right knowledge and skills to support people had not alerted the registered manager to gaps in staff training. The registered manager kept records of the training each member of staff had undertaken and when. The provider had guidance in place which outlined what training staff should complete depending on their role. Training records used a 'RAG' rating system. A RAG system uses colours to indicate how well a system is working, with red being the least effective, and green being the most. Audits showed the provider was not 'compliant' with training they considered essential, and indicated staff participation rates were at 50% or below that expected. All courses, except one (marked 'amber') were marked 'red.' The registered manager explained this was 'misleading' as it included information on face to face as well as online training, as well as training for new staff members. However, they acknowledged the system did not provide them with the assurance they needed.

The registered manager also told us they used a 'weekly report' to monitor training. We viewed the report, which again showed staff training was not up to date. For example, the report showed one staff member had failed the provider's online medicines training module on four occasions, the last failed attempt being 27 April 2017. The staff member continued to administer medicines, and the registered manager acknowledged no action had been taken on receipt of the weekly report to assess the staff member's competence to continue to support people to take their medicines.

The registered manager assured us the online training was only one part of the medicines training, and sent us information after our visit which showed the staff member's competence had been assessed during their induction period, but not following their failure to complete the online training. The registered manager acknowledged the 'weekly report' was not effective in alerting them when staff had not completed online training. Following our inspection visit, the registered manager sent us information on the action they had taken to assure themselves that staff were well trained. This included weekly checks of online learning, so staff who had not completed what was required could be contacted quickly. They also told us they had contacted staff responsible for training across the provider, to ask for improvements to be made to the 'weekly report' so managers were alerted to problems more quickly.

People who used the service and their relatives spoke positively about the way the service was managed and the quality of service provided. One person said, "I couldn't ask for more. The service is just what I need. It's down to the manager. " A relative told us," The care of [family] member is paramount and this service is superior to any other care service we have had."

People, relatives and staff members described the management team as approachable, open and supportive. Comments made included, "The managers are 100% approachable and they are there if you need to speak with them." And, "I know the manager he is a lovely fellow. I could talk to him about anything and he talks to me." And, "Things have really improved since the new manager came. It's calmer and you know you are guaranteed to get support and guidance."

Staff described Laurel Gardens as a good place to work. Comments made included, "I love my job because

we work as a team. We support each other and we get management support." And, "The residents [people] are amazing. The staff and management are great. That makes for a good workplace. I look forward to coming to work.", and, "Best job I've ever had."

Staff told us they were supported in their roles through regular team meetings with a member of the management team. Staff said these meetings gave them the opportunity to discuss any changes, things that were working well and any ideas for developing the service. One staff member said, "We have really open conversations. Things get discussed and resolved. For example, I was unsure about one thing with medication, so we discussed it and now I'm sure of the correct way." Another told us, "We have meetings every few weeks, they are very valuable."

Records showed management shared issues with staff that had been identified through auditing. For example, at a meeting in April 2017 there was a discussion about MAR sheets, with themes being explored so staff understood the provider's expectations and how to administer medicines safely.

The manager was aware of their responsibilities as a 'registered' manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues, such as the local authority, appropriately.

There was a system in place to monitor the quality of service. This included regular meetings between the registered manager and the provider. Issues identified resulted in actions for the manager and staff, which were assigned to a responsible person. Timescales for completion were recorded, and we saw that these were reviewed again at the next provider audit. We saw that action was taken where improvements were required. For example, the provider was introducing a new care plan format, which they felt would improve care records. However, the registered manager told us they had fed back some of their concerns about the new format to the provider, which they said had been taken on board. They said, "Housing and Care 21 are good, and they do listen to their managers."

The registered manager spoke with us about their plans to improve the service going forwards. They explained that, since they took over as registered manager, they had identified the need to develop shared goals and objectives with staff. They also said they had focussed on developing approachable leadership in order to progress. Records of staff meetings showed this work was underway, in discussion with staff.

The registered manager also explained they had tried to ensure people being supported by the service felt able to approach them. They said, "I have tried to let people know I want to spend more time with people and talk to them. I always make sure I am approachable and say 'hello' to people. I want more people to be living happier, better lives."

The registered manager had produced a 'service development plan' which documented actions required to align the service to the standards looked at as part of our inspection. One of the actions required was for people's care plans to include mental capacity assessments where required, along with 'best interests decisions forms' where appropriate. Care plans we reviewed showed this action had been completed, in line with the timescales for completion set out in the service development plan.

The registered manager explained the provider surveyed people, relatives and staff on an annual basis. The surveys were conducted by a manager from another scheme run by the provider. They explained that, as the scheme was newly registered, the first survey was due to begin shortly. They told us the results would be collated and analysed, and, where action was required, this would be added to the service development plan. The registered manager added they wanted to introduce their own, internal surveys to supplement the

annual system, and that they planned to undertake these quarterly.