

Creative Support Limited

Creative Support - Apsley Court

Inspection report

100 Wellington Road
Orpington
Kent
BR5 4AQ






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18 September 2019

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31 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Creative Support – Apsley Court is an extra care housing scheme. People using the service live in their own flats in a single adapted building. Not everyone who used the service at the time of our inspection received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. 15 people received personal care at the time of our inspection.

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

People's medicines were not always safely managed. Improvement was required because the provider's systems for monitoring the quality and safety of the service were not always effective in driving improvements.

People told us they felt safe with the support they received from staff. They were protected from the risk of abuse because staff were aware of the signs to look for and the procedures for reporting any abuse allegations. There were enough staff on each shift to safely meet people's needs. Risks to people had been assessed and staff were aware of how to manage identified areas of risk safely. Staff followed safe infection control practices when supporting people. They reported any accidents or incidents which occurred at the service and the manager reviewed accident and incident records regularly to identify any learning and improve safety.

People's needs were assessed when they started using the service, in line with nationally recognised guidance. Staff were supported in their roles through an induction, training and regular supervision. People were supported to maintain a balanced diet. They had access to a range of healthcare services when needed and staff worked with other services to ensure people's needs were effectively met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with care and consideration. People were involved in making decisions about the support they received. Staff treated people with dignity and respected their privacy. People had care plans in place which identified their individual needs and preferences in the way they wished to be supported. The provider offered a range of activities for people to take part in to reduce the risk of social isolation. People had end of life care plans in place where they were happy to discuss this with staff. The provider had a complaint procedure in place. People told us they knew how to complain and expressed confidence that any issues they raised would be addressed.

People told us the service had an open and inclusive working culture. Staff spoke positively about the way in which they worked together and about the support they received from the manager. The provider worked with other agencies including the commissioning local authority and the housing provider to ensure people

receive a good quality service. They sought people's views through regular meetings and the use of surveys. The feedback from the most recent survey showed that people were experiencing positive outcomes from the support they received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 28 September 2018) and there was a breach of two regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvement had been made. However, the provider remained in breach of one regulation.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach of regulations in relation to the failure to ensure people's medicines were safely managed.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

Requires Improvement ●

Creative Support - Apsley Court

Detailed findings

Background to this inspection

The inspection

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

Inspection team

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

Service and service type

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

Notice of inspection

We gave a short period notice of the inspection to ensure people had given their advanced consent to a visit from the inspection team in their own homes.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority who commission from the service. We also reviewed the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with six people about their experiences of the support they received from the service. We also spoke with the manager, the provider's service director, three care staff and a representative from the housing provider who was responsible for the management of the building. This helped us understand how the service was being run and what it was like to work there.

We reviewed records, including three people's care records, three staff files and records relating to staff recruitment, training and supervision. We also looked at records relating to the management of the service, including the provider's policies and procedures, medicine administration records (MARs), meeting minutes, and quality assurance information.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection of the service on 16 and 17 August 2018 we found the people's medicines had not always been managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that only minor improvements had been made and the issues identified at the last inspection had not been consistently addressed. The provider remained in breach of regulation 12 regarding the safe management of medicines.

- Medicines were not always safely managed. Times at which staff administered people's medicines was not always identified on their Medicine Administration Records (MARs). This had led to an issue where staff had not always maintained a required minimum four-hour gap between the administration of doses of a pain-relieving medicine which had been prescribed to be taken 'as required'. For example, one person's daily notes during the week prior to our inspection showed staff had administered the medicine on two consecutive visits which were only three and a half hours apart.
- Staff were required to sign people's MARs to confirm the administration of individual medicine doses. However, spot checks carried out by the provider during the two months prior to our inspection showed regular examples where staff had been identified as failing to sign people's MARs when they should have done. The failure to maintain accurate records relating to administration of people's medicines placed them at risk of unsafe treatment.
- One person's current MAR showed a gap in the recording of the administration of a medicine they had been prescribed to be taken at night during the week of our inspection. No reason had been recorded to explain the reason for the gap. Staff had separately recorded in the person's daily notes that they had administered the person's night time medicine in their daily notes. However, when we reviewed the remaining stock of this medicine we found the medicine had not been administered to them on the date in question.

These issues were a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection of the service on 16 and 17 August 2018 we found improvement was required because risks to people were not consistently managed safely. At this inspection we found the provider had made improvements.

- Risks to people had been assessed and were managed safely. Staff had carried out risk assessments on people in areas including falls, moving and handling, malnutrition and the environment. People's care plans included guidance for staff on how to manage identified risks safely. For example, one person's care plan included guidance for staff on how to minimise the risk of them suffering from a fall which included ensuring their walking frame was to hand and to check for any trip hazards before leaving them.
- Staff were aware of the areas at which people were at risk. For example, one staff member described how they monitored one person's food intake to ensure they were eating enough, in line with the guidance in their care plan. Another staff member was aware of the frequency at which one person needed support to reposition whilst in bed, to help protect their skin integrity. Records confirmed that the person had been supported to reposition appropriately, in line with the guidance in their care plan.
- Staff knew the provider's emergency procedures. They received fire safety training and were aware of the action to take, in the event of a fire. They were also aware of the provider's on-call system which was available for use out of routine office hours, should they need support from a member of the provider's management team.

Staffing and recruitment

- There were enough staff on each shift to meet people's needs. Whilst people had mixed views about staffing levels, they all told us they received the support they needed. One person said, "I think there are enough staff here. They come when they're meant to." Another person told us, "They [staff] usually come when they are meant to. If they don't turn up, I use my call bell and they come."
- Staffing levels had been determined on an assessment of people's needs. Actual staffing levels reflected the planned levels based on the staff rota. The manager told us that they would look to adjust staffing levels in line with any changes in people's needs.
- Staff told us they were able to support people safely based on the current staffing levels. One staff member said, "We can be delayed if we're supporting someone that's unwell, but everyone's getting the support they need, and we've not had any missed visits." Another staff member said, "It can be busy, but there's enough time for us to support everyone when needed."
- The provider followed safe recruitment practices. Pre-employment checks on new staff included a review of their employment history, identification and fitness to work, as well as carrying out criminal records checks and seeking references to ensure they were of good character.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff received training in safeguarding and were aware of the types of abuse that could occur. They knew the provider's procedures for reporting abuse and whistleblowing. One staff member told us, "I would report any concerns I had to the manager, but I know I can contact social services or CQC if I needed to as well."
- The manager was aware of the procedures for reporting any abuse allegations to the local authority safeguarding team and knew to also notify CQC, as required by the regulations. Records showed they had made appropriate safeguarding referrals and notifications to CQC where needed and worked with the local safeguarding team to keep people safe.
- Information on identifying and reporting any allegations of abuse was on display and available to people, relatives and visitors to the service, to raise awareness and help promote people's safety.

Preventing and controlling infection

- People were protected from the risk of infection. Staff received training in infection control and food hygiene. They were aware of the steps to take when supporting people to reduce the risk of infection. One staff member told us, "I always wear gloves and an apron, and I wash my hands before and after helping anyone."

- The provider maintained a stock of personal protective equipment (PPE) for staff to use when required. Staff had access to handwashing facilities within the service. People confirmed staff washed their hands and used PPE. One person said, "They [staff] always wear gloves if they are dealing with me."

Learning lessons when things go wrong

- Staff were aware of the need to report any incidents and accidents which occurred. One staff member told us, "We complete a form whenever there's an incident or accident and the manager reviews them regularly."
- The manager maintained a record of incidents and accidents. They told us they reviewed these records to identify any trends or learning that could be shared with staff to improve safety at the service.
- Records showed that action had been taken when trends had been identified. For example, the manager had arranged a meeting with one person's social worker to discuss their current situation and support needs after they had been involved in three separate incidents over a short space of time. As a result of this meeting the person had been referred to an occupational therapist for support and had their medicines reviewed by their GP. We noted that the frequency of incidents involving this person had decreased because of this action.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection of the service on 16 and 17 August 2018 we found staff were overdue refresher training in a range of areas identified by the provider. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements to address the issues identified at the last inspection. The provider was no longer in breach of regulation 18 regarding staff training.

- Staff were supported in their roles through an induction programme and training relevant to people's needs. One staff member told us, "I've completed a lot of different training courses as I like to further my knowledge; we get plenty of opportunities." Another staff member said, "I'm up to date with my training and feel confident in being able to do my job."
- People told us staff were able to care for them effectively. One person said, "The staff have enough skills to support me." Another person told us, "We get new staff fairly often and they shadow the old staff so that they know what they are doing."
- The provider's training programme included training in safeguarding, food safety, moving and handling, infection control and fire safety. Some staff had also completed training in areas specific to people's health conditions including managing the risk of choking, catheter care and training in maintaining people's skin integrity.
- Staff were also supported through regular supervision which included an annual appraisal, one to one meetings and observations of their practice. One staff member told us, "I have regular supervision with the manager. It's helpful as I can discuss how I'm feeling and how my shifts have been going. I can also raise any concerns I might have."

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

- People's needs were assessed before they started using the service. The provider's assessments considered people's physical and mental health as well as any social support needs. The completed assessments were used as the basis on which people's care plans were developed.
- People's views and preferences were identified and recorded in their assessments to help ensure their choices in how they received care were met. The provider followed nationally recognised guidance from the National Institute for Health and Care Excellence (NICE) when assessing people's needs and developing their care plans.

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

- People's nutritional needs had been assessed and any support they required to prepare meals, or to eat and drink was recorded in their care plans. Staff were aware of the guidance in people's care plans and people told us staff supported them accordingly, in line with this guidance. One person told us, "My family get my shopping, but the staff prepare my meals; they do a good job."
- Records showed that advice from healthcare professionals had been sought where risks to people around eating and drinking had been identified. For example, where one person was at risk of choking, a speech and language therapist (SALT) had provided guidance on how to safely prepare their meals and this was displayed in the kitchen area of their flat for staff to follow.

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

- People had access to a range of healthcare services in order to maintain good health. Staff were aware to monitor people's health conditions and told us they would seek advice from healthcare professionals if they had any concerns about people's well-being. One person told us, "The staff always call the doctor if I am unwell."
- Records showed people were supported by a range of healthcare professionals when needed, including a GP, community nurse, SALT and optician. Where required, staff helped people with their healthcare appointments. For example, records showed staff arranged transport for one person so that they could attend appointments at a local hospital. One person also told us, "They [staff] arrange my appointments with the doctor when I need them."
- The provider worked in partnership with health and social care professionals to help ensure people received effective treatment and support when needed. For example, staff were aware of guidance from a local authority moving and handling risk assessor that had been included in one person's care plan. This provided detailed information on how to hoist them when transferring in and out of bed or a chair.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff were aware of the importance of seeking people's consent when offering them support. One staff member said, "I always check people are happy before I do anything." One person told us, "The staff always ask before they do something."
- Staff demonstrated an understanding of the MCA and how it applied to their roles. The manager told us they documented mental capacity assessments and best interests decisions in people's care plans where people lacked capacity to make significant decisions for themselves. For example, one person's care plan included a mental capacity assessment around the decision to use bed rails. Their care plan showed that the decision to use the bed rails had been made in their best interests in line with the MCA and with the

involvement of their relatives.

- The manager was aware of the process for applying to the Court of Protection to deprive people of their liberty where it was in their best interests. They told us that an application had recently been submitted to the Court of Protection for one person using the service, but that they and the local authority were still awaiting the outcome of the application. We will follow up on this at our next inspection.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with kindness and consideration. One person told us, "The staff are very caring; they never make me feel a nuisance. They tell me, "It's no trouble, it is what we are here for", and that makes me feel good." Another person told us, "They [staff] talk to me if I am feeling down, and make me feel better about myself."
- It was clear from their interactions that people had developed strong relationships with staff and were comfortable in their presence. Staff knew people well and their conversations were familiar and friendly. For example, we heard one staff member compliment a person on their jacket, asking them if it was new. The person happily told them that they'd just bought it."
- Staff told us they sought to support people's diverse needs and protect them from any discrimination, in line with the Equality Act 2010. One staff member told us, "We all want to treat everyone equally here and are happy to respect and recognise people's differences."
- People's care plans included information any spiritual or cultural support needs they had and staff demonstrated a good awareness of these needs. For example, staff knew who liked to go a local church each week and told us they ensured their visits were timed to enable them to attend.

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

- People were involved in decisions about their care and treatment. One person told us, "I can do what I want here." Another person said, "I can just tell them [staff] if I need help with something."
- Staff told us they encouraged people to make their own decisions wherever possible when offering them support. One staff member told us, "Most people can just let me know what they want help with, but I encourage people to choose things for themselves as much as possible. For example, if I'm helping someone to get dressed, I'd show them different tops so that they could pick one, rather than deciding for them."
- We observed staff offering people choices and respecting their decisions during our inspection. For example, one staff member offered a person a choice of meal and drinks before preparing their food. Another person asked if staff could come back and see them later as they didn't wish to be disturbed, and staff respected this request.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. One person told us, "They [staff] respect my dignity, and help me without making me feel vulnerable." Another person said, "The staff respect my privacy; they knock or ring the bell of my door before they come in." We observed staff ringing on people's

doorbells and waiting for a response when entering their flats.

- Staff described examples of the steps they took to maintain people's dignity when offering them support. One staff member said, "If I'm helping someone to wash, I make sure curtains are closed and I'll offer to cover them up with a towel." Another staff member said, "I always make sure people are comfortable with what I'm doing by talking through everything first."
- Staff supported people to maintain their independence. One person said, "I try to be as independent as possible." Another person told us, "They [staff] encourage me to dress myself and do anything else I can on my own."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had been involved in the planning of their care. They had care plans which identified their individual support needs. These covered a range of areas in which they needed support, including washing and dressing, eating and drinking, shopping and any support they required to take their medicines. The care plans also included guidance for staff on people's preferences in how they were supported, for example whether they preferred to have a shower or a bath or what they liked to eat.
- People's care plans also included information about their life histories, the relationships that were important to them and their preferred daily routines. Staff demonstrated a good awareness of the details in people's care plans and told us the plans helped them to both provide person-centred support to people and to develop positive relationships with them.

Meeting people's communication needs

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

- People's communication needs had been assessed and were identified in their care plans. Staff were aware of people's communication needs. The manager confirmed information could be made available to people in a range of formats, including large font, easy read or in different languages. Staff had access to basic communication aids which they could use to communicate with one person whose first language wasn't English. We also saw an easy read version of the provider's complaints procedure was on display in a communal area within the building.

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

- Staff supported people to take part in a range of activities. One person told us, "There are more activities to go to here now; we knit, do embroidery, crafts, bingo and go out in the garden." Another person said, "I enjoy the activities; they are a good part of the day." We observed people playing bingo on the day of our inspection. The atmosphere was lively, and we noted the people taking part looked to be enjoying themselves and each other's company.
- Staff also supported people to go on trips out. For example, some people had recently enjoyed a day trip to Broadstairs. The provider had also developed links with a local adult education college which offered workshops such as clay modelling for people to take part in.

Improving care quality in response to complaints or concerns

- The provider had procedures in place for receiving, investigating and responding to complaints. People received a copy of the complaints procedure when they started using the service which explained what they could expect if they raised any concerns. The procedure included information on how they could escalate any complaints if they remained unhappy with the outcome of any investigation.
- People told us they knew how to complain. One person said, "They gave me written information about how to make a complaint. I haven't needed to, but I wouldn't be afraid to complain if there was a problem."
- The manager maintained a complaints log which contained details of any investigation and a record of the provider's response to the complaint. The records showed that any issues raised had been investigated and responded to in line with the provider's complaints procedure.

End of life care and support

- Whilst none of the people using the service were receiving end of life care at the time of our inspection, records showed the service worked closely with relevant healthcare professionals to ensure responsive end of life treatment and support would be available for people when needed.
- People had end of life care plans in place, where they had been happy to discuss this with staff. These had been reviewed with the involvement of the local hospice team and included information about people's preferences about how they wished to be supported at the end of their lives.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection of the service on 16 and 17 August 2018 we found improvement was required because the provider's systems for identifying and addressing service issues had not always been effective. At this inspection we found that whilst the provider had worked to make improvements, further improvement was still required to ensure all identified issues were effectively addressed.

- Senior staff carried checks and audits in a range of areas, including people's care plans, accidents and incidents, call bell response times and people's medicines. We found improvement was required because the actions taken to address issues identified during medicines audits had not always been effectively addressed.
- Checks made on one person's medicine administration record during the month prior to our inspection had identified occasional gaps in recording where staff had not signed to confirm the administration of specific doses. Records showed this issue had been followed up to prevent further recording gaps. However, we identified similar mistakes made by the same staff member over subsequent weeks. This issue required improvement.
- In other areas, the provider's checks and audits had been effective. For example, a recent audit of one person's care plan had identified the need to update the section on communication, and we saw this had been addressed at the time of our inspection.

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

- People received support which made a positive difference to their lives and told us the service culture was open and inclusive. One person said, "The best thing about my care is that I have everything I need. I don't think I would change anything." Another person told us, "I think the staff like working here; they're always pleasant and cheery."
- Staff spoke positively about the working culture at the service. One staff member said, "I think morale within the team has improved during the last year. The manager is lovely; really supportive. I can speak to them whenever I want; I can be open and would have no worries about raising concerns." Another staff member told us, "We work well as a team. All of the staff are friendly. I'd be happy for one of my relatives to live here."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager demonstrated a good understanding of the responsibilities of care home management and the requirements of the Health and Social Care Act 2008. They were aware of the different events which they were required to notify CQC about and of the requirement to display their current CQC rating.
- Staff understood their roles and responsibilities. The provider had procedures in place to help ensure staff were accountable for their performance. Staff also received support and guidance from the management team through regular supervision and informal discussions with the manager or the senior staff member on-call if the manager was off duty.
- The manager understood the duty of candour. Records showed that they had been prompt to inform people's relatives of any incidents or accidents which had occurred.

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

- The provider sought the views of people using the service through the use of surveys and regular tenant's meetings. One person told us, "We receive a questionnaire to fill in about the place which I completed." The results of the most recent survey from May 2019 showed that people were happy with the service provision and considered staff to be supportive and caring.
- The provider held tenant's meetings jointly with the management team from the housing provider. Meeting minutes showed areas discussed included updates on any service developments, reminders of key policies and procedures such as the fire procedure, or how people could make complaints, and activities.
- The manager held regular team meetings with staff to discuss the running of the service and share learning. Areas discussed at a recent team meeting included a conversation about team working, staff training and reminders around the importance of completing accurate records when supporting people.

Working in partnership with others

- The provider worked in partnership with other agencies, including the commissioning local authority and the housing provider responsible for the management of the building. We received positive feedback from local authority staff who told us the manager was happy for them to visit when they wished and was responsive to any feedback they provided. We also spoke with a representative from the housing provider who told us, "We have a positive rapport [with the provider's staff] and work well together. The communication between our two services is good."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure care was provided in a safe way, through the proper and safe management of medicines.</p>