

Hill Homes Care Limited

Trees

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 3 May 2018 and was announced. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. The service was last inspected on 18 March 2017, where we found the provider to be in breach of one regulation in relation to staff training. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question Effective to at least good. At the inspection on 3 May 2018, we found that the provider had made some improvements but they were not sufficient and they remained in breach of Regulation 18. This is the first time the service has been rated Requires Improvement.

Trees is an "extra care" housing provision operated by Hill Homes Care Limited. 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 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.

Trees consists of communal facilities including a dining room, an activities room, garden, hairdresser and laundry facilities. The service is for people living with dementia, physical disability and older people. Not everyone living at Trees received a service under the regulated activity of personal care. The Care Quality Commission only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 41 people were living at Trees and 30 people were receiving a personal care service.

The service did not have a registered manager in post. The service was managed by the new Chief Executive Officer and the provider was in the process of recruiting a new manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff did not receive training to help them perform in their role, and regular supervision to enable them to support people effectively with their individual needs. People's medicines administration charts were not robust. We have made a recommendation in relation to recording of medicines administration. People's care plans were not person-centred and did not give staff sufficient information to deliver personalised care. There were gaps in annual care reviews and people's care plans were not always updated following a change in their needs. People's end of life care wishes were not recorded in their care plans. We have made a recommendation in relation to end of life care planning and recording.

There was a lack of overall sight of the management of the service. The provider did not have robust processes to assess and evaluate the service delivery. The management had identified issues but did not always act on them in a timely manner. The provider had not sought feedback from people, their relatives and staff to continually strive to improve the service.

People and relatives told us the service was safe and found staff trustworthy. People were safeguarded against harm and abuse and staff knew how to identify and report abuse. Staff were knowledgeable about risks to people and how to manage those risks. There were enough suitable staff to meet people's needs safely. People were happy with medicines support. The provider met infection control requirements and people told us their flats were kept clean and tidy.

People told us staff met their individual needs and abilities. Staff were knowledgeable about people's specific dietary needs and people told us staff met those needs. People were supported to access healthcare services. People liked living in their flats. Staff gave people choices and encouraged them to make decisions.

People told us staff were caring and helpful. Relatives told us staff went above and beyond to support people. Staff knew how to support in a dignified way and respected their privacy. People's religious and cultural needs and preferences were recorded in their care plans and staff supported them with those needs when requested. Staff encouraged people to remain independent and understood the importance of confidentiality.

Staff knew people's likes and dislikes and encouraged them to join-in activities. People and relatives knew how to make a complaint and were happy with how they were addressed. However, the provider did not maintain appropriate complaints records. We have made a recommendation in relation to complaints management and recordkeeping.

The provider worked with the local authority and community organisations to continually learn and improve. The management had developed an improvement action plan following an independent quality visit with an aim to improve the quality and safety of the service.

We found three breaches of the regulations in relation to staffing, person-centred care and good governance.

You can see what action we told the provider to take at the back of the full version of the report.

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 and their relatives told us staff provided safe care. Staff knew how to protect people from harm and abuse. People's risk assessments gave staff instructions on how to provide safe care.

There were enough suitable staff to meet people's needs safely. People's medicines needs were met. However, medicines records were not robust.

Staff met infection control practices whilst providing care. The management learnt lessons from accidents and incidents to prevent them from happening again.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not receive training to help them perform their role, and regular supervision to carry out their duties effectively.

People's individual needs were met. Staff knew people's dietary needs and provided appropriate support. Staff supported people to access healthcare services and worked well with professionals to ensure people lead healthier lives.

People liked living in their flats. Staff gave people choices and asked them before supporting them.

Is the service caring?

Good ●

The service was caring.

People and relatives told us staff were caring and friendly. Staff knew people's religious and cultural needs and respected their beliefs. People were generally supported by the same group of staff.

The provider supported people to be actively involved in their care. Staff encouraged people to be independent and understood the importance of confidentiality.

Is the service responsive?

The service was not always responsive.

People's care plans were task oriented and did not give sufficient information to staff to provide personalised care. There were gaps in people's yearly care reviews. Not all care plans were updated following a change in people's needs.

Staff were not trained in end of life care and people's end of life care wishes were not recorded.

People told us staff knew their likes and dislikes. The management kept relatives informed on any changes to people's care needs and support.

People and their relatives knew how to make a complaint and were happy with how the management addressed them. However, the provider did not always keep accurate records of complaints.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

The provider did not have robust systems and processes to assess, check and evaluate the quality of care. The management had not always addressed issues that they had identified in a timely manner. The provider did not seek people, relatives and staff's feedback to improve the service.

People, relatives and staff told us the management was approachable and felt listened to. They further said the change in management had led to some positive changes.

The provider worked with the local authority and other professionals to improve the quality of care.

Requires Improvement 

Trees

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 3 May 2018 and was announced. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. The inspection was carried out by two inspectors.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke with four people using the service, two relatives, the new Chief Executive Officer (CEO), the deputy manager, one team leader, four care staff and a visiting community nurse. We looked at four care plans and five staff personnel files including recruitment, training and supervision records, and staff rotas. We also reviewed the service's accidents and incidents, safeguarding and complaints records, care delivery records and medicines administration records for people using the service.

Following our inspection visit, we contacted the local authority for their views of the quality of care delivered by the service and received a written feedback from a relative. We reviewed documents provided to us after the inspection. These included one person's care plan and an updated risk assessment, improvement plan, policies on diabetes management, end of life care and nutrition, and a safeguarding notification.

Is the service safe?

Our findings

People told us they felt safe with staff. A person said, "Yes very safe." Another person said, "Oh yes, I feel safe with staff. I know I can trust them [staff]." Relatives said the service was safe. Their comments included, "Absolutely, [I] won't question the safety" and "Overall, I feel this is a very safe place for my [relative] to be."

Staff knew the provider's safeguarding policy and demonstrated a good understanding of the types and signs of abuse. They knew their role in identifying and reporting abuse, poor care and concerns. Their comments included, "Safeguarding means keeping them [people using the service] safe from danger", "If I see bruises and marks, I would complete the body map, an incident report and inform my line manager" and "To protect the person. I would call the manager to report it [concerns of abuse]." Staff knew the provider's whistleblowing policy and told us they would follow it through if people's safety was at risk. Their comments included, "If they [the manager] do not act appropriately I would go to the CEO. I feel comfortable enough to go higher up and challenge the management", "I would report it to the manager, abuse is abuse. I would go higher to report it, tell the CEO or go outside the organisation." Safeguarding referral forms showed the provider raised safeguarding alerts in a timely manner to the local safeguarding team. The provider also developed management plans when required to ensure people were safe whilst a safeguarding investigation was underway. Records confirmed this.

Staff knew risks to people and how to protect them from avoidable harm. A staff member commented, "I make sure everything is safe, the floor is clear and nothing there they can trip over." A second member of staff said, "Remove any trip hazards, check lightbulbs are working, check who visitors are and that they have signed in." The provider maintained risk assessments that gave information on the identified risks, their severity, and instructions for staff on how to minimise them. Risk assessments were individualised and included areas such as falls, self-injury, harm to others, dietary, personal care and pressure sores. For example, one person was at risk of falls. The risk assessment instructed staff, "to remove any items that could make her trip or fall" and to ensure their environment was safe. Another person was at risk of pressure sores. This person's risk assessment had clear guidelines for staff to follow that enabled them to provide safe care. The guidelines instructed staff to reposition the person every two to three hours, to check the pressure relieving mattress was always on, pressure relieving chair and wheelchair were charged. During the inspection we observed staff follow all the instructions whilst supporting the person.

Some people required support with the medication management. The provider maintained medication risk assessments and plans for people detailing risks involved, where medicines were stored, level of support required with medicines such as prompting, assistance or administration and how people like to take their medicines. People and relatives told us they were happy with the medicines support. Staff knew how to administer medicines safely. A staff member commented, "I give medicines one at a time so no risk of choking. I also wait for five minutes to make sure everything is ok after they have taken the medicine." Records showed the provider kept medicines administration (MAR) charts for people and no gaps were found. However, the provider had changed the way they completed MAR charts last October 2017 and it was not in line with the National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, the MAR charts did not record names of the medicines, the dosage, how it was to be taken and any

side effects. The management told us they would review their MAR chart to be in line with the NICE guidelines. During the inspection, the provider reviewed their MAR chart and it was in line with the NICE guidelines.

We recommend that the provider seek guidance and advice from a reputable source, in relation to maintaining clear and accurate records of medicines administration.

Most people told us staff timekeeping had improved and found them reliable. One person commented, "They [staff] are much better recently." People, relatives and staff told us there was sufficient staff. A relative said, "There are always or nearly always enough staff." Staff emergencies and absences were covered internally and at times by agency staff. Staff rotas showed nine staff worked during the day and three waking staff supported people during the night. Although people had allocated care visit times, as staff were on site they provided additional support to people in between care visits. For example, if a person did not sleep well the night before and wanted their morning care visit to be a bit later, staff would accommodate that. The provider maintained care schedules that recorded how many staff and the times when they visited people. Records showed these were in line with people's agreed care plans.

The provider maintained clear records of staff recruitment. The staff personnel files had application forms, interview notes, right to work, reference, identity and criminal checks. This showed the provider followed safe recruitment procedures to ensure sufficient numbers of suitable staff were employed to support vulnerable people.

Staff were aware of their responsibilities in reducing risk of spread of infection and wore protective equipment such as gloves when supporting people. For example, a staff member said, "When I give medicines [I] make sure I am wearing gloves." The premises were clean with no malodour. People and their relatives told us staff kept their flats clean and tidy.

Records showed that the provider maintained accidents and incidents records and falls logs. The management had discussions with staff regarding accidents and incidents to learn lessons from them to minimise the reoccurrence. There was evidence to show the provider had learnt from the incidents and put measures in place to reduce the reoccurrence. For example, a person who had a series of falls where no serious injuries were sustained. There were records to demonstrate that their care was reviewed following falls and the care visit numbers were increased along with application of appropriate equipment. This had led to a reduction in their falls.

Is the service effective?

Our findings

During our previous inspection in March 2017, we found staff did not always receive regular and role specific training to meet people's individual needs and the service was in breach of Regulation 18. During this inspection we checked to determine whether the required improvements had been made. We found the provider had not made sufficient improvements.

Staff training matrix and training records showed not all staff had received training required to do their role such as safeguarding, medicines administration, moving and handling, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and annual refresher training. New staff received induction training for two weeks that included areas such as introduction to the team, policies and procedures, meeting key people followed by shadowing experienced staff members. However, this did not include any of the training required to do their role. One staff member who had started working in January 2018 told us they had not received any training. They further said they felt confident in their job as they had many years of experience and training from a previous employer. A second staff member commented, "Initially when I started which was a couple of years ago I was given mandatory training but none since then. More training for staff is required and new staff should be given training before they start working." This meant staff were not provided with fundamental training required to enable them to meet people's individual needs.

We asked the provider about the lack of training and they told us that they had developed a learning and development plan to ensure all staff received the mandatory, role specific and annual refresher training. The management told us they were in the process of introducing the care certificate training. The care certificate is a recognised qualification that ensures that staff have the essential knowledge and skills required to work in a health and care setting.

Supervision is an important tool used to facilitate discussions between staff and the management around staff responsibilities, support at work, training and development needs and opportunities. Staff supervision records showed staff had not received quarterly supervision as per the provider's policy. Staff confirmed that they were not provided with regular supervision. A staff member commented, "Recently I had my one to one supervision but before that I had it almost a year and half ago." Another staff member said that they had received only one supervision session in the last year. The provider had also not carried out annual performance appraisals to review staff's performance, previous year's objectives and set new goals. This meant staff were not provided with appropriate support and supervision as is necessary to enable them to deliver effective care.

The above identified issues were a repeated breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider about the gaps in supervision and appraisal. The management told us they had recently reviewed and updated their supervision and support policy to ensure staff received regular supervision. Following the inspection, the provider sent us a supervision matrix that showed all staff had supervision dates set from May 2018 to April 2019, and scheduled appraisal dates for the year. The provider

was also in the process of reviewing their appraisal policy. Staff told us the new management had informed them of their training plans. One staff member said, "At my recent one to one [supervision] my training needs were identified and was told soon would be booked onto a training course."

People told us staff knew their needs and abilities. A person said, "Staff are efficient. They know my needs." Another person commented, "I like the staff and most of them are quite supportive." Relatives told us people were well supported by staff. One relative said, "She [person using the service] is well cared for." A healthcare professional said staff were aware of people's needs and "residents were well looked after, always in clean clothes." People's needs were assessed at the point of referral. Their needs assessments were comprehensive and captured information about people's health and medical, communication, medicines, behavioural, nutrition and hydration and personal care needs and how to meet those needs.

Staff knew people's nutrition and hydration needs and people told us staff supported them to meet their needs. One person said, "I have meals on wheels, it is not very nice so I ask [staff member] to help me prepare some food how I like it." People's care plans detailed their dietary needs and assistance they required with feeding. This information was also kept in people's flats to provide a quick access to staff. For example, in a person's flat we saw there was a poster with pictures of food they could have at each mealtime and how it should be prepared to their liking such as "[Person] likes porridge with sliced banana and add cinnamon for taste." The guidance also mentioned how the person should be supported with dignity when assisting them with feeding. We observed staff follow this guidance whilst supporting the person with a drink. The provider's 'nutritional needs policy' was clear and all staff had read and signed to confirm they had this policy during their induction period. This showed people were provided with appropriate support that met their individual preferred dietary needs.

People and their relatives told us staff helped them to access healthcare services when they requested their help. The provider also made arrangements for people to have visits from their GPs and other healthcare professionals. A person said, "Yes GP comes to see me here and the district nurse comes here too." A relative commented, "They [staff] work well with my [relative's] GP." A second relative said, "I feel they work as a team with [healthcare] professionals and it is really good." A healthcare professional said the staff worked well with healthcare professionals and were "good at following up recommendations such as calling GPs." Staff maintained records of healthcare appointments and visits' discussions, outcomes and follow up actions. However, these records were not dated. The management told us they would revise the form to include date of the visits.

People's bedrooms and communal areas were accessible and designed to meet people's individual needs. People and their relatives we spoke to told us the premises were well maintained. A person said they liked their flat and "the building and gardens are lovely." One relative commented, "She [person using the service] has her own flat, has her space and privacy."

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 told us staff asked them before supporting them and gave them choices. Despite of staff not being trained in MCA they demonstrated a good understanding of asking people's consent and giving them choices. One staff member said, "It is about giving them choices and [enable] making their own decisions and where they cannot, acting in their best interests." Another staff member commented, "Always consult,

ask people how they want to be helped."

People's care plans made reference to their capacity. Where people lacked capacity, there were details of their representatives and the provider confirmed this by checking their power of attorney certificate. There were records of signed consent to care agreement forms in people's care files. This showed people's right to choice and decision was respected and promoted.

Is the service caring?

Our findings

People and their relatives told us staff were helpful, caring and friendly. One person said, "The girls [staff] are extremely nice, they are all friendly we have a laugh and get on with each other." A second person commented, "Staff, they do not mistreat me. I am on good terms with them." A third person told us, "I like the staff. I get on well with all staff." A relative commented, "I can only speak highly of the staff here. Just love the staff here. They go above and beyond to help." A healthcare professional said the service was "one of the best and staff here are very good and helpful."

Most people and relatives told us they were generally supported by the same group of staff to ensure continuity of care. One person commented they mainly had same staff visit them every day but at times they changed due to staff emergencies. Staff rotas confirmed this. People had assigned keyworkers who took the lead in care reviews, attended healthcare appointments where requested and liaised with relatives to kept them updated on people's healthcare needs. A relative said, "There is continuity of staff, they know him well." Staff spoke about people in a caring manner and were knowledgeable about people's life stories. A staff member said, "He [person using the service] used to be a [profession] in the city. I know about his background because he told me. Knowing about him enables me to have meaningful conversations with him."

We observed positive interactions between staff, people, relatives and professionals. Staff were patient and respectful with people's requests and needs. The service had a calm atmosphere and people were seen interacting with each other. People had visitors and relatives told us the management encouraged the community to visit people including people from provider's other services, school children and volunteers.

People and their relatives told us staff were respectful and treated them with dignity. A person said, "I have not had any issues with staff in regards to dignity. I think there is mutual respect." Another person commented, "They always close the door and hang a towel in the bathroom and a bedspread just the way I like it." A relative said, "Staff are caring and treat her with dignity. We are happy with the care, atmosphere is friendly." Staff demonstrated a good understanding of treating people with dignity and respecting their privacy. Staff comments included "I knock on the door and greet [person who used the service], ask what he would like us [staff] to do first", "Give them time to do things at their pace", "I make sure the doors are closed when giving personal care and use towels to cover private parts" and "Talk and explain whilst supporting them."

People's care plans recorded their religious and cultural needs and staff supported them with those needs when requested. For example, one person's care plan stated they attended a religious service the last Sunday of every month. People told us staff met their culturally specific dietary needs. Staff said they respected people's religions, cultures and beliefs. A staff member commented a person using the service gave a talk on their religious festival so that staff had a better understanding of the festival. The management told us they encouraged people from different backgrounds and communities including lesbian, gay, bisexual and transgender people to use the service. Staff said they treated people equally and respected their individual characteristics.

The CEO told us not all people liked attending meetings and did not always prefer voicing their opinions in meetings. Hence, he had recently introduced one to one sessions where they met people individually to introduce themselves and asked them about their views and opinions related to their care, treatment and accommodation. This showed the provider encouraged and supported people to express their views and be involved in their care and treatment.

Staff supported people to remain independent by encouraging people to do tasks so they did not lose their life skills. A person said they participated in exercise sessions, attended activities, went shopping, did some cooking and that "I like the independence here." A relative commented, "Staff encourages [person] to join in activities." One staff member told us, "I never take their skills away, always encourage them. If it takes them longer to do something you just go with it. [Person] can reach for finger foods. [Person] helps herself." A second staff member commented, "It is good to move their bones [and] keep doing as much as they can for themselves, gives them independence."

Staff understood the importance of confidentiality and their responsibilities when they had to break the confidentiality. A staff member said, "I tell people they can speak to me in private but if it needs to be reported to the manager for their safety I will tell them I have to."

Is the service responsive?

Our findings

Since the last inspection people's care plans had changed and we found them to be task oriented and not person-centred. People's care and support plans detailed people's needs and the support they required but did not give information on their likes, dislikes, background history, and life story. For example, the care and support plans gave staff information on what people's day time and night time routines were and the tasks they were supposed to carry out in order to meet people's needs. However, we found not all people's care and support plans gave information on their favourite foods, drinks, hobbies, interests and wishes. This meant staff were not always provided with sufficient information to deliver personalised care to people. Staff we spoke to told us they asked people how to be supported but the care plans did not always give comprehensive information on people's wishes and preferences. A staff member commented they had to be proactive and asked the person about their background as, "There was no information on his background in his care plan."

The management told us people's care and support plans were reviewed yearly or when their needs changed but we found not all care plans were updated following people's change of needs. For example, one person's needs assessment stated they had diabetes but this was not reflected in their care and support plan. We asked the provider and they told us the person no longer had diabetes and the relative had informed the keyworker. However, the keyworker had forgotten to update the person's care plan. Relatives told us that although the management kept them informed on any change in people's healthcare needs or any relevant information, the management were not proactive in conducting yearly care reviews. This meant people's care and support plans were not regularly reviewed and staff were not provided with the most updated information which meant people may not have always received personalised care.

The above identified issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff knew their likes and dislikes. One person said, "They listen to my likes help me get out of bed. Every morning they help me wash my hair." Another person commented, "I have a routine and I am happy with that. I feel comfortable asking staff to change my routine." Relatives told us they were involved in people's care and staff kept them informed of any changes in people's needs. A relative commented, "They are in constant contact with us." Another relative said they attended the care reviews and were in regular contact with the office staff regarding their relative's care.

The management told us they were in the process of reverting back to the previous care plan format that captured information around people's life, likes and dislikes. They had also introduced monthly keyworker sessions which included keyworkers spending time with people to know more about their wishes and aspirations and their likes and dislikes. The management would then use this information to update people's care plans. The provider had identified gaps in people's care reviews and had scheduled dates for yearly care reviews. Staff recorded how people were supported with their personal care and dietary needs, and the social activities they carried out in the daily care logs. Records confirmed this.

People and their relatives told us they knew how to make a complaint and felt where they had raised concerns they were listened to and addressed in a timely manner. A person said, "If I am not happy about something I would speak to staff." Another person told us since moving to the service which was two years ago they had only made two complaints and they were dealt with promptly. The person and their private carer explained that after making the complaint the management had visited them and listened to their complaint and acted on it immediately. They further said that since then the incident had not reoccurred. A relative said, "Complaints been dealt with fine. We did think communication was an issue in the past but now it has been addressed."

Since the last inspection, the provider had changed the way they recorded complaints and we found they did not always keep records of the investigation and the outcomes. They had also stopped maintaining the complaints log. The management provided us with a complaints log template and told us moving forward they would reintroduce the complaints log and a systematic filing system for complaints, investigation and outcomes.

We recommend that the provider seek guidance and advice from a reputable source, in relation to recordkeeping and management of complaints.

The provider had an end of life care policy but did not train staff in end of life care. Staff were not trained in having discussions with people around their end of life care wishes. People's care plans did not record their wishes around end of life care. This meant the care people received did not reflect their end of life care preferences and may not have been appropriate to their needs.

We recommend that the provider seek guidance and advice from a reputable source, in relation to addressing and recording people's end of life care wishes and preferences, and training staff in end of life care.

Is the service well-led?

Our findings

The provider did not have robust systems and processes to ensure they were compliant with all the requirements. Staff were not provided with training to help them perform their role, and there was not a systematic approach to provide supervision to staff. The provider had not carried out staff appraisals in the last year. Although the provider had identified these gaps, timely actions had not been taken to address the issues which had an impact on staff morale and team work.

The provider did not carry out regular monitoring checks and audits of documents related to care delivery to ensure people received service as per their agreed care plans and in line with the provider's policies and procedures. This meant gaps and issues in records were not always identified. People's care plans were not person-centred, did not give information on their life history and background. People's care plans were not always updated following a change in their needs. Not all people received care reviews when people's needs changed. People's accidents and incidents forms did not always record follow up actions and were not checked and signed off by the management to ensure they detailed correct information. The provider did not record people's end of life care wishes in their care plans. People's medicines administration records were not robust. The provider did not maintain a complaints log and did not always record complaints outcomes.

The provider had not sought feedback from people, their relatives and staff in the last year to continually improve the service. People, relatives and staff we spoke to confirmed this.

The above identified issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us the service was well run and had seen some positive changes since a change in the management. A person commented the office staff were supportive and always ready to help. One relative told us, "I think the management is better now, staff changes are good. [Deputy manager] is great, she has been here for a while." Another relative said, "Staff in the office are extremely helpful. To me [the service] is a gift and grateful to them [the management]." A healthcare professional commented that the communication with the staff team was "extremely good and find the management approachable." People, relatives and staff we spoke to told us the new CEO was approachable and listened to them.

Staff told us they now felt listened to and supported. A staff member commented, "In the past, sometimes I felt that I was not listened to and supported. However, I feel confident in the new CEO and moving forward I think things would change for good. [Deputy manager] listens to me and takes time to speak to me. I feel comfortable to raise concerns or speak when not happy." The management had reintroduced staff meetings to keep staff informed and gain their views and opinions on care delivery. A staff member told us recent team meetings had improved. They also told previous meetings did not encourage staff to express their views.

The service did not have a registered manager in post. A new CEO had started working in February 2018 and

since then taken on the responsibility of managing the service. The provider was in the process of recruiting a new manager and told us in the interim the CEO would continue to manage the service. The provider had hired an independent consultant who carried out a quality visit that had highlighted areas of improvements. The CEO devised an improvement action plan following the quality visit that detailed objectives which were specific, measurable, achievable, realistic and timely. The action plan included areas for improvement, action required, by who and when, costs involved and date of achievement. We reviewed the action plan and found some actions had been achieved for example a review of staff training matrix and quotes obtained from external trainers, and recruitment advertisements for the manager's post. The management had also recently introduced weekly care audits that involved the deputy manager and a team leader to carry out weekly checks of care delivery and medicines administration records for completeness, people's flats for health and safety, and people's well-being to ensure care given was appropriate. Records showed care audits had been carried out and no issues with people's safety were identified.

The management told us they were in the process of sending out feedback questionnaires to people and their relatives. The CEO told us they would analyse the findings and integrate the identified areas of improvement into the service's ongoing improvement plan. People and relatives told us although they had not completed a feedback questionnaire they had given their views and opinions on the quality of service in day to day discussions to the management and they were listened to patiently.

The provider worked with the local authority, healthcare professionals and community organisations to improve people's experiences and quality of lives.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not ensure service users' care plans reflected person-centred care and the needs and abilities of service users.</p> <p>Regulation 9(1)(a)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons failed to effectively operate systems to assess, monitor and improve the quality and safety of the services provided; to maintain complete and contemporaneous records in respect of each service user, to maintain other records as are necessary to be kept in relation to the management of the regulated activity and to seek feedback from service users' and other person on the service provided in the carrying on the regulated activity, for the purposes of continually evaluating and improving the service.</p> <p>Regulation 17(1)(2)(a)(c)(d)(e)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Registered person did not ensure staff employed to provide the regulated activity received appropriate training and supervision as is necessary to enable them to carry out the</p>

duties they are employed to perform.

Regulation 18(2)(a)