

Housing & Care 21

Housing & Care 21 - Hillside Court

Inspection report

Batten Road
St George
Bristol
BS5 8NL
Tel: 0370 192 4071
Website: www.housing21.co.uk

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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



Overall summary

This inspection took place on 24 and 25 February 2016 and was announced. We gave the service 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

At the last inspection of the service in 11 September 2013 we found the service was meeting the regulations we looked at.

Housing 21 and Care – Hillside Court provides personal care for tenants living at Hillside Court. At the time of our inspection there were 49 people receiving services at Hillside Court.

Summary of findings

The service had a registered manager in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

We found that staffing numbers were not always sufficient to ensure people's care and support needs could be met in a timely manner. Accidents had not been analysed for patterns and trends to minimise occurrences. We also found that staff recruitment process was not consistently robust to make sure staff had all the necessary checks before they started work.

People told us they felt safe at Hillside Court and staff were respectful, kind and helpful towards them. People felt staff were well trained to support them and their care needs were met. People were supported by a consistent group of staff who had the necessary skills and knowledge to provide the care and support they required.

Where people were at risk of ill health due to not eating or drinking enough, staff monitored people closely and reported any concerns to the manager. We saw professional advice was sought where concerns about people's nutritional health were identified. People also had access to a 'community matron' who visited the service each week. The service sought advice from the nurse in supporting people to maintain good health and people's weight was checked if required.

The manager ensured risk assessments were carried out for people at risk of ill health due to their health conditions. This included nutritional risk assessments

and these were regularly reviewed to identify any changes in the support people may need. People had an opportunity to say what social activities and entertainment they would like by attending resident meetings where these were discussed.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. This included staff seeking consent from people before delivering care.

Care plans and risk assessments contained relevant information for staff to help them provide the personalised care people required. People were given opportunities to share their views and opinions about the quality of the service they received. People knew how to complain and information about making a complaint was available for people.

The provider and the registered manager were committed to providing quality care to people. People who used the service felt they were listened to and found staff approachable and responsive. There were processes to monitor the quality of the service provided and understand the experiences of people. This was through regular communication with people and staff, checks on records, staff and resident meetings and a programme of checks and audits.

We identified that the provider was not meeting regulatory requirements and was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not consistently safe.

Staffing arrangements did not always ensure there were sufficient numbers of staff to meet people's needs in a timely manner.

The staff recruitment process was not consistently robust to make sure staff had all the necessary checks before they started work.

Staff understood their responsibility to keep people safe by having a good understanding of safeguarding and managing risks associated with their care.

Medicines were managed safely and people received their medicines as prescribed

Requires improvement



Is the service effective?

The service was effective.

Staff had the knowledge and skills to deliver effective care to people.

Staff had an understanding of the Mental Capacity Act 2005 and people's consent was requested before care was provided.

People who required support to prepare meals or eat and drink were supported in accordance with their needs.

Good



Is the service caring?

The service was caring.

People were supported by staff who they said were friendly and caring in their approach.

Staff respected people's privacy and dignity, and promoted their independence.

People received care and support from a consistent group of care workers that understood their individual needs.

Good



Is the service responsive?

The service was responsive.

The service people received was based on their personal preferences and how they wanted to be supported, in order to meet their individual needs.

Care plans were reviewed to identify any changes in needs to ensure that people's needs continued to be met.

People knew how to raise complaints and these were acted upon and responded to in a timely manner.

Good



Summary of findings

Is the service well-led?

The service was not consistently well-led.

Staff felt supported in their roles and people who used the service felt able to contact the office and speak to staff at any time.

There were quality monitoring systems to identify if any improvements were needed. However, action plan had not been followed up.

The registered manager provided good leadership and staff were clear on their responsibilities to ensure people received the quality of care and service they expected.

Requires improvement



Housing & Care 21 - Hillside Court

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 checked 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.

We undertook an unannounced inspection of Housing & Care 24 and 25 February 2016. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our review of this information prior to our inspection enabled us to ensure that we were aware of, and could address any potential areas of concern.

We visited four flats so to gain the tenants views of the service. During our visit we spoke with the registered manager, care team leader, seven people who used the service, three visitors and 11 care workers.

We reviewed five people's support plans and daily records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. These included the staff work sheets staff rota which showed the support people were to receive and at what times. Medication records, records of complaints, staff recruitment records and the service's quality records which included audits and notes of meetings with people and staff were also looked at.

We also contacted the three social care professionals who were involved in the packages funded by the local authority after our visits.

Is the service safe?

Our findings

People's needs were not met by sufficient numbers of staff. Staff were available 24 hours a day to respond to emergencies. However, people who used the service also told us that there had been shortage of staff and staff sometimes arrived late. One person said "staff have arrived late recently but they always let me know they are running late and always apologised". Another person said "I press my buzzer for help and sometimes it takes a long time for staff to come because they are busy and short staffed".

People told us they had experienced staff shortage recently during a weekend. They told us this had started to happen recently. One person said, "staff are really stretched. They were really short staffed this weekend gone". We understand some staff have gone on maternity leave and surely this should have been sorted out long before those staff started their leave to have their babies". Some people we spoke with did not raise any concerns about their being insufficient staff to meet their needs. They told us they felt safe at Hillside Court. Comments included, "I feel safe as I know that there is always someone around when I press my buzzer they do not take long to respond."

On the day of our visit we did find that the service had the sufficient numbers of staff required to support people and meet their needs. The registered manager told us and the rota showed that there were six staff in the morning, five staff in the afternoon including a twilight shift from 5-10 pm and one waking staff at night. We saw that from previous two weeks rotas (February 2016) that it fell below the staffing numbers we were advised of. For example, we found shifts during February there were not the staffing levels we were advised of. We also found in the staff rota there were 11 shifts that needed to be covered by staff between 15 February and 22 February 2016. Some staff members told us they felt there were times when there were not enough of them to carry out all their duties in a timely way. However, they told us people's needs were always met. Staff told us when they were short staffed it meant they covered more calls.

A staff member informed us, "We fall below the staffing numbers, like last weekend". Staff told us that they felt under pressure and did not feel the staffing numbers were adequate. "We are sometimes one down on a shift." Staff told us they needed six staff in the mornings but sometimes there were only four staff on duty. Staff

commented. "Yes we have enough when there are six staff in the morning and but it's a struggle when we are less but we never lower our standards. Every one receives good quality care no matter what".

Another staff member said "we are short staffed sometimes, but we prioritise our job so everybody receives good care. We never rush our service users but it means you are late to go to the next person".

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager stated they tried to cover the shift on a particular weekend but couldn't due an emergency. The manager confirmed there were periods when it was busy and because of this they had recruited four more staff who had recently completed their induction and were shadowing more experienced members of staff. Those staff were on duty on the days of our visit. The registered manager and the care team leader were also interviewing four prospective staff members during our visit. They told us they also used 'relief' staff when needed, for example, to cover staff absences.

We spoke with two relatives of people using the service. They told us their felt the family members were safe and had not noticed any shortage of staff.

Staff had completed training about safeguarding people which included how to recognise abuse. They were able to describe the different types of abuse and told us they would report any concerns to their manager so they could be followed up and acted upon. The manager had taken action to report safeguarding incidents to us and had taken appropriate action to manage any potential ongoing risks.

Staff knew about people's needs and were able to tell us how they managed risks associated with people's care. These included risks associated with medical conditions and the environment. Each person had a care folder which identified areas of potential risk and described what they could do independently. Care was then planned to minimise any risks to people's health. For example, those people who were at risk of developing sore areas on their skin had care plans that contained instructions for staff to regularly check their skin and apply creams when appropriate.

Is the service safe?

People told us staff delivered care in accordance with their care plans and records confirmed staff were delivering the care as agreed. Staff confirmed they undertook shopping for people who used the service. Records were made of all financial transactions which were signed by the person and the staff member. One staff member said "We make sure that it is all recorded and financial sheet completed with all the receipts. Financial risk assessments were in place when needed. For example, some people's support plans included risk assessments about their vulnerability to financial abuse and the measures needed to safeguard their finances.

The registered manager and staff told us they accessed health professionals for advice when necessary so that people's health and safety was not put at risk. Advice given was recorded in care plans and followed by staff. For example, a staff member told us about one person who found it difficult to get out of bed independently without falling. A referral was made for an occupational therapist assessment to see if they could be supported with any moving and handling equipment. On advice from the occupational therapist specific type of equipment were supplied to the person for support to minimise the risk of them falling. This also helped them to maintain some independence. One person who used the service told us "when I was in hospital I was scalded once so there is a risk assessment so staff check the hot water before my bath. Staff are really careful".

The registered manager told us when new staff were recruited all of the required checks were carried out before they started work. Staff members confirmed this happened and told us this included a 'Disclosure and Barring Service' check (to check for any criminal convictions). Recruitment records we viewed showed recruitment checks were completed before new staff started work. However, two staff member who started work in 2014 had only one reference in their files. The registered manager told us they had tried to obtain additional references but were unsuccessful. They told us that they would apply for more references to support the applications. This would reduce the risk of unsuitable staff being employed to support people who used the service.

Staff told us they kept people safe by keeping the building secure and carrying out regular security checks. They knew about the fire procedures and the action they should take to keep people safe within the building in the event of a fire. The registered manager and staff were aware of the contingency plans to follow should people not be able to return to the building following an emergency or fire. The registered manager told us this information was available to staff in an emergency file in the manager's office. The registered manager told they made sure staff member familiarised themselves with this plan.

Accident and incidents were reported and details recorded. Senior staff members investigated any accident or incident and took action to reduce the risk of further occurrence and keep people safe. These actions were recorded on a review form, which were signed off by the registered manager. However we noted that the accidents had not been analysed for patterns and trends to minimise occurrences. For example, record showed there were 15 accidents between 4 January 2016 and 29 January 2016. The registered manager told us they would develop a process that would enable them to analyse accidents/incidents.

People received their medicines as required and care workers knew how to manage medicines safely. Some people told us they managed their own medicines and some needed staff support. One person told us "Staff give me my medicine on time. I am happy". The manager told us staff did not administer medicines to people unless they had received training and had been assessed as competent. A staff member told us they felt the medication training was sufficient for them to understand what they were required to do and manage medicines safely. Team leaders told us they monitored staff to make sure they followed the correct procedures. Staff were then required to complete further training and competency assessments to reduce the risk of mistakes or errors. We noted the medicine administration records had been completed appropriately to show where people had taken medicines or declined them.

Is the service effective?

Our findings

People told us they felt staff had the necessary skills and knowledge to meet their needs effectively. One person told us, “Staff are very good and they look after me very well.” Staff know what they are doing regarding my care, and treat me with respect.” A relative told us, “my family member is very well looked after and well treated. Staff are doing their best for them.”

People who lived at Hillside Court liked to have their main meals in the restaurant and were complimentary of the meals provided and the choices offered. One person told us, “The chef is very good.” One person told us “the chef will bring the food to me if I couldn’t go to the restaurant. That’s how good he is”. At lunchtime people shared tables and talked amongst themselves. Meals were served promptly so people could eat together. The registered manager told us people went to the restaurant for the meals at their preferred times. One person told us “Staff always make sure they make me a cup of tea and leave drink close to me so I can reach it before they leave”. Another stated, “They prepare my food for me. I eat plenty of food here and will have more if I want it. Staff take me down to the restaurant as well when I choose”. This showed staff were supporting people’s nutritional needs and preferences. Staff told us they observed people at lunchtime and if they noticed someone was struggling to eat they would, “Will chat to them discretely though and encourage them. May be cut their food for them”.

Staff told us they followed the guidance from the health professionals for people who needed support to eat. For example, if someone had swallowing difficulties they would follow the guidance from the speech and language therapists to prevent them from choking.

Staff told us there was a section in the care plans where they recorded information about eating and drinking so that all the staff knew what support people required.

The service was visited by a ‘community matron’ each week to support people’s good health. The registered manager told us they were able to access and discuss any concerns with the ‘community matron’. For example, the service sought advice from them in supporting people to maintain good health. The nurse also relayed any concerns to the person’s GP. We saw that risk assessments were completed where they were concerns about people’s

health. These included information about how to manage risks associated with people’s eating and drinking to ensure their needs were met. Records showed that people’s weight was monitored if there were concerns about their nutritional health. This helped to ensure appropriate measures were put in place to minimise the risk of malnutrition.

Staff had access to training required to help them achieve the skills and competences they needed to care for people safely. This included induction training which staff said sufficiently prepared them for their role before they worked unsupervised. Staff told us they worked alongside more experienced staff before they worked independently. One staff member told us, “I have done all the training to help me look after people.” This included managing diabetes and moving and handling people. A new staff member told us, I have done moving and handling people training as part of my induction before I started shadowing shifts”.

Staff told us they received regular formal supervision and appraisals with their manager where their performance was assessed. Supervision included observed practice to make sure they were supporting people in accordance with the provider’s policies and procedures. One staff member told us “I just had my supervision and appraisals. We discuss training and any concern I may have. They come and observe and do spot checks to make sure I am doing the job well”. This helped to ensure that people received the care they needed and any learning and development needs could be identified. Additional staff training was arranged if needed. We looked at staff record of supervision and appraisals and noted that not all staff have received supervision in accordance with the provider’s policy. However, the registered manager had produced a matrix to track and monitor staff supervisions, observations and spot checks and medication competencies to ensure compliance was achieved. The registered manager assured us that all staff supervision would be completed by 5 March 2016.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) and to report on what we find. The MCA ensures the rights of people who lack mental capacity are protected when making particular decisions. All staff had an understanding of the MCA and the registered manager had received training on the subject. Staff training records confirmed

Is the service effective?

they had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. This was to ensure that staff had the skills and knowledge to be able to act in accordance with legal requirements.

Staff understood the importance of gaining people's consent before delivering care and we saw this happened. One care worker gave an example of seeking consent from people before administering medicines to them. Another staff member told us, "We go through the care plan with them (people) and explain what we are doing before we do it. We would not deliver care unless they consented." The provider had a process in place for seeking consent for care and treatment. For example, there were signed consent forms in the care plans we looked at.

Before using the service, people had been given the opportunity to discuss their care and support needs and make choices about their care and support. We checked

the care and support records of who used the service on the day of our inspection. These records showed us that their consent had been obtained before any care or treatment had been provided.

Staff understood the importance of gaining people's consent before delivering care and we saw this happened. One care worker gave an example of seeking consent from people before administering medicines to them. Another staff member told us, "We go through the care plan with them (people) and explain what we are doing before we do it. We would not deliver care unless they consented."

Some people were able to manage their own health care or their relatives supported them with this. For example, accessing the doctor's surgery or attending outpatient appointments. Staff told us if people needed their help to make contact with their GP they would provide this. One person who used the service told us "Staff made arrangements for me last time I was ill. They sorted it for me. They called the doctor". One person told us, "they call the doctor for me If I am not feeling well".

Is the service caring?

Our findings

People were positive about the staff who supported them. People told us that they felt the staff were friendly and approachable. They told us, “I am very happy with my care. Staff are very kind to me” Another person said “Staff are very kind and helpful.” and I can’t fault them they do anything you ask them to do”.

We saw staff acknowledged people when they saw them in the communal areas of the building and were caring towards people. One person told us. “Staff are always willing to help, and staff make sure that they are respectful when speaking to me” another person told us “Staff that attend to me are very caring and very approachable. They listen to you and always willing to help .The carer that showers me every morning is good”.

Staff were positive about the service and the people who lived at Hillside Court. They told us, “it’s a great, friendly place and we have a lovely team.” “We give people as much time as the need, We talk to them, give them time. The tenants are lovely. I get on well with them”.

People received care and support from a group of consistent care workers that understood their needs and who they were able to build relationships with. The registered manager told us that the service operated a key working system to ensure continuity and consistent service to the people who used the service. A key working system ensures that a member of staff had a key role in making sure that the person they were keyworker for received appropriate care and support as specified in their care plan.

People told us staff listened to them and were helpful in meeting their requests. At lunchtime one person told a staff

member that they wanted a light meal instead of a proper lunch. The staff member prepared and served what they asked for. This showed how staff supported people to maintain their independence and make their own decisions.

When care workers explained people’s care needs, they told us how they made sure people’s independence was supported. For example, where people were at risk of scalding from hot drinks care workers would prepare the hot drinks but would leave people to make their own cold drinks. Where people needed support in the shower to reach areas of their body they could not reach, staff told us they would support them but would leave them to wash other areas themselves. One person who used the service told us “I do the bits I can reach myself and staff help me with the areas I can’t reach. I like to be independent and staff respect that”. One staff told us “if someone wanted a bath and not a shower we would ask for a review to change it to what the person wanted to suit their needs”.

One social care professional we spoke with told us “The care team leader is very good and very person centred. They empower people to be as independent as possible and give them choice”.

People told us care workers respected their privacy and dignity and we found staff practices ensured people’s privacy and dignity was maintained. One person who was supported by a staff with their personal care told us, “Staff are excellent when providing me with personal care. They make sure the curtains are drawn and shut the door. They do the best for us. I feel respected and treated like the ‘president of China.” Another person told us, Staff give me shower in my bathroom in private. They treat me with respect. They let me do the areas I can do myself. I am happy”.

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when they started to use the service and their needs and preferences were being met. People had care files in their flats so they and their representatives could read them at any time. Staff knew about people's needs and told us each person had an initial assessment profile which showed their needs had been assessed. This helped to develop a plan of care which detailed the support people required in order to meet their individual needs in a way they preferred. Staff told us how they supported people on a day to day basis. One care worker told us, "Sometimes tenants have asked me to read them a letter or ring a taxi for them or do other little things for them on a daily basis and I do it."

People told us staff spoke with them about their support. Records showed people had signed to confirm they had discussed their care with staff and agreed to the care planned. One person said "I was involved and signed my care plan". Most people were independent and only required support with certain aspects of their care. Those that needed support told us staff involved them in decisions about their care on an ongoing basis. One person commented, "I take my medication myself and agreed and signed my care plan." Another person said "I like to stay in my room because it is my choice, I prefer to listen to music and do a lot of puzzles and watch television in my room." A relative told us, "The staff inform me of my relative's care plan and discuss it fully with me. A care record is always available for me to look at regarding their care. It is so nice here; Staff look after my relative well. We go to church on Sundays. It is really good for them"

There was a system to review care plans to make sure they accurately reflected how people needed to be supported. A relative told us they were always invited for reviews. People who used the service told us they had regular reviews of their care plan and they were very much involved. The registered manager told us one person was recently reviewed for increased package of their care in relation to activities. The person's relative told us "We are really pleased it means they can go out more".

Staff told us they looked at care plan information and people's emergency contacts to check if families wished to

be contacted at night. They told us sometimes people asked staff to contact their family and sometimes they did not wish their families to be contacted which staff respected.

People told us they usually received their care at the times expected and staff stayed for the agreed times so that all tasks were completed. Calls were allocated to a regular group of staff so people had some consistency in the care provided. Staff told us they had regular scheduled call times and they had enough time allocated to carry out the care and support required to meet people's care needs.

There was a variety of social activities and entertainment provided in the communal areas of Hillside Court which people could attend if they wished. People were asked at 'resident' meetings about activities they would like arranged. This was so these could be provided in accordance with people's interests and preferences. People were positive about the activities that took place. One person told us, "We go on trips, go to bingo, I love it here. Staff take us out". A visitor told us, "My relative doesn't like to participate in any activities; they used to but now prefers to stay in their room. It is their choice really" On the day of our visit a group of people who used the service gathered in the lounge area to participate in the knitting club. One person told us "I really love it as I have not knitted for 40 years until I came here, It is smashing".

The service also maintained other community links. For example, the registered manager told us they provided an office area for the deaf community to have coffee mornings and discuss issues that affected deaf people in the community and the people who used the service at Hillside Court. The coordinator of the service visited on the day of our inspection. They told us the people who were involved enjoyed the interactions.

People had their own telephones in their flats so they could keep in regular contact with their families and maintain relationships with people important to them.

People said they had no complaints but if they did they would discuss them with staff or the manager by telephoning the office. People told us, "I know who to complain to if I need to but I have no complaint." "If I have concerns I will go to the office." There had been very few

Is the service responsive?

complaints received by the service. Those received had been recorded and responded to. Records showed actions taken to address complaints and lesson learned to make sure they did not happen again.

Is the service well-led?

Our findings

There was a registered manager at the service. People and their relatives told us the registered manager was reliable and approachable. People told us that they felt able to talk to both staff and the manager with ease, and were confident that they would be listened to if they raised concerns.

People told us they were satisfied with the service they received. When we asked one person if there was anything they would change about the service they told us, “I wouldn’t change anything here. However, there is no place like your home.”

Records of daily logs of people’s wellbeing were well maintained. Staff and the registered manager confirmed that they discussed events when they took place. We saw that care plans were regularly reviewed and that changes were made when necessary. For example, one person’s care plan was reviewed following a recent fall. This was to ensure that learning from incidents took place and appropriate changes were implemented.

Accidents were recorded and action taken to minimise the risk of accidents. However, these had not been analysed for patterns and trends as we mentioned in the ‘safe’ domain. We noted that the most recent provider internal audit of 9 and 24 November 2015 highlighted the importance of accident/incident analysis but this had not been actioned. The registered manager told us they were working through their action plan from the internal audit. Record showed to us confirmed this.

There was a recent quality satisfaction surveys carried out with people who used the service. This showed the provider monitored the quality of care and service provided. Overall people were satisfied with the service they received. People had other opportunities to put forward their views about the service they received. For example, we noted people’s opinions were sought when staff were being observed by their manager. People were asked as part of the observation process if they were happy with the support they had received from the staff. One person told us “they always ask me if I was happy with my care and I say yes I am”.

People were given the opportunity to be involved in decisions about how the service was run through ‘resident meetings’. People told us that they knew about these

meetings and typical topics discussed included meals and planned activities. Notes of the meetings showed areas for action had been addressed and contained information about what people had said to demonstrate their involvement in the meeting. The registered manager said they recorded the meeting notes to demonstrate people’s involvement. The ‘Resident meeting took place bimonthly all people using the service were invited to attend. People were able to participate by offering any suggestions on how to improve Hillside Court.

People were made aware of these meetings through information packs provided to them. These packs also detailed the care and services provided by service and the names and important contact numbers should people need them. People were also notified of the meetings through the notice board in the foyer.

Staff meetings enabled staff to raise any concerns with the management team and to be involved in decisions about how the service was run. One staff member told us staff had raised the issue of there not being sufficient numbers of staff on occasions. We were told this had been partially addressed as the registered manager had recruited additional staff and interviewed more staff recently.

Staff received support and advice from their manager. The registered manager told us that they kept in regular contact with staff and with people who used the service, speaking to most people every day.

Staff confirmed that they spoke to the registered manager every day if they needed to and raised issues with them as necessary. They expressed confidence in the manager that they would listen to any concerns staff raised and took necessary action. However, Staff were also concerned that they found it difficult to communicate with some members of the senior management team. We spoke to the registered manager about this at feedback. They told us they would address this at their next staff meeting.

Staff told us that the agency operated a culture of caring, openness and friendliness. One staff member said “they are friendly and supportive and there is a feeling of team work. Another staff member told us “I like my job. Looking after the tenants is my priority”.

The service was participating in a research project with a university. The registered manager told us the project aimed to find out why people chose to live in ‘Extra Care’ housing and what the benefits were. The registered

Is the service well-led?

manager informed us that they and the senior staff kept up to date with change and best practice through attending meetings and training updates both internally and externally.

Staff told us that arrangements were in place to address any incidences of poor practice and additional relevant training was provided. This was to make sure they learned from their mistakes and maintained the standards required by the provider. Staff also told us they would know about any poor practice through observations or attending staff meetings and handovers.

A staff member explained “When we have handover, they also check to make sure we have our badges and wear correct uniform” They told us “it a place where staff are given information about a person moving in or someone moving onto care package (some people who lived at Hillside Court did not receive care support from staff but lived independently).” This demonstrated there were processes in place for communication to enable the service to run smoothly.

The registered manager regularly audited the care records within the service to make sure they were accurate and

up-to-date. They also carried out quality checks to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. It also included record of weekly audit of people’s finances to ensure that all monies were accounted for and people’s finances were not being exploited.

The provider’s internal audit was undertaken yearly to check the manager had completed quality checks required by the provider The provider received reports about the service which meant they played an active role in quality assurance and ensured the service continuously improved.

We spoke with three social care professionals about Hillside Court. They told us people they were involved with seemed happy with the support they received. They told us that if they had concerns they were quickly resolved by the registered manager and staff. One comment included “they are very accommodating and making sure needs are met”.

The management team understood their responsibilities and had made sure they had submitted statutory notifications to us and completed the Provider Information Return (PIR) as required by the Regulations. We found the information in the PIR reflected how the service operated.