

Creative Support Limited

# Creative Support - Apsley Court

## Inspection report

100 Wellington Road  
Orpington  
Kent  
BR5 4AQ

Date of inspection visit:  
16 August 2018  
17 August 2018

Date of publication:  
28 September 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 16 and 17 August 2018 and was announced. Creative Support – Apsley Court 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.

Not everyone using Creative Support – Apsley Court receives regulated activity; CQC 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. There were 17 people receiving support with 'personal care' at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the first inspection of the service. At this inspection we found breaches of regulations because people's medicines were not safely managed, and because staff had not always completed training considered mandatory by the provider in order to keep up to date with current best practice.

We also found areas requiring improvement. Action had not consistently been taken to reduce the risk of incidents and accidents from recurring. Risks to people had been assessed, but staff had not always followed risk management guidelines to keep people safe. People told us there were sufficient staff on duty to meet their needs, but we found two examples of recent weekend shifts when staffing levels did not meet the service requirements based on the provider's assessment of people's needs. Staff received support through supervision, but night staff had not always been regularly supervised. The provider had systems in place to monitor the quality and safety of the service, but improvement was required to ensure medicines audits were effective in driving improvements.

People told us the service was well managed. Staff had mixed views about the management of the service and the changes that had been made since the provider took on the local authority contact to run the scheme. However, some of the changes they were concerned about had been implemented with a view to improving safety. Staff shared the provider's vision in seeking to provide good quality care. The provider sought people's views about the service and acted on their feedback.

People were protected from the risk of abuse because staff were aware of the types of abuse that could occur and the action to take if they suspected abuse. Staff followed safe practices in managing the risk of infection. The provider recruited staff safely.

People's needs were assessed before they started receiving a service from the provider. People's care was planned, in line with nationally recognised guidance. Staff sought consent from people when offering them support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff supported people to eat and drink where this was part of their assessed needs.

People had access to a range of healthcare services to maintain good health. Staff worked with other agencies to ensure people received good quality, joined up care across different services. Staff treated people with care and consideration. People were involved in making decisions about their care and support. Staff treated people with dignity and respected their privacy.

People had care plans in place which reflected their individual needs and preferences. The provider had a complaints policy and procedure in place. People knew how to complain and expressed confidence that any issues they raised would be addressed. People's end of life care preferences had been discussed and planned with them where they wished to do so.

## 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.

Medicines were not managed safely.

Risks to people had been assessed, but improvement was required to ensure identified risks were safely managed.

Improvement was required to ensure there were consistently enough staff on duty to keep people safe. The provider followed safe recruitment practices.

Staff were aware to report incidents and accidents but improvement was required because action had not consistently been taken to reduce the risk of repeat occurrence.

People were protected from the risk of infection.

People were protected from the risk of abuse.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff had not always been supported in their roles through regular training and support to enable them to provide effective care.

People's needs were assessed and care planned, in line with nationally recognised guidance.

People were supported to eat and drink, where this was part of their assessed needs.

Staff sought consent from people when offering them support and worked in line with the requirements of the Mental Capacity Act 2005 (MCA) where people lacked capacity to make specific decisions for themselves.

People had access to a range of healthcare services in order to maintain good health. Staff worked with other services to ensure people received joined up, effective care.

**Requires Improvement** ●

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

People were involved in making decisions about the care they received.

Staff respected people's privacy and treated them with dignity.

### Is the service responsive?

Good ●

The service was responsive.

People had care plans in place which were up to date and reflective of their current needs and preferences.

The provider had a complaints procedure in place. People knew how to complain and expressed confidence that any issues they raised would be addressed.

People's care plans included information about how they wished to be supported at the end of their lives.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider had systems in place to monitor the quality and safety of the service but improvement was required because they were not always effective in driving improvements.

People spoke positively about the management of the service. Staff were committed to supporting people in line with the provider's vision and values.

The service had a registered manager in post who understood their responsibilities under the Health and Social Care Act 2008.

The provider had systems in place for seeking people's views about the service and acted on feedback to make improvements.

The provider worked in partnership with other agencies.

# Creative Support - Apsley 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 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 site visit took place on 16 and 17 August 2018 and was announced. We gave the provider two working days' notice of the inspection because the service provides support to people living in their own homes and we needed to make sure staff would be available to assist us during the inspection.

We visited the office location to see the registered manager and meet with staff, and to review care records, and policies and procedures. We spoke with four staff, the registered manager and the provider's service director. We also spoke with nine people and one person's relative in their flats, and with a visiting social care professional and a representative of the tenancy provider to gain their views about the provision of the service.

We looked at records, including four people's care plans, five staff files, staff training and supervision records, and other records relating to the management of the service, including medicine administration records (MARs), minutes from meetings, and audits conducted by senior staff.

The inspection was carried out over two days by one inspector. They were accompanied on the first day by 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.

Prior to the inspection we reviewed the information we held about the service. This included details of notifications submitted by the provider. A notification is information about important events that the provider 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. We also spoke with staff working for a local authority who commissioned services at the home to seek their views and help inform our inspection planning.

# Is the service safe?

## Our findings

Medicines were not always managed safely. Staff had not always signed people's medicine administration records (MARs) to confirm that people had received their medicines as prescribed. One person's MAR had not been signed to confirm the administration of a medicine prescribed for the treatment of epilepsy on four occasions during the week prior to our inspection, although staff told us these doses had been administered.

The remaining stocks of people's medicines were also not always reflective of the information recorded by staff. Staff recorded the remaining number of doses left when they administered each medicine. One person's medicine administration records showed that they had the same remaining number of doses left on both 16 and 17 August 2018, despite staff recording that they had administered a dose on each day. This meant staff had potentially not administered a dose but had signed the MAR to confirm that they had. The stock of another person's medicine was one tablet fewer than should have been the case, based on the information recorded suggesting either a tablet had been lost or had too high a dose had been administered.

The times at which people took their medicines had not always been accurately recorded. One person had been prescribed a pain relief medicine to be taken four times daily. This medicine required a minimum four-hour gap to be maintained between each dose in order to prevent the risk of the person overdosing. However, the person's MAR did not identify the times at which the person's medicine should be administered, referring to 'morning', 'lunch', 'evening' and 'night' times instead. The daily records of the visits made by staff showed that there was not always a four-hour gap between each visit. On 10 August 2018, the 'evening' and 'night' visits had been made at 19:10 and 21:40. This meant the person had been placed at risk of an overdose because the minimum safe gap between each dose had not been maintained.

Staff received training in the administration of medicines but had not always had their competency assessed, in line with the provider's policies to ensure they followed safe practices. Staff were required to undergo three medicines observations before the provider considered them to be competent to administer medicines safely but none of the staff working that the service had been observed three times. This meant the provider could not be assured that staff were competent to administer medicines safely.

This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Risks to people had been assessed but improvement was required to ensure risks were consistently managed safely. Risk assessments covered a range of areas including falls, skin integrity, malnutrition, moving and handling, and the environment, as well as risks associated with people's medical conditions such as epilepsy or diabetes. Guidance had been developed for staff to follow where risks to people had been identified. One person had guidance in place which had been developed with the involvement of a speech and language therapist (SALT). This described the steps for staff to take when preparing their food and drink to reduce the risk of them choking. Staff were aware of the details of this guidance and confirmed they prepared the person's food and drink accordingly.



Whilst staff demonstrated a good understanding of the support people required to remain safe, we found improvement was required because records did not demonstrate that staff had supported one person whose skin integrity was at risk to reposition at the frequency identified in their risk assessment. We raised this issue with the registered manager who confirmed that they had not received any advice from healthcare professionals as to the frequency at which the person should be repositioned. They also confirmed that the person's skin integrity was intact at the time of our inspection. However, there remained a risk that risks to people may not always be safely managed where staff failed to follow the guidance in their risk assessments.

Staff were aware to report and record any incidents and accidents which occurred. Incident and accident reports were reviewed by a member of the management team and records showed action had been taken to ensure people were safe. We saw some examples of action having been taken to reduce the risk of repeat occurrence. Medicines countdown sheets had been introduced following an incident in which one person had run out of stock of a prescribed medicine so that staff were aware of the total remaining stocks of people's medicines at all times. However, improvement was required because in other areas action had not always been taken to reduce the likelihood of incidents occurring again. We saw examples of reported medicines errors. Records showed that staff had contacted healthcare professionals to seek advice on how to safely manage these incidents, but no action had been taken, such as re-training or a reassessment of staff competency, to reduce the risk of similar incidents occurring again in future.

People told us that staff were available to support them when required. One person said, "They are on time and they spend enough time with me." Another person told us, "They come when I expect them; they're pretty punctual." However, despite this feedback we found improvement was required to ensure sufficient staff were deployed at all times to ensure people were safely supported.

Staffing levels had been determined based on an assessment of people's needs. Staff told us that there had been increased pressure on them to ensure people's needs were safely met since the provider had taken on the contract for providing the service, because staffing levels on the day shifts had been reduced. However all but one of the staff we spoke with also confirmed that they were still able to meet people's needs safely, despite this pressure. One staff member told us that whilst the planned allocation of staff was sufficient, there had been issues in getting cover for staff at short notice during weekend shifts which placed a strain on their ability to provide safe support.

We reviewed a sample of the staff rotas and noted that there had been one staff member fewer on two shifts over the weekend of 4 and 5 August 2018. The registered manager told us that the rota had been planned correctly but that they had been unable to arrange cover for these shifts when an agency staff member had failed to turn up on each day. This issue potentially placed people at risk of not having their needs safely met and required improvement. The registered manager told us, and records confirmed, that the service was in the process of recruiting more permanent staff to work at the service which they said would reduce the need to use agency workers, and improve reliability.

Staff were recruited safely. The provider carried out checks on staff before they started working at the service. These included a criminal records check, references from previous employers to help ensure staff were of good character, details of their previous employment history and confirmation of their identification.

People were protected from the risk of abuse. Staff were aware of the different types of abuse and the signs which may suggest a person had been abused. They were also aware of the provider's procedures for reporting any suspected abuse and told us they would be confident in reporting any concerns, if needed. One staff member said, "I would report any safeguarding concerns to the manager, or contact the

safeguarding team at social services myself if I needed to." Another staff member told us, "There's guidance in the office on how to report and allegations of abuse, and our whistle-blowing procedure is also on the board in there, so I know who I can contact if I need to." The register manager knew the procedure for reporting safeguarding concerns to the local authority and sought to work with them where needed to ensure people were protected.

People were protected from the risk of infection. Staff were aware of the steps to take to prevent the spread of infection. One staff member told us, "I always wash my hands before and after doing anything, and wear gloves and an apron if I'm supporting people with personal care." We observed staff washing their hands when going to support people, and people confirmed staff wore gloves and aprons during their visits.

## Is the service effective?

### Our findings

The provider's training programme covered areas including moving and handling, first aid, food hygiene, infection control, safeguarding, and health and safety. Whilst we saw plans were in place for staff to complete any outstanding training during the three months following our inspection, we also found significant gaps in staff training, or areas in which refresher training was overdue. None of the staff had completed the provider's training in food hygiene or infection control and only one staff member had completed the provider's health and safety training during the previous year since they took on the contract for the service from the local authority. Some staff had completed training in these areas whilst working for the previous service provider, but this was often historic and not reflective of current best practice. For example, only three staff had completed food hygiene training since 2014 and only two staff had completed infection control training since 2010. This meant there was a risk that people would receive inconsistent support from staff in these areas.

This was a breach of regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Despite these issues, people told us the staff who supported them were competent in their roles. One person said, "I think they are very well trained." Another person told us, "They know how to support me; they're very good."

Staff received an induction when starting work for the service. This included time familiarising themselves with the provider's policies and procedures, and reviewing people's care plans to understand the support they required, as well as a period spent shadowing more experienced staff. Senior staff carried out spot checks of staff performance to check on their competence.

Improvement was required to ensure staff were consistently supported in their roles through regular supervision. The registered manager told us that staff should attend supervision on a quarterly basis. One staff member told us, "Supervision is a good opportunity to discuss any issues we're experiencing and I found the appraisal process constructive; we talked about how I was doing and looked at areas that I could work on and make improvements." However, whilst most staff had attended regular supervision sessions and an annual appraisal of their performance during 2018 we noted that night staff were supervised less frequently. Two of the five night staff employed by the service had only attended supervision in March and a third had only attended supervision in May since the beginning of the year. This required improvement.

People's needs had been assessed to ensure the service's suitability in providing them with effective support. Assessments were holistic, covering people's physical and mental health, as well as identifying any support people required to manage day to day activities such as shopping, and whether they received any other form of support from external health or social care professionals. The provider followed nationally recognised guidance when assessing people's needs and developing their care plans, such as guidance from the National Institute for Health and Social Care (NICE) on delivering care to people in their own homes.

Staff confirmed they sought consent from people when offering them support. One staff member told us, "I

always talk to people to let them know what I'm proposing to do, so that I know they're happy for me to go ahead." People confirmed staff sought their consent. One person told us, "They always check before they do anything." Another person said, "They ask if I'm happy for them to do things."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff understood the principles of the MCA and how it applied to their roles. People's care plans contained records of mental capacity assessments having been conducted and best interest decisions made where appropriate in line with the requirements of the MCA. For example, staff had involved relevant social care professionals and family members in making a decision to put in place monitoring equipment overnight in order to maintain one person's safety. The registered manager also demonstrated an understanding of the conditions under which a person would be considered to be deprived of their liberty and confirmed they would work with the local authority in seeking lawful authorisation from the Court of Protection should this be required. However, at the time of our inspection, none of the people using the service were deprived of the liberty.

People received support to access a range of healthcare services when needed. Staff told us, and people confirmed, that they monitored people's health on a daily basis and would contact their GP or the emergency services if needed, when they were unwell. Records showed that people received support from a range of different services in order to maintain good health, including community nurses, mental health professionals, speech and language therapists (SALTs) and opticians.

Staff also sought to work with other services to ensure people received effective care. Records showed that staff had sought to engage with healthcare professionals where required to ensure people received joined up care. Healthcare professionals from the local hospice had been involved in developing people's end-of-life care plans. We spoke with a visiting social care professional who specialised in the support of people living with dementia who told us they had developed good relationships with staff at the service and worked well together to ensure people received effective support.

People were supported to maintain a balanced diet where required. People's care plans included guidance for staff on any support they required in preparing meals, or when eating and drinking. Staff were aware of people's dietary requirements, for example which people required a soft diet or which people required support to eat. One person told us, "They [staff] do all my meals and I enjoy them." Another person said, "They help me prepare meals when I need them too, but often I can do it myself."

## Is the service caring?

### Our findings

People and their relatives told us that staff were caring in their approach. One person said, "They are kind; they help with everything in a nice friendly way." Another person told us, "Nothing is too much trouble for them; they are wonderful." A third person said, "Sometimes I am a bit low and they spend the time to listen and chat, and even a little cuddle." A relative commented, "They're fantastic; very caring. [Their loved one] couldn't be in a better place."

We observed caring and friendly interactions between staff and the people they supported. Staff knew people well and talked to them about the things that were important to them. One staff member complimented a person on a new item of clothing they were wearing which developed into a cheerful conversation about the visit the person had made to a local market to purchase it. Another staff member provided effective reassurance to a person who was displaying signs of anxiety by talking to them about a visit they were expecting from a family member. One person told us, "The staff are very kind and they always stop and have some banter."

People's care plans included information on any cultural or spiritual support they required. Staff told us they were committed to providing support to people which reflected their needs regarding their race, religion, sexual orientation, disability and gender. Most of the people we spoke with told us they didn't require any direct support in this area, but one person confirmed staff supported them to attend a local church when they wished. Another person told us that staff always talked to them about their visits to church as they knew this was important to them.

People were able to express their views and were involved in decisions about their day to day care. One person told us, "The staff are patient and explain things to me so that I can understand them." Another person said, "I feel they listen to me." A third person said, "Sometimes I am very slow and they go at my pace, and we make decisions together."

Staff told us they offered people choices when supporting people. One staff member said, "They're in control, I just assist them with what they want." Another staff member told us, "I always ask people what they'd prefer and they choose wherever possible. For example, I ask people what they want to wear or what they'd like me to prepare them to eat, and will show them a range of options if that's helpful."

All of the people we spoke with confirmed staff respected their privacy. One person told us, "They make sure all the curtains and the door are shut when I am being washed and dressed." Another person said, "They always ring to come in." A third person commented, "They always remember this is my home." We observed staff knocking on people's door and making sure people were happy to receive them before entering their flats during our inspection.

Staff told us they encouraged people to be independent wherever possible and recognised that people's level of need could fluctuate from day to day. One person told us, "They encourage me to do whatever I can for myself. For example, I can wash my front, but they will help me wash my back and feet as I can't reach

them." Another person said, "I am very independent and I like a shower. The carers sit outside the room while I do it, so that I have my choice and they are making sure I am safe."

Staff treated people with dignity and respect. Staff told us they sought to ensure people's dignity was maintained when offering them support. One staff member said, "It's about making people feel as comfortable as possible, so if I'm helping someone to wash, I'll wrap them in a towel so that they stay warm and don't feel awkward in front of me." People confirmed staff treated them respectfully. One person said, "They treat me as I want to be treated."

## Is the service responsive?

### Our findings

People and their relatives told us that the support they received met their individual needs and preferences. One person told us, "They do everything I want them too." Another person said, "We've talked about the things I need help with, so the staff know what to do." A relative told us, "They know how to support [their loved one] and do a great job."

People had care plans in place which had been developed from an assessment of their needs and which identified their individual preferences and desired outcomes from the support they received. Care plans covered a range of areas in which people needed support, including mobility, medicines management, personal care, eating and drinking, and pain management. They also contained information about people's likes and dislikes and their preferred daily and night time routines, and had been reviewed on a regular basis to ensure they remained up to date and reflective of people's current needs.

Staff were aware of the details in people's care plans and were able to describe in detail people's preferences in the way in which they received support. For example, one staff member described one person's preferred morning routine, which reflected the details of their care plan and the feedback we received from the person in question, who told us, "They [staff] know my routine; I'm well looked after."

From April 2016 all organisations that provide NHS care or adult social care are legally required to meet the requirements of the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. Information about the service was available to people using large text where they had poor eyesight, and in an easy read format where appropriate. The registered manager confirmed that other formats were also available should they be required, including pictorial guides, different languages and braille, to ensure people understood their rights and the choices available to them.

People were provided with a copy of the provider's complaints procedure which contained guidance on how they could complain and how complaints would be dealt with, including the timescale in which they could expect a response and the action they could take to escalate their concerns if they remained unhappy with the outcome.

People confirmed they knew how to make a complaint. One person told us, "I made a complaint once and it was sorted out straight away." Another person said, "If I have a problem, I tell them and they deal with it." The service maintained a record of any complaints received which included details of any investigations and the action taken to address the issues. For example, one person's care plan had been reviewed and their level of support increased in response to concerns the registered manager had received about their safety.

People's care plans included information about their wishes regarding how they wished to be supported at the end of their lives, where they were happy to discuss this with staff. The provider worked with staff from the local hospice to ensure the support people received at the end of their lives met their needs. End-of-life

care plans were reviewed regularly to ensure they were up-to-date and that the service was able to respond to any changes in people's needs, including ensuring appropriate pain relieving medicines were available for use, should they be required.



## Is the service well-led?

### Our findings

The provider had systems in place to monitor the quality and safety of the service, but they had not always been effective in driving service improvements. The management team conducted checks in a range of areas including audits of people's care records and medicines, spot checks on people's welfare and the safety of their home environment, and observations of staff practice. The registered manager confirmed that medicines audits had identified areas in which staff performance needed to improve to ensure medicines were managed safely. However, improvement was required because audits had not always identified issues with the management of people's medicines, and where issues had been identified, the action taken had not always been effective in driving improvements.

A recent audit of one person's Medicine Administration Record (MAR) had not identified the need for the times of administration of a pain relieving medicine to be clearly identified and recorded, to ensure the safe minimum time period between each dose was maintained. We found unexplained gaps on another person's MAR where staff had not always signed to confirm whether they had administered their medicines as prescribed. This issue had been identified in a previous audit and followed up with staff, but had not resulted in improvements in the recording. These issues meant that the provider's systems were not effective in monitoring and mitigating risks associated with the management of people's medicines, and therefore required improvement.

Staff had mixed views about the management of the service. One staff member told us, "The management team are approachable. They explain things to us and I feel that they listen." However, another staff member expressed concern around some of the changes that the provider had introduced since they had taken on the local authority contract to provide the service. They explained that they had been asked to make additional checks on people's medicines which were time consuming and meant they spent less quality time with them. They also said they felt unable to discuss their concerns with the registered manager and lacked confidence in the current management situation. However, they also told us they were able to talk to one of the provider's directors about their problems and that they would listen to them. The registered manager explained that the changes had been introduced in response to concerns they had identified with the way in which people's medicines were being managed. They told us that whilst they wanted to support staff through these changes but were also committed to improving the safety of the service.

The service had a registered manager in post who understood the requirements and responsibilities of their role under the Health and Social Care Act 2008. They were aware of the different types of incidents they were required to notify CQC about and records confirmed that notifications had been submitted, where required in respect of any deaths, injuries or safeguarding allegations which had been raised at the service. The registered manager told us that the provider was in the process of recruiting a new service manager who would be applying to become the registered manager for the service once in post.

People spoke positively about the management of the service. One person told us, "It's well managed; I love it here in my little flat with the lovely staff." Another person said, "I speak up if I think something isn't good, but here I think it is mainly good." A third person commented, "It's well managed; I have no complaints."

The service held regular team meetings so that staff were aware of any service developments and to ensure they understood the responsibilities of their roles. One staff member told us, "The meetings are helpful and keep me up to date with any changes in the way we work." Areas that had been discussed at a recent meeting had included medicines management, the maintenance of accurate records and safeguarding. Minutes from the meeting had been circulated to staff who had not been able to attend, to keep them up to date.

Staff shared the provider's aims in promoting choice and ensuring the well-being of the people they supported. One staff member told us, "I think we all want to do the best for the people here and help them in whatever way they need as individuals." Another staff member said, "I try and look after people the way I'd want my family members to be looked after."

The service sought feedback from people through tenant's meetings and the use of questionnaires. Areas discussed at a recent meeting had included the security of the building, any repairs that may be needed in people's flats, and options for communal activities that people could enjoy. One person told us, "I attended the recent meeting and have lots of new activities because of it, like the film afternoon and outings." The registered manager told us that the annual survey had only just been completed and the results were still to be analysed, but they would develop an action plan based on the feedback they received. We reviewed a sample of the recently returned surveys which showed that people were happy with the service they received. This reflected the feedback we received from the people we spoke with.

The provider worked in partnership with other agencies to provide a good quality service to people. A representative from the tenancy provider told us, "We have a good working relationship; the staff have been proactive in letting us know if they identify any issues in the building and we work well as a team." The registered manager also worked openly with the commissioning local authority, sharing information where requested, in the interests of maintain people's safety.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not managed safely.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff had not always received appropriate training to enable them to carry out their duties.