Apex Prime Care Ltd

Apex Prime Care - St Johns Court

Inspection report

St. Johns Court
St. Johns Road
Farnborough
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Tel: 01252373358

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29 April 2022

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Apex Prime Care - St Johns Court provides domiciliary care and support to people living in this 'extra care' housing project. Extra care housing is purpose-built or adapted single household accommodation, in a shared site or building. At Apex Prime Care - St Johns Court this accommodation consists of individual flats which are rented, in a purpose built complex. The service provides support to older and younger adults who may be living with a physical disability, sensory impairment, dementia or mental health diagnosis. The service was supporting 26 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
People and their relatives were happy with the care and support provided. Their feedback included, "I think they [staff] are brilliant" and "Yes this place is well run. The manager is absolutely fantastic. She's so friendly, understanding and approachable."

There was a strong person-centred culture. Staff were motivated to provide compassionate and kind care. Staff ensured people could express their views and were actively involved in decisions about their care. Staff upheld people's privacy and dignity during the provision of their care. The registered manager led by example and enabled staff to provide person-centred, kind and compassionate end of life care, where people wished to remain in their own home.

The registered manager was passionate about their role and promoted a positive culture, focused on achieving good outcomes for people. They understood their role and had considered the potential risks associated with them becoming the registered manager for a second location. They monitored the quality of the service and had an action plan to address areas identified for improvement. Professionals provided very positive feedback about how well the registered manager and staff worked with them to ensure good outcomes for people.

People were protected from the risk of abuse. Staff had assessed, identified and managed potential risks. Staff had undertaken relevant training in order to administer people's medicines safely. People were supported by enough staff who were suitable for their role. Processes were in place to manage the risk of people acquiring an infection. Incidents were reviewed and learning took place.

Staff had the skills and training they required to support people safely and effectively. The registered manager and staff worked closely with other organisations to ensure the best outcomes for people. They worked openly and collaboratively across services to understand and meet people's needs. People's health needs were promptly identified and escalated where required. People were supported by staff to eat and

drink enough.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and staff reported they felt listened to and heard.

Staff ensured people received personalised care which respected their preferences and choices. People had limited interest in joining the well-being activities run by staff who were working with people to identify if they wanted any alternatives.

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

Rating at last inspection
This service was registered with us on 18 March 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 28 March 2019.

Why we inspected
This was a planned inspection.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Apex Prime Care - St Johns Court

Detailed findings

Background to this inspection

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

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

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

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 48 hours' notice of the inspection to ensure people we needed to speak with would be

available.

Inspection activity started on 29 April 2022 and ended on 4 May 2022. We visited the location's office on 29 April 2022.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since registration. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection
At the site visit we spoke with the registered manager and the regional manager. We observed staff supporting people in communal areas and reviewed a range of records. These included three people's care and medication records, staff supervision records and audits of the service.

We spoke with two people and seven relatives about their experience of the care provided. We also spoke with or received written feedback on the service from five day and night care staff. We received feedback from eight professionals who had involvement with the service.

We continued to seek clarification from the provider to validate evidence found. A variety of records relating to the management of the service, including policies, procedures and training data were reviewed.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they had completed safeguarding training which records confirmed, they updated this annually. They had access to the provider's guidance and understood their role and responsibility to report any concerns. Staff also had the opportunity to discuss any safeguarding concerns at either their supervisions or staff meetings.
- A staff member said, "I have learnt that it is part of my job to protect the health and the well-being of the people that we help to look after. Making sure they can continue to feel safe." People confirmed they felt safe in the care of staff. A person said, "Yes, I do [feel safe], because of their [staff's] caring attitude." People's rights were detailed in the provider's policies and service user guide.
- The registered manager understood how to raise safeguarding alerts with the local authority as the lead agency for safeguarding and had done so as required.

Assessing risk, safety monitoring and management

- Potential risks to people from their environment and care had been assessed with them or their representative and measures were in place to manage them. There was information about who to contact in an emergency. A relative confirmed, "Yes they [staff] do know about risks. We have made plans and they have all the information to keep [loved one] safe. We had a say in that."
- Risks related to people's diagnosis, moving and handling, skin integrity, security, equipment use, bed rails and welfare had been assessed. There were specific instructions for staff to reduce risks to people, for example, in relation to the safe use of people's hoists and slings and to ensure people were wearing their lifeline.
- People had access to staff assistance 24 hours a day if required. The provider had a business continuity plan to guide staff in the event of an emergency.
- People had falls logs in place, where staff documented the circumstances of any falls people experienced and the actions taken to prevent the risk of repetition. For example, by making a referral to the falls clinic or requesting commissioners increase the person's package of care.

Staffing and recruitment

- There were enough appropriately qualified staff to support people during the day and at night. Where people required two care staff to provide their care including during the night, this support was available. There was a recruitment programme to fill staff vacancies and vacancies were covered in the interim by permanent staff working additional hours and agency staff.
- People and their relatives told us they experienced consistency of care. A relative said, "I think he does get the same staff. Sometimes due to COVID-19, staff can change due to shortages. He likes all of them. All of them are friendly. It's nice to have people who support him and his emotional needs."

● People's care calls were of the length commissioned. Staff documented the duration of people's call in their daily records. A person said, "They [staff] stay for the right time. I have no problems with that. They ask if I need anything else before they go."
● The provider had safe recruitment processes and ensured pre-employment checks were completed including a Disclosure and Barring Service (DBS) check. The DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
● People had a medicines profile which detailed their preferences and a risk assessment which noted the support staff were to provide and whether, for example, people had any medicines which had to be administered at a specific time.
● There was a body map to show staff where to apply people's topical creams. Staff were provided with guidance about when and how to administer medicines people took 'as required.' People and their relatives confirmed medicines were administered as prescribed and any associated risks had been safely managed.
● Staff documented the administration of people's medicines on pharmacy printed medicine administration records as per good practice guidance. These were then audited monthly to identify any gaps or issues. A professional confirmed staff managed people's medicines well and sought their guidance as required.
● People received their medicines from trained staff whose competency had been assessed. Staff had access to the provider's medicines guidance.

Preventing and controlling infection
● We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
● We were assured that the provider was accessing COVID-19 testing for staff.
● We were assured that the provider's infection prevention and control policy was up to date.
● Staff received training in prevention and infection control.
● Following a recent outbreak of COVID-19, guidance had been followed to ensure this risk was managed.

Learning lessons when things go wrong
● The registered manager reviewed incidents to identify any learning. As a result of a medicines incident, processes for receiving people's medicines had been changed, which had reduced the risk of repetition. Following another incident, the person's package of care had been increased to ensure their welfare was frequently monitored.
● Staff were instructed in people's care plans to report any concerns. We found at the site visit one incident of a recent bruise to a person which staff had recorded but not reported to the registered manager. We spoke to the registered manager who advised they would take immediate action to address this with staff, which they did. Staff spoken with after the site visit confirmed they had been reminded to report all bruises.

Good

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's support was planned in accordance with regulatory requirements and guidance. Their care plan stated their needs in relation to their physical, mental and social care needs and the planned outcomes from the delivery of their care.
- People told us they had been involved in their initial assessment. A relative said, "When we moved in, we were asked about background information, pets, medical history and the level of care needed. It was a two-way discussion."
- The registered manager told us they completed people's initial assessment on-site which enabled the person to get a sense of the service. They were then given enough time to decide whether to move in. The registered manager told us this was especially important for those living with dementia, to ensure the suitability of the project for their needs, before proceeding.
- A health professional told us the registered manager supported their team members well and ensured they had required the skills and knowledge. Professionals unanimously said people experienced good outcomes from the delivery of their care. A professional said the registered manager and their team worked hard to ensure people were safe and enabled to stay in their home as long as they wished.

Staff support: induction, training, skills and experience

- People and relatives told us staff had the required knowledge, skills and experience for their role. Their feedback included, "Staff are very competent at helping me" and "I'm happy with their skills."
- Staff confirmed they had completed the provider's induction to their role and completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff's training reflected people's needs. It included areas such as dementia care, diabetes and continence. Staff were supported with their development and encouraged to undertake professional qualifications in social care.
- Staff records showed they received supervision and regular observations of their practice. Staff confirmed they felt confident and well supported in their role. They felt they could ask for any further training required, this ensured they had the required skills to support people.

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

- The registered manager informed us, although there was no longer a restaurant on-site, staff supported people to book a hot lunch, if required, which was then delivered to the service daily. We observed staff receiving the lunches people had ordered and served them in a place of the person's choosing. Some

people chose to eat with others in the dining room, which also provided them with an opportunity to chat and socialise whilst they ate. A person confirmed, "They [staff] can help me with my meals if I want. I eat in the dining room. I get plenty to drink. I certainly do."

● People's care plans provided written guidance for staff for each care call about the support the person required with their food and drinks, including the management of any associated risks. Staff told us a person was at risk of dehydration, so they were encouraged to drink and their drinking was monitored.

● Relatives confirmed, their loved ones were encouraged to eat, if needed, and staff ensured they had access to any equipment they required to help them to eat their meal. A relative said, "[Person] is helped with her meals. She has a choice [of meals] and they [staff] check she has had enough to drink. Sometimes she doesn't want to eat and they will encourage her and explain."

Staff working with other agencies to provide consistent, effective, timely care

● Staff worked openly and collaboratively across services to understand and meet people's needs. They knew where to access external support for people locally and any required referrals were made in a timely manner.

● Staff worked with a range of professionals, who all confirmed staff worked with them effectively to ensure people's needs were met promptly. For example, when re-starting people's packages of care upon their discharge from hospital, ensuring medicines were available, addressing accommodation issues and to request care reviews. They also advised any referrals staff made, staff followed up for people. A relative told us how, following a fall, staff had called an ambulance, their loved one had then become very distressed, so staff called again.

Supporting people to live healthier lives, access healthcare services and support

● Staff 's training included diabetes and catheter care. Professionals told us, staff knew people very well and were quick to identify when they were not quite themselves. They said staff were responsive when they identified concerns and immediately escalated them for review. A relative confirmed, "They [staff] will call the doctor if he's not feeling well to check him over."

● People's care records documented their health care needs and included a hospital passport, which contained relevant information in the event of their admission.

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

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

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

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

● People were involved in decisions about their care where they had the capacity to do so and their ability to continue to do this was regularly reviewed.

● Staff had undertaken MCA training and had access to the provider's guidance. A member of staff said, "If the person has capacity, we ask them and get their wishes. If the person lacks capacity, we make a best

interest decision." We saw a person's care plan contained an MCA assessment, however, they had capacity to make specific decisions about their care, therefore this was not required. We brought this to the attention of the registered manager, who took action to remove it from the person's records and to check if any others needed to be removed. After the site visit the registered manager confirmed they had taken advice to ensure they were clear regards when an MCA assessment was required.

● Although there was best interest guidance on the provider's MCA tool for staff to follow when a person lacked capacity to make a specific decision, it had not been included or referenced in the MCA policy. This has been fed back to the provider for them to consider if any action is required.

Good

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

● There was a strong person-centred culture. Staff were motivated to provide compassionate and kind care. A person told us, "The carers treat you like family. They get you comfortable and there is warmth from them." Another person said, "They (carers) are very helpful and treat you as a person." A relative said, "The one's I know are very polite, go the extra mile and will listen to me and [loved one]. I can't fault them. The house manager is brilliant." Professionals confirmed staff were kind, caring and patient. People were consistently positive about the caring attitude of staff.

● We observed staff treated people with dignity, respect and kindness as they interacted with them. A relative confirmed, "Staff treat [loved one] with kindness." A person said, "Definitely I am respected. They [staff] are polite and pleasant and ask me how I am. As my own family would."

● People enjoyed positive relationships with staff, who showed concern for their welfare. Staff told us they had enough time to get to know people and understand their support needs. A staff member described how a person had not wanted to move in. They said, "I spent time with her and made her feel comfortable. She was shy, but I got her to come out of her shell. Now she doesn't need this, she is relaxed and loves living at the service."

● People were treated as individuals and staff responded quickly to changes in people's needs.

Staff knew and respected the people they cared for. People's care records provided staff with information about their personal history, background and preferences. A staff member said, "We go through the care plan and talk to people about what they want." A person confirmed, "Oh yes they [staff] know me well."

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

● Staff involved people in decisions about their care. A person said, "They [staff] do ask me about my care and listen to what I say." People's records noted who supported them and who was involved in decisions about their care. A relative said, "We talk to them [staff] if there is a change and discuss the new needs. Our views on care have been listened to. It's not a shut door."

● A professional told us how well staff supported people when they moved in. Staff identified and addressed any accommodation issues for the person. People who required adaptions to their flat, to accommodate their needs on the grounds of their physical disability, were referred by staff to the local council for an assessment of their eligibility for a grant for the costs. Another professional told us how staff had reviewed a person's hospital record upon their discharge and identified a potential issue, which they immediately raised on their behalf to ensure any care provided reflected their wishes.

● The registered manager told us how they had advocated for a person to have their care increased, to prevent them from needing to move into residential care. We saw this had been implemented and the person was able to continue to enjoy living in their flat. Staff advocated for people and supported them to

explore their options and to access additional sources of advice and help as needed.

● Staff had the time and support they required to provide compassionate and person-centred care. A relative said, "Yes, they [staff] get jobs done and go beyond and do more than they have to do. They don't say, 'The jobs half done and we have to go.' I'm very impressed." Another person said, "Even if they are pushed for time. They [staff] will have a chat with me." Staff confirmed they had sufficient time to provide people's care. A staff member said, "We have the time for people. We talk with people as we provide their care. Tell them what you are doing and make them comfortable."

Respecting and promoting people's privacy, dignity and independence

● Staff treated people with dignity and respect. One person did not want their care provided by male staff and their wish was documented and respected. Staff understood how to provide people with privacy and dignity when providing their personal care. A staff member said, "People's dignity is very important - we are very hot on this. We must uphold people's dignity." Staff knocked on people's front doors before going into their flat.

● People received their care from familiar staff wherever possible. A relative confirmed, "80% of the time [loved one] gets the same ones [staff]." There was some use of agency staff. To minimise the impact of this upon people, they worked alongside a permanent member of staff to provide people's double up care.

● Staff supported people to retain their independence. Their care records noted what they could do for themselves. For example, one person's care plan said they liked to bring their microwave meal down to the dining room where staff would then heat it and serve it, which we saw happened.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

● People and relatives told us they were fully involved in developing their care plan, which reflected their choices and preferences and was kept under regular review. People's full range of needs were identified including those on the grounds of their protected characteristics. Staff training included equality and diversity. A person said, "The care plan and review was all written down. It's not one-way traffic."

● People and their relatives confirmed, they had choice and control over decisions about their care. A person said, "In my flat, it's my domain. I make my choices" and a relative said, "[Loved one's] choices on food, clothes and what she wants and doesn't want are respected."

● People's care plan focused on their whole life and included detailed information about their background, skills and what was important to them, to enable staff to understand how to work with them.

● Professional's confirmed staff had a good knowledge of the people they cared for and how to respond to their needs. A relative told us, "Yes they [staff] know about her mental health and know her behaviour can be difficult at times. They know how to work within that as best as possible. They don't force her if she doesn't want to do something."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People's communication needs were identified and recorded. The registered manager provided examples of how people had been supported with, for example, information in a larger print format. A person confirmed, "Information is always in written form and in language that I can understand."

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

● Staff were commissioned some time to provide wellbeing activities for people. The registered manager advised although staff ran organised activities, there was limited interest and attendance. People were provided with the opportunity to socialise over coffee which staff provided twice a day in the dining room and again at lunch. We observed people did come down to the lounge to socialise and watch TV across the course of the day. Other people were seen going out into the community on their own. The gardens were accessible and there were raised beds for people who enjoyed gardening. Staff provided a fortnightly fish

and chip supper and plans were being made for a BBQ and to celebrate the Queen's Jubilee.

● People and their relatives fed back many of them did not really want to join in activities following the pandemic , particularly if their health had deteriorated. They were happy in their own company. A person said, "I'd rather stay in my flat. I don't get involved now. We have fish and chips fortnightly and they [staff] bring it here to my flat."

● A new member of staff with a relevant background had been asked to consult people about their thoughts and ideas for how the wellbeing hours could be best used and to identify any changes they wanted. Some people had one to one support commissioned to enable staff to take them out. A person confirmed staff took them out shopping which they found helpful.

Improving care quality in response to complaints or concerns

● No complaints had been received since the provider had changed. People were provided with information about how to make a complaint in their service user guide, the statement of purpose and the provider's complaints policy.

● People and relatives told us they felt able to raise any issues directly with the registered manager. A relative confirmed, "I'd go to the manager. She listens."

End of life care and support

● The registered manager was passionate about providing high quality end of life care to people. They told us, "I do like to promote end of life care - all have the right to remain in their own homes at the end of their life, where they wish." A professional, confirmed how well the registered manager supported and enabled staff to provide high quality, person-centred end of life care.

● People were fully supported to remain in their own home at the end of their life where this was their wish. Relatives confirmed staff had discussed their end of life wishes with them, to ensure these were known.

● People were supported by skilled, kind and compassionate staff. A member of staff said, "We speak with the person and their family about what they want - who they want to provide the end of life care" and "The nurses provide pain relief and we sit with the person. If they have no family, we ensure they are not alone." Written feedback from relatives received by the registered manager and a staff member, showed just how much this care and attention had meant to them.

Good

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was passionate about people, supporting their staff team and about their role. They told us, "I always wanted to do the job" and "I am blessed and privileged to do the job I do."
- People, their relatives, staff and professionals were all consistent in their view that the service was very well-led by the registered manager and reported this led to people receiving high quality, person-centred care. People and relatives feedback included, "If you want to live in a family environment this is the place" and "The manager is very helpful. She comes in and says hello or I go down to the office. She knows me. If I want anything, she will put it in. Really supportive."
- A member of staff told us, "I've never known a manager like [name of registered manager], she is very good with people and staff. She will help on the floor. She listens and supports." Both day and night staff reported they met with the registered manager regularly and felt well supported in their role. A staff member said, "Staff morale, in my opinion, is always good. Everybody has a good working relationship." Staff reported the registered manager was fair and encouraged and supported them with their career progression and professional development.
- Staff told us senior management were visible within the service. A staff member said, "We get to see them and speak with them [regional manager]". The provider completed quarterly welfare and wellbeing checks with staff.
- The provider's objectives and principles for the service were set out in their statement of purpose. Their values were: quality, respect, compassion, community. The registered manager and staff consistently displayed these values in their work with people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There had not been any notifiable safety incidents which the registered manager was legally required to notify the person's representative. However, they understood their legal responsibilities to do so. Records showed they had also made staff aware of the duty.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the legal responsibilities of their role. They ensured any notifications of incidents had been submitted as required.
- The registered manager told us at the site visit, they had just become the manager for another of the

provider's extra care services. They had considered the associated risks of them spending their time across the two sites and how these were to be managed. For example, with the support of senior care staff on both sites and some care staff being able to work at both sites if required. CQC has received their application to become the registered manager of the second location.

● The provider was working with all of their extra care locations, to support them transitioning to the use of their paperwork and records, for example, for recording incidents, to ensure consistency of approach across the services.

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

● People's views on the service were sought through reviews of their care, spot checks and the provider's annual survey which had just been circulated. The results from last year's survey results showed people were happy with the service received and no-one had raised any issues which required action. People had been asked if staff respected their protected characteristics.

● The housing provider was responsible for holding resident's meetings and it was hoped these would restart after the pandemic. Staff meetings were held, and staff had the opportunity to provide their feedback by speaking with the registered manager or at their supervisions.

Continuous learning and improving care

● The registered manager monitored the performance of the service through falls and hospital admission logs, spot checks of people's care, care plan audits, staff supervisions and reviews of people's care. They audited people's medicine administration records monthly and these checks were documented. They told us they also reviewed people's care notes monthly, but these checks had not been documented. This had already been identified as an issue which was being addressed, through their service action plan.

● We identified some information was missing from one person's care plan. This had not impacted the delivery of their care, as staff knew the person and their care needs well. We brought this to the registered manager's attention, and they took immediate action to address this.

● The registered manager submitted a weekly report to the provider which covered all aspects of the service. For example, care plan and medicines audits, people's reviews of their care, complaints, safeguarding's, concerns, hospitalisations, staff supervisions, and CQC notifications. This ensured they were regularly updated about events at the service. The registered manager also sent the local authority a quarterly report on the service.

Working in partnership with others

● The registered manager and staff worked in partnership with others to provide people with high quality care which was informed by their preferences.

● Professionals from a range of disciplines and services reported staff worked openly, transparently and collaboratively with them. They told us this achieved good outcomes for people. This ensured people had accommodation that met their needs, they had their medicines, their end of life wishes were known and respected, they had seamless care from hospital to home and any issues were promptly identified and addressed.