

Guinness Care and Support Limited

Guinness Care Gloucester

Inspection report

2 St. Michaels Court
St. Michaels Square
Gloucester
GL1 1JB

Date of inspection visit:
12 April 2019
15 April 2019
16 April 2019
24 April 2019

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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:

Guinness Care Gloucester provides personal care support and practical assistance to people who live in self-contained flats as part of two Extra Care Housing Schemes called Marina Court and St Catherines Court.

At the time of the inspection 47 people received personal care support. Some people who use the service are independent and require little or no support from the service. Guinness Care also funded and operated an emergency call bell system in both schemes. This meant they responded to emergency situations for any person living at either scheme regardless of whether they received personal care support or not.

The Care Quality Commission (CQC) only regulates the regulated activity of personal care; this inspection report only relates to the provision of personal care.

People's experience of using this service:

- People told us they were comfortable and happy when being supported by care staff employed by Guinness Care.
- People spoke positively about the relationships they had formed with care staff and enjoyed the conversations they had with them.
- People received their care as planned. The service was using agency staff whilst they recruited additional permanent staff to ensure people received their calls as planned. The manager and staff told us the amount of agency staff had reduced and agency staff had been block booked to aid consistency.
- People spoke positively about how staff responded to their life line (emergency call bell system). They told us staff came quickly and treated them with compassion.
- Care staff supported people with their changing healthcare needs and provided people with additional support when required.
- Staff told us they had the training and support they required. Staff spoke positively about recent changes within the organisation, including the recruitment of the new manager. Staff told us the service was constantly improving.
- People were protected from the risk of abuse and harm as staff followed clear processes regarding safeguarding, the management of people's prescribed medicines and where necessary their financial records.
- The manager had a clear vision for the service and was working with local authority commissioners and the landlords of both schemes to improve the quality of service people received. The manager was also working with healthcare professionals to improve knowledge in relation to the service provided at Extra Care Sheltered Housing schemes.
- Scheme care co-ordinators, the manager and provider had clear systems to monitor and drive improvements throughout the service. A development plan was in place to inform and track these improvements. This included a new care planning and monitoring system.

The service met the characteristics of Good overall. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

This was the first time the service has been inspected under their current registrations.

Why we inspected:

We inspected this service as part of our ongoing Adult Social Care inspection programme.

Follow up:

We will meet with the provider, landlord for both schemes and local authority commissioners to gain a better understanding of the joint working arrangements for people living in local Extra Care Housing Schemes. We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme.

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.

Guinness Care Gloucester

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Our inspection was completed by one inspector.

Service and service type:

Guinness Care Gloucester is a domiciliary care agency (DCA) which only provides care to people living at two Extra Care Housing schemes, Marina Court and St Catherines Court.

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

The service is required to have a registered manager. A new manager had been appointed in February 2019, they were in the process of registering with the Care Quality Commission. A registered manager and the provider are both legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service two days' notice of the inspection site visit because we wanted to ensure that managers responsible for supporting the service would be available. We inspected the two registered locations Guinness Care Gloucester alongside Guinness Care Forest, as they have the same manager and follow the same processes.

What we did:

Before inspection: We reviewed information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious injuries and deaths. We used information the provider sent us in their Provider Information Return as part of our Provider Information Collection. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During inspection: We visited Guinness Care Gloucester office on 12 April 2019. We visited the two Extra Care Housing schemes on 15 and 16 April 2019. We visited the office again on 24 April 2019 to conclude our inspection. We spoke with seven people about the care and support they received. We observed care staff engage with people at both of the schemes. We spoke with six members of staff, two care co-ordinators, the manager and a representative of the provider.

We reviewed the care records of six people. These included assessments of need, risk assessments and support plans. We reviewed two staff recruitment files. We also reviewed a selection of quality monitoring records and other management records; audits, management reports, action plans and complaints records.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People felt safe when receiving support from care staff. Comments included: "Oh I feel safe living here and when the staff assist me"; "I have no concerns, I feel safe with them" and "This is my home, they make it that bit safer."
- Staff knew what action to take if they suspected abuse, poor practice or self-neglect. When one person had been identified as being at risk of self-neglect; staff raised this concern with the manager who raised a safeguarding alert. Staff told us they were confident to 'whistle blow' and knew which outside agencies to involve if needed.
- Where people were assisted with their finances, robust systems ensured people were protected from the risk of financial abuse. This included daily checks of people's personal monies and expenditures.
- The manager reported and shared appropriate information with the provider and relevant agencies to safeguard people.

Assessing risk, safety monitoring and management; learning lessons when things go wrong.

- Care co-ordinators completed risk assessments in relation to people's health and wellbeing and actions needed to be taken to reduce these risks. One person was at risk of developing pressure ulcers. Staff assisted this person with washing and the application of topical creams to help protect their skin.
- Risks assessments had been completed in relation to people's mobility needs, falls and medicines management. Each person had a detailed mobility risk assessment which included guidelines provided by healthcare professionals. One person had clear guidance regarding equipment staff needed to support them repositioning in bed.
- The care co-ordinators carried out environment risk assessments considering the care and support people required to remain safe in their apartment. This included risk assessing equipment such as handrails or if people had pets or other specific risks (such as people's belongings).
- Staff had received training on infection control, which gave them the knowledge and skills to provide care in a hygienic and safe way, reducing the risk of contamination and spread of infection.
- Care co-ordinators carried out observations and spot checks to ensure staff were working safely and that people were happy with their care. Care co-ordinators explained how they used these observations to ensure care was delivered as expected.
- Guinness Care funded staff to manage the life line system. This was an emergency call bell system which anyone living at the schemes could use, even if they were not receiving care from Guinness Care. There was 24 hour staff coverage at the schemes to ensure there were staff available to respond to people's emergency calls.
- Incidents and accidents were documented reported, recorded and investigated to find out why things had gone wrong and ensure appropriate action was taken to keep people safe. Learning identified through such investigations was shared with staff and used to prevent similar incidents occurring in future

- Staff explained recent concerns discussed included people continually refusing care and support. The service discussed how staff should handle these situations and the action they should take to help maintain people's safety.
- The manager and provider had systems to learn lessons from incidents or near misses. The provider operated systems which monitored incidents and near misses to ensure a response could be provided throughout the organisations they operated. This system was electronic and required staff and the managers to add information. There was a clear scheme of delegation to monitor actions had been completed.

Staffing and recruitment.

- There were enough staff, at any given time, to meet people's needs.
- At the time of the inspection, the service was using agency staff to ensure there were enough staff deployed to meet people's needs at the two schemes. The manager and care co-ordinator explained that these staff were block booked to promote consistency of care.
- People spoke positively about care staff and felt they were often on time and stayed for the full length of time allocated to them. Comments included: "They always sit and take five minutes to talk to me"; "I get all my calls, there has been quite a few new staff" and "They come when I expect them to." Where staff were running late this was communicated to people and an explanation and if necessary an apology provided. One person told us, "Sometimes they can be delayed if an emergency happens. It's never a problem."
- Staff told us that there were enough staff to meet people's needs and this had improved in recent months. However, they felt there was further recruitment required. Comments included: "It's not as bad as it was, we make sure people have their calls" and "We manage, sickness is covered by agency, no one goes without."
- Staff recruitment records showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them. All staff worked a six-month probationary period and disciplinary action was taken, when needed, to ensure expected standards were met.

Using medicines safely.

- Staff received training to be able to support people with their medicines in their own apartments. Care co-ordinators also assessed the competency of care staff regarding medicines to ensure they had the relevant skills.
- People spoke positively about the support they received with their prescribed medicines. Comments included: "They support me once a day, make sure I have my tablets" and "They (apply topical cream) to my legs, they know how to do it."
- People's medicine support needs were recorded in their support plans for staff guidance. This included a full list of medicines people were prescribed.
- Care co-ordinators carried out detailed audits on people's medicine administration records. They carried this out to identify any issues including recording errors. The provider was implementing a new electronic care system which would support the care co-ordinators and manager to check that people had received their medicines at the time the support was required.

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.

Good: People's outcomes were consistently good, and feedback confirmed this.

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

- People's needs were fully assessed with ongoing involvement of their close relatives and where necessary based on their assessed needs from healthcare professionals.
- People had access to information to help them understand their care and treatment and promote a good quality of life with positive outcomes for people.
- Universally recognised assessment tools were used to assess people's needs, including their mobility needs and the use of specific equipment. This ensured staff delivered evidence based-practice and followed recognised and approved national guidance.
- People's independence was promoted through the use of technology. People living at the schemes had access to a life line call bell system which was responded to by care staff. This provided some people with the comfort and reassurance they required to live in their own home within the scheme.

Staff support: induction, training, skills and experience.

- People spoke positively about the care staff that supported them and felt they had the skills to meet their needs. Comments included: "They are brilliant, they do so much for me"; "They help me with drinks, meals and dressing. They know what to do" and "The staff are well trained, and they work very hard."
- Staff spoke positively about Guinness Care and the training and support they received. Staff comments included: "Guinness are really good with training, if I need training I can get it"; "Training is absolutely brilliant, there is always refresher training and professional development" and "The induction training was brilliant, I am always learning. I had more than enough to make me feel confident."
- Staff had opportunities for professional development, including completing qualifications in health and social care. One member of staff told us, "We get all the support we need to develop and improve our individual skills."
- Care co-ordinators, the manager and representatives of the provider had a detailed overview of staff training needs and when staff required additional training. Every year staff carried out mandatory refresher training, this training covered key areas identified by the provider which related to the needs of the people the service supported.
- Training for all staff was planned through a training department operated by Guinness Care. Training needs informed the training and development plan for all staff.
- Staff spoke positively of the support they had at induction, including shadowing experienced care staff. One member of staff told us, "I had all the support I needed to make me feel comfortable."
- Staff had access to supervision and support, including regularly one to one meetings with their manager. One member of staff spoke positively about the support they received from a care co-ordinator and the manager in relation to their employment contract. Staff told us the care co-ordinators were supportive and approachable to discuss any concerns or needs. Staff also had access to a confidential employee assistance

helpline to discuss their own wellbeing concerns or needs.

- Any concerns around staff performance identified through concerns or observations were followed up in supervision meetings to enable the manager and staff member to make a plan of action.

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

- The support people needed with their dietary needs was recorded in their care plans, including their preferred food and drink and how food should be prepared. Where people were living with dementia, staff left food and drink for people when they left to prompt their hydration and nutritional needs.
- In Marina Court there was a bistro which provided meals to people at a cost. These meals were not provided by Guinness Care staff, however Guinness Care supported people where necessary in their own apartments or within the bistro during meal times.
- People at risk of choking were supported as recommended by a Speech and Language Therapist (SALT). At the time of our inspection one person had been assessed by SALT as requiring their fluids thickened and their meals pureed. Care staff and the care co-ordinator were working with the person to identify meals they could enjoy following this significant change to their diet. They aimed to provide this support to enable the person to plan their meals, however respected their individual choices.

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

- Care co-ordinators and staff worked alongside GP's and other healthcare professionals to meet people's needs and respond to any changes in their needs. Staff made referrals to healthcare professionals if they felt someone required specialist input.
- Where advice had been sought this informed people's care plans to enable staff to follow this guidance to meet people's needs. One person was at risk of repeat infections. Staff had clear guidance to follow to help reduce the risk of infection and were also aware of the signs and symptoms that might indicate medical support was required
- The service sought advice when reviewing people's mobility equipment. They worked alongside occupational therapists and followed recognised best practice guidance to ensure people were assisted to mobilise safely and remain independent.

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

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

- We checked whether the service was working within the principles of the MCA. Care staff we spoke with understood that people must be supported to make independent decisions where it was possible for them to do so. Comments included: "We most definitely support people with as much choice as possible" and "We support people with some decisions, give them information. However, people can make unwise decisions, such as what they want to eat, and that's their choice, we respect it."
- People told us their choices were respected. Comments included: "I am in full control" and "They never make me do something I wouldn't want to."
- Where people were living with dementia, staff supported them to make an informed choice, by providing clear options. One member of staff told us how they supported one person to make simple decisions, such as what they would like to eat, drink or wear. They said "I still give them the choice. If its clothes I will show them a couple of options. We cannot force them."
- No one supported by the service had authorised restrictions placed on their liberty. The manager discussed

actions they had taken when they were concerned about people's mental capacity, or if they were at risk when leaving their own property. The manager liaised with healthcare professionals to ensure people's needs were reviewed to ensure their care remained the least restrictive option.

- People's legal representatives (those who held Lasting Power of Attorney for Finances and/or for Health and Welfare) were known to the organisation and they were included in decisions made about the person's care.

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

Good: 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; Respecting and promoting people's privacy, dignity and independence.

- People spoke positive about how kind caring and compassionate the care staff were. Comments included: "They are very good girls [staff]", "All the staff are caring and treat me well. I'm happy with them" and "I am very lucky to have them."
- People told us their routines, preferences and choices were respected and followed. Comments included: "They are brilliant, they do so much for me and respect my choices" and "I am happy, they are flexible to my preferences. If I'm going out or if I don't need a call, they respect that."
- People's feedback and care records told us people's privacy was maintained during care delivery. Care staff told us how they supported people whilst maintaining their privacy and dignity. Comments included: "We always make sure people are comfortable" and "Even though care is in people's own homes, we make sure we can't be disturbed, and that people are comfortable and feel respected."
- People were able to make decisions regarding the staff who cared for them. Care co-ordinators explained how the rota system they used would not allow them to allocate a staff member to assist a person, if the person had stated they did not want to be cared for by them. People told us their decisions about who cared for them in their own home was respected.
- Staff understood how to assist people and promote their independence and involvement with all care activities. Staff spoke positively about promoting people's independence. One person said, "They do push me to do more for myself, which is good."
- Staff spoke positively of the people they cared for and understood their needs, preferences and life experiences. Staff told us how they took time to engage with people and promote their personal wellbeing.
- The service respected people's diversity. Staff were open to people of all faiths and belief systems, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

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

- People's communication needs were known, recorded and understood by staff. Staff could describe the support people needed to enable staff to understand their wishes and support their decision making. Most people could express their views verbally to care staff and the care co-ordinators. Where people were living with dementia and could not communicate their views or concerns, staff would observe their facial expressions and body language to gauge their views and needs.
- People were at the centre of their care and were supported to make decisions, as well as being involved in reviewing their own package of care. One person told us, "The care is about me, at the moment they visit me

in the morning. Maybe in the future I might need them more."

- People we spoke with confirmed they were able to communicate with their care staff, care co-ordinators and the manager directly if needed. Comments included: "I know I can talk to the staff and [care co-ordinator]" and "[care co-ordinator] is fantastic, they will listen to you and take action."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People spoke positively about the care they received and felt it was personalised to their needs. Comments included: "The care is suited for me" and "I am happy the care is flexible and it's what I need."
- Each person's care plans contained information about their life, including their relationships, occupations and hobbies. People were involved in creating their care plans and reviewing them. Where a person had a set goal or preference this had been clearly recorded.
- Staff were working on making people's care records digital. The provider had identified a system which promoted real time information and enabled people and their representatives to have access to their care plans. While this system was being rolled out, staff spoke positively about how the system would enable them to respond to people's changing needs. As records on the system were updated this would be immediately available for staff to review, ensuring all staff had current and relevant information.
- People told us the service was flexible and responsive to their needs. One person explained how the staff supported them with earlier calls when they had a medical appointment. They said, "If I have hospital appointments they're flexible with me, they get me ready." The person told us how they discussed their appointments with staff to ensure the staff had the information they needed to assist the person with their care.
- Staff had skills and experience to identify when people's health was deteriorating, and their support needs were changing. Staff discussed how they supported people and made referrals to people's GP with their permission. One member of staff told us, "We know people and we support them day to day. One person's needs changes day to day. We support them to do as much for themselves as possible and we work with them to respond to how they are."
- The service was providing training, support and equipment to response when people had a fall at the court, reducing the impact on local ambulance services. Guinness was providing equipment which could be used to support people off the fall following a fall, if they had not sustained a fracture. Staff at Marina Court had received training on this equipment and could use it reducing the need to call our paramedics unnecessarily.
- Guinness Care funded and ensured there was 24-hour staffing to respond to people using the schemes life line scheme. People spoke positively about this scheme, and that staff responded to these calls quickly. Comments included: "When I've had to use it they come quickly" and "They come quickly, brilliant."
- At both schemes there were large communal rooms and people in the community to access. In St Catherines court local cultural groups met on a weekly basis. At Marina Court a wellbeing co-ordinator was commissioned by the local authority. They provided wellbeing support for people living at Marina Court as well as elderly people in the local community.
- The manager was working alongside the housing provider and local authority commissioners to discuss and improve the support people received at the schemes and to agree "What extra care sheltered housing?" meant for people and how it formed part of the wider community support for people requiring care. Staff

and managers had raised concerns regarding the needs of people who were allocated to live at each of the schemes.

- At St Catherines Court there was a number of people receiving care with a wide variety of needs. There was a risk the needs of people could outweigh the support staff were able to provide as the provider was not always aware or involved in people's needs assessment before they came to live at either of the schemes. Following our inspection we are meeting with Guinness, the housing provider and the local authority commissioners to better understand the assessment arrangements for people to ensure the provider can remain responsive to people's needs.

Improving care quality in response to complaints or concerns.

- There was a complaints policy in place which advised people what to do regarding concerns and complaints and what to do if they were not satisfied with any outcome. People told us they knew how to raise a concern. Comments included: "I have nothing to complain about. I would go to the [care co-ordinator] if needed" and "I could go to [care co-ordinator] if I have a problem."
- The registered manager and deputy manager discussed how they would record and respond to complaints in a timely manner, learned lessons from the results, and how these were shared with all staff.
- In the 12 months prior to our inspection the manager had not received any formal complaints regarding the service. The care co-ordinators told us they dealt with concerns at a local level, which was reflected in our comments from people. They felt the care co-ordinators were approachable and took immediate action. One person told us, "[Care co-ordinator] sorted out my issue."

End of life care and support.

- People's end of life wishes were explored with them (where possible) or with their representatives, so that care staff were aware of what these were and able to meet these at the appropriate time. Where required staff worked with healthcare professionals to ensure people had the medical support they required.
- People were supported to have a comfortable and dignified death, in their own home, if this was their wish.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The provider and manager had a clear vision for the service they wished to provide. This vision was communicated to staff at induction and through their annual refresher training.
- All staff were aware of the "Guinness values". These values set out the expectation the service had of staff including excellence and responsibility. A senior member of the Guinness Care organisation provided training on the values at new staff member's induction.
- Staff spoke positively about the culture in the service and told us that there had been some uncertainty and difficulties in 2018. Comments included: "Things are improving now. We have a good team and we're more positive" and "We have had a difficult six months; however we've got good support now." Staff felt their concerns were listened to, they felt supported by the care co-ordinators and now the manager and were positive about the improvements the organisation was making.
- Where dissatisfaction with the service had been reported or concerns had been raised about staffs' performance care co-ordinators and the manager had been forthcoming in discussing the problems with people, their representatives and professionals. Action was taken to ensure improvements were implemented and established. This had included, using reflective supervisions when expected performance had not been met.
- The manager and care co-ordinators understood their duty of candour responsibilities to be open and honest with people and their family when something had gone wrong. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify people (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. They had not applied duty of candour to date but policies were in place to ensure the appropriate people were informed when required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- Since the service was registered under Guinness Care in April 2018 there had been some changes in management. During this change care co-ordinators had been consistent in providing support to care staff. The care co-ordinators spoke positively about the support they had received from senior management within Guinness Care.
- The manager had been in post since February 2019 and had clear plans for developing the service in line with the provider's own development plans. The service was currently implementing a new electronic care planning and recording system. This system would also allow the provider, manager and care co-ordinators to monitor the provision of care as it is provided, for example they will be aware of when medicines have

been administered immediately. The system would also enable people and their representatives to be able to access their own care records and provide care staff with up to date information through effective alerts.

- The provider operated a quality development plan for the service. This plan took into account any shortfalls or concerns identified through quality assurance processes, health and safety concerns and CQC inspections carried out at Guinness Care Services. Once an action had been completed the staff member responsible would highlight this and their manager would review the actions and sign off if necessary. This meant that there was a clear system to ensure actions had been effectively taken.
- Care co-ordinators and the manager carried out their own local area audits as expected through the providers quality assurance processes, which included customer spot checks each month. Care co-ordinators observed staff care practices and ensured people's medicine administration records and daily care records were completed consistently and to the expectations of the provider.
- Guinness Care had a quality assurance team which carried out bi-monthly audits of the service. Any actions identified would inform the services quality development plan. The manager told us, "The last one (audit) was carried out by an independent person. It provides another set of eyes. Any actions go onto the quality development plan. The quality assurance team follow up on these actions. There is no hiding."
- Care staff were clear about their roles and responsibilities within the service. They gave us detailed descriptions about what their role involved and the main purpose of their jobs.
- Policies were in place, and staff were aware of emergency planning procedures and systems of escalation for immediate and long-term management of major, unplanned incidents with the least disruption to people's care.

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

- Staff were kept informed of changes and adjustments to what was required of them. Guinness Care provided a monthly newsletter which detailed key actions such as mandatory training and performance management, as well as changes in the organisation which would be important for management and staff around complaints, payment arrangements and medicine recording errors. These newsletters provided team brief key updates around employment issues, staff recognition and important updates.
- Staff had access to a dedicated intranet which contained important information relating to Guinness Care. Staff also had access to team meetings in the schemes. Team meetings were used to discuss concerns and shortfalls as well as changes. Team meetings were informed by the team brief provided by Guinness Care, which helped provide consistency with key messages to all staff.
- Team meetings were used to share lessons throughout the organisation and to promote an open and transparent culture. Anyone living at the schemes could access the lifeline system even if they were not receiving care through Guinness Care. Staff discussed some of the difficulties regarding this, including being aware of people's healthcare needs. The manager was reviewing these processes to ensure they remained effective.
- People and their representatives were also kept abreast of changes and improvements to the service through phone calls and care manager visits. If required information could be provided to people or their representatives in different formats to meet their needs.

Working in partnership with others.

- The manager was working with local authority commissioners and the housing provider to identify improvements which could be made to the service and to help inform Extra Care Housing contracts and development within Gloucestershire. This work was at an early stage, however the manager was developing communication with healthcare professionals and raising awareness on the benefits of Extra Care Housing alongside residential and community care.
- The manager had done some work to identify the needs of people living at the schemes and was working with the housing provider on building the professional relationships to improve the service that people

received.