

Leeds City Council

Woodview Extra Care Housing

Inspection Report

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Summary of findings

Overall summary

Woodview Extra Care Housing is registered for the regulated activity of providing personal care. The extra care housing service means that people live in their own flats within a purpose built housing complex. This is in the Swarcliffe area of Leeds. Care and support is provided to people in their own homes but not all the people who live at the service receive personal care. At the time of our inspection 28 people were receiving personal care and support from the service. Staff worked at the service 24 hours a day. There was parking to the front of the building and garden area to the rear of the property. There were several communal areas where people could socialise which included a café, hairdressers and a gym.

At the time of our inspection the service had a registered manager in post.

Below is a summary of what we found. The summary is based on looking at records and from speaking with people who used the service in their own flats, relatives and staff.

People told us they were happy living in their own flat and they felt safe. People who used the service and their families had contributed their opinions and preferences in relation to how support was delivered. We found that people were involved in most decisions about the care and support they received. We spoke with staff and saw they understood people's care and support needs.

People who used the service and people who mattered to them, such as family and friends, had been encouraged to make their views known about their care. They had contributed to their assessments and support plans about how they should be given care and support. People's support plans had a level of information about how each person should be supported to make sure their needs were met. People told us they received the care and support they needed. One healthcare professional who regularly visited the service told us they thought the service was effective in meeting people's needs.

We were told people's privacy and dignity was respected when staff supported people with their personal support needs.

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

People were supported to maintain good health and have access to healthcare services. The service worked effectively with healthcare professionals and was pro-active in referring people for treatment and diagnosis.

The manager told us they were confident that all the staff had a good understanding of the Mental Capacity Act 2005 and knew the correct procedures to follow to ensure people's rights were protected. People's choices and decisions were respected. Mental Capacity Act 2005 is law protecting people who are unable to make decisions for themselves. We did not observe any restrictions of people's liberty during the inspection. People told us their freedom was not restricted.

Everyone we spoke to said they would be confident to make a complaint, should this be required. Staff members told us that they would support people if they wanted to complain. We found the service learnt from any complaints made and investigations were thorough and objective.

The provider had systems in place to assess and monitor the quality of the service. People had a chance to say what they thought about the service and the feedback gave the provider an opportunity for learning or improvement. A tenants committee for people who lived at the service was in place and was attended by some people who used the service on the day of our inspection. People spoke positively about this.

The service promoted a positive culture that was open and included people. People spoke positively about the approach of staff and the manager. Staff were aware of their roles and responsibilities.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People we spoke with told us they felt safe in their flat and nobody raised any concerns with regards to their safety. We found the safeguarding procedures that were in place were robust and staff understood how to safeguard people they supported.

People told us they felt their rights, privacy and dignity were respected.

We saw staff had attended training on the Mental Capacity Act 2005 and ensured a person's decision making was respected and best interests were maintained. People told us their freedom was not restricted and we saw evidence people were independently going about their day.

Staff knew about risk management plans and showed us examples of how they had followed them. People were not put at unnecessary risk but also had access to choice and remained in control of decisions about their care and lives where possible.

There were systems in place to make sure managers and staff learnt from events such as accidents and incidents, complaints, concerns, and investigations. This helped to reduce the risks to people who used the service and helped the service to continually improve and develop.

The manager told us they took people's care and support needs into account when making decisions about the numbers, qualifications, skills and experience of staff required. This helped to ensure people's needs were met.

Recruitment practices were safe and thorough. Policies and procedures were in place to make sure that unsafe practice was identified and people who used the service were protected.

However, they told us they had not had to recruit any new members of staff for several years.

Are services effective?

People lived independent lives and their needs and wishes were taken into consideration when making important decisions about their support. People's care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative prior to them starting with the service. We saw support plans were up to date and reflected individual current needs.

Summary of findings

People told us they were happy with the care and support they received and their needs had been met. It was clear from speaking with staff they had a good understanding of the people's care and support needs and knew people well.

Staff said they were told if there were any changes in a person's health or support requirements, which meant people could be assured staff were aware of their current needs. People had access to a range of health care services and this was reflected in people's support plans.

People were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff had a programme of training, supervision, appraisal and observation. The service also had a robust induction programme.

Are services caring?

People had detailed support plans in place relating to all aspects of their needs. They contained a good level of information setting out exactly how each person should be supported to ensure that their needs were met.

People and their relatives all told us they were made to feel they mattered. They said that staff were lovely and polite and we saw examples of this in the interactions we observed.

When speaking with staff it was clear they understood how to support people and what level of support was required for each person.

Staff we spoke with had a good understanding of how to ensure people's dignity was respected and were able to give us examples of how they ensured people's dignity was maintained. Staff understood people's diverse needs.

Are services responsive to people's needs?

People's needs had been assessed before they started to receive a service. Records confirmed people's preferences, interests and diverse needs had been recorded and care and support had been provided in accordance with people's wishes. People who used the service had the opportunity to take part in activities either on an individual or communal basis.

We saw evidence that mental health needs were considered in the support plans. Staff asked for people's views and encouraged them to make decisions and listened to and acted on them.

People knew how to make a complaint if they were unhappy. People said they did not have any concerns or complaints. We looked at

Summary of findings

how complaints would be dealt with and found that appropriate processes were in place to deal with complaints. People could therefore be assured that complaints would be investigated and action taken if necessary.

The service asked people for their views and opinions through quality assurance questionnaires. As a result the quality of the service was continually and there were systems in place to promote continual improvement.

Are services well-led?

The service had a registered manager in post who was registered with the Care Quality Commission.

People who used the service, and their relatives and friends completed an annual questionnaire. We saw the questionnaires asked people about the quality of the service and what was important to them. Where shortfalls or concerns were raised we saw that these were actioned and addressed by the service.

There were effective systems to monitor and review safeguarding concerns, accidents, incidents and complaints. Investigations were thorough and action plans were in place to address any shortfalls. Learning from these incidents was shared with staff to ensure continuous improvement and development of the service. For example the manager addressed complaints which involved both people who used the service and members of staff.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the values of the service and knew there were quality assurance processes were in place.

Staff we spoke with said the manager had consulted with them before implementing changes to the service and their views had been taken into consideration.

The service had systems in place to make sure managers and staff learnt from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This helped to reduce the risks to people who used the service and helped the service to continually improve and adapt.

The manager told us they took people's care and support needs into account when making decisions about the numbers, qualifications, skills and experience of staff required. We saw staffing levels were regularly reviewed and a system was in place to monitor if there were sufficient numbers.

Staff told us they were clear about their roles and responsibilities. They said the manager/supervisor was professional and supportive.

Summary of findings

What people who use the service and those that matter to them say

We spoke with eight people who used the service and one relative.

People who used the service told us they were happy at the service and the support they received. People said they felt safe in the service and had no concerns over their safety. People said their freedom was not restricted and they were able to go outside if they wished. They told us, “I am happy and the service is quiet good”, “Generally speaking things are alright, I am reasonably happy.” One

person said, “Woodview has given me my life back.” Other comments included, “It is a very good place”, “I’m happy here” and “It is a good place, much better than my last place.”

One relative we spoke with told us they were happy with the care and support their family members received at the service. They told us staff understood the care and support needs of their family members. They said, “It was such a relief to know mum and dad are so well looked after, they have settled really well.” They said they were confident the staff would call them if their parents had any problems.

Woodview Extra Care Housing

Detailed findings

Background to this inspection

The inspection was part of the first testing phase of the new inspection process we are introducing for adult social care services. 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

We visited the service on 13 May 2014. This was an announced inspection, which meant the provider was informed two days beforehand to ensure management and staff would be available in the office.

The inspection team consisted of a Lead Inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience gathered information from people who used the service by speaking with them in detail.

We used a number of different methods to help us understand the experiences of people who used the

service, including talking with people. We saw the communal areas of the building and spent time looking at records which included support plans and records relating to the management of the service.

Before our inspection, we reviewed all the information we held about the service and the provider had completed an information return which we received prior to our inspection. The information we looked included any notifications that had been received from the manager and that these had been received in a timely manner; safeguarding referrals; complaints and any other information from members of the public. We were not aware of any concerns by the local authority or commissioners. Health watch feedback stated they had no comments or concerns regarding Woodview Extra Care Housing. We also asked Leeds Involving People and they have received no comments. No comments were posted either on NHS Choices or Care Opinion.

On the day of our inspection, we spoke with eight people who used the service, one relative and five members of staff which included the manager and the supervisor. As part of the inspection we also spoke with one healthcare professional who regularly visited the service.

At the last inspection in October 2013 the service was found to be meeting the Regulations we looked at.

Are services safe?

Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify different types of abuse and knew what to do if they witnessed any incidents so that people were protected. They told us if they had a concern about an individual's safety or a change in their needs they would raise it with the supervisor. We were given an example of where one person who used the service safeguarding matter was dealt with appropriately.

The manager told us all staff had received safeguarding training during 2013/2014 and this had provided them with enough information to understand the safeguarding processes that were relevant to them. The training records we saw confirmed safeguarding training had taken place.

We saw both the services internal safeguarding policies along with the West Yorkshire safeguarding procedures were available and accessible to members of staff. Staff we spoke with said they knew the contact numbers for the local safeguarding authority to make referrals or to obtain advice. This helped make sure people who used the service were safe and free from harm. The manager told us enhanced safeguarding investigation training would be provided to all managers and this was due to be completed by the end of summer 2014.

All the people we spoke with said they felt safe in the building which had electronic access to the main entrance and all corridors. They all said they had their own key fob for the main doors and one for their own front door. One person told us, "There is someone around all the time, I feel safe." Another person told us, "I feel much safer here", as in their previous home there had to leave the door unlocked as they required frequent visits from care staff. They also said, "My son is less worried about me now as well."

The support plans we looked at had an assessment of care and support needs and a plan of support, which included risk assessments. The supervisor told us risk assessments were in place for people who used the service which included financial abuse, communication, anxiety and moving and handling. It was evident the assessments were

clear and outlined what people could do on their own and when they needed assistance. This helped people who used the service to be protected from risks associated with daily independent living.

We also saw environmental and staff risk assessments which included trips and slips, lone working, needle sticks and fire prevention.

We did not observe any restrictions of people's liberty during the inspection. People told us their freedom was not restricted.

We looked at a staff training matrix which showed staff had received training in the Mental Capacity Act and dementia awareness. The manager also told us training events and activities to support improvement in practice were due to take place in 2014 for staff.

We observed there were sufficient numbers of staff and they acted appropriately when undertaking their roles and responsibilities. People who used the service told us there were enough staff to help them when they needed support.

The manager told us the rotas showed the staffing levels agreed within the service were being complied with, and this included the skill mix of staff. They confirmed there were sufficient staff, of all designations, on shift at all times and the staffing levels currently met the needs of people they supported. We saw two members of staff were on duty during the night-time.

Members of staff we spoke with told us they always tried to support the same people and knew the needs of the people who used the service. This enabled them to receive consistency of care, build a trust with the person and sufficient time was allowed to support people properly. However, staff told us at times the rostering process did not always take in the need for continuity of care for the tenants or some of their personal needs, for example, medicine requirements. The staff said they might be able to make things better for their tenants and themselves if they could have more involvement in the rostering process. We spoke with the manager regarding the rostering process and they said they would look at this process to see if improvement could be made.

One person we spoke with said, "I like to know who will be looking after me and I generally have the same carers unless someone is on holiday, then I am always told who

Are services safe?

will be coming in instead.” They told us they had asked for a weekly schedule of all the times their care worker would be coming in and their names and this was supplied to them. We saw copies of the two week schedules.

Another person stated, “I generally had the same carers which is good.” One person said, “I usually have the same girls to look after me” and “I get on with them all, well except for one, who does things by the book all the time, the rest are flexible.”

The manager told us staffing level were assessed depending on people's need and on occupancy levels. The staffing levels were then adjusted accordingly. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours or staff from other local provider services helped support the people who used the service. They supported the continuity in the service and maintained the care, support and welfare needs of the people who used the service.

The manager told us the staff recruitment files were kept at the head office. They told us a robust recruitment process was in place, however, they had not recruited any new staff for a number of years. They said pre-employment checks were completed which included obtaining references from previous employers and undertaking a check to ensure staff were fit to work with vulnerable people. We saw detailed recruitment and selection policies and procedures which showed good recruitment practices were in place.

The service had clear staff disciplinary procedures in place and these were robustly followed when required. The manager told us they had not had to implement any disciplinary procedures for some time.

Systems were in place to make sure the service learnt from events such as accidents and incidents. For example, a review of the smoking practices were reviewed following a fire in one person's flat and new procedures were implemented which were assimilated across the service.

Are services effective?

(for example, treatment is effective)

Our findings

We saw people were living independently in their own flat. People enjoyed a high level of choice and control over who came into their One person said, "This is an open house to my sisters." Another person told us, "My family come and go when they want."

People lived independently and staff supported people in maintaining their independence and community involvement. People could make decisions about their support and those decisions were respected. We saw people had their own kitchens, where they either cooked for themselves or members of staff came in at allocated times and prepared a meal for them. There was also a café on site which they were able to use if they wished. On the day of our inspection several people were using the facilities around the building. For example, spending time in the café or in the communal areas with family members.

People told us they were involved in decisions about their care and support and we saw staff involve people in decision making in aspects of their daily life. One person told us, "I feel I'm allowed to be on top of my own care needs."

One person we spoke with told us, "If I need to change a time, for example if there is an evening event I want to attend, they will change my bed time visit." They also said if they had been scheduled for a 15 minute teatime slot and a 30 minute bedtime visit but they wanted an evening meal that might take longer than the allotted time they would swap the timings around to accommodate their wishes. We saw an example on their schedule from the previous week where this had happened. They said, "Staff are very good at responding to requests for changes."

People and relatives told us their needs and preferences were discussed when they moved into their flat. We saw detailed information on people's needs, likes, dislikes and daily routines was recorded within the support plan which provided clear and summarised information to staff on how to meet people's individual needs. These were personalised and it was clear they had been written in conjunction with the person or their relative. Two people who used the service and their family member told us, "The care and support needs had been discussed with us."

People who used the service were given appropriate information regarding their care or support. We looked at

support plans for people who used the service. The manager, together with the person who used the service and their relative, held care review meetings. The manager and staff were available to speak with people daily.

The supervisor told us and information in the support plans showed the service had assessed people in relation to their mental health needs and to enable them to make their own choices and decisions about care. People and their families were involved in discussions about their care and support and the associated risk factors. Individual choices and decisions were documented in the care plans. In the support plans we looked at we saw people had signed to consent to specific elements of their care. For example, medication information, sharing information, support plans and an acceptable behaviour statement.

The manager told us when staff were assigned to people who used the service a matching and compatibility process was carried out so that people received the most effective care and support.

People told us they felt happy discussing their health needs with staff and had access to a range of health care professionals which included GPs and community nurses. We saw people's health was monitored through the use of a pendent system which alerted the service if people needed any medical support. One person we spoke with said, "I can see the GP when I want to. I am looked after very well." Another person told us, "The nurse came the other day and took some blood. The GP will come with the results." Another person told us they would contact the GP themselves from their own phone if they needed a doctor. However, they said, "If I am particularly unwell the member of staff will ring for me." They told us they had never any problem getting a GP or a nurse to visit.

We saw evidence support plans were reviewed annually or sooner if the person's circumstances changed which ensured people's changing needs were identified and met. Each person's care plan included records which indicated when health and social care professionals visited the person and what advice or treatment they provided. This included a range of health and social care professionals such as GPs, district nurses, occupational therapists and physiotherapists.

We spoke with the community matron who told us, "They are very prompt at getting help for people and with referrals to the district nursing team."

Are services effective?

(for example, treatment is effective)

The training records showed that mandatory and refresher training was being delivered. This included moving and handling, the use of hoists, medication and infection control. Staff were able, from time to time, to obtain further relevant qualifications. These included a diploma in health and social care, Parkinson's awareness, person centred thinking and epilepsy. The supervisor told us they checked the training matrix on a weekly basis and if any training was required this would be booked for the member of staff.

The staff we spoke with said the supervisor regularly made them aware of the training courses being offered. They said they had attended training in the use of hoists, moving and handling, basic food hygiene, diabetes and falls prevention. Two members of staff told us they had recently completed a National Vocational Qualification level 3. One member of staff said they were going on a Parkinson's awareness course as one of the tenants they supported had Parkinson's disease. One staff member said, "You might have to wait to get on a course." They had a training course scheduled for September 2014.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. The supervisor confirmed staff received a start of year, mid-year and end of year appraisal. They also told us staff group supervision sessions were held six times a year. However, staff were able to receive ad-hoc supervision if they needed to discuss any issues. Staff records we looked at confirmed this. The

manager also told us 'staff observations' were carried out when members of staff were working in people's flats. We saw from the records we looked at members of staff had received appraisal, supervision and observations.

Staff we spoke they had worked for the service for more than three years. They all said they had regular supervision meetings where they discussed their tenants and they had annual appraisals. These sessions gave staff the opportunity to discuss their work and future training requirements.

The manager told us all members of staff completed a corporate induction programme which took into account recognised standards within the care sector and was relevant to their workplace and their roles. Following induction training new members of staff shadowed an experienced member of staff until both they and the supervisor were confident they were able to carry out their roles effectively and unsupervised. Member of staff received the appropriate training to support people who used the service appropriately.

We spoke with three members of staff who told us they felt supported by the supervisor and the supervisor was always available if they needed anything. They said they could raise any issues or concerns with the supervisor. All the staff we spoke with stated they loved working for the service. Comments included, "Great place to work", "I am happy to get up to come to work" and "Love it, and would do more hours if they let me."

Are services caring?

Our findings

All the people we spoke with said they were made to feel they mattered. People said they were happy with the support provided and could make decisions about their own care and how they were supported. We saw one member of staff come over to two people who used the service. They said good morning and asked how they were. The two people seemed happy to see them. People told us, "It is quite good here. I am happy." One person told us, "The staff are lovely and as I've been poorly myself it is much easier to care for my husband who also has not been well." Another person told us, "The staff are lovely", "They spend time and talk with me whenever possible" and "They are like friends really." Other comments included, "I have settled well."

Everyone we spoke with told us their dignity was respected and confidentiality was always maintained. People told us they were able to choose what they wanted to do each day, decide if they wanted to join in with the activities and where to eat their meals. One person said, "Staff listen and my dignity is respected." We observed staff knocked on people's doors and waited to be asked in. During our visit we spoke with members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and independence.

The manager told us staff had just completed a dignity quiz and the results were looked at by the supervisor. This helped identify staff training and development requirements. People who used the service were given a leaflet about dignity when they started to use the service. This explained what they should expect and gave people the opportunity to become dignity champions.

We looked at support plans for people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual support plan. People who used the service had their own detailed and descriptive plan of care and support. The support plans were written in an individual way. They included family information, how people liked to communicate, likes, dislikes, what activities they liked to do and what was important to them. These also included section to describe 'what I can do for myself', 'what support I need' and 'how I like to be supported'. This showed the provider had considered how each person could be supported.

During our inspection the staff we spoke with who told us the support plans were easy to use and were in a format which enabled people who used the service to fully understand what the support plan contained. They also told us they contained relevant and sufficient information to describe what the support needs were for each person and how to meet them. They demonstrated a good knowledge of people's care, support needs and routines and could describe care needs provided for each person.

We spoke with a visiting community matron. We were told they had no concerns about the service. They said, "Care staff are fantastic. If I had parents I would be happy for them to be cared for here."

The manager told us they were in the process of looking at introducing a 'this is me' life story project. It was anticipated that this would enhance staff knowledge about each person and help understanding about people's likes and dislikes. They said they were currently asking people who used the service if they wished to contribute to the project. They said this would be completed by the end of June 2014.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

On the day of our inspection we saw a tenants committee meeting was taking place. This was followed by afternoon tea and on the evening there was a 'race night' in the café. People told us they enjoyed the regular bingo nights. The manager explained that people who lived at Woodview were able to join the tenants committee.

The committee organised the activities and entertainment for the service. We saw a notice board in the communal entrance area which displayed the programme of activities. These included film nights, church services, games, a spiritualist meeting and race nights. One member of the committee told us they also arranged trips out. We saw the trips out included one to Ripon market. There were several communal areas where many of the activities took place.

We saw that the communal areas were well maintained throughout and in one area we saw a range of books and music for people to use if they wished. People were also able to move around the complex as they wished. One person we spoke with told us, "I go to some of the activities but I am a bit of a loner and I like to listen to the radio." Another person said, "I go to the raffles when they are on." One person said they were a member of the tenants committee. They said, "We discuss any housing/property issues and also plan events and outings for the tenants."

The people we spoke with said, "There is a lot going on." We observed a relative spending time with their parents having coffee in the café & they took their dad to the on-site hairdresser for a haircut.

We looked at the analysis of the quality assurance questionnaire for April 2014. Twenty five questionnaires were distributed and the response rate was 62.5%. We saw the majority of the scoring was good or average. We saw some comments in the questionnaire had been identified by the supervisor as requiring improvement. An action plan had been developed to address these issues and make improvements to the service provided.

People had their own individual flats and enjoyed a high level of independence. Staff promoted this by ensuring people were involved in decisions which affected them and they were asked to consent to care and support whenever this was appropriate. We looked at people's support plans which included people's likes, dislikes and what activities they liked to do. Support plans were reviewed on a regular

basis ensuring information about people's current and changing needs were reflected in the plans. Where appropriate people's relatives had been consulted with and involved in discussions about their relatives care and support.

The service regularly audited the views of people who used the service and ensured that individuals were aware of who to make a complaint to and what the procedure was. The manager told us they were always available to speak with people and listen to their concerns. They said this helped them to resolve any minor issues before they became complaints and people had their comments and complaints listened to and acted on. We were also told people who used the service were able to leave their comments at the onsite office if they wished to remain anonymous.

People were made aware of the complaint's system. We saw a booklet was given to people when they moved in about how to make complaints, comments and compliments about their support. People were given support by the manager and staff to make a comment or complaint where they needed assistance. The manager told us people's complaints were fully investigated and resolved where possible to their satisfaction.

People we spoke with told us they felt confident enough to express their concerns and make a complaint. People we spoke with said, they were happy to raise concerns with staff/supervisor although no-one had any complaints.

We saw evidence mental health needs were considered in people's support plans. This provided information to staff on whether people were able to make decisions for themselves and the level of support or assistance they required in communicating these decisions. Staff we spoke with were able to confidently describe how they supported the people we asked them about to make decisions about their care and support. The supervisor told us they were confident staff would recognise people's lack of mental capacity so best interest meetings could be arranged.

During our inspection we spoke with a visiting community matron who said the service was responsive to people's needs and they pro-actively sought advice if people's conditions changed.

Are services responsive to people's needs?

(for example, to feedback?)

We were told whilst advocates were not routinely used, where important decisions needed to be made and people needed help to make them, then independent support would be provided.

The manager told us they were in the process of looking at implementing a tenant's forum which would also include members of staff. However, this was something for the future and no start date had been agreed.

Are services well-led?

Our findings

At the time of our inspection the service had a registered manager in post.

People who used the service and their relatives were asked for their views about the care and support the service offered. We saw the results of the quality assurance questionnaire for April 2014. This showed the management team asked people to give feedback about their care and support to identify any improvements they needed to make at Woodview Extra Care Housing. When there were any actions that needed to be taken because of what people said in questionnaires, there were action plans in place which showed what people said was taken seriously and acted upon. This contributed to making sure people had a good quality service.

We also looked at the professional's quality assurance questionnaire analysis for January 2014. The scoring showed an excellent or good rating. Some comments included, "Cannot fault any of the carer's at Woodview, they always go above and beyond the call of duty" and "Easy to contact the care team and supervisor."

The provider had systems in place to assess and monitor the quality of the service and to monitor safeguarding concerns, accidents and incidents. Safeguarding and whistleblowing policies were in place guiding staff on how to raise concerns and we saw they had been signed by all staff to demonstrate their understanding of them. Staff said they felt able to raise concerns with the manager.

We saw evidence in people's care records that risk assessments and support plans had been updated in response to any incidents which had involved people who used the service. People we spoke with told us if they had any concerns they would talk to a member of staff or the supervisor and they said they felt their concerns would be acted on.

The manager told us they completed monthly, quarterly and annual reports which included information relating to the running of the service. For example, annual tenants feedback, risk assessments, staff supervisions and team meetings. They told us any identified action would be addressed immediately. They also said the principle service manager carried out unannounced visits. We saw the visit for April 2014 which included standards of the building, activities, tenants and staffing.

The manager told us they had an 'open door' policy and staff, people who used the service and their relatives were welcome to contact them at any time. They said staff were empowering people who used the service by listening and responding to their comments. They told us they held weekly 'drop in' surgeries for staff to come and discuss any issues or concerns. However, they said this was not well attended. The principle service manager also held 'drop in' sessions.

We observed the supervisor interacted well with all the people she came into contact with, including visitors, tenants or staff members. Everyone knew her by name and all those asked spoke highly of her. The staff said they didn't really see the manager and they never saw the principle service manager.

Observations of interactions between the manager, supervisor and staff showed they were and positive with an inclusive culture.

We spoke with the manager regarding how they monitored complaints. They explained the complaints procedure to us. They said complaints were fully investigated and resolved where possible to the person's satisfaction. The provider took account of complaints and comments to improve the service. For example, a relative had made a complaint about a missed tea time call. This was investigated and found the call had not been amended on the staff member's rota. As a result the manager implemented a system to ensure staff were aware of call times that had changed. The supervisor now rings or texts the member to staff who in turn confirms they know the call time has changed.

The manager told us staffing levels were assessed depending on people's needs and on occupancy levels. The staffing levels were then adjusted accordingly. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours or staff from other local provider services helped support the people who used the service. They said this ensured there was continuity in the service and maintained the care, support and welfare needs of the people who used the service. Matching and compatibility of staff to people who used the service had also been taken into account which meant staff were effectively deployed across the service.

Are services well-led?

We saw staff meetings were held on a monthly basis. We saw the meeting minutes for April 2014 and discussion held included support plans, weekly drop in's, programmes of work and management restructure.

The manager told us a management re-structure was taking place during 2014 and 2015. Staff communication and engagement events were taking place allowing staff to contribute and provide opinions on the process.

We saw the 'living our values' document which included working as a team, being open and honest and treating people fairly. The manager told us they were in process of setting up a 'staff matters' meeting. This included the sharing of good practice, skills and knowledge. This first meeting was due to take place in Summer 2014.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the needs of the people who used the service and this helped to ensure people received a good quality service. One member of staff said she felt her role was, "To support and encourage the tenants and help them remain as independent as possible."

We looked at the analysis of the staff questionnaire for 2013. Nine questionnaires were distributed and the response rate was 28%. We saw the majority of the scoring was good or average. We saw some comments in the questionnaire had been identified by the supervisor as requiring improvement. An action plan had been developed to address these issues and make improvements to the service provided.