

A2Dominion Housing Group Limited

Chestnut Court

Inspection report

Chestnut Court,
23 Mulberry Avenue
Staines-upon-thames
TW19 7SF

Tel: 02088252845

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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

Chestnut Court provides personal care and support to people living in their own flats in one of three extra care housing schemes; Chestnut Court, Beechwood Court and Brockhill. The service supports people with a wide range of needs including dementia, physical disability, learning disability and/or autism, sensory impairment and mental health conditions. The service was supporting 70 people at the time of our inspection, 60 of whom received personal care. This is help with tasks related to personal hygiene and eating.

People's experience of using this service and what we found

People received a safe and reliable service. The consistency of some people's care had been affected by the use of agency staff, although the provider had minimised the impact of this by using regular agency staff wherever possible. The provider operated robust recruitment procedures, which helped ensure only suitable staff were employed.

Staff understood their responsibilities in protecting people from the risk of abuse and knew how to report any concerns they had. Risk assessments were carried out to identify and manage any risks to people who used the service and staff. These were reviewed regularly to take account of any changes in people's circumstances.

Records of accidents and incidents were reviewed to ensure learning was taken from adverse events. People's medicines were managed safely. Any errors that occurred were investigated and action taken to address them.

All but one of the relatives we heard from told us staff wore appropriate PPE when they visited their family members. One relative said a member of staff had not worn appropriate PPE when they visited. The registered manager addressed this issue when we informed them about it.

Staff received the induction, training and support they needed to do their jobs. This included training specific to people's needs in addition to mandatory training and regular one-to-one supervision with their line managers.

People who received support with meals could choose whether to have their meals delivered from the on-site restaurant or to have their meals prepared by staff in their own kitchens. People with specific dietary needs had been assessed by a speech and language therapist (SaLT) to ensure their meals were prepared safely.

People's needs were assessed before they began to use the service. Assessments considered people's needs holistically, including what they could do for themselves and how they preferred their care to be provided. A personalised care plan was developed from the initial assessment which contained details for staff about

how people's care should be provided.

Staff supported people to access healthcare services when they needed them. This included helping people make appointments and liaising with healthcare professionals if necessary.

All but one of the relatives who provided feedback told us staff respected their family member's preferences about their care. One relative told us a member of staff had sometimes made their family member feel rushed when supporting them. The registered manager addressed this issue when we informed them about it.

People told us they got on well with their care workers and had established positive relationships with them. Professionals provided positive feedback about the caring nature of staff.

People and relatives who had made a complaint were happy with the provider's response and the action taken to resolve their concerns. Any complaints received had been managed in line with the provider's complaints procedure.

The provider had developed effective systems to monitor the quality and safety of the service, including spot checks, audits and regular monitoring of key aspects of the service. Quality monitoring systems also included seeking the views of people who used the service, their relatives and staff.

The registered manager and staff had established effective working relationships with other agencies and professionals involved in people's care, including commissioners, care managers and healthcare professionals such as district nurses.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture

Right support:

- The model of care maximised people's choice, control and independence. People lived in their own flats and could choose how they spent their time.

Right care:

- People's care was person-centred and promoted their privacy, dignity and human rights. People received support that reflected their individual needs and preferences.

Right culture:

- The values and behaviours of managers and care staff ensured people were included and empowered. People were encouraged to give feedback about their care and their views were listened to.

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 10 June 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of the service's registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Chestnut 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 Care Act 2014.

Inspection team

One inspector carried out the site visit. Three inspectors made telephone calls to people and their families to hear their views about the care provided.

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 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 had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave a short notice period of the inspection because we wanted to ensure the registered manager was available to speak with us. We also wanted to arrange home visits to people by an inspector to hear their views.

Inspection activity started on 8 October 2021 and ended on 18 October 2021. We visited the office location on 8 October 2021.

What we did before inspection

We reviewed information we had received about the service since its registration, including notifications of

significant incidents. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and seven relatives to hear their views about the care and support provided. We spoke with the registered manager about how the service was run.

We reviewed documentation including four staff files in relation to recruitment and supervision, training records, the business continuity plan and records of quality monitoring, including spot checks and the provider's own assessment of the service.

After the inspection

We received feedback from four professionals who worked with the service and five staff about the training and support they received.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff deployed to meet the service's care commitments. People told us their care visits were carried out as scheduled and that staff usually arrived on time for their visits.
- Although there were sufficient staff deployed to support people, some people told us their experience of care was affected by the use of agency staff. They said permanent staff knew them well but the use of agency staff had affected the consistency of care they received. One person said of agency staff, "It's not that they are bad, but I prefer the staff I know and that I can have a bit of banter with."
- The provider was aware of the importance of providing consistent care and had made efforts to recruit permanent staff through measures including advertising through libraries and social media, leaflet drops and the introduction of a referral scheme for existing staff. The provider also used regular agency staff where possible to maintain the consistency of care people received.
- In addition to care workers, there was a care coordinator, who was responsible for the day-to-day management of the service, at each of the three schemes. There was also a senior care worker who worked across the three schemes.
- The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to submit an application form and to attend an interview. The provider obtained references and a Disclosure and Barring Service (DBS) check in respect of staff prior to employment. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training in their induction and regular refresher training. The registered manager and a care coordinator had attended further safeguarding training provided by the local authority.
- The provider had a whistle-blowing procedure and staff were told how to escalate concerns outside the service if needed. Safeguarding was discussed at team meetings and at one-to-one supervisions. Staff were encouraged to report any concerns they had about people's safety or wellbeing and told us they felt confident to do so.
- Care coordinators who provided feedback told us how they managed concerns raised with them by care staff. One care coordinator said, "I have to report to my line manager and social services. I have to email the safeguarding team in the local authority. It would be decided by social services if it should be taken further."
- The registered manager had referred incidents to the local safeguarding authority when necessary and investigated allegations when requested to do so.
- The provider had nominated safeguarding champions and a safeguarding steering group. Any safeguarding concerns referred to the local authority also had to be reported to the provider's safeguarding team.

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

- People told us they felt safe at the service and said staff supported them in a safe way. One person told us, "I would fall all the time without them as my mobility is so bad. They keep me safe when I try to get around my flat." Another person said, "I have never felt unsafe. The carers are very good."
- Risk assessments were carried out to identify and manage any risks to people who used the service and staff. These were reviewed regularly to take account of any changes in people's circumstances.
- Staff took appropriate action to keep people safe if they had concerns about their wellbeing or if accidents and incidents occurred. For example, paramedics were called when a person had an unobserved fall and a referral to the district nursing team was made when staff had concerns about the integrity of a person's skin. A relative told us, "If [family member] needs an ambulance, they will call one. I cannot fault the care."
- The provider had developed a Business Continuity Plan for the service to ensure people's care would not be interrupted in the event of an emergency, such as infectious disease, loss of utilities, damage to property or severe weather conditions.
- Professionals told us lessons were learned from adverse events and action was taken to improve. One professional said, "On any occasions where correct procedure has not been followed, [registered manager] is very good and recognising and rectifying this." Another professional told us, "A2Dominion tend to advise me of any issues on a prompt basis and are careful to set out appropriate steps to resolve them and, of course, reflect where there are any learning points."

Using medicines safely

- People told us staff helped them manage their medicines safely. One person said, "I had a lot of trouble changing my medication over. The chemist messed up but the staff and the office followed it up straight away and helped me. [Care coordinator] kept chasing until they got it right. She spoke to my GP and everything." Another person told us, "They do all the ordering and they sort it all out for me. They do it really well. They're very organised."
- Relatives confirmed that staff supported their family members to take their medicines as prescribed. One relative told us, "[Family member] used to forget her medicines so now they visit four times a day for 15 minutes just to give her her medication. That has worked really well." Another relative said, "They make sure she takes her medication."
- Staff attended training before being authorised to administer medicines and their practice was assessed before they were signed off as competent. Medicines administration was also assessed during spot checks carried out by care coordinators.
- The service had reported a number of medicines errors over the last 12 months. All medicines errors had been investigated and the registered manager told us a trend had been identified, which action had been taken to address.
- The provider had recently introduced electronic medicines administration records in an effort to improve management oversight of medicines and reduce errors. The system had been trialled in one of the extra care schemes for two months and there were plans to implement it at the other two schemes for the next medicines cycle.

Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE) when they carried out their visits. One person said of staff, "They come in wearing the right kit. Gloves on every time, always taking them off and changing them. They change their aprons throughout their calls as well, and they always wear a mask because of COVID."
- All but one of the relatives we spoke with said staff wore appropriate PPE when they visited their family members. One relative told us they had seen a member of staff not wearing appropriate PPE when they visited. We told the registered manager about this feedback, who responded immediately to address the

issue.

- Staff took a PCR test for COVID-19 each week and regular rapid lateral flow tests. People who used the service were encouraged to take a PCR test each month, although their decisions were respected if they declined.
- The majority of people who used the service had received two COVID-19 vaccinations. The provider required staff to have COVID-19 vaccinations as a condition of deployment and all staff at the service had complied with this condition.
- The provider had had an infection prevention and control policy and had carried out COVID-19 risk assessments for people who used the service and staff.

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.

Staff support: induction, training, skills and experience

- Staff received the training and support they needed to carry out their roles. All staff had an induction when they started work, which included shadowing colleagues to understand how people's care should be provided. Staff told us their induction had prepared them well for their roles at the service. One member of staff said, "I shadowed staff for the first 1- 2 weeks which helped me settle in. The staff always answered my questions or showed me how to do things that I didn't know." Another member of staff told us, "I had an intensive induction from my line manager and this equipped me to commence my role and I settled in very easily and quickly."
- Staff were expected to achieve the Care Certificate during their probationary period. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of staff working in health and social care.
- Staff also had access to training relevant to the specific needs of the people they supported. For example, where necessary, staff received training in catheter care and stoma care.
- Professionals confirmed that the provider ensured staff had the training they needed to understand and meet people's individual needs. One professional told us, "During my involvement, the service have provided specific training on autism and trauma to help them better understand my client's particular issues."
- Staff told us the training they received enabled them to feel confident in their roles. One member of staff said, "A2Dominion offer a lot of training, which I am up to date with. This certainly helps me perform to a better standard."
- Staff met regularly with their managers for one-to-one supervision, which gave them opportunities to discuss their performance, training needs and any concerns they had. One member of staff told us, "I meet my line manager for supervision to review my performance, set the expected standards, talk about development opportunities and discuss if there are any concerns in the scheme. This is very useful."
- Another member of staff said, "I meet my line manager for supervisions and these are very useful, often highlighting something which I can maybe do in different way. It's good to hear that we are doing a good job and that our manager is satisfied with our service we provide."

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

- People who received support with meals told us they were happy with this aspect of the service. Some people told us they chose to have meals delivered from the on-site restaurant. Other people said staff prepared meals for them in the kitchen of their flat.
- One person told us, "They've got a restaurant here where you can sit and eat or you can have it delivered to your room. They deliver to me at 12.30. I could set my watch by it; it's very regular. We choose the meals

on a weekly basis. It's always nice."

- Relatives confirmed that their family members' nutritional needs were met. One relative told us, "[Family member's] food all comes from the restaurant downstairs. It's good; [family member] seems to like it." Another relative said, "[Family member] gets her meals delivered. The restaurant sorts it all out and they are very good. She has lots of snacks and drinks available in her flat."
- If people had specific dietary needs, these were recorded in their care plans. If any risks were identified in relation to food and drink, such as people identified as at risk of choking, staff had sought the input of a speech and language therapist (SaLT) to assess the person's needs.

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

- People's needs were assessed before they began to use the service. Assessments considered areas including mobility, healthcare, skin integrity, continence and personal care. People were asked about their preferences regarding their care during their assessments so these could be reflected in their care plans.
- People's care was provided in line with relevant national guidance. The registered manager kept up to date with developments in legislation and best practice. Any changes to guidance that affected the way in which care was provided were shared with staff.

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

- People told us staff supported them to make a medical appointment if they needed help with this. Relatives said care staff and managers helped ensure their family members received any healthcare treatment they needed. One relative told us, "The carer, manager and the office will sort all appointments out when [family member] needs it. Occasionally I will chase a specialist appointment but generally they help a lot."
- Professionals provided positive feedback about the way staff and managers worked with them to ensure people's needs were met. One professional told us, "I have a good relationship with the team and always find them happy to help. They have been very proactive in contacting us about any health concerns." Another professional said, "I have come to trust them to deliver good quality services to the people whose care we fund. They are excellent at communicating with me and others where there are any issues, and they are very focused on meeting a range of needs sensitively and in keeping with people's choices."

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.

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 told us staff always asked for their consent before providing their care. One person said, "They are very good at asking if I'm okay with what they're doing." Relatives confirmed that staff sought their family

member's consent before supporting them. one relative told us, "They always do [ask for consent], with everything."

- The registered manager set out the provider's approach to consent and capacity in the Provider Information Return, saying, 'We assume that our customers have capacity unless it has been established that they lack capacity. If it has been established that the client lacks capacity in regard to decisions such as medications or health issues, we ensure that we still work with that client on other decisions such as their right to decide what to wear or eat or drink.' This meant staff encouraged people to make day-to-day decisions about their care and support even if they lacked the capacity to make decisions about other areas of their lives.

- Where necessary, the provider had applied for DoLS authorisations. For example, some people living with dementia had sensors on their front doors which alerted staff if they left their flats.

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.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us their views about their care and support were listened to. They said staff respected their decisions about their care. One person told us, "They always listen, and they are very good at what they do."
- All but one of the relatives we spoke with said staff understood their family members' preferences about their care and provided support in the way their family member preferred. One relative told us one member of staff had sometimes made their family member feel rushed when receiving their care and, on one occasion when the relative arrived, appeared to be putting their family member to bed earlier than the family member liked to go to bed.
- We told the registered manager about this feedback and asked the registered manager to advise us what action they had taken to address it. The registered manager told us they had met with the member of staff to address the concerns raised by the relative. The registered manager said they would carry out unannounced quality spot checks to monitor the staff member's practice and would check with the relative and their family member that improvements had been made.
- All other relatives provided positive feedback about the attitude and approach of their family member's care workers. One relative told us, "All the carers are very good. They know how [family member] likes things done." another relative said, "The core staff are really friendly. They seem to make a special effort to communicate face to face. When I ask [family member] if she's happy, she says yes."
- People were supported to retain as much independence as possible. For example, one person living with dementia chose to leave their flat regularly, which put them at risk of getting lost. The person's next-of-kin, who had Power of Attorney, obtained a location device which alerted the relative if the person travelled a certain distance away from their flat. Staff ensured that the person had the device with them, and that it was charged. This enabled the person to come and go from their flat as they wished whilst reducing the risk of them getting lost.

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

- People told us they got on well with the staff who supported them and enjoyed their company. They said staff had time to spend talking with them when they visited and that they did not feel rushed when staff provided their care. One person told us, "[Staff] are kind. I like to chat, and they are very sweet and will give me the time of day, which is nice." Another person said of staff, "They are very respectful."
- Relatives told us their family members had established positive relationships with the staff who visited them. One relative said of staff, "They are all pretty good. The ones who are familiar with [family member] are especially good with her." Another relative told us, "They think a lot of [family member] and she thinks a lot of them. It's a brilliant relationship."

- Relatives said staff genuinely cared about their family members' welfare. One relative told us, "They are passionate and deliver very good care." Another relative said of the care worker who visited their family member, "[Member of staff] is amazing and popped in to see [family member] outside of his working hours just to make sure she was okay. He is really great."
- Professionals also provided positive feedback about the caring nature of staff. One professional told us, "The staff I have encountered have always been very caring." Another professional said of staff, "I have observed them being very friendly and respectful to my client."
- All care staff attended an Equality and Diversity module as part of their Care Certificate training. In addition, Unconscious Bias training was being rolled out to all staff by the provider.
- People's annual care reviews included opportunities for them to say whether they felt they were treated with dignity and respect and given choices about their care. This information was collated and analysed for any trends by the provider's Business Improvement team.
- The provider carried out an equality impact assessment on the organisation's policies and procedures when they were due for review. Equality impact assessments had recently been carried out on the provider's COVID-19 policy and Duty of Candour policy.

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

- Each person had a care plan which was developed from their initial assessment. Care plans were person-centred and contained comprehensive details for staff about how people's care should be provided. Care plans also set out what people could do for themselves how they preferred their care to be provided.
- People's care plans were reviewed regularly to ensure they continued to reflect their needs and preferences. People were encouraged to participate in these reviews and the views of people's relatives and representatives were also taken into account. One relative told us, "They have said I can review the care plan whenever I want to, and there is always a copy of it in [family member's] room."
- Professionals told us the support people received was based on their individual needs. One professional told us, "From my experience, they have supported people's individual needs and adapt the service depending on the care need." Another professional said, "The care plan for my client is very detailed and has clearly been focussed on my client's particular needs."
- Relatives told us the support their family members received had been adapted if their family member's needs changed. One relative said, "[Family member's] needs have changed quite dramatically so she now has four calls a day and that covers her needs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had a policy entitled, 'Providing Accessible Communication' which recognised that some people may have accessibility needs due to sensory impairment, learning disability or language. The policy highlighted the need for staff to implement the five steps of the AIS; to Identify, Record, Flag, Share and Meet.
- People's individual communication needs were discussed and recorded during their initial assessment. Any needs identified were then documented in people's care plans.
- Examples of how the provider had met people's individual communication needs included printing care documentation on coloured paper, which worked well for a person with dyslexia, and emailing care documentation to a person with a visual impairment, which enabled the person to read the information using their screen reader.
- White boards had been purchased for some people with sensory impairment to assist with communication. The registered manager said white boards had been particularly useful for people with hearing loss who lip read, as this had been made difficult by staff wearing face masks.

- The registered manager said, "We ensure that all staff are aware of individuals' specific communication choice through person-centred care plans, and via staff supervisions and team meetings."
- Relatives told us staff understood their family members' individual communication needs. One relative said, "[Family member] is deaf and cannot lip read because of the masks but the carers are great and always write things down if they are struggling to communicate."

End of life care and support

- People receiving end of life care were supported to remain living at the service as long as their needs could be met. Staff received training in end of life care and the service had access to advice and support from specialist healthcare professionals, such as hospice and palliative care nurses.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and said they would feel comfortable raising concerns if necessary. One person told us, "I haven't needed to [complain] but [care coordinator] is so good I know she would come straight to me and iron it out."
- One relative told us they had made a complaint about the condition of their family member's flat. The relative said the provider had acted promptly to resolve the concern they raised. The relative told us, "They were very good in responding. They managed to resolve the complaint within 48 hours and there was no repeat [of the problem]."
- The provider had a complaints procedure which set out how any complaints received would be managed.
- The service had received three formal complaints during the past 12 months. The registered manager had identified a theme in the complaints which related to the quality of practical care tasks. In response, the registered manager had introduced additional spot checks to ensure improvements were made and sustained.

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.

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

- There were systems in place to monitor the quality and safety of the service. Spot checks were carried out at each scheme every month. These checks assessed whether people's care had been provided in line with their care plans and appropriately recorded.
- The management team monitored key areas of the service to ensure these were up to date, including people's care plans and risk assessments, staff training and supervision and the servicing of equipment.
- The provider's Business Improvement Team carried out a comprehensive audit of the service biannually which assessed whether the service was safe, effective, caring, responsive and well-led. An action plan was developed where areas were identified for improvement and the completion of this was monitored by the Business Improvement Team.

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

- People and their relatives had opportunities to give feedback about the service. People were encouraged to complete feedback forms which asked for their views about the care they received, the staff who supported them and whether they were treated with dignity and respect.
- People were also asked for feedback about their support at spot checks and at their annual care reviews.
- The results of satisfaction surveys were returned to and collated by the provider's Business Improvement Team. The Business Improvement Team analysed the feedback to identify any trends or areas for improvement and shared this information with the registered manager.
- The registered manager told us one area identified for improvement was the amount of detail recorded by staff about the care they provided to people. Some relatives fed back that greater detail would enable them to have a better understanding about the care their family members received. The registered manager had spoken to staff about this issue and outlined the action needed to improve.
- Staff were able to contribute their views about the service in an annual staff survey, the results of which were transferred into an action plan. The provider had introduced a 'You Said, We Did' exercise, which updated staff on the actions taken to address any issues raised in the survey.
- The provider had also carried out a survey to gain feedback from staff specifically about their wellbeing during the COVID-19 pandemic.

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

- Team meetings were scheduled regularly although had not taken place as often as planned during the COVID-19 pandemic. Face-to-face meetings had resumed in the week prior to our inspection. The registered manager told us that, in future, a team meeting would be held at each extra care scheme every two months.
- Staff told us team meetings were valuable opportunities to discuss people's support needs and to share information and ideas. One member of staff said, "Staff share their concerns, share ideas, get important information, ask questions and also feel they are part of the overall process." Another member of staff told us, "We discuss what is working and not working for our clients and also discuss ways to go about resolving any issues."
- Staff told us they received good support from their managers. They said their managers were available for support and advice when they needed this. One member of staff told us, "I find my manager very supportive and approachable." Another member of staff said, "We have everything we need from our manager; information about the service and the people we support, what is going on in the company and any changes."
- Staff told us their managers encouraged them to speak up about any concerns or suggestions they had and were responsive to their feedback. One member of staff said, "I can speak up and the manager takes things into consideration, often using our suggestions." Another member of staff told us, "I can call or email my manager about any concerns and she always responds positively. She listens and appreciates it when I give suggestions."

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

- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.
- Professionals told us the registered manager had worked cooperatively with them to resolve any problems or issues that arose. One professional told us, "I have had regular contact with [registered manager] with regard to issues and concerns raised by my client which have always been dealt with in a professional, timely and empathic way. We have always communicated well and agreed plans together."
- Another professional said, "From time to time things arise that both myself and [registered manager] are not happy with. We discuss these together and [registered manager] will pick this up from an A2 perspective and implement training when needed."
- The registered manager had reported notifiable incidents to relevant agencies, including CQC, when necessary,

Working in partnership with others; Continuous learning and improving care

- Staff had established effective working relationships with other agencies and professionals involved in people's care. For example, staff had worked with district nurses when a person developed a pressure ulcer and had contacted the occupational therapy team regarding pressure relieving equipment.
- Another person was assessed as being at risk of choking after incidents in which they had difficulty in swallowing. The service contacted the speech and language therapy (SaLT) team to assess the person's needs. Following the assessment, the SaLT team produced guidance for staff about the person's meals, including cutting their food into small pieces and using sauces to make their meals moist.
- Staff had worked with specialist occupational therapists, hospice nurses and the local authority to enable one person to remain living at the scheme after their health deteriorated significantly. This collaborative working ensured the person's care needs were met and enabled the person to maintain their independence for as long as possible.
- The registered manager had participated in a leadership development programme for managers across the health and social care sector hosted by Surrey Heartlands Clinical Commissioning Group (CCG). Launched in 2019, the CCG established the programme to develop partnership working across the sector

and to improve health and social care services to local people.