Norse Care (Services) Limited

The Meadows Housing with Care Scheme

Inspection report

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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

The inspection took place on 8 March 2017 and was announced.

The Meadows is a 'housing with care' service which contained 92 flats. The flats and main building are managed by a housing provider and the care people received in their own homes was provided by Norse. The Care Quality Commission (CQC) only regulates the delivery of personal care with housing with care schemes. This report only relates to people who received support with their personal care. At the time of the inspection visit about 80 people were in receipt of personal care.

The service supports older people, some younger adults who have a learning disability, and some people who have a physical disability. The service also included an 'extra housing with care' area. Staff in this area of the building supported people who were living with dementia. This was the services first inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. For the purposes of this report the registered manager will be referred to as the manager. There was also a deputy manager. When we refer to the management team this relates to the manager, deputy manager, and team leaders.

People had risk assessments and care plans outlining their care needs. These records did not always fully explore people's background and personal preferences. The manager told us that people's records are now under review to make them more holistic.

The management team and staff responded effectively to accidents and incidents and took appropriate action to try and reduce the re-occurrence of these. Timely onward referrals to specialist health and social care teams were made with people's permission. There were robust systems in place to ensure people who experienced accidents and incidents had the outcomes they needed, to ensure they were safe.

The management team and staff knew how to keep people safe and how to protect people from potential harm and abuse. There were systems for staff to report their concerns to the management team. The management team and staff knew of external agencies they must report such concerns to.

People benefited from being supported by staff who were safely recruited. There was consistently enough staff to safely meet people's needs, at the time of this inspection visit.

People received their medicines in a safe way. The administration of people's medicines was audited and checked. We did identify an issue with the supply of some people's medicines but the management team were aware of this and had made plans to resolve this issue.

Staff were proactive in responding to a change in people's health needs. With people's permission staff supported people to access health care services.

Staff received regular and on going training. New staff had an induction to their new role. Staff spoke positively and in detail about how this induction had prepared them for their work. Staff received regular supervisions and their practice was checked on a regular basis.

People told us they received care visits at times they had chosen or they were happy with. People said they had experienced some late calls but this had improved and had not happened recently. People said they didn't always see a group of regular members of staff. However the management team was aware of this issue and a plan had been put into action to improve the deployment of staff, to enable people to see a regular group of staff.

The Care Quality Commission (CQC) is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service was working within the principles of the MCA. Staff had a good understanding of the principles of MCA and the need to seek consent from the people they were supporting.

People told us that staff treated them in a caring and kind way. People said they were treated with respect and with dignity.

People received care which was person centred, relevant and responsive to their individual needs. Staff were mindful of people who could be socially isolated and they took action to try and reduce this.

There was a positive, friendly and open culture at the service. There was a focus by the management team and staff to continually make improvements to the service that people received at The Meadows.

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.

The service had identified, assessed, monitored and responded to the risks that people faced.

Systems were in place to protect people from the risk of harm or abuse. Staff knew what to do if they had any concerns and they were confident in raising these.

People benefited from being supported by staff that had undergone safe recruitment checks to ensure they were safe to work in care.

Is the service effective?

Good

The service was effective.

The training, induction, and the support staff received, contributed to the effective support people experienced.

People received care and support in the way they wanted as staff understood the importance of gaining people's consent.

Is the service caring?

Good

The service was caring.

People spoke positively of the caring approach of staff.

Staff understood the importance of maintaining people's dignity.

Is the service responsive?

Good

The service was responsive.

People received care and support that was individual to their needs.

The service had identified and assessed people's needs.

People were supported to avoid social isolation.

Is the service well-led?

Good

The service was well led.

The manager was active and involved with the service.

There was a positive and open culture at the service.

The manager was monitoring the quality of the service on a regular basis.

The Meadows Housing with Care Scheme

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 8 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a 'housing with care' service. Notice was given as the manager could have been out of the office. The inspection was carried out by two inspectors and two experts by experience. An expert by experience is a person who has experience with care services.

Before the inspection we viewed the information we had about the service. We also contacted the local authority quality assurance team and local authority safeguarding team for their views on the service.

The manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited the service's office, spoke with 14 people who used the service, five relatives and two health professionals. We also spoke with the manager, the deputy manager, two team leaders, and five members of the care staff.

We looked at the care records of eight people who used the service and this included the medicines administration records where applicable. We also viewed records relating to the management of the service. These included risk assessments, reviews, three staff recruitment files, training records, audits, action plans, compliments and complaints.

Good

Is the service safe?

Our findings

People told us that they felt safe when they received support from staff in their own homes, at The Meadows. One person said, "I feel safe with the carers." Another person said, "I feel safe with the carers and being here, I have my wrist alarm [to call for staff]." A person's relative told us, I have never had any concerns about my [relative's] safety, [relative] is definitely safe one hundred per cent, you couldn't wish for anything better. I couldn't say a bad word about this place [service]."

The manager and the staff we spoke with had a good understanding of how to protect people from the potential of harm and abuse. The staff we spoke with were all aware of the multi-agency safeguarding team, that they could report their concerns to within the local authority. Staff said they were confident about reporting any concerns they had with their team leader or the manager. We spoke with one member of staff who told us what action they had taken when they had potential concerns for a person they supported. We had also received details about this situation from the manager. We concluded that swift action had been taken to ensure this person was safe. Our records relating to a recent safeguarding case also confirmed that the manager had taken appropriate action to resolve this situation.

People had risk assessments within their care records which were completed by senior staff at the service. We looked at these documents and we could see important areas that related to people's safety had been identified. For example assessments included if people were at risk of falling, choking on their food or fluids, and if it was safe for the person to self-administer their medicines. We could also see that when a person's needs had changed; the person's care needs had been reviewed, and a plan of action, with the person's permission, had been put in place to meet these new needs.

Environmental individual risk assessments of people's own homes were not being carried out. The purpose of this type of assessment would be to check staff were safe to work in people's own homes. However, as the building was new and staff had not come to any harm working in people's own homes, we found there was no current impact regarding this issue.

The manager told us about various safety tests which were carried out by the housing provider which included fire safety tests. This was to protect people as much as possible, against these risks, when they were in their own homes.

The service had a system for monitoring and responding to accidents and incidents that people experienced in their own homes. When we reviewed people's care records we saw when staff had identified if a person had fallen or hurt themselves. It showed that the member of staff had informed their team leader of the incident. The team leader had then taken action and recorded this in the person's record. For example, in some cases people had been referred to the nurse practitioner who visited the service five days a week, to rule out any medical reason for the incident. People were also referred to specialist health care teams. We were told by the manager that these actions were taken with people's consent.

Accidents and incidents reports were then passed to the manager or deputy manager. This was to monitor the incidents and they checked that the team leader had responded appropriately. When we visited The Meadows we observed the deputy manager checking the incident diary for that day. They told us they checked if a referral had been made, where appropriate, to a specialist health team. They checked if the specialist health team had responded to the services' request. If there had been a delay the deputy manager followed this referral up. The deputy manager said they would take any incidents or accidents to the 'clinical team meeting'. This is a group of health professionals who met weekly at The Meadows. At this meeting individual cases were discussed to ensure appropriate action had been taken and people were safe. We checked with the manager that these actions were taken with peoples expressed consent and agreement.

We looked at people's 'professional contact records.' This was a document which had evidenced when the management team had made current and historical contact with health and social care professionals on people's behalf. We could see from these records that the management team had telephoned various health and social care teams, whom they had made recent referrals to, in order to follow up when the individual professional team would be visiting the person.

People told us that there were enough staff to meet their needs. One person said, "If ever I am a bit concerned, like the other night [name of person] didn't answer [their] phone, so I rang downstairs and they came up straight away." Another person said, "At night if there is a problem they [staff] are here straight away."

Staff told us that staffing levels were sufficient to keep people safe and respond to their care needs. The people we spoke with confirmed that they did not feel rushed by staff during their care visits. People told us that they received care visits when they wanted this support and generally at times they had chosen. People told us that they did not experience any missed care visits.

We looked at three staff recruitment files. We could see that the Disclosure and Barring Service (DBS) checks had been carried out. A DBS check enables employers to carry out safer recruitment decisions and prevents unsuitable people from working with vulnerable people. The service had also carried out other checks to ensure staff were suitable to work in care. These included obtaining two references for each new member of staff. Staff identities were also confirmed.

The service was required to support some people with their medicines. People spoke positively about the staff that supported them to administer their medicines. One person told us how the staff ensured they had taken their medicines at the correct time and they had taken it correctly. One person said, "They [staff] look after my medication, ordering it and bringing it to me. It has to be time specific and they are."

We looked at the Medication Administration Records (MAR) of six people and found these records demonstrated that people had received their medicines as intended by the prescriber. However, we found that some people had not received their prescribed creams when they should have done. Some people had gone two days without this medicine as these people had run out of this type of medicine. As the service took responsibility to administer some people's medicines we spoke with the manager about this. The manager was aware of this issue. They told us about the plans they and the associated 'clinical team' had made, to ensure people received their creams as prescribed.

From the MAR charts we looked at one person's MAR showed that they had not received the full dose of their short term medicine because the care visit was too late in the evening and the person was asleep when the night time dose was due. This had occurred five times during the time this short term medicine was prescribed. At the time no action had been taken to address and resolve this issue. We spoke with the

manager about this who said they would investigate further. We later received a response from the deputy manager detailing what action they had taken to ensure this would not happen again.

Good

Is the service effective?

Our findings

People spoke positively about the abilities of the staff. One person said, "I think everything is done well really, they [staff] do their job professionally, they notice things and ask if everything is alright, they are observing all the time. There is nothing I can think of that could be better." Another person told us, "I can't think of one permanent member of staff who is not up to the work". A relative told us, "They [staff] are all very very accomplished in what they do. I feel one hundred per cent confident in them."

The staff we spoke with were able to tell us about people's individual needs and how they wanted to be supported. When we asked staff about their knowledge in certain areas of their work they gave detailed answers. We were told about a new system which had recently been introduced to support staff in their roles. This system aimed to ensure that staff carried out care visits for a small group of regular people. One of the purposes of this new system was to enable staff to get to know people and become knowledgeable about their individual needs.

The manager showed us a training system which detailed what training staff had completed or needed to complete. This also monitored if staff had passed their training courses. Staff spoke positively about their induction. This induction included two weeks of class room based training before a period of time shadowing experienced staff. Staff said they felt their induction had prepared them for their new role. Staff also told us that they completed refresher training to keep their knowledge and understanding of important areas, up to date.

We were told by the manager, and staff, that staff completed the 'Care Certificate' course this is a set of standards outlining what good care looks like. Staff also told us about additional potential health and social care courses the management team had encouraged them to undertake. On the day we visited the service staff were receiving a two day course about dementia care.

Staff received observations of their work by senior staff to assess that staff were effective in their work. We were shown records of these observations which confirmed they had taken place. These observations included important areas to people's care. Such as medication administration, food and drinks and the general approach of staff to the people they supported.

Staff also had one to one supervision meetings with the manager and deputy manager, to discuss their work and training needs. Staff spoke positively about these supervisions and staff said they felt supported by the manager, deputy manager, and their team leader.

Staff told us that they communicated at planned times before people's care visits so they were updated if a person's needs had changed. This was also recorded on an information sheet which staff kept with them during their care visits. One member of staff showed us this 'information sheet.' They told us that they found it useful in terms of keeping up to date with people's needs. During our visit to the service we saw staff communicating with one another, relaying information relevant to people's care needs. These were

professional conversations.

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

People told us that they were given choices about the care they received. One person said, "The carers ask me, would you like me to help? Nothing is forced on me." Another person said, "The carers always say can I do so and so for you."

Staff told us how they sought people's consent when they supported people with their personal care needs. One member of staff said, "I always ask the question if it's OK (to assist with a task) I don't assume."

The staff we spoke with were knowledgeable and had a good understanding of the principles of the MCA and what this meant when they supported people. Where necessary, the service completed mental capacity assessments to establish whether people could make particular decisions about their care needs and elements of their daily lives. Some people had been deemed as lacking capacity to make certain decisions. In these cases, we saw that 'best interests' decisions had been made appropriately.

We were shown documents where people had signed to consent to the care they received and gave permission for staff to make contact with health and social care professionals on their behalf. However, we also saw that some people's consent documents had not been signed by the person or their representative, instead they were signed by a member of staff. We spoke with the manager about this who said people or their representatives would have asked their consent as these were part of people's care records, which were completed with each individual who received care visits. They felt the form was not clear at prompting staff to obtain individuals or their representative's signatures, they said they would address this issue.

Some people were living with dementia and lived in the 'extra housing with care' area of the service. Some of these people were at risk if they left this part of the service; measures were put in place to support these people if they wanted to explore the local area. These measures were put in place in a way which did not restrict these people's freedom of movement.

Some people had been identified at risk of not maintaining a healthy weight. The manager told us they encouraged these people to be weighed monthly. This was in order to identify if a person had a change in weight and to prompt staff to then address this issue with the person and promote possible solutions to this issue.

People told us they were happy with how staff supported them with their food and drinks. One person said "They help me with my tea, prep and the oven". Another person said, "With my food menu, I have it on the fridge, but I swap it around." A further person told us, "The only thing I have help with is cooking, the timings and using the oven."

We looked at some people's records who were supported with their food and drinks. In these records staff were to monitor if people were eating and drinking on a regular basis. We saw that staff had concerns about

one person who they felt was not eating and drinking enough to maintain a healthy weight. With the person's consent a health professional was contacted who made a referral to a dietician. We saw that this person's weight had increased following this health involvement. We saw that for other people who had lost weight a food diary was put in place to support these people to monitor how much they were eating. We also saw referrals to other specialist health teams when people were at risk of choking when eating and drinking. We were told this was with the consent of the individuals involved.

We looked at three people's daily notes and we could see that staff supported these people with their meals and drinks. These included some people who were supported in the 'extra care' area of the service. According to these records people had a varied diet eating different meals and had regular drinks. There were clear descriptions of people having vegetables and fruit with their meals. We also saw recorded on these records when some people had declined food when staff visited them to assist with preparing their meal. We saw in these records that staff returned later to these people to make them a meal at a time that they were happier with.

People spoke positively of the intervention they received when their health needs changed. One person said, "They do their best to please you. The nurse practitioner came in two days ago. She said I want to tell the doctor about how you are. The doctor then came in the next day". Another person told us, "Two weeks ago they called the paramedics as I had a mini stroke, they helped me get ready for hospital, did the paperwork, everything."

People were supported to access health services when they needed to. We looked at people's records and we saw many examples of staff responding to a change in a person's health. This included making contact with a health professional or the nurse practitioner. We also saw examples on people's professional contact records that team leaders followed up various appointments to ensure these took place. We spoke with a visiting health professional who told us that staff did respond quickly to a change in a person's health needs. They said, "[Staff] are alerting us in good timely fashions. It works really well."

Good

Is the service caring?

Our findings

People who received support from staff told us that staff treated them in a kind and caring way. One person said, "I am treated very well, the staff are lovely." Another person said, "They [staff] look after me, they can't do any more, they wait on me hand and foot." A further person said, "I'm [Person's name] main carer. When I was taken ill a couple of times they have been here for us, looked after both of us."

People told us that they felt involved in their care. One person told us, "I was involved with the choice about the assistance I would need." A person's relative also told us, "The staff asked my views about what care was needed and they explained everything to me. They are all very good at what they do."

Staff we spoke with knew about individual people's needs and how they wanted to receive support. The staff we spoke with and the manager told us that the way staff were deployed to carry out care visits had recently changed. So that staff would visit particular people on a regular basis. This was to enable staff to get to know a regular group of people who used the service. We later spoke with a person's relative who told us, "They are doing it now, so that you have the same people. They are getting there. Staff bond very well with [people who use the service.]"

The staff we spoke with told us how they assisted people and took practical action to relieve distress or discomfort. One member of staff explained to us how they had supported a person who fell. They said they stayed with them until another member of staff arrived. They told us that they made the person comfortable and ensured they were warm. The deputy manager told us that if a person falls a member of staff will always stay with the person, if they are awaiting other staff or a health professional to visit them.

When we visited the service we saw staff responded to people in a kind and meaningful way. One person who was living with dementia had asked about their relative. The member of staff responded in a kind way and said they would call the relative for them.

We also heard a conversation a member of staff had with a person the service supported. This person was distressed as their relative was late visiting them. The relative was due to take them out for an important event, but they did not know which relative was taking them. We observed a member of staff had telephoned the relative and clarified when they would arrive. We later heard the member of staff speak with the person to advise them what they had done, to try and relieve their distress.

People told us that they were involved in the planning of their care they received. One person said that, "I was involved in my care deciding what help I needed. I like my own routine which I have in the morning I am a perfectionist and like things done, how I like them to be done."

People told us that they were treated with dignity and respect. One person said, "I am always treated with respect and dignity." Another person told us, I'm very conscious about my dignity, I'm old fashioned. The way they treat me, I'm very confident, they reassure me. They are very proficient, don't crowd over you,

always ask me if it's ok." The staff we spoke with told us about the techniques they used to promote a person's dignity when they supported them with their personal care needs.

However, some people told us that staff were not always respectful of their privacy. Some people told us that staff did not knock on their front door to their home or wait to be invited in. One person told us that they had needed to put a sign up because it happened frequently. People did state that this now happened less. One person said "They [staff] used to just come in but I told them to knock and they do it now." When we visited the service we asked a member of staff to see a person's MAR chart which was kept in their home. They told us they could not get the chart as the person had gone out and it was not appropriate to do so. We also saw documents relating to the issue of staff not knocking on people's front doors, being addressed with individual members of staff, by the management team.

People told us that they were supported to maintain their independence. One person said, "I have help doing my hair, I wash and brush it but they put it up. I always decide how to have it, sometimes I have plaits." Another person said, "They make sure I am clean and tidy, I get my own breakfast but if I am ill they will do it." A further person said, "I pick my clothes the night before ready for help with dressing in the morning." Staff also told us how they supported people to maintain their independence by encouraging some people to complete elements of their personal care needs themselves, whilst they were with them.

During our visit to The Meadows we noted that people's private information was treated in a confidential way. Records were stored in a secure way in locked rooms or in people's own homes. We could see from looking at the training system that staff had training on confidentiality. We concluded that the service protected people's private information.

Good

Is the service responsive?

Our findings

People told us that they received care in a person centred way and were involved in the planning of their care. One person said, "I was involved with the choice about the assistance I would need." Another person told us, "The [staff] are quite nice, they are pleasant, they talk and listen. They explain things, and I'm not easy to get on with."

People told us that the care they received reflected their wishes and preferences about how they wanted to receive their care. People told us that their preferences of having a female member of the care staff to support them, as opposed to a male member of staff. People told us that staff listened to this choice and acted upon it. One person said, "I don't want male carers I only have female carers." Another person said, "I like to have female carers which I have most of the time, I have only had male carers about twice since being here."

People told us that they were not rushed and staff spent time with them. One person said, "It amazes me, they take their time, if there is a shortage they let me know, but otherwise they always stay and chat, find out how I am getting on." Another person told us about the support staff gave them to reduce a strong medicine they had been prescribed for some time. They told us, "I have now been free for one week, I didn't do it alone, staff were so supportive."

We looked at people's care assessments and we could see the service had made efforts to involve people in the planning of their care. People's morning routines, what times they chose to get up and the assistance they wanted in the morning had also been documented. There was information about people who were important to individuals. Personal information had been gained from people about their backgrounds and about their life so far.

However, we found that this personal information relating to people who were living with dementia was generally limited. How people wanted to live their life, their preferences, likes and dislikes what was important to them and their past achievements were not fully explored. When we raised this with the manager they said they were aware of this issue. They explained to us that now the service had been in operation for just under a year, they had put plans in place to revisit people's assessments and review their needs. We were told about how the service was going to do this. This involved the management team assigning a small amount of people to the team leaders to review their needs. A member of the management team was then going to check these reviews to ensure they were person centred and robust. The manager showed us paper work demonstrating that team leaders had been allocated to certain individuals.

People told us that they didn't generally see a regular group of staff to attend their care visits. One person said, "I see lots of different staff." Another person said, "The staff are very helpful I never feel rushed and I always get my calls, different ones keep coming and going though." A relative said, "You do see a different one every day [staff] but lately it has improved."

Despite this being an issue which people identified, people also told us that this did not distress them. One person said, "I see lots of different staff, they are all helpful. They are always polite and friendly." The manager told us they aimed to resolve this issue with the new way staff will be deployed. Most of the staff we spoke with were hopeful that this new system would mean people saw a regular group of staff, staff would get to know people and the direction of care would be more person centred.

People told us that in the past they did not receive care visits at their agreed times. However, people told us that this had changed recently in a positive way. People said they did have care visits when they wanted. One person said, "I have carers in the mornings and evenings, at a time that suits me."

People were supported to avoid social isolation. One person said, "They [staff] wash and dress me, it's a laugh, [member of staff] tells them all [their] old Irish jokes." A relative said, "They [staff] pay an interest in [relative's] music and will dance around with [relative]. They will sit and watch a bit of Emmerdale with [relative]." The staff we spoke with said they take action if they felt a person was socially isolated or low in mood.

The people we spoke with felt confident and knew how to make a complaint. One person said, "I'd tell my keyworker if I was unhappy." A key worker is a member of staff who has been assigned to regularly support an individual. A relative told us, If I had any concerns or complaints I would go down the passage way to the team leader, and if need be, get in touch with Norse.

Most people said they would speak with a member of staff or ask their relative to make the complaint. Most people told us at present they had no reason to make a complaint. The manager showed us the complaints which people had raised. We could see these had been taken seriously and a robust investigation had been carried out and the outcome was shared with the people or person who made the complaint.

Good

Is the service well-led?

Our findings

The care that people received in their own homes at The Meadows was well led. There was a positive culture amongst the staff and management team. The staff we spoke with talked positively about their colleagues, staff felt they worked well together and said they enjoyed their work. One member of staff said, "It's the team work, its spot on." Another member of staff said, "Its friendly, we work as a team to support people."

The management team had started to involve people who used the service in the interview process of new care staff. We spoke with one person who recently helped to interview prospective new care staff. They spoke positively about this process. They also told us that they felt the service had an open culture that focused on meeting people's needs. They said. "There is a camaraderie and ethos of care."

The staff we spoke with felt confident about raising concerns to the manager and were aware of outside agencies they could also raise concerns with, if they felt the need to. When we spoke with the team leaders and the manager about addressing any staff practice issues they said this would be approached in a way which promoted learning and staff responsibility.

The staff, people who received care visits and relatives said they all found the manager and deputy manager approachable and involved in the service. One relative said, "The running of the [service] is done exceptionally well." Another person's relative told us that, "They [the manager] are very approachable."

There were systems in place to monitor the quality of the service. There was a strong system to monitor accidents such as falls and a system which checked appropriate timely action (with people's permission) had been taken. People's MAR charts were audited by team leaders and a medication lead, employed by the provider.

The manager and deputy manager supervised all care staff in order to monitor the quality of care provided. The manager and deputy manager audited the documented observations completed by team leaders related to the practice of care staff. They also audited the records and documents which team leaders completed. Staff competency was also monitored when administering medicines. We were shown documented medication observations which staff completed; these records were also checked by the deputy manager to ensure they were robust. The manager had an oversight on the training staff had completed and needed to complete.

The provider employed a group of staff who would complete, quality checks relating to staff practice. These staff the manager said, "Provided a second independent eye." They would check the records completed by staff. When individual staff practice issues were identified this was documented and the manager said they checked the action taken.

We had identified issues during our inspection. Such as people didn't always see a regular group of staff who they knew. People's assessments were not always person centred. Also, some staff were treating

people as if they lived in a residential setting and not their own accommodation which they rented from a housing provider. These were all issues which the manager and deputy manager were aware of and were taking action to address. For example, staff were now supporting a smaller group of people to ensure people saw regular members of staff. The team leaders would be reviewing and auditing a smaller group of people's care records to make them more 'person centred.' We saw a detailed action plan which identified these issues with time scales to make these improvements and who was responsible for ensuring this happened. We also saw the manager had taken action to address some staff practice issues to refocus staff that they are supporting people in their own homes.

The manager had a clear understanding of the important events that they must notify, by law, the Care Quality Commission (CQC) about. Our records we hold about the service confirmed this.