

Care-Away Limited

Whitley Court Extra Care Scheme

Inspection report

Whitley Court
Hayes Road
Paignton
Devon
TQ4 5XW

Tel: 01803526232

Website: www.caresupport.co.uk

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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

Whitley Court is an extra care housing scheme, the personal care element of which is operated by Care-Away Limited. Care-Away Limited operates under the trading name of Care Support, and are referred to by this name throughout the report.

The scheme operates over two sites, Whitley Court in Paignton consisting of 62 flats and Dunboyne in Torquay consisting of 45 flats. In this report we refer to Whitley Court to cover both buildings as that is the registered name of the overall scheme. Not everyone living in the flats was in need of personal care, and some people also received only domestic support from staff employed by Care Support. This was not included in this inspection as CQC does not have a legal remit to inspect these services. 79 people were receiving some level of personal care across the two sites. They ranged in age from 19-93, and had varied needs for support associated with living with learning disabilities, poor mental health, old age, physical disability or dementia.

Care-Away Limited were first registered to deliver personal care to people in the Whitley Court scheme in July 2016, so this was their first inspection since registration at this location. The company operates other similar services in other areas of the country. This inspection of Whitley Court took place on the 11 and 12 July 2017. Further follow up phone calls to people living at the services were carried out on the 17 July 2017.

The buildings and flats at Whitley Court and Dunboyne are managed by Sanctuary Housing, and therefore did not form part of this inspection, as Sanctuary Housing are not involved in delivering the regulated activity of personal care on these sites. People either part own or rent their properties from Sanctuary Housing and personal care is delivered through Care Support to people living in the flats, as a domiciliary care service. Much of this care and support is commissioned by the local Care Trust, but people may choose to purchase any support privately through Care Support or any other domiciliary care agencies if they choose. Care Support have offices at both sites, although the main office at Whitley Court is the registered office for the delivery of the service. Services provided at both locations included a restaurant also open to the public, on site laundry, communal lounges and attractive communal garden spaces, including a roof terrace at Dunboyne.

The service has a registered manager. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager spends time at each office throughout the week, and their availability is on display at the services.

People and others were kept safe from risks associated with their care through regularly reviewed risk assessments and action plans. Plans contained sufficient detail to enable staff to support people, and staff knew people's needs well. Where people might need emergency support, plans contained detailed information on what actions staff were to take, including when to seek emergency medical support. The

service liaised effectively with other agencies supporting people's care, such as community nurses or the housing provider. This helped ensure people's changing needs were identified and met.

There were enough staff available to ensure people received the care, support and opportunities that they needed and wanted. A full staff recruitment process had been followed for staff working at the service, which meant people were protected as far as possible from being cared for by staff who may be unsuitable. Robust policies were in place to take disciplinary action if staff failed to achieve or maintain an acceptable standard of work.

People were protected from the risks associated with medicines through assessments of risk, staff training, policies and regular monitoring and audit. Most people managed their own medicines, although some needed prompting to remember to do so. Staff directly helped some people to remain as independent as possible, for example with supporting the person to test their own blood sugar levels; the person then administered their own medicines under staff supervision. Where people's care plans indicated they needed support with meals and nutrition, plans ensured they received a diet that met their needs and wishes. People could also have meals delivered from the on-site restaurant of their choice.

People were protected from abuse because staff understood how to keep people safe and how to report any concerns about their welfare. People's rights to make decisions about their care and welfare were supported because the service acted in accordance with the Mental Capacity Act 2005 and the best interests framework. Most people living at the service had capacity to make decisions for themselves. Where there was any doubt about this an assessment was requested to identify if additional support was needed.

People were supported by staff who had the skills and knowledge to meet their needs. Staff told us they were well supported by the organisation and worked well as a team. Staff performance was monitored through spot checks and reviews, and staff received supervision where they could identify any training needs or support in their role. Risks associated with staff working were assessed, for example for staff who were pregnant. Staff told us it was a nice place to work. One who had not worked in care previously told us they wished they had done it years ago, as they enjoyed their role so much.

People gave us positive feedback about the service. We met people who felt they had improved since living at the Whitley Court; they told us they were more independent and had greatly decreased their need for care and support. Some people had moved to the scheme from residential care, and felt much happier and more secure.

People's dignity was supported and staff treated people and their property with respect. We saw evidence of good relationships in place, and a mutual respect and positive regard. People's dignity and property were respected.

People's care needs were assessed by the service, and plans of care drawn up. These were kept by people in their flats. Care plans were based on people's needs and wishes and were regularly reviewed. Plans contained sufficient detail to enable staff to give the person the support they needed, and people were involved in having a say about what care or support they wanted.

Systems were in place to manage complaints and concerns, either individually or at regular tenants meetings. Some issues raised through consultation with people were long standing issues the organisation was working to improve. People were able to have a say about the organisation at regular meetings, some of which had been facilitated by a local advocacy agency to ensure independence and encourage people to speak freely about any issues they had. Action plans were drawn up as a result to address issues in a timely

way. People told us the service had improved over the last year.

People could expect to receive a good quality of service because systems were in place to assess, improve and monitor the quality and safety of the service. Regular audits were carried out, and analysis was undertaken to identify any trends or repeated concerns to be addressed.

Not everyone using the service was clear about what they could expect to receive from Extra Care Housing services, or about the roles of the different organisations involved in Extra Care Housing. Some of this was a historical issue that started before Care Support were involved with the organisation. Work was being carried out by the commissioners and the service management to address this.

Records were well maintained, up to date and accurate. Policies and procedures were accessible to staff. Notifications had been sent to the CQC of certain events as required by law.

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.

People and others were kept safe from risks associated with their care through regularly reviewed risk assessments and action plans.

Systems ensured there were enough staff available to ensure people received the care, support and opportunities that they needed and wanted. A full staff recruitment process had been followed for staff working at the service.

People were protected from the risks associated with medicines through assessments of risk, staff training, policies and regular monitoring and audit. Most people managed their own medicines.

People were protected from abuse because staff understood how to keep people safe and how to report any concerns about their welfare.

Is the service effective?

Good ●

The service was effective.

People's rights to make decisions were supported because the service acted in accordance with the Mental Capacity Act 2005 and the best interest's framework. Most people living at the service had capacity to make decisions for themselves about their support.

People were supported by staff who had the skills and knowledge to meet their needs. Staff received support and worked well as a team.

Where people's care plans indicated they needed support with meals and nutrition, plans ensured they received a diet that met their needs and wishes.

The service liaised effectively with other agencies supporting people's care, such as community nurses and the housing provider.

Is the service caring?

Good ●

The service was caring.

People gave us positive feedback about the service.

People were supported to be independent, and for many people coming from other settings their independence had increased since living at the scheme.

People's dignity was supported and staff treated people and their property with respect.

People had built positive relationships with staff.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed by the service. Care plans were based on people's needs and wishes and were regularly reviewed.

People were involved in having a say about what care or support they wanted.

Systems were in place to manage complaints and concerns. Some issues raised through consultation with people were long standing issues the organisation was working to improve.

Is the service well-led?

Good ●

The service was well led.

The service worked with other agencies including the housing provider to support people to have a say about how service was run.

Systems were in place to manage the quality and safety of the service.

Records were well maintained, up to date and accurate.

Not everyone using the service was clear about what they could expect to receive from Extra Care Housing services, but the provider was working with the commissioners to resolve this.

Whitley Court Extra 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 checked whether the provider was 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.

This inspection took place on 11, 12 July 2017, and follow up telephone calls were made to people on the 17th July 2017. The provider was given 48 hours' notice of the date of the inspection because the location provides a domiciliary care service and we needed to be sure that key people would be there and able to speak with us.

This inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at all the information we had received about the service, including contacts made from visiting professionals, people living at the service and their relatives. We also looked at notifications received, which are events the provider needs to tell us about by law, and complaints and safeguarding concerns we had received and reports on actions taken. The provider completed a provider information return or PIR, which gave us information about how the service operated. We also spoke with the commissioners of the service, who carried out regular contract and commissioning reviews of the service.

On the two days of the site visit we spoke with seven people receiving a service from Care Support, seven care staff employed by Care Support and another person employed by Sanctuary whose work linked to that of the Care Support staff. We also spoke with the Operations Manager from Care Support and the registered manager for the service. Following the inspection we contacted another five people with their agreement by telephone to discuss the care and support they received. We looked at the care and support records for seven people, and other records from the service, including risk assessments, staff recruitment and training

records and some policies and procedures. We spoke with staff about how they supported people for example with their medicines, and observed them interacting with people living at the service. We also looked at quality reports and action plans agreed with the commissioning agency.

Is the service safe?

Our findings

People received a service from staff which ensured their safety and kept them free from harm. People told us they felt safe and comfortable with the staff that supported them, and felt they had the skills they needed to care for them correctly, for example with using equipment. People told us "no complaints at all – I trust them completely", "My family are very happy, very re-assured that I am safe and happy here" and "They know just what I need. I need to be hoisted and they all know how to do it".

People were protected from the risks of abuse because systems were in place to ensure people understood their rights and felt able to raise any concerns about their support. Information about how to report concerns about people's wellbeing was available on display in the service, and staff had a clear understanding of safeguarding issues and protecting people from abuse. Staff had received training in safeguarding and told us they would feel able to raise any issues within the organisation and the management. People told us they would feel free to speak out if they felt unsafe or concerned about the support they or others received including any instances of bullying or harassment from other tenants. People's wishes were respected where they had worries. For example, one person told us they had felt uncomfortable with a member of staff, now no longer employed. Nothing of concern had happened but they had asked that the person not support them again, and this had been respected. We saw that where safeguarding concerns had been identified the service had acted robustly to support people and ensure their rights were respected. An audit system was in place to assess any safeguarding concerns and identify any trends or patterns of concern.

Risks in relation to people's care needs were assessed and actions taken to mitigate these where possible. Risk assessments were in place for each flat where personal care was delivered. Assessments were also in place for people being supported, covering areas such as moving and positioning, falls, use of bed rails, nutrition and any pressure areas as appropriate. Systems were in place to audit and analyse risks to people and ensure plans were kept up to date. Actions were taken as a result, for example as a result of the falls analysis, additional falls training had been undertaken by staff, and the service was looking into purchasing an aid to help people move from the floor to a seated position.

Risks to people's safety were well understood and staff had clear guidance on how to support them in an emergency. For example one person had a long term health condition that led to them having seizures. They had a sensor on their bed which was linked to the alarm call system. There were clear and well understood protocols for staff to understand the support the person needed at this time and when to call for additional medical support. Another person had a condition which meant their blood sugars could fall to low levels and put the person at risk of poor health outcomes. Staff had clear stepped instructions on how to support the person regain a healthy blood sugar. The person's visits were timed to ensure staff could support their well-being over a 24 hour period.

People's security was assessed and where risks were identified actions were taken. For example, some people had key safes fitted outside their flats, and staff had a pass key for use in an emergency situation. This enabled staff to have quick access without the person having to come to the door, for example if the

person had fallen and sounded their personal alarm. This meant the person could otherwise ensure their flat was securely locked. Policies were in place with regard to staff using mobile phones on duty to respect people's privacy.

The majority of the people living at both Whitley Court and Dunboyne were independent people who wanted to continue to be so for as long as possible. There was a positive approach to risk taking, and people were encouraged to manage their own care with support and prompting from care staff. For example, several people told us they had a short staff call in the morning to prompt and remind them to take their medicines, which was all the support they needed. Risk assessments were in place to assess people were safe to do so, and staff checked their medicine blister packs regularly to ensure they had an oversight of the amounts of medicines being taken.

People received their medicines safely. When Care-Aware Limited were first registered at Whitley Court there had been a number of concerns identified by them regarding the systems that had been and were in place to support the safe administration of medicines. The registered manager told us about the improvements that had been made to the medicines management systems since then to ensure people received their medicines as prescribed. These had been largely successful, however the registered manager told us they still had to carry out work daily liaising with local GP practices and pharmacies to ensure ordered medicines were received at the correct times. This had led to the registered manager and commissioners sending a 'Yellow Card' alert to the local Clinical commissioning group to raise a concern over the continuing issues they were experiencing. This had at times impacted on people not receiving their medicines, although they had been ordered in sufficient time.

Some people needed staff assistance to support them with their regular medicines. This varied from prompting, to staff having to administer these for the person to ensure this was done safely. Senior staff or the manager checked medicine administration records or MAR every month, carried out staff competency assessments and ensured staff were up to date with training in safe administration as a part of their role. Where gaps were identified in the MAR charts staff were spoken with to account for this and re-training provided if needed. Medicines were kept in cupboards in people's flats, and information was available on the management of 'as required' medicines for each person, in particular where the person might use these in unsafe ways, for example take more pain relief than was safe over a 24 hour period. Where people used oxygen their flat was clearly identified. Medicines management policies were in place that reflected current practice in medicines administration, for example NICE guidance on "Managing medicines for Adults receiving social care in the community" from March 2017. Some people were supported by staff to manage their own medicines for example insulin or through a nebuliser where they felt comfortable and safe to do so. Staff supported one person with testing their blood sugar levels.

Some people had medicine regimes that were very sensitive to time. The registered manager told us the service made every effort to make sure people received their medicines at the exact time they were needed but that sometimes this was difficult due to emergencies elsewhere. One person who managed their own insulin told us that staff were usually on time to give them their breakfast, but that if they were running late they would welcome a call to let them know so they could have a biscuit to 'tide them over' until staff came. They told us some staff did this but not always.

People's safety was promoted because robust staff recruitment systems were in place. Systems included those to identify risks, such as disclosure and barring service (police) checks, references, a full employment history and evidence of the person's identity being taken up. We sampled three staff files, and identified a full recruitment process had been followed in each case. Recruitment processes included literacy tests and followed Equal Opportunities principles. Risk assessments were made where staff could potentially be put

at risk through their job role, as an example because of pregnancy.

Levels of staff support to people were determined by individual assessments of their needs, and were initially set through the commissioning service or through individual assessment set up by the person with Care Support. For example, some people only had one limited visit each day to monitor their well-being; others had up to four visits a day some of which included support with personal care, showering, positioning, meal preparation and support with eating. We saw that there were enough staff employed to meet people's needs. Where two staff were needed to support the person this was provided. Staff were each given a schedule each day covering the visits they were expected to meet for each person and the support that was involved. Staff told us this was manageable, although they sometimes fell behind if they were delayed with one person's care. People told us they appreciated staff had so many calls to make. One person told us their night call was a little later than they would have liked but "someone has to be last". The registered manager told us that if people had expressed a wish for an earlier time, when one became available they could have priority over the move. The person confirmed they had been told this.

At night there was only one staff member on duty on in each scheme. The registered manager told us they may carry out the 'odd planned single handed call' until midnight, and that on call staff were available at 5 minutes notice, with the night role to provide emergency cover only. Staff between the two buildings called each other at pre-set times throughout the night to ensure they were alright as part of the lone working support. The registered manager told us they had done the night cover shift themselves at times and felt this was an appropriate and safe level of cover with back up quickly available.

People were being protected from the risks of cross infection. We saw staff had access to aprons and gloves when supporting people with personal care and there were no known current infection control risks. People had washing machines in their flats or there was an onsite laundry, managed by Sanctuary Housing that people could commission to provide for their laundry needs if they wished. A member of staff told us the staff team were "very hot" on using personal protective equipment such as gloves and aprons.

Arrangements and service level agreements were in place between Sanctuary Housing and Care Support to ensure the effective operation of the service and meet people's safety needs. For example, Sanctuary Housing managed the building and serviced the fire precautions. They also provided staff training in fire prevention to the Care Support staff.

Is the service effective?

Our findings

People were supported by staff who understood their care and support needs and had the skills to meet them.

Staff files demonstrated they received a 4 day core induction programme and a 'shadowing period' working alongside senior staff. New staff commenced the Care certificate, which is a national standard for induction. The service had a training matrix which identified staff training and when refreshers were due. The registered manager told us that feedback from staff suggested this training was well received. They told us they were committed to staff development and progression, and said "If they need training they can come and see me and we'll arrange it". Staff confirmed training was available to meet their needs and wishes and they received "good training and support". Regular refresher training included duty of care, equality and diversity, person centred care, communication, privacy and dignity, food hygiene, moving and positioning, mental health and dementia.

The registered manager and deputy told us they carried out regular spot checks and competency assessments on staff which included time of arrival and completion of tasks as well as having a good relationship with the person they were supporting. Feedback from people living at the service was overall very positive about the staff. People told us they 'had their favourites' but said "They are all lovely – I feel safe here. I call them my angels without wings", and "The girls are lovely. I have yet to have a problem with any of them".

Some people told us the staff sometimes did not complete the full time they were expected to be at their flats for. One told us they sometimes finished five minutes early, but they didn't mind "as they had done everything I wanted that day". Another told us staff would always offer to do anything else for them before they left, and one person said "I only have to ring my buzzer and they will come. They will always do what I ask".

Staff told us they had good support systems in place, and worked well as a team. Staff said they could "always go to (name of registered manager) or other managers", and would do so if they were worried. One staff member told us about how the service had supported them very positively through a recent personal event which they had really appreciated. Another staff member told us this was their first experience of care work and they "wished they had done it years ago" as it was so positive. The registered manager told us the service aimed at formal supervision sessions for staff every 12 weeks, but this was flexible and staff could go to them at any time if they needed support or advice.

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. Consent to care was sought by staff before delivering care. The registered manager told us there were very few instances where people being supported by the service did not have capacity to make

decisions for themselves. One person was currently under assessment for their capacity to make a specific decision, which was in line with the MCA.

No applications had been made to the Court of Protection in relation to depriving people of their liberty, and the registered manager told us none were needed at present.

Some people's care packages included staff supporting the person to make choices around meal preparation and eating. People told us that staff mainly microwaved frozen meals for them or prepared light snacks such as sandwiches or toast. Some people chose to use the onsite restaurant or have meals bought up to their flats from the restaurant. The registered manager told us that no-one had been assessed as being at risk of poor nutrition, although some people needed prompting to make healthier choices at times to maintain their health. Two people told us they had chosen to lose weight and their healthier lifestyle had been really positive for them. People's care records indicated what foods staff had prepared for them to ensure people did not have to eat the same things every day.

People were supported to maintain their health and wellbeing, with staff monitoring some health conditions and reporting to community professionals such as community nurses if concerns were identified, for example with people's skin for people at risk of pressure ulcers. The service had regular contacts with the local older persons mental health team, the Care Trust and GPs as people needed extra support.

Is the service caring?

Our findings

People using the service told us they felt they were supported by kind and caring staff. Some people told us they felt some staff were better or demonstrated more caring approaches than others but one told us "You can't always expect to get on with everyone. It doesn't mean they aren't good, just they are not for me, not my type". Other people were full of praise, one saying "It's a vocation; staff are all really lovely, without exception".

People told us about how they had built good relationships with staff and vice versa. One person told us how they took items of fruit to the staff room when it was hot to thank them for their kindness, and another person told us about how they enjoyed knitting blankets for staff as gifts if they were having a baby. They told us they liked the feeling of 'giving something back'. The registered manager was hoping one person who was an artist would help staff and others to develop their skills at painting. Staff in turn spoke warmly about the people they were providing care to. One person was described as "an absolute joy to support. They make me smile every morning", and another was "such an inspiration" because the progress they had made and their determination.

People told us staff were really helpful. One person told us about how a member of staff had finished their work early so asked them if they wanted their fridge cleaned out or anything else done as they 'had the time'. The person felt the staff member had gone out of their way to find things to help them with, which they had appreciated. The service had a staff incentive scheme where people nominated staff members for their support 'above and beyond' what could be expected.

The service placed a high value on communication. People received a weekly rota detailing which staff were due to support them and when. People told us mainly this was accurate, apart from emergencies. Where people had communication challenges information could be provided in different formats to meet people's needs. One person had a hearing impairment and two staff had learned how to communicate with them through sign language with other staff keen to learn also. Some people needed information in written formats or large print, which could be provided. Visual display boards were available in communal areas with information about forthcoming activities or improvements that had been made as a result of communication with people. This included more activities, information about which was on display. Regular tenants meetings were held at both sites. We saw the minutes of these, which included information about changes at the service, staff appointments, and any new activities on offer. The building at Whitley Court had a tenants committee which published a newsletter. This was run by tenants and Care Support had their own section.

People felt they had a say in the way their care and support was delivered. One person told us "I say what I want. I can say anything" and another person told us about how they had bought some plants for the gardens and worked with the gardener about where they wanted them put.

People's independence was encouraged, and we heard many examples of how people had improved since moving to their own flat and receiving support from Care Support. For example one person who had

previously been in residential care told us "I feel like I have my independence back – I want to do as much for myself as I can while I still can. I would recommend it to anyone." Another person who had also come from residential care told us about how they were able to manage most of their care now, only needing assistance with having their legs creamed and shoes put on. The registered manager told us the service was proud of the support people had received to maintain or improve their independence. For some people this had included dropping to a very low level of support, seeking work or moving on to live elsewhere without support.

People were being encouraged to have a greater involvement with the local community. The registered manager had recent involvement with local Community builders, who were linked to the ageing well in Torbay project. They aimed to help people find ways to positively change their neighbourhoods into "the places that they would like them to be". Information about this was available within the service.

People's dignity and privacy was respected. Staff spoke positively and respectfully about people, and this was reflected in the way records were written. One person said "I treat them with respect and they treat me with respect." Care was delivered in private in people's own flats, where their records were maintained. Copies of records were maintained in a secure area of the service building. Staff were aware of issues of confidentiality and were regularly reminded about not sharing information inappropriately.

Is the service responsive?

Our findings

People told us they were happy with the support they received from Care Support at Whitley Court. People said "If anyone doesn't like it here there is something wrong with them" and "There is nothing to complain about here."

We found people's care needs were assessed and clear plans put into place to ensure care provided met their needs, wishes and aspirations.

Each person receiving personal care from the service had their needs assessed prior to them moving into their flat, or at the time of making a change from another provider. Care and support packages were in many instances agreed with the commissioning agency prior to the person moving into their flat. This meant people could expect to receive a service that was tailored to suit their individual preferences, needs and wishes. Packages of support that people needed were very individual, from people who needed a couple of short visits a week to carry out a specific task to others who needed regular more lengthy visits several times a day. People told us their plans were reviewed with them. One person told us their need for care had been reviewed as their health had improved. They had found they no longer needed the higher level of support as their independence had increased. So this had been reduced, which had been a positive move for them.

Each person had a care plan drawn up with them, which they or their advocate signed to confirm their agreement. This contained information about the support the person wanted and needed, and when this was wanted during the week, their aspirations and anything they wanted to change. Plans contained sufficient detail to enable staff to understand the support the person wanted and needed; they were up to date, and well maintained. For example one plan we saw included details such as "I like to have talcum powder on my back" after a shower. People told us the staff carried out what was in the plan unless they asked them to do otherwise. Staffing was flexible where the person needed this. For example one person told us about a forthcoming evening event they wanted to attend. They told us staff would change their rota on that day so they received their evening call later. They told us "I am extremely happy here. You couldn't wish for anything better".

Staff completed daily records sheets, so it was possible to see that the person's wishes or care plan had been carried out. Staff were knowledgeable about the support people needed to manage their day to day needs. This included information about people's personal care needs, their mobility as well as preferred routines, and any specific instructions. We talked with a member of staff in detail about the support they had given one person that morning. They could give us clear information about the person's wishes and how they liked their care to be delivered, including which tasks they liked doing first and in what order.

The service was involved in providing some social opportunities for people in conjunction with the housing provider. This included coffee mornings, evening meal events such as a curry night and further plans for increasing social inclusion. The registered manager told us they had an interest in raising funds to provide a 'pop up' dementia lounge to help people stimulate memories and discussion amongst people receiving a service. A computer course and arm chair exercise course was being run at the services and there were

regular movie afternoons, with a small financial contribution being made for popcorn.

Systems were in place for the investigation and management of complaints. People were provided with copies of the complaints procedure which was also available in the buildings. We looked at how the service had managed complaints or concerns raised with them. We saw the service carried out an investigation, including reference to other agencies if needed. However some of the minor issues raised with us were also issues that had previously been raised with the organisation, such as people not always being told if carers were going to be late. We had also previously received some concerns the service had not responded to a concern raised to the person's satisfaction. We saw evidence this had now been resolved. Actions to manage these issues were identified on an improvement plan and were being reviewed by the commissioning agency. Some issues were ongoing. The registered manager told us issues were addressed individually with staff as well as in groups. Where staff continually failed to achieve required standards, disciplinary actions were taken.

People told us they knew how to raise concerns. We found that the registered manager and operations manager were committed to addressing any issues raised with them and taking action to address any areas of concern. We saw records that identified actions already taken and under review. For example people told us the buildings were very hot. This had been raised with the management of the service and we saw that management had contacted Sanctuary Housing to review the heat in the buildings.

Is the service well-led?

Our findings

We found the service at Whitley Court was well led.

Care-Away Limited and Care Support had a set of organisational values and principles, set out in their statement of purpose. These were shared with staff, who also attended regular meetings to discuss care, quality and practice issues.

The registered manager had a diploma in leadership in Health and Social Care and told us "I expect a high standard of care and I tell staff I expect care will be of the standard they would want for their relative." Staff told us the registered manager was approachable and understanding. They were supported at the service by team leaders who worked alongside support staff, administrative services and had regular contact with the operations manager. They told us the operations manager set them targets to achieve, for example ensuring all night staff received supervision within a given period. The operations manager and commissioning services provided effective challenge and oversight of the service.

Extra Care Housing is housing designed with the needs of people needing care and support in mind and has varying levels of care and support available on site. People who live in Extra Care Housing have their own self-contained homes, their own front doors and a legal right to occupy the property through a tenancy agreement or shared ownership. One of Care Support's key objectives, taken from their statement of purpose was "To Promote and develop domiciliary, personal care services to enable individuals to live in their own homes with support, wherever feasible and preferable, and maintain independence for as long as possible." Some staff who had come to the service from residential care told us they had initially found it difficult to adjust to a different way of working with people. They told us when they had adjusted they had found the service provided a high quality alternative for people needing personal care but wishing to maintain their independence. They told us there was good team work at the service with staff working well together, and that it was a nice place to work. The organisation had an internal "Carer to Enabler" course available to support staff understand the transition to supporting people to be more independent.

Some people living in the scheme were not always clear about what Extra Care Housing was meant to achieve, which had led to some concerns being raised about what people could or could not expect to receive. For example one person told us they thought Whitley Court was a nursing home. The service was already aware of these issues and had recently issued people with leaflets about the service, helping people to understand what they could or could not reasonably expect to receive. The lack of understanding had caused some friction, in particular at Dunboyne but was based in part on actions taken before Care Support took over the management of personal care at the scheme. This was being managed in conjunction with the commissioners.

People had a say in the way in which the service operated, and received feedback about their input. Questionnaires were being sent out to people receiving personal care to formally gather their views about the quality of the service. These will then be analysed and combined into an action plan for the service. A local advocacy service, Torbay Voice had previously chaired meetings at the services looking at identifying

people's views and action plans following these meetings were on display. Another board detailed "You said...we did" actions which told people about direct improvements that had been made as a result of their feedback. Tenants meetings were held jointly with senior staff from both Care Support and Sanctuary Housing which helped ensure people did not have to attend two different meetings to raise issues. Action plans identified where progress had been made or areas still needing ongoing attention. Feedback we received told us the service had improved in the last year. The operations manager and registered manager confirmed some areas were still work in progress. The operations manager told us "We may not be the biggest, but we aim to be the best."

The registered provider and registered manager had established a system of governance to identify quality and risks at the service, and carried out regular checks necessary to manage potential risks. New audit systems had been put in place to monitor practice or incidents and identify any trends needing attention, for example an increase in medicine errors. This meant there was a systematic approach to collating and using information gathered or received to improve the quality of services for people or reduce risks. Some risks were managed in joint collaboration with Sanctuary Housing, for example for Fire. Individual evacuation plans and equipment were in place to support an emergency evacuation if needed.

The registered manager updated their practice through attending local forums, using the internet and through the provider organisation. They were aware of forthcoming changes to the systems for regulations of care services, and used the CQC website to access reports of other services to compare and identify good practice elsewhere.

Records were well maintained, and notifications had been sent to the CQC as required by law of certain events or incidents. Policies and procedures we saw were up to date.