

Creative Support Limited

Creative Support - Regency Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Creative Support – Regency Court provides personal care and support as assessed by the local authority, to people who live in a specialist 'extra care' purpose-built housing scheme. People live in their own home or flat within the shared building of 60 flats. People at the scheme can choose their own personal care agency and not everyone who lived there received personal care from the service. Some people also purchase additional care and support from other agencies. At the time of the inspection there were 53 people using the service. CQC does not regulate premises used for extra care housing; this inspection therefore looked at the personal care and support service.

Rating at last inspection and update

The last rating for this service was 'Requires Improvement' (published 19 June 2018). At this inspection the rating remains 'Requires Improvement'. This service has been rated 'Requires Improvement' for the last two consecutive inspections.

At the last inspection in May 2018 we found a breach of regulations as medicines were not always managed safely. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made to the systems to manage medicines, but these were not always consistently sustained, to ensure medicines were always safely managed. The provider was still in breach of this regulation.

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

We found there remained areas for improvement needed with the service. We had mixed feedback about the staffing levels at the service particularly to meet any needs outside of planned care times. There was a high level of agency staff at the inspection. The service had recently recruited new staff, but they had not yet started.

We have made a recommendation that the provider reviews their systems for assessing safe staffing levels to meet people's needs at all times.

People's risk assessments and care plans were not always up to date or reflective of their current needs. This had been identified by the provider and the service was being supported to address this issue.

While formal complaints were responded to appropriately; people and their relatives said that sometimes minor concerns were not always addressed. There had been several changes in the management and leadership of the service which had impacted on the provider's ability to make sustained changes. The provider told us they were confident in the new management team that had been appointed.

There were quality monitoring systems in place but some improvements were still needed to the provider's quality monitoring to ensure improvements were sustained. For example, checks were carried out on people's pendant alarms and the response times; however, these did not track the response in the evening or at night.

There had been some improvements made since the last inspection, accidents and incidents were monitored for learning, to improve the quality and safety of the service. Staff received training and support to meet people's needs. Areas of medicines management had improved. People told us they felt safe and staff understood how to keep people safe. There were robust recruitment practices in place.

People's nutritional needs were assessed and supported where this was part of their planned support. 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.

People told us staff were kind and caring and respected their privacy and dignity. They said they were encouraged to be as independent as possible. People's communication needs and needs with regards to their protected characteristics were considered as part of the assessment process to understand how they could be best supported.

Staff told us the provider and registered manager were working to make improvements, they felt well supported and worked well as a team. People's views about the service were sought and considered to make improvements. The registered manager worked in partnership with other agencies, local authority and health and social care professionals to meet people's needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Creative Support - Regency 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

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Creative Support – Regency Court provides personal care and support to people living in specialist 'extra care' housing. Extra care housing is purpose built or adapted accommodation in a shared site or building. People live in their own home or flat within the accommodation. 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

This inspection was unannounced.

The inspection visit took place on 6 and 7 June 2019. We visited the office location based at the extra care housing scheme and we asked for permission from people and their relatives to speak with them about their experiences of using the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 the information from these sources to plan our inspection.

During the inspection

During the inspection, we visited six people using the service and three relatives. We spoke with two health care professionals, three care workers, the activities worker, an agency care worker, the registered manager, the service director, a care coordinator and two members of the provider's quality team. We reviewed a range of records including nine people's care and support plans, staff recruitment and training records. We also reviewed records used to manage the service, for example, accident and incident records, meeting minutes and audits. We also spoke with two relatives by phone following the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection although some improvements had been made this key question remains 'Requires Improvement'.

This meant some aspects of the service were not always safe and there was limited assurance about some safety aspects. There was a risk that people could be harmed.

Using medicines safely

At the last inspection of the service in May 2018 we had found a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's medicines were not always safely managed. Whilst we identified some improvements at this inspection, the requirements of the regulation have not been met.

- Medicines administration records (MARs) were not always completed accurately. One person was prescribed a cream and although this was recorded on a body map it was not on their MAR, meaning there was no consistent record of when it was applied.
- We observed unsafe medicines administration practice as during the inspection a staff member signed that they had administered a person's medicine before it was given to them.
- One person had been prescribed an antibiotic which needed to be given every eight hours and no arrangements had been put in place to ensure it could be given as prescribed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people and their relatives commented positively about the support they received for their medicines. One person said, "I have a night call to give me medication. It has to be done prior to me going to sleep. They get that right." However, a relative told us there had been problems when a new medicine was introduced as staff were not always aware to look for it.
- Staff received training and their competence to administer medicines was assessed on three separate occasions. Improvements had been made to the oversight of medicines and we saw that errors had reduced from earlier in the year.
- Improvements had been made to the medicines audits and where they identified any action was needed this had been completed. Where errors had occurred, these were managed through supervision with staff, training or reassessment of competence, or disciplinary action if needed. Agency staff were required to have medicines administration training and their competence was also assessed. Where agency staff had made errors, this was reported to the agency concerned and they were asked not to return to the service.

Assessing risk, safety monitoring and management

- There were processes to identify and assess possible risks to people. These included risks in relation to moving and positioning and skin integrity risks. There was guidance within people's care plans, to manage risks. However, we found no smoking risk assessments in place for two people who smoked at times within their own flats. We advised the registered manager and provider of this and these were completed during the inspection.
- For another person whose behaviour posed possible risks to them, we found there was no risk assessment or guidance for staff on how to manage this risk. The registered manager showed us evidence that they had identified these risks and control measures were being put in place. However, the care plan did not reflect the current risks or measures taken and this needed improvement.
- Risk assessments needed improvement to ensure they were up to date and were reviewed in line with the provider's policy. This had been identified by the provider and registered manager, and action was already being taken to address this. Where people's risk assessments had been recently reviewed we saw they were detailed and gave clear guidance to staff. For example, falls risk assessments included a detailed falls prevention checklist to identify any areas of action in relation to people's health, environment, mobility, medicines and footwear that could reduce the risk of future falls.
- Staff work planners for their work highlighted potential risks to the people they were supporting, to make they were fully aware of them in advance of providing support; in order to help maintain safety.
- Staff knew what to do in an emergency; they received regular first aid training and had guidance on how to respond. There was a manager on call system for staff to seek guidance where needed out of office hours. Staff received fire safety training from the provider and the housing association which was also responsible for organising fire drills. People had emergency evacuation plans in place to guide emergency services on the support they needed to evacuate their homes safely.

Staffing and recruitment

- People received planned support visits in the day, but the provider was responsible for ensuring that people's emergency call pendants were responded to throughout the day and at night. At the last inspection in May 2018 people and their relatives told us there could be a delay in these call bells being answered or staff not attending, and the provider had no system to monitor call bell response times.
- At this inspection the feedback we received continued to be mixed. Most people and their relatives told us that usually there were not problems with the planned care and support times. One person commented, "They generally come on time." Some people said the response to the call pendants was prompt. One person remarked, "Yes. I slipped off my chair and I used the bell and the response was very quick." However, another person said, "At night sometimes I have to wait for five minutes." A relative commented, they thought the response to unplanned care needs was slower in the evenings or weekends.
- Staff told us they thought there were enough staff to meet people's needs. One staff member said that the evenings could be difficult as they had planned care calls throughout the evening, so it could be difficult to respond to any extra calls for support. We discussed this with the registered manager who told us they were looking to have a floating staff member throughout the day who could attend to the additional calls.
- Staff response to call bells was monitored and people's emergency alarms were checked. Records showed there were answered promptly, and we observed this at the inspection. However, there was no monitoring of the response times in the evenings or at night to identify if there were any shortfalls.

We recommend that the provider review their systems for assessing and monitoring safe staffing levels at all times.

- We were aware there was a high level of agency staff at the service. The registered manager told us they had tried a number of ways to recruit staff and had some permanent staff who would be starting work at the

service shortly. They tried to use the same agency staff when possible. Some people and their relatives told us they found the high usage of agency staff at the service could cause problems as they did not always understand their needs. One person said, "It is the agency ones that I may have a problem with, not the regulars."

- Effective recruitment checks were carried out to reduce the risk of employing unsuitable staff. Records showed the full range of appropriate checks were made on new applicants before they started work; this was also confirmed by staff. Suitable checks were also made on agency staff and volunteers who supported the service with activities.

Learning lessons when things go wrong

- At the last inspection we had found some improvement was needed to the way accidents and incidents were reported and reviewed to identify any learning to reduce further risks.
- At this inspection we found improvements had been made. Staff were aware of the importance of reporting any accidents or near misses and the processes to follow. Incident and accident records were completed appropriately and reviewed by the management team to ensure all necessary action was taken. Actions taken to reduce the risk of repeat accidents included referrals made to the GP or occupational therapist, or planned call times being reviewed. Additional equipment was requested such as sensor lights to support people's safety where needed.
- Learning was discussed in staff meetings and there was a process of reflective supervision to support staff learning and improvements.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives all told us they felt safe from harm, neglect or discrimination at the home. One person told us, "It's quite safe here." Another person commented they felt safe as, "The staff check on you and ask if I need anything."
- Staff understood the importance of reporting any safeguarding concerns and the process to follow. The registered manager and staff understood what might need to be considered under safeguarding procedures, and how and where to report any concerns. All staff received regular training on adult safeguarding.
- The registered manager cooperated with the local authority in relation to any safeguarding investigations.

Preventing and controlling infection

- People said staff used personal protective equipment when they provided personal care to reduce the risk of spreading infection. One person commented, "They do have gloves and wash their hands."
- Staff had completed infection control and food hygiene training. They told us the service ensured a good supply of protective equipment was available.

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.

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has now improved to 'Good'. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection we found staff did not always get regular supervision or refresher training to ensure their knowledge was up to date. At this inspection we found improvements had been made. Staff training records confirmed staff received regular refresher training.
- Staff told us they had refresher training regularly and that the training supported them to meet people's needs. One staff member said, "We get a lot of training here. They are hot on it and we do repeat them to remind us." People told us they through the permanent staff understood their roles. One person remarked, "The regular carers know what they are doing."
- New staff were supported through an induction that included shadowing, observation of their practice and training in line with the Care Certificate, a nationally recognised qualification programme for staff new to health and social care. Staff were supported through a variety of supervision styles and direct observations of practice to encourage and support learning, as well as an annual appraisal.

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

- People's needs for personal care were assessed before they came to live at Regency Court. The assessments covered areas such as people's communication and care needs, medicines, eating and drinking and mobility. The assessment process also included information from family members and health professionals where relevant. People's mobility needs were assessed by the local authority occupational therapist who ensured any equipment needed was provided.
- People received planned care and support visits at Regency Court. The level of their care package was assessed prior to them coming to live at the service. Where people's support needs increased the registered manager told us this was discussed with the local authority so that their needs could be reassessed.

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

- Meals were provided by a separately run catering company. Not everybody who was supported with personal care needed support with their nutritional needs as some people were able to manage this independently.
- Where the service supported people with these needs we saw this was recorded in their care plans with guidance for staff on how to do this safely. For example, where people had been assessed as being at risk of choking or of unplanned weight loss, we saw advice from appropriate healthcare professionals was recorded in their care plans with guidance for staff to follow. We tracked two people's meal support and saw this reflected the guidance and the care plan.

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

- People told us they were supported to maintain good health and that staff responded if they saw a decline in their well-being. One person told us, "Always. They ask if I am OK, If I was still in bed. If I said I was OK they respect that. If I am unwell they would ask me do I need the doctor." A relative told us that staff had been proactive in raising an alert about a change in their family member's skin condition.
- We observed office staff liaised effectively with health professionals during the inspection to ensure people's changing needs were met in a timely way. For example, staff worked with the local authority occupational therapist to request assessments when people's mobility needs changed.
- Staff told us the management team responded promptly to changes in people's needs to request additional support be included as part of their care plan.
- There was an emergency record in people's care plans which accompanied people to hospital and which meant medical staff had a summary of any important health needs and considerations.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People's consent to the care and support offered was discussed and requested when they came to live at Regency Court. People and their relatives told us staff sought consent to support people on a day to day basis.
- Staff told us that they asked people's permission before they carried out personal care. They said most people they supported had capacity to make decisions about their own day to day care and support. Where this might vary from day to day they supported people to make choices; for example, about what to wear or if they would like a shower.
- Office staff advised if they had any concerns regarding a person's ability to make a specific decision they would work with the person and their relatives, if appropriate, and any relevant healthcare professionals to ensure appropriate capacity assessments were undertaken. We saw where there had been concerns in relation to a person's ability to manage their medicines safely, a best interests meeting had been completed in line with the requirements of the MCA.

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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained rated 'Good'. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they thought staff were kind and caring. One person commented, "They are very helpful. The staff are all very kind." Another person commented, "Yes, they are very good. I have a skin condition and it must be treated very delicately. They do a good job of that." A relative remarked, "The staff are polite with [my family member], but it can be difficult when unfamiliar/agency staff don't know what support they need because they feel they shouldn't have to always tell them."
- Care workers understood people's preferences and routines. Our observations were that most staff interacted in a warm and friendly way with people in the communal areas, or when supporting them in their flats. However, we observed one staff member did not engage fully with a person they were supporting at meal time, or when they supported them back to their flat. We raised this with the registered manager who told us they would address this with the staff member concerned.
- Office staff were responsive to people, and their relatives when they were approached.
- Staff received training in equality and diversity. People's diverse needs in relation to their culture, religion and sexuality were identified as part of their assessments and staff told us people's individual needs would be respected and supported. For example, people's cultural needs in relation to their diets were communicated to the catering staff and guidance provided for care workers if they supported people with their nutritional needs.

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

- People and their relatives said that they were involved in making decision about their care and support needs. One person said, "They do ask me how I want things and take notice." A relative commented, "[My family member] is able to direct their care and make decisions which staff respect such as choosing her clothes."
- Relatives, where appropriate, confirmed they were included in discussions about planning for their family member's care and support needs along with the local authority.
- Staff understood the need to involve people in decision making. One staff member said, "It is important to respect and consider people's wishes."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. One person remarked, "They do ring the bell before they come in and cover me up when they wash me." Another person said, "They respect me. They talk nicely to me and they have a smiling face."
- People's independence was encouraged, for example where they could manage aspects of their personal

care, this was recorded in their care plan. People told us they felt they were supported to be as independent as they could be. One person commented, " They like you to try and do things. If you can't they will then step into help."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'. This meant people's concerns may not always be addressed.

Improving care quality in response to complaints or concerns

- We had some mixed feedback about how issues or concerns were addressed. Most relatives and one person using the service commented that while they had not raised a formal complaint they felt issues and concerns they highlighted were not always addressed.
- There was a complaints policy and procedure in place and we saw where formal complaints were raised responses were made in line with the policy.
- However, we found there was no system to record and monitor minor issues and concerns to ensure these were addressed and this required improvement. One relative told us there had been some issues about the way personal care was delivered which continued to occur despite having raised this with the office.
- We discussed this with the registered manager and service manager and they told us the area manager had just started to visit people using the service to understand if there were any improvements they needed to make in relation to the delivery of support. They would put in place a system to monitor smaller issues raised.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us that they mostly received care and support in line with their needs. However, most relatives and two people told us while their needs were met, they found the high levels of agency staff difficult as the agency staff were not as familiar with their needs and needed greater guidance.
- People had personalised plans that recorded their individual support needs and preferences. Some plans had not been reviewed in line with the provider's guidance and this required improvement. We identified three care plans that did not reflect people's current needs, although this had not impacted on the support they received. However, given the high rate of agency staff usage there was a risk they might receive care that did not reflect their needs. The provider and registered manager had identified this issue and it was being addressed with the support of the provider's quality team at the time of the inspection. Reviews with people and relatives of their care and support needs were being carried out to ensure information and care plans were up to date.
- Care plans that had been recently reviewed were personalised with details that reflected people's needs and wishes, and gave guidance to staff on how to meet their needs. There was additional information about people to help staff understand their preferences and histories. This enabled staff to speak with them in a more meaningful way.

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.

- People's communication needs were assessed before they started to use the service. People could be given access to information about the service in a format that worked for them. We saw easy read information was available and the registered manager told us they could arrange for a range of formats where needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provided a range of activities to stimulate people and reduce the risk of isolation. An activities coordinator worked across the three services the provider had in the area. They were supported by volunteers. An activities timetable was available to give people notice of the planned activities. We saw people were supported and encouraged to engage in these where they wished to.

End of life care and support

- There was nobody in receipt of end of life care at the time of the inspection. The provider told us they worked in partnership with people, their relatives and health professionals through advanced care planning which included consideration of people's preferences and protected characteristics for this stage in their lives.

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.

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection, some improvements had been made but overall this key question has remained rated 'Requires Improvement'. This meant the service management and leadership was inconsistent.

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

- At the last inspection we had found the provider's systems for monitoring the quality and safety of the service identified issues, but action had not always been taken to drive service improvements. At this inspection we found several changes in management had caused some additional problems for the service as there had been an absence of consistent leadership. The concerns had been identified and discussed with the local authority and a provider improvement plan was being worked on at the time of the inspection.
- The provider told us progress had been slow due to difficulties in recruiting a registered manager and an area manager, and with the high level of agency staff usage. However, they were confident with the new team in place and they had recently recruited new staff who were about to start work, which would improve the consistency of care. The improvements were also being supported by the provider's quality team.
- We had mixed feedback about the management of the service. One person said, "Everything is in its right place, so there is nothing to do to make it better. I am happy. It is well run on the whole." A relative commented, "It is infinitely better than the last provider, but there are some issues that repeat themselves." Another relative commented, the service had been slow to advise them of a change in their family member's condition which occurred at a weekend. They said, "It was improving, but things have dipped a bit recently."
- Care workers and office staff told us they thought the provider and registered manager were motivated to provide a good standard of care and that the service manager visited the service regularly to monitor and provide support. One staff member said, "They are trying to improve things and get rid of bad habits. There is no blame culture, but they do look to how to improve and the focus is on providing good care." The provider and registered manager understood their responsibilities under the duty of candour regulation.
- While we observed improvements to the procedures and oversight of the service such as in relation to the tracking and learning from accidents, incidents and medicines audits the progress had been slow and not consistent. Some areas of monitoring still required improvement to ensure they were consistently effective. For example, spot checks of people's care had been introduced but there was no frequency or programme to ensure consistent monitoring. The call bell monitoring system did not monitor the call response in the evening or at night.

Working in partnership with others

- There was an exchange of information between the care staff and catering staff in relation to people's dietary needs. However, communication about dietary needs required improvement to ensure it was robust

and that any changes in people's dietary needs were communicated clearly to reduce risks. We discussed this with the registered manager who worked with the catering company to set up a written process. However, we are unable to judge the effectiveness of this change at this time.

- The registered manager met with the housing association to ensure there was a regular channel of communication. We saw this included discussion about any environmental concerns, fire safety, the call alarm system and any individual issues for people using the service. There was also a communication book for staff from either organisation to report any issues.
- The care provider and housing association also met regularly with the local authority. An improvement plan had been put in place in November 2018 and the local authority commissioning team visited the service regularly to check on progress.

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

- The registered manager was registered with CQC in April 2019. They understood the requirements of a registered manager and the need to display their inspection rating.
- Staff were positive about the registered manager. They told us the registered manager was supportive and approachable and led the staff team well.
- There was a new area manager who was not available to speak with us at the inspection. Staff and the registered manager spoke positively of their support.
- Staff were clear about their roles and responsibilities and staff meetings were held to keep staff informed about any changes and for them to contribute to the running of the service.

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

- People told us joint meetings with the housing association and care agency were held with them for people to raise any concerns. Some people told us the area manager had visited them recently to ask them about their experience of the service.
- The provider had carried out a survey in March 2019. We saw while 91% of people felt safe only 54.2% felt their views were listened to and acted on where possible. Issues identified were considered as part of the improvements being made. For example, staff work planners had been amended to improve consistency of support. The registered manager said they would carry out another survey in the next few months to test to see if the improvements had benefitted people using the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always safely managed. Regulation 12 (1)(2)(g)