

Housing 21

Housing 21 - Pantiles House

Inspection report

30 Langley Road
Merton
London
SW19 3AN

Tel: 03701924628
Website: www.housing21.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Housing 21 – Pantiles House provides personal care and support to people living in an extra care housing scheme. This consists of 33 individual flats within a staffed building with some communal areas. At the time of our inspection there were 33 people using the service. The organisation also manages the building. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The service was not always well-led. Concerns were raised by people and their relatives regarding the management of the service. The registered manager had left, and an interim manager was installed. They were supported by the Extra Care Operations Manager. We were told that this had led to an improvement in the quality of the service provided and accessibility to management. However, people and their relatives were cautious about the improvements being sustained when a new manager starts in post at the beginning of December 2021.

The service was not always caring. People and their relatives said that now most staff provided care which met their needs. They generally liked the way staff provided them with care and support which was friendly, caring and compassionate. But this was not so for all staff. They told us most staff acknowledged and respected people's privacy, dignity and confidentiality. People were encouraged and supported to be independent and do the things, they still could, for themselves. This promoted their self-worth and improved their quality of life.

The service provided was safe for people to use and staff to work in. People said that most staff did their best to meet their care needs, but not all. Sometimes they did not receive support at the agreed time, or their time was cut short as other people's needs also had to be met. This had improved recently as the service had recruited new staff. Risks to people were assessed, monitored and reviewed. This enabled them to take acceptable risks, enjoy their lives and live safely. Accidents, incidents and safeguarding concerns were reported, investigated and recorded. There were suitable numbers of appropriately recruited staff to meet people's needs. Medicine was safely administered by trained staff. We were assured that the provider was meeting shielding and social distancing rules, personal protective equipment [PPE] was effectively and safely used and the infection prevention and control policy was up to date and audits took place.

The culture of the service was open and honest with the interim manager acknowledging that there were issues and explaining the action they had taken to remedy them. Quality Assurance systems (QA) and audits had identified these issues, in up to date records. There was a clearly defined vision and values that most staff understood and followed, in a kind, sympathetic and caring way. Areas of responsibility and accountability were identified, with staff willing to take responsibility and report concerns. The service had well-established working partnerships with health care professionals. Post lockdown, the interim manager

and staff said it was difficult promoting people's participation and reducing social isolation, as they were in the routine of staying in their individual flats, although staff had supported and encouraged them to participate in the scheme's community. Records including people's daily logs and care plans were up to date, as well as staff information. The newly appointed manager was applying for registration when starting in post.

The service was responsive. The interim manager had responded to concerns and complaints raised by people and their relatives who mostly said previously when they raised concerns changes were not always made to improve their care and support. Some people felt nothing had changed or not enough. Complaints were recorded and investigated. People had their needs assessed, reviewed and received person centred care. They were given choices, supported to follow their routines, interests and hobbies. People were given enough information to make their own decisions and end of life wishes were identified, if appropriate.

People were supported to have maximum choice and control of their lives staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service support this practice.

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

Rating at last inspection

The last rating for this service was Good (published 9 November 2018).

Why we inspected

This inspection was prompted in part due to ongoing concerns received that there weren't enough staff available to meet people's needs, and ineffective management including not always identifying issues in relation to late or visits not taking place. There were also concerns about lack of action on feedback received from people and their relatives, people's care not being appropriate to their needs and that action taken was not always clear. A decision was made for us to inspect and examine the risks associated with these issues.

Care Quality Commission (CQC) has introduced focused inspections to follow up on previous breaches and to check specific concerns.

We undertook a focused inspection approach to review the key questions of Safe, Caring, Responsive and Well-led where we had specific concerns about people's needs being met, in a timely way, responsiveness to concerns raised and ineffective management.

As no concerns were identified in relation to the key question Effective, we decided not to inspect this question. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to people not being treated with dignity and respect by all staff, good governance as service shortfalls identified by the quality and assurance [QA] system were not always addressed and person-centred care as some people and their relatives were not clear regarding the care

they could expect to receive from the service, at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Housing 21 - Pantiles House

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

The inspection was carried out by one inspector.

Service and service type

Housing 21 – Pantiles House is an 'extra care' scheme. This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. At the time of the inspection the service was providing personal care for 23 people.

The service did not have a manager registered with the CQC. There was an interim manager in post during the inspection and a permanent manager was appointed to start in December 2021 who will be applying for registration. This means that they and the registered provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or interim manager would be in the office to support the inspection.

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 all of this information to plan our inspection.

During the inspection

We spoke in person with the interim manager and extra care operations manager. We spoke with eight people and contacted three relatives, six staff and one health care professional, to get their experience of views about the care provided. We reviewed a range of records. They included staff rotas, sickness levels, recruitment, training and supervision, people's care and medicine records, risk assessments, care plans and reviews and a variety of records relating to the management of the service, including audits, quality assurance, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included training information, sickness levels and audits. We received the information which was used as part of our 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of abuse. People and their relatives thought the service kept people safe. One person said, "I'm at home here and feel safe." Another person told us, "I feel very safe, it's a lovely place." A relative said, "I feel [person using the service] is safe here even though the standards had dropped over the last two years."
- The training staff received enabled them to identify abuse and the action they should take if required. They were aware of how to raise a safeguarding alert and when this was required. Safeguarding concerns were appropriately raised with local authorities. The safeguarding policies and procedures and those regarding prevention and protection of people from abuse were available to staff.
- There was a safeguarding champion and staff informed people how to keep safe and specific concerns about people were recorded in their care plans.
- The health and safety information and training provided for staff included general responsibilities and safety in people's flats.

Assessing risk, safety monitoring and management

- People were enabled to take acceptable risks and enjoy their lives safely by risk assessments that were regularly reviewed and updated, when their care needs changed. The risk assessments included relevant aspects of people's health, activities and daily living. There was also an environmental risk assessment to protect people and staff. Staff knew and were briefed on people's routines, and preferences. They identified situations where people may be at risk and where possible acted to minimise those risks. Although reviews took place, people using the service, relatives and staff expressed concerns that some people's care needs were not previously being appropriately met. Most said this had improved under the interim manager but were still concerned that this improvement may not be sustained when a new manager starts in post at the beginning of December 2021. One person said, "Twenty months, five managers was appalling. The minute [interim manager] arrived everything changed, and this place is now where it should be" Another person told us, "Much better, I did consider moving but not anymore." One relative told us, "My main concern is that the improvement will be maintained."
- There was a whistle-blowing procedure that included reporting bad practice. Staff comments on whistleblowing were mixed. Some staff said the previous manager listened to them but did not act. They said the situation had improved greatly under the interim manager who not only listened, but also acted. A staff member said, "Now they [management] listen and act." During the inspection whistle-blowers raised concerns regarding a staff's behaviour and appropriate steps were taken to investigate this. This followed the staff disciplinary policy and procedure.

Staffing and recruitment

- The provider's staffing and recruitment was safe.
- The staff rotas and the way they were managed demonstrated that the service now had enough staff to keep people safe regarding calls being made on time and flexibly meeting their care needs. Previously people had not received the care and support they required, when they needed it and their allotted visit times were shortened so staff could meet other people's needs. Since the interim manager had taken over people said the calls had improved and were now taking place when they should, although there were still some instances when they did not take place on time. One person said, "If I need anything, they see to it." Another person told us, "I get my meals on time now."
- The staff recruitment records demonstrated that the procedure was followed. The initial recruitment was done by the organisation's central department who shortlisted and passed on details to the scheme for interview. The interview process identified prospective staff skills, reason they wished to work in adult social care, experience and knowledge using scenario based, questions. The interim manager had also introduced three people using the service and one staff member to the interview panel. One person said, "I sat in on the interviews." Before staff were employed, references were taken up and Disclosure and Barring service (DBS) security checks carried out. There was a six-month probationary period with a review and two weeks shadowing of more experienced staff on a variety of shifts. This helped them to better understand different staff roles and their contribution to the team.
- Staff received induction and mandatory refresher training based on the 15 standards of the Care Certificate. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors. New staff undergoing induction were required to complete a workbook based on skills, knowledge and behaviours. They were also provided with information books that included scenario situations to enhance their knowledge. The staff files we inspected had a checklist that the different recruitment and training components had been completed. Staff told us, "The training provided is very good."

Using medicines safely

- People received their medicines safely.
- Medicine was safely administered, risk assessed, audited weekly in two stages by staff and the manager, externally by the organisation and appropriately stored and disposed of. The random sample of people's medicine records we checked were complete and up to date. Staff were trained to administer medicine and this training was regularly updated. As appropriate, people were encouraged and supported to self-medicate.
- A recent medicine awareness training course had taken place as a result of a safeguarding investigation. There was also a medicine training coach onsite who had received two days training designed by a pharmacist.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using personal protective equipment [PPE] effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands using hand gel and wearing PPE such as gloves, masks and aprons. Infection control with specific reference to Covid-19 was included in the fast track staff induction.
- The service provided Covid-19 updates for people using the service, relatives and staff including ways to avoid catching or spreading it.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- The organisation had a system that analysed and reviewed information such as complaints, accidents and incidents to identify themes and any necessary action to take, including calls being late and not of the full duration. People we spoke with said that previously calls often took place late or early and staff did not stay the full duration due to pressure to complete calls. People told us this had improved. One person said, "Things have improved but I still think they [staff] need more time." A staff member said, "We have more staff and things are far better organised."

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 now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not always well treated and supported. They and their relatives said that most staff provided care which met their needs and they generally liked the way staff provided them with care and support. However, this was not so for all staff. One person said, "The younger staff are very good, but others can be rude." Another person told us, "They need to reassess needs and increase the nice carers [staff]." A further person commented, "The staff are fantastic, couldn't ask for more."
- Staff were trained to respect people's rights and treat them with dignity and respect and most people, and their relatives told us most staff acknowledged and respected their privacy, dignity and confidentiality, but not all. They said that the staff approach had improved after the arrival of the interim manager. One person said, "They do knock and ask for permission to come in." Another person told us, "Much better with new staff they [previous staff] never used to talk to us."

We found no evidence that people had been harmed however, due to the attitude of some staff people were not always treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People said most staff were committed to the care they provided and people they provided it for. One person said, "Nothing wrong with the staff it's that they weren't previously properly managed."
- The service had privacy and dignity policies and procedures that staff had access to and there was a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook. Staff were required to sign that they had read and understood the code of conduct and confidentiality policy.
- Staff had received equality and diversity training and most people felt they were treated equally, fairly and their diversity and differences were recognised. People and their relatives told us they now found staff more supportive, caring and they enjoyed and were relaxed in the company of the staff. People said now staff treated them as adults, did not talk down to them and people were treated respectfully and equally.

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

- People said they now felt more listened to although some people did not feel their views were taken into account. One person told us, "Housing 21 are rude." We did not see evidence of this during our visit.
- People's care plans recorded that they and their relatives were involved in the decision-making process about the care and support they received. A relative said, "Yes we have been involved and now communication is improving, but we are concerned that the improvements made are maintained."

- A staff inclusion group had been set up to link up with people who use the service and there was closed culture guidance available to staff.
- The service sign posted people to advocates if they required support or representation.

Respecting and promoting people's privacy, dignity and independence

- Relatives said that staff knowledge of people meant they were able to understand what words and gestures meant if people had difficulty communicating. This meant they could support people appropriately and without compromising their dignity. They were also fully aware this was someone's home and they must act accordingly and in a respectful manner. This was demonstrated by staff knocking on people's doors, announcing themselves, asking if it was alright to enter before going in. A relative told us, "I feel she [person using the service] is treated with respect."

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- Previously people and their relatives did not always receive person centred care that ensured they had choice, control and their needs and preferences were met. The management and staff were not always readily available to people and their relatives to discuss any wishes or concerns they might have. Since the interim manager was installed, most people have told us that the situation has improved regarding the service they receive, communication, being listened and responded to. One person told us, "Never saw the old managers. I feel more settled now. It's improved and I hope it doesn't go down again." Another person said, "Definitely staff have improved, any issues are dealt with."
- The service carried out a need's assessment with people and their relatives to determine what their needs were and how they would like them met. This included what they would like to gain from the services provided and desired outcomes. From this assessment a person-centred care and support plan was agreed with people and their relatives as appropriate. Once the service had commenced, people were contacted to establish if the support provided was working and their needs were being met. People told us that mostly staff now turned up on time, did the tasks agreed and stayed for the time allotted, although not everyone felt that way. One person said, "I have access to carers when needed, although tea time can be a bit of a rush."
- People and their relatives said they were gradually returning to making decisions about their care and the way it was delivered, with staff support. They were still cautious that the progress that was made by the interim manager would be maintained when the new manager was in place. People said that staff generally ensured people understood what they were telling them, their range of choices and that they understood people's responses. However, some staff were better at this than others and it wasn't necessarily the more experienced staff that were best at this.
- People's care plans and staff daily logs recorded the tasks they required support with and if they had been carried out. They also highlighted areas where staff could encourage people to be independent. The daily logs were reviewed weekly and highlighted any concerns. However, one person told us that what was written in the daily logs had not always corresponded to the tasks carried out.
- People's care and support needs were reviewed a minimum of annually with them and their relatives. Their care plans were updated to meet their changing needs with new objectives set. People were supported to take ownership of their care plans and contributed to them as much or as little as they wished.

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.

- Staff were provided with information about people's communication preferences and guidance on how best to communicate with them.
- People who had limited speech were supported to express their views through a number of methods including using gestures and behaviour that staff understood the meaning of. This was underpinned by staff knowledge of people being built through relationships, bonding, information from relatives and experience.
- People said most staff communicated clearly with them which enabled them to understand what they meant and were saying. They were also given the opportunity to respond at their own speed.
- The agency provided easy to understand written information for people and their families. A relative said, "The contact is much better now."

Improving care quality in response to complaints or concerns

- There was a robust system for logging, recording and investigating complaints, that was followed.
- People said they were aware of the complaints procedure and how to use it. One person said, "If I've got something to say, I go and say it to people."

End of life care and support

- Whilst the service did not provide end of life care, people were supported to stay in their own homes for as long as their needs could be met with assistance from community-based palliative care services, as required. People had end of life wishes and 'Do not resuscitate' information recorded in their care plans, that staff were made aware of.

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 Good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The Quality Assurance (QA) and care planning system had not always ensured people received their calls on time and for the full duration. This situation was gradually improving. The QA system contained key performance indicators which identified how the service was performing, and areas that required improvement, although these had not previously been acted upon. The information identified a decline in the quality of care and support but had not successfully prompted changes to combat the decline. This meant frequently people had not received the care and support they required, when they needed it.

We found no evidence that people had been harmed however, due to the findings of the QA system not being addressed and shortfalls of the care planning systems people were placed at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The interim manager and staff carried out regular checks to identify the quality of care staff provided and were clear about their roles and its importance. Monitoring and quality assurance included supervisions, appraisals, spot checks, direct observations, and daily logbook entries. These were not previously carried out with necessary frequency to make them effective. One person told us, "The previous managers didn't even pop their heads round the door to see if we were okay, which is all you want."
- The governance assessments, plans, policies and reports included statement of purpose, and health and safety. This meant areas of risk and development, within the service were now being reviewed.
- Regular audits were now taking place, at intervals appropriate to the areas being audited. These included six monthly quality reviews by the extra care operations manager and care plan reviews, communication logs, falls risk management, and health and safety. There were twice weekly update calls with the local authority and accompanying mini reports. The interim manager said other meetings were planned. People's care plans were reviewed a minimum of annually or sooner, if required.
- People and staff told us that the quality of the service was improving under the interim manager. One person said, "Far better now." One staff member told us, "Things have improved a lot since [interim manager] took over." Another staff member said, "Proactive, supportive and approachable."
- The service looked for areas to improve and progress the quality of services people received, by working with voluntary and statutory partners, to meet local needs and priorities. Feedback was integrated from organisations such as district and palliative nurses and GPs to ensure the support provided was what people

needed. This was with people's consent. They worked with hospital discharge teams so that people's return from hospital to their flats happened as smoothly as possible and that food and drink was in place.

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

- The services provided were outlined to people so that they and their relatives were clear about what they could and could not expect of the service and staff. However, some people and their relatives were unclear about what they could expect. This was reflected by their understanding of the service provided that was more in line with a care home than an extra care supported housing scheme. One person told us they were still totally dissatisfied with the service they received and cited examples including staff not providing appropriate personal care support when showering. They did tell us that when they complained staff were changed, although still working in the service. Staff told us they felt well supported by the interim manager and senior staff. One staff member said, "So much better."

We found no evidence that people had been harmed however, due to people's misunderstanding of the service provided, the support they received did not always correspond to their expectations. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the introduction of an interim manager the service was returning to a culture that was more open, honest and positive. People's relatives said this was because of the attitude and contribution made by the interim manager. Most staff were responding to him by listening and doing their best to meet people's needs. One person said, "He [interim manager] has made a huge effort and it shows." Another person told us, "Staff respond to good management and a leader who knows what they are doing. I just hope the standards are maintained when he goes." One staff said, "I feel really well supported by the [interim] manager." This was reflected in the improvement in staff sickness levels in the two months prior to the inspection. A relative commented, "I hope it keeps going."
- The statement of purpose set out the organisation's vision and values that were understood by staff, and people said they beginning to be reflected in staff working practices. They had been explained during induction training. There was also a statement of purpose personalised to the scheme itself.
- There were now clear lines of communication and specific areas of responsibility regarding record keeping. This promoted the inclusive and empowering culture of the service.

Continuous learning and improving care

- The service did not always improve care through continuous learning. This was due mainly to previous poor leadership, which was being addressed by the interim manager. People and their relatives expressed concerns about the progress made being maintained when the interim manager left, and the new manager took up post.
- Regular updates had been reintroduced that kept people, relatives and staff informed of updated practical information such as keeping safe guidance and PPE good practice.
- There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled staff and the provider to learn from and improve the service.
- People and their relatives provided regular verbal feedback to identify if they were receiving the care and support, that was needed, although they did not always feel concerns raised were acted upon. This included housing-based meetings that were recommencing with people and their relatives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The provider was aware of their duty of candour responsibility.
- There was a management reporting structure and open-door policy.
- Our records told us that appropriate notifications were now being made to the Care Quality Commission in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- People, their relatives and staff said they were able to give their views about the service, although one person did not feel listened to and said very little changed. One person said, "Everything here couldn't get any better, how lucky am I." A staff member said, "We are now treated fairly." Contact was made in person, by telephone, and feedback questionnaires and surveys that were available to people and their relatives.
- The interim manager said that a questionnaire had been introduced to identify what wasn't working in the service. There were annual care service surveys, national surveys and care to share cards. When the interim manager arrived, they sent out a letter to people and their relatives explaining who they were and their role. An update letter was sent in November 2021 informing people that a new manager had been appointed with some information about their experience, that the operations manager would continue to visit weekly to support them and that three people using the service and one member of the care team were on the interview panel.
- Spot checks including observed competence were carried out by the interim manager and senior staff. There were also post spot check interviews with people, when staff were not present. The interim manager, shift and team leaders did daily walkabouts. The service established if the feedback was to be confidential or non-confidential and respected confidentiality accordingly.
- Staff received annual reviews, quarterly supervision and staff meetings were being re-introduced that covered priorities such as Covid-19 and PPE, training including infection control, high-risk health & risk assessments.
- The service built good links with community-based health services, such as district nurses, physiotherapists, occupational therapists, GPs and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- There was a directory of organisations and useful contacts that was regularly added to and updated.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>We found no evidence that people had been harmed however, due to people's misunderstanding of the service provided, the support they received did not always correspond to their expectations.</p> <p>Regulation 9</p>
Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>We found no evidence that people had been harmed however, due to the attitude of some staff people were not always treated with dignity and respect.</p> <p>Regulation 10</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed however, due to the findings of the QA system not being addressed and shortfalls of the care planning systems people were placed at risk of harm.</p> <p>Regulation 17</p>

