Ashram Housing Association Limited

Ribbon 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

We visited Ribbon Court on 23 and 29 March 2016. We gave short notice to the provider that we were coming so they had time to make arrangements for us to speak with staff and people who used the service.

Ribbon Court is a housing with care service which provides personal care to people in their own homes within the premises of Ribbon Court. At the time of our visit there were 46 people occupying the flats at Ribbon Court and 27 people within those flats were being supported with personal care. Those people supported with personal care received calls from staff at set agreed times. The number of calls and length of time for each call was agreed with people on an individual basis to ensure their needs could be met. There were 19 care staff employed to deliver care and support to people.

The service had 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.

Most of the time people felt safe using the service and staff understood how to protect people from abuse. There were processes to minimise risks to people's safety which included information about individual risks to people in care plans and risk assessments. This information helped staff to provide safe and personalised care. However, some risks were not sufficiently detailed in people's care records to ensure they could be effectively managed. This included risks related to medicine management and health conditions which impacted on people's independence.

Recruitment checks were carried out prior to care staff starting work to ensure their suitability to work with people who used the service. Staff told us these were completed before they started work.

The registered manager and staff understood the principles of the Mental Capacity Act (MCA). Staff respected people's rights to make their own decisions and gained people's consent before they provided personal care.

People were supported by all members of the care staff team which meant staff knew people and their needs well. There were enough suitably trained staff to deliver care and support to people but sometimes staffing arrangements were not effective. For example, sometimes staff did not arrive to undertake personal care at the times agreed with people to ensure their needs were met. This was due to other duties they were required to complete or sometimes due to emergencies they encountered. However, people felt their needs were met most of the time and staff knew about people's personal preferences regarding their care to help ensure people were supported how they wished.

Some people were provided with support to prepare meals and drinks on a daily basis to meet their nutritional needs. There was also a restaurant providing a choice of meals each day which people could

access independently or with staff support if they wished.

Staff received an induction to the service and training was ongoing to support them in meeting people's needs effectively. Overall, people were positive about the staff and felt they were supportive in meeting their needs.

People knew they could approach the registered manager if they had any concerns and the registered manager told us she always responded to any concerns promptly. However, the provider's policy for raising a complaint was not sufficiently clear to assist people in this process.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This included regular communication with people and staff, service satisfaction surveys and some audit checks carried out by the registered manager and provider. The results of the most recent survey people had completed showed an increase in their satisfaction of the service in comparison with the previous survey. This demonstrated the improvements that had been carried out at the service by the registered manager and provider had been recognised by people.

We found that record keeping was not always accurate so there was clear information for staff to support them in their role. Audits did not always identify improvements in progress or made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff understood their responsibility to keep people safe and to report any suspected abuse. There were procedures to protect people from risk of harm but some risks had not been fully assessed to ensure there was a clear process to manage them. There were enough care staff to provide personal care but staffing arrangements were not always effective to ensure people received care and support at the agreed times. People received their medicines but records were not always clear to show they had been safely managed.

Is the service effective?

Good

The service was effective.

Staff training was on-going to develop staff skills and knowledge to support people effectively. The registered manager and staff understood the principles of the Mental Capacity Act 2005 and care staff gained people's consent before care was provided. People who required support had enough to eat and drink during the day and had access to healthcare services.

Is the service caring?

Good

The service was caring.

People received care and support from staff who knew about their needs and preferences when delivering care. People were positive about the staff support they received and considered their privacy and independence was respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive

People's care needs were assessed and the service people received was based on their needs. Sometimes people did not receive care at the times they expected. Staff ensured when they delivered personal care this was carried out in accordance with people's preferences. People did not have a clear complaints

procedure to follow if they had concerns but felt they could approach the registered manager if needed.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People were satisfied with the service and said they were able to contact the office or speak to the registered manager if they needed to. Staff were given opportunities to raise any issues they had about the service to help drive improvements. There were systems to monitor and review the quality of service people received but some of these were in the process of being implemented. It was not always clear improvements planned were carried out. Some notifiable incidents had not been reported to us as required.

Ribbon Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We checked whether the Local Authority had any concerns with the service as they sometimes fund people's personal care.

We carried out an announced inspection visit to the service on 23 and 29 March 2016. We gave short notice to the provider that we were coming so they had time to make arrangements for us to speak with staff and people who used the service. The inspection was conducted by one inspector.

During our visit to Ribbon Court we spoke with five people who used the service in their flats and four care staff plus the registered manager.

We reviewed three people's care plans to see how their care was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits, a staff communication book and medicine records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe when they were supported by staff. However, the registered manager had notified us there had been a number of thefts from people at Ribbon Court where money had gone missing. They had taken action to inform the police so these could be investigated. Staff had been notified and people reminded to ensure they kept their personal monies safe and secure. The registered manager told us there was a key card system to open doors around the building to help prevent any uninvited visitors from entering the building. People told us they had been issued with key cards to open doors so they could come and go as they pleased and we saw them using these.

Although there was a system to identify, record and report serious incidents within the service, we had not been notified of all police contact as required. This was so that we could assure ourselves all appropriate actions to address these incidents had been carried out. The registered manager told us this would be addressed in future.

People had personal alarm pendants they could press to alert staff they needed help in an emergency situation. However, there had been an occasion when one person had fallen and used their pendant but they had not received an immediate response from staff. The person told staff they had waited for them to respond for 2.5 hours. Staff on duty had not noticed the alarm call which was linked to the telephone system in the home. Due to the delay in staff response, the person had become anxious. We found actions to minimise the risk of this happening again were not sufficient because there was no alternative emergency contact arrangement if the telephone alarm system was not responded to. We were unable to establish that all people living at Ribbon Court had been provided with information of contact names and telephone numbers they could use in an emergency situation. In particular, if a response to the use of their pendants failed in an 'out of hours' emergency situation. The registered manager agreed to address this with immediate effect by making an alternative telephone number available to people.

Staff understood their responsibilities to keep people safe from harm. Staff told us they had completed training on safeguarding people from abuse. They were aware of the signs to look for that might mean a person was at risk of abuse and knew how to report their concerns. One staff member told us, "I try my best to deliver the best care to safeguard people from harm and abuse. If someone has a bruise I would need to find out why they have got a bruise and report this to the manager." Another staff member told us, "We make sure they (people) are safe from abuse. They have enough food, they are warm. The pendant on their neck is working." Staff knew that a change in a person's mood could potentially be a sign of abuse that would need to be further investigated and reported. Discussions with the registered manager confirmed they knew how to refer people to the local safeguarding team if they were concerned a person was at risk of abuse.

Staff knew to be observant of the environment to check for any potential hazards and make sure it remained safe for people. One staff member told us, "I pay attention to the environment to see where they (people) are, ask questions to see how they are and check their wellbeing."

Where there were risks associated with people's care these were confirmed in risk management plans kept in their care plans in the office and their own homes. Staff told us they used risk assessments when they identified people may be at risk of harm. One staff member told us "We do risk assessments, like a fall chart. We have to make sure they have the right equipment such as a Zimmer frame." Another staff member explained how they used information in care plans to prevent people being placed at risk of falls. For example they told us, "[Person] struggles to walk independently. They can walk but we have to watch them … they have had a few falls. We always try and tell them to use their walker and when moving from room to room always have someone there to look out for them."

Staff knew about those people at risk of developing skin damage and what to do to ensure these risks were minimised. For example, one staff member told us, "[Person] is bedbound so we have to watch for pressure sores. We go to them four times a day and try and have a look and make sure they are comfortable."

We found there were some risks that had not been fully assessed. For example, some people had health conditions that had variable symptoms resulting in them needing increased support at times. These included multiple sclerosis and diabetes. There was minimal information within the care plan files about these health conditions to support staff to understand the risks and what they could do to support people safely and effectively. For example, one person we spoke with confirmed they had good and bad days in regards to how much they could do independently. This meant on some days they may need more assistance to ensure their personal care needs were met. There was no information to show how staff may need to respond to this risk. For those people with diabetes, there was some information in care files about the symptoms associated with high and low blood sugar. This was to help staff recognise when these people may not be well or may not have taken their medicine so that they could make sure the person was appropriately supported . However there was one person with unstable diabetes and there was no other supporting information about the condition to help staff understand the risks associated with this. The registered manager advised this issue was being addressed through planned training and told us they would look into how records could be improved.

Staff understood the importance of making sure equipment that people used was safe. One staff member told us "If I am delivering care and I am using the hoist, it is my responsibility to check the hoist and make sure it is on charge." We saw that one person had reported to a staff member that their walking frame needed repair. The registered manager told us staff had supported the person by contacting a repair service on the person's behalf and providing information to the person to enable them to arrange an immediate repair if they wished.

The registered manager knew about people's dependency needs and ensured that two staff were available for some calls to make sure people could be supported safely. This included for example, those people with poor mobility who needed assistance to be moved with a hoist.

Recruitment procedures made sure, as far as possible, staff were safe to work with people who used the service. Staff had a Disclosure and Barring Service (DBS) and reference checks before they started working with people. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services. Staff said they could not work with people unsupervised until their DBS certificates had been returned. Records confirmed staff had DBS and reference checks completed before they started work.

Arrangements were in place to ensure the building could be evacuated safely in the event of an emergency situation. Personal emergency evacuation plans were available within people's care files to show how they may need to be supported in an emergency such as a fire. Staff understood their responsibilities and what

to do in an emergency situation to keep people safe.

Staffing arrangements were not always effective to ensure risks associated with people's care were safely managed. For example people who were supported at Ribbon Court with personal care expected staff to arrive at the call times they had agreed to ensure their needs were met safely and effectively. When we asked one person if staff arrived on time to deliver their care, they told us, "Not all of the time, they probably have people who have more care than I do, but I try to do things myself that I should not do." This meant the person may put themselves at risk of harm.

Staff told us they felt more of them were needed to meet people's needs. We asked one staff member why this was. They told us, "I think a lot of staff here do a lot of extra hours. They are getting more staff in." The registered manager told us they were in the process of looking at staff schedules to re-organise staffing arrangements to prevent people being placed at risk of their needs not being effectively met.

Some people who lived at Ribbon Court administered their own medicines. Medicine records for those people assisted by staff to take them were not always clear to demonstrate safe medicine administration. For example, one person had one early morning call scheduled for staff to administer their medicines but on some days they had one medicine call and on others they had two. Medicine records did not make it clear which medicine had been given at each call to demonstrate they were being given as prescribed. We found medicine administration records did not always contain clear information such as codes to show a person had not taken their medicine. The codes are important to indicate how medicines have been managed and prevent the risk of medicines being given inappropriately. One staff member's signature also was not clear and could have been mistaken for a code.

Audits of medicines were undertaken to identify any potential concerns regarding the safe management of medicines. However, actions to address concerns identified were not always recorded. For example, we noted on the audit record that some medicines were missing. However, when the registered manager checked this during our inspection, they identified the medicines had been found but this information was not reflected on the audit record. All medicine quantities should be closely monitored to make sure they can be accounted for and to ensure no incorrect dosages of medicines have been administered to people. The registered manager told us the service was changing to a different medicine system which should resolve the concerns we had identified. The registered manager also advised medicine records would be reviewed.

Good

Is the service effective?

Our findings

People told us that each staff member had different skills but their needs were met. One person told us, "The staff are pretty good." We asked one person if they felt they were hoisted safely. They told us, "Yes they always do it safely; they lift me off the bed a little bit to make sure everything is alright." They went on to say staff explained what they were doing as they hoisted them and told us, "They are very good at that." This demonstrated that staff knew about safe moving and handling procedures when supporting people.

Care staff told us they completed an induction to the service when they first started work that prepared them for their role. This included training and working alongside a more experienced staff member before they worked alone, so they could get to know people and how they needed to be supported. One staff member told us, "I was on training for a month, the induction included information about the group (company) and training in moving and handling, medication, nutrition, health and safety and fire safety." The registered manager told us induction training staff completed was based on the modules linked to the Care Certificate. The Care Certificate sets the standard for the skills and knowledge expected from staff within a care environment so that staff can meet people's needs safely and appropriately.

Training records confirmed staff completed ongoing training to make sure they continued to have the skills and knowledge required to meet people's care and support needs. This included training in medicine administration, infection control and maintaining confidentiality. When we asked a staff member how they supported one person they told us, "We help [person] out of bed with the hoist with two staff, assist with a shower every day. Check [person] body (for any sore areas, put cream on, provide breakfast of their choice." This demonstrated that staff put their learning into practice. They knew to support the person with two staff to make sure they were safe and to check the person's skin to make sure any concerns were addressed. They knew about supporting people's choices and making sure they had food and drink to support their nutritional needs.

Staff told us they had completed some training linked to people's care needs such as dementia but this had been limited. We asked a staff member how they supported one person with a complex health condition. They told us, "We just work with the customer; we know how they are usually and what they need." Some staff had completed diabetes awareness training and told us they had found this useful.

The registered manager told us that the majority of staff were in the process of completing a National Vocational Qualification (NVQ) in care to help them further develop their skills. They also told us that any other staff training needed would be addressed on an ongoing basis.

Staff told us their knowledge and learning was monitored through supervision meetings. These are one to one meetings with their manager. One staff member told us, "We talk about job cards and talk about my NVQ level." They went on to say they also talked about any concerns they had. The registered manager told us they completed staff supervision in one to one meetings on a regular basis. They told us, "Supervision is to see how staff are and if they are ok with everything, if they have any problems and if they need any training." They told us that staff competence was monitored through the staff completion of training

booklets which they monitored and assessed to confirm the staff team's understanding of the training they had undertaken. The registered manager told us appraisals were in the process of being organised. This was so they could assess staff performance in carrying out their work on an annual basis and ensure they were following the provider's policies and procedures.

Staff had some understanding of the Mental Capacity Act and their responsibilities to work within the principals of this. 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.

One staff member told us, "You should never assume someone does not have capacity until proven. You should not stop anyone from doing anything unless they have DoLS in place." They went on to give an example, "Like if it was harmful for someone go out on their own. You would need to get them assessed and see if they need a DoLS in place." However another staff member did not know what "consent" was. The registered manager told us that training refreshers would be provided to staff and advised training had already been arranged for some staff.

People told us staff sought their consent before providing support and we saw this happened. During our visit care staff entered a flat to provide support to a person with their medicine and drinks. We observed they asked the person, "Do you want some water?" in order to take their tablets. The person responded yes and they were provided with the tablets in a pot which the person chose to take with the water. A staff member told us they involved people in their decisions about their care. They told us, "I let them know what I am going to do and ask them to assist me, I try to encourage or prompt them."

We saw people had signed consent forms within their care plans to confirm they agreed to the care and support planned. Staff told us they provided encouragement and prompted people who were sometimes reluctant to give their consent for support.

The registered manager told us that decisions were made in people's best interests when needed. They gave an example of a person who had a terminal illness and had lost a significant amount of weight and their ability to make independent decisions. They explained how they had attempted to organise a meeting with interested parties to agree for their treatment to be given in their own home. The registered manager had spoken with the family of the person, the doctor and district nurse. The registered manager said they put extra staff on duty to support the person with extra checks following the doctor's agreement this was in the person's best interests. However this information had not been documented to demonstrate the best interests process followed. The registered manager told us this was because the person had passed away quickly but noted this for any future best interests decisions that may need to be taken.

People were happy with the support they received to eat and drink. People who needed support with meal preparation had staff calls arranged for this. Others chose to use the restaurant facilities based within the communal areas of Ribbon Court. The restaurant provided people with a choice of meals on a daily basis. People who ate in the restaurant told us the food was good and advised both English and Asian food was provided to meet people's cultural needs.

Staff knew about those people at risk of poor health due to not eating and drinking enough or needing support. One staff member told us how one person was at risk of choking so they needed to cut up their

food. They told us, "You have to cut their food up. If you didn't, they would choke as they have a swallowing problem. They have been assessed by the SALT (Speech and Language Therapy) team." Staff explained how they encouraged and prompted some people to eat. We saw staff prompt one person when they visited their flat. They asked the person if they would like a cup of tea which they refused. Staff asked if they could come back later and give them some lunch to give them another opportunity to encourage the person to eat and drink. The registered manager told us they had discussed with the person the most convenient time for them to have their meals so that they could encourage food and drink. Call times had been arranged in accordance with the person's preferences.

People were supported to access healthcare when required. One person told us, "I have got a rash, when I noticed I told staff and they are trying to get the doctor to come." A staff member told us, "If they need a GP it is our responsibility to book an appointment if the person needs help." Staff had also taken immediate action when they had found people needing medical attention. A staff member told us, "There are times where we have found [person] on the floor and had to call emergency services…. We have been in touch with emergency services or the doctor to see how we can look out for [person] more but [person] wants to be independent."

We saw staff used a communication book to communicate any health concerns people had that may need to be followed up with a health professional. Where staff were made aware of any advice given, they recorded this in people's care plans.

Good

Is the service caring?

Our findings

People told us the staff treated them with respect and cared for them well. One person told us, "They are nice. If I am a bit a down some days they cheer me up." Another person told us, "Some are better than others." They went on to explain that some staff they could "have a bit of banter with." Another person commented, "[Staff member] is one of the nice ones. When I first came here I was always falling out the wheelchair and getting upset because I had to get someone to pick me up. [Person] was nice."

Staff told us they spoke with people regularly to get to know them. They explained what caring meant for them. One staff member told us, "Communication to meet their needs, what they want, and what they would like. Having a chat with people." Another staff member told us, "First we do the care plan when they come, when we knock the door we introduce ourselves. We develop relationships slowly. We talk to them and listen to them, give them time to explain things." People received support from all members of the staff team so that they got to know staff well at Ribbon Court.

When staff identified people were not well, they used a communication book to let other staff know. One entry we saw stated, "Flat [Number] is very poorly, can we all do regular checks on them and make sure they are having plenty to drink." This demonstrated the caring approach towards people who used the service.

The registered manager was motivated and committed to make a difference to people's lives. They were knowledgeable about people's needs and the support they needed from staff to meet them. The registered manager felt it was beneficial for the staff to be rotated so they supported everyone who required personal care and got to know people well at Ribbon Court. They told us, "There is not a big staff team; I think it is important that staff know everybody and people know all the staff. I have not come across anyone having favourites here. The staff are all quite good with customers."

People were involved in care planning so that their views were taken into consideration when care was planned. People signed their care records to confirm they agreed to the care planned. We observed that staff were caring in their approach when interacting with people in the communal areas of the service.

People told us their privacy and dignity was respected and staff were respectful towards them. We saw when staff visited people in their own homes they rang the bell and waited until they were invited in. Staff told us they promoted people's privacy and dignity by ensuring curtains and doors were closed when providing people with personal care. Our discussions with staff confirmed they understood the importance of maintaining people's privacy and dignity. One staff member told us, "I have to respect everything – like if giving a shower. If they can walk we support them to the shower room, shut the door, I try my best to maintain personal care in a good way." Another staff member told us, "We knock on the door and if they are with someone we don't go in. When we give personal care we cover them. I ask them, is it ok to wash your face, have a shower?"

Staff received training on how to maintain people's confidentiality to ensure private information was not shared with other people who used the service.

Requires Improvement

Is the service responsive?

Our findings

Overall, people told us that they felt their care needs were being met. Comments included, "Yes I think so (care needs met). The staff are very obliging" and "Some are met (needs) and some are not." One person told us, "I have never been so happy."

People had agreed how they wanted to be supported and had a copy of their care records in their home. People's care and support was planned with them when they first started to use the service and care plans were developed following an assessment of their needs. Staff told us how they involved people in making decisions about their care. A staff member explained how they involved one person in completing their personal care. They told us, "I go into [person] in the morning and try to be upbeat. I always try and pump [person] up and say 'come on [person] you can do it.' [Person] likes to talk and I involve them in what I do."

Care plans contained information about people's needs and preferences but sometimes they were not detailed enough to ensure staff provided a consistent approach in meeting their needs. For example, one care plan contained an entry, "This is how I plan to achieve my outcomes." This stated "I need staff to adhere to my treatment plan for schizophrenia." However, there was no treatment plan on this file for staff to follow. This person did not always feel the emotional support they needed was available to them. The registered manager agreed to review this care plan to reflect the person's needs.

Care plans were updated, including when people's needs changed. Most people we spoke with said their care needs were usually met and staff knew what care they wanted or needed and how they wanted their care to be delivered. One person we spoke with told us they had been involved in a recent review of their care. They stated, "Oh yes just this week I have had a review of my care plan; this is the second one I have had."

There were communication systems to help staff keep updated about changes and risks to people's health. This included a staff handover meeting before each shift and a staff communication book where staff recorded anything they felt staff would need to know coming onto the shift. This was to help staff ensure people's needs were met

Staff knew people well and were able to explain their preferences and interests as well as their support needs, this enabled them to provide a personalised service. For example, one staff member told us how one person did not like the hot tap to be running for any length of time so they boiled a kettle instead. They knew the person liked to have their hair shampooed twice. Another staff member told us how one person didn't like "rolling" when being assisted to move and explained how they assisted that person in a way they preferred.

Staff told us there were people who lived at Ribbon Court from a multicultural background. They told us how they felt there was a "good mix" of staff to help ensure the multicultural needs of people were met. For example there were people whose first language was not English. There were staff available who could communicate with these people, which helped them to feel reassured when being supported with personal

care.

Actions were detailed in care plans to support people's independence where possible. One person told us how their health condition meant sometimes they were in pain if they sat in a chair. They therefore had a specialist chair to help relieve any pain. We saw this person's care plan prompted staff to ask the person if they wanted to be supported out of bed into their chair and vice versa, to help manage this person's pain. The use of the chair helped to promote the person's independence as they were able to go out of the home using the chair. They told us, "I sit in a power chair that tilts to take the pain out of it. I got onto the bus in the power chair and went into the city centre."

Staff told us they did what they could to support people's independence. One staff member told us, "I encourage them to do whatever they can themselves. Let them make decisions for themselves. Everyone can make decisions here." Another staff member told us how one person enjoyed shopping and had independently been out shopping despite their mobility difficulties

We asked people if they felt there was enough time allocated during staff calls for staff to meet their care and support needs. Most people felt that sufficient time was provided but mentioned this was sometimes affected if there was an emergency in the service. However people told us that staff responded to them as soon as they could in these situations. One person who had used their "call pendant" told us, "They come fairly quickly it depends if they have an emergency somewhere. They call in and say there is an emergency somewhere and will be with you as soon as they can."

We found staff were not always attending flats on time to support people's needs. We looked at the visit times scheduled for three people and compared these with the actual visit times recorded by staff in the daily visit records. We found the times when staff carried out their calls to the flats did not always correspond with the times when people expected them to arrive to meet their care and support needs.

Staff told us that sometimes if there was an emergency this delayed them carrying out the scheduled calls. One staff member told us, "If [person] wakes up and does not want to get out of bed, we have to tell them, this is your time, I can't come back." We found staffing arrangements meant there was minimal flexibility in the rota if staff needed to complete tasks or respond to people's needs outside of their schedule.

One staff member told us they did not have emergencies very often. They commented, "Sometimes if we have an emergency (such as someone not being well) we get support from other staff if we need. Sometimes if there is an emergency I can be late by ten minutes." They went on to say that they "tried their best" to attend to calls in time. Another staff member told us how they were late on the day of our inspection because one person had not been answering their telephone and they had found them to be unwell.

The registered manager confirmed that delays in calls to people were partly due to other duties or issues staff dealt on a daily basis that impacted on the call times. The registered manager told us they planned to extend a staff member's working hours at the end of the calls made to the flats so they could manage other tasks that needed to be completed such as "booking in medication" to help prevent calls being undertaken later than planned.

People knew how to raise concerns and complaints and felt confident to approach the registered manager with these if they needed to. One person told us, "I would talk to the manager. You can ask the carers but because there are so many I would forget who I said it to." There had been no complaints recorded in a complaints register at the service. However, we noted the complaints procedure available was not sufficiently clear for people or staff to follow. It contained no named contacts should people wish to make a

complaint. When we looked at the staff communication book we noted a relative had not been happy about how an incident had been managed at the service. It was not evident the relative had been offered the opportunity to raise the complaint formally. This suggested that staff were not aware of a complaint process they should follow.

The registered manager told us she dealt with any day to day concerns as they arose. However, these were not documented so we could not confirm these had been effectively managed. The registered manager told us she would take the necessary action to record these. The registered manager told us they had an 'open door' policy where people or visitors were welcome to visit her at any time if they had any concerns they needed to discuss.

Requires Improvement

Is the service well-led?

Our findings

People told us they were satisfied with the service they received and they would contact the office if they were unhappy about anything. One person told us, "I would recommend it (the service)." Another said, "It's very good here, well managed."

People were given the opportunity to attend 'tenant' meetings where they could discuss a range of issues related to the service. For example, care issues, upcoming events, new activities planned and "good news". The minutes of the meeting that had taken place in January 2016 showed one person had made a request for their personal care to be delivered only by a female member of care staff. The registered manager had responded by stating this would be discussed with the person. However, it was not evident from the minutes of the meeting that all actions to be completed had been carried out to show people's views and suggestions were always acted upon.

The registered manager told us about plans to continually develop the service to benefit people. They were working towards providing more person centred care.

The registered manager had regular contact with the provider to help make improvements to the service. The provider carried out some checks of the service to ensure the registered manager was working in accordance with their policies and procedures. However, we noted audit checks carried out by the registered manager were still in the process of being fully developed. Those undertaken were not always effective in identifying areas needing improvement. For example, we found some care plans were not sufficiently detailed to support staff in meeting people's needs. Also medicine audits did not always identify issues needing attention to ensure they were followed up. The registered manager told us they had agreed with the provider to introduce a new medicine management system. They also advised that immediate action would be taken in regards to the staff "job cards" to allow extra time to administer medicines. This demonstrated lessons were learned about what was not working well and what action was being taken to address these areas.

We noted that some notifications of incidents where there had been police contact had not always been reported to us as required. The registered manager agreed to ensure this was addressed for any future incidents.

People were able to offer their opinions of the service through quality satisfaction surveys. We saw there had been an increase in people's satisfaction of the service from the previous year which demonstrated improvements had been made.

At the time of our inspection two senior care staff that usually supported the registered manager were absent. This presented the manager with a challenge to support the inspection visit as they had limited support. Despite this, the registered manager demonstrated their commitment to the service and made themselves fully available throughout the inspection visit to ensure this could be completed effectively.

Staff understood their responsibilities in regards to meeting people's needs and told us they enjoyed working for the service. They told us how they worked together as a team to ensure people's needs were met. One staff member we spoke with told us, "Everyone is trying their best, it is teamwork." They told us there was always a staff member available to people 24 hours a day. Another staff member told us, "I love working here, all my life I have done this type of job, this is my lifetime job." This meant people received support from staff who were committed to their role and in meeting people's needs effectively.

Staff felt supported by the registered manager and were mostly positive in their comments of them. One staff member told us, "She is supporting us as much as she can." Another told us, "The manager is supportive but I don't think she listens as much as she should." This comment was linked to a change in the length of time allocated to handover meetings. The registered manager told us the time had been reduced as it was not felt all of the time allocated was needed. Staff were given the opportunity to discuss any issues related to the service through staff meetings. One staff member told us meetings took place each month and they could talk about the service and any problems related to their work. This helped ensure people received the quality of service they would expect.