

Meriden Street Housing Co-Operative (Coventry) Limited

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Inspection report

24-28 Meriden Street
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Coventry
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Tel: 02476224907

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 16 November 2016. The inspection was announced. We gave the provider 24 hours' notice of our inspection. This was to make sure we could meet with people who used the service, the manager of the service and care workers on the day of our inspection.

Meriden Street Housing is a co-operative which supports adults with learning disabilities. The co-operative is operated by its members who include the people who live at the service and other independent advisors. People who live at the service are supported to live more independent lives by living within a shared address. They are supported by people employed to provide personal care and support to them in their own home.

Following the recent resignation of the committee board members the service had undergone significant changes. The registered manager had been a consistent support to people, relatives and staff whilst a new committee was formed. However the registered manager told us they had not felt supported by the previous committee and had been under considerable pressure to continue supporting people using the service whilst a new committee had been appointed. The new committee was formed in October 2016.

The provider did not continually assess, monitor and improve the quality and safety of the service. However, the registered manager felt confident the new committee would support both the service and long term vision and aims of the Cooperative.

A requirement of the provider's registration is that they have 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. At the time of our inspection there was a registered manager who had been in post at the service six years.

Relatives told us they felt people were safe using the service. The registered manager and staff understood how to protect people they supported from abuse. Most staff knew what procedures to follow to report any concerns they had. However the management and auditing of peoples finances was not robust enough. Shortly following our inspection visit we were notified of a safeguarding concern being reported to the Police and local safeguarding team. Staff had a good understanding of risks associated with people's care needs and how to support them.

There were enough staff available to support people safely and at the times they preferred. Recruitment procedures made sure staff were of a suitable character to care for people using the service. Agency staff working at the home were provided with an induction and information about the people they would be supporting.

Medicines were stored and administered safely, and people received their medicines as prescribed. Regular audits were completed to ensure medicines were managed in line with good practice guidelines.

People were supported to maintain their health and well-being. They attended appointments when they needed to and their nutritional needs were met. Staff were flexible to the needs of some people requiring hospital treatment.

Staff were kind and supportive to people's needs and people's privacy and dignity was respected. People were encouraged to be independent and assisted with household tasks and shopping.

The management and staff team understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and supported people in line with these principles. People were supported to make everyday decisions themselves, which helped them to maintain their independence. Where people were not able to make decisions, relatives, social workers and healthcare professionals were consulted for their advice and input.

People were supported to pursue their hobbies and interests. Activities were arranged according to people's individual preferences, needs and abilities. People were encouraged to maintain links with their families.

People and relatives knew how to make a formal complaint and were able to discuss any concerns they had with staff. At the time of our inspection visit no complaints had been received.

Staff felt the registered manager was supportive and promoted an open culture within the service. Staff were able to discuss their own development and best practice in supervision and during regular team meetings.

New staff received an induction prior to working unsupervised and staff completed training in health and social care to develop their skills and knowledge to meet people's needs.

Due to the recent changes regular audits to continually monitor and improve the quality and safety of the service had not been carried out. The registered manager was actively addressing this.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17. You can see what action we told the provider to take at the back of the full version of the report.

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.

People and relatives told us people were safe because they received support from staff who understood the risks associated with their care. However systems to audit and manage people's finances safely were not robust enough. Staff knew how to safeguard people from harm and there were sufficient staff available to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed. Recruitment procedures made sure staff were of a suitable character to care for people at the service.

Is the service effective?

Good 

The service was effective.

Staff were effective in meeting people's health and social care needs. Staff received regular training in essential areas to keep their skills up to date. Staff worked within the principles of the Mental Capacity Act 2005. They offered people choices and gained their consent before supporting them with personal care. The provider understood their legal obligations under the Deprivation of Liberty Safeguards. People's nutritional and hydration needs were met. People were referred to healthcare professionals when required.

Is the service caring?

Good 

The service was caring.

People were supported by staff that were kind and caring and there was a happy and positive atmosphere within the service. Staff ensured people were treated with respect, had privacy when they needed it and maintained their dignity at all times. People were encouraged to maintain their independence and supported to make choices about how to spend their time.

Is the service responsive?

Good 

The service was responsive.

People were supported to access their preferred interests and hobbies. The provider was looking to improve the range of activities offered in the future. People and their relatives were involved in making decisions about their lives and how they wanted to be supported. People and their relatives knew how to make a complaint to the provider.

Is the service well-led?

The service was not consistently well led.

Systems and processes to ensure the quality of the service were not consistently maintained and not all audits were effective. The registered manager supported staff to provide a person centred service and they had been a consistent support to people following the change in the committee board. People were asked for their opinions about the service provided. The registered manager checked people received an effective, responsive, service that met their needs.

Requires Improvement 

Meriden Street Housing Co-operative (Coventry) Limited

Detailed findings

Background to this inspection

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

The inspection visit took place on 16 November 2016 and was carried out by one inspector and a specialist advisor. A specialist advisor is someone who has current and up to date practice in a specific area. The specialist advisor who supported us had experience and knowledge of nursing and supporting people with learning disabilities.

The inspection was announced 24 hours before we visited to establish if people living at the service would be available to talk with us and discuss how they may respond to our presence at the service.

We observed the support provided to people who lived at Meriden Street Housing Co-Operative (Coventry) Limited. Some people had limited verbal communication but most were unable to tell us their opinions about the service they received. We spent time talking with staff and observing how they interacted with people. We also spoke to relatives to get their views on the care provided to their family members.

We spoke with the registered manager, three members of support staff, four people using the service and one relative. We looked at the care records of four people who used the service and two staff records. We also reviewed quality monitoring records and reviewed three financial records of people using the service.

We reviewed information we held about the service, for example, notifications the provider sent to inform us

of events which affected the service.

We looked at information received from the local authority commissioners of adult social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. They had no concerns about the service.

Is the service safe?

Our findings

We looked at how staff supported people with regards to their finances and found systems were not robust enough. Four people managed their own finances; we observed personal bank details and bank cards were kept in a locked cabinet that a number of staff could access. The registered manager acknowledged that further measures should be in place to secure these items and immediate action was taken to store them in the safe.

Following our inspection visit we received a notification from the registered manager informing us that an incident of safeguarding concern had been reported to the Police and local safeguarding team. As a result a full audit of people's finances was completed by the registered manager and a staff meeting was held to inform staff of the concerns raised. As a result access to people's personal financial information held by the service was restricted only to the registered manager. The registered manager acknowledged there had been a lack of scrutiny over the management of some people's finances and an urgent committee members' meeting had been requested to review the systems in place. At the time of our report an investigation was on-going and the outcome of the findings unknown.

One person, who managed their own finances, supplied staff with their bank statements for safe keeping. Staff did not monitor withdrawals and we were aware the person had previously been involved in an incident when accessing the local community. There was no evidence in the care record that the person had been offered any additional financial support to reduce the risk of further incidents. The registered manager told us this would be reviewed following our visit. During our inspection visit we observed staff supporting one person to choose appropriate amounts of money for them to use on a planned trip to the local shops.

People, and relatives, told us they felt safe at Meriden Street Housing Co-Operative (Coventry) Limited. One person told us, "I feel safe here; they tell me 'if you are not happy tell us', I can also lock my room." We asked one person who they would speak to if they did not feel safe and they commented, "I would tell staff." A relative we spoke with told us, "Absolutely I think [person] is safe."

Staff had completed training in safeguarding people and knew what action to take if they had any concerns about people. All the staff we spoke with had a good understanding of abuse and how to keep people safe and most knew the process to follow to report any safeguarding concerns and that there were policies in place to provide them with guidance. One of these was a whistle blowing policy that informed staff how they could anonymously report any concerns they had about the service. One staff member told us, "I would record any concerns and tell the [registered] manager, if necessary I would tell the committee, CQC safeguarding team and even the Police."

However, we saw one incident recorded in the incident and accident log that had occurred between two people and had not been reported to safeguarding. The registered manager had however informed other relevant agencies and had requested an assessment review for one person. Following our inspection visit the registered manager informed us they had discussed the incident with a social worker at the All Age Disability team.

The registered manager told us staff regularly spoke with people to remind them what they should do if they felt unsafe and who they should tell. We saw 'Easy read' information for people in the communal areas on how to report any concerns which advised people they could use a mobile phone to contact the manager if they were unhappy or uncomfortable about anything. 'Easy read' formats use visual images and large print sizes to make the documents more accessible to people.

Risk assessments identified the risks associated with people's health and wellbeing both inside and outside the service. Risk management plans provided staff with guidance on how to manage identified risks so people were kept safe. For example, each person had risk assessments in place for nutritional support, mobility issues and fall prevention. There were also individual risk assessments for potential risks unique to the person, for example one person had a risk assessment in place for managing a medical procedure they were able to carry out for themselves.

Staff were knowledgeable about risks to people. For example one person enjoyed accessing the local community on their own. Staff told us there was a clear procedure in place for staff to follow if the person had not returned back to the service at their usual time. This included recording places frequently visited by the person so this could be shared with the Police where necessary. A mobile phone was also supplied to the person so they could contact staff if assistance was required. The registered manager told us, "We adopt a positive risk taking approach, this is people's home and they have the right to live their chosen life."

There were sufficient numbers of staff to support people living at the service. The registered manager told us staffing levels were based on people's individual needs. On the day of our visit three members of staff were on duty, two in the morning and one in the afternoon who also slept in at the service to provide support where required overnight. The registered manager told us staffing levels would be increased if activities or appointments were planned for people who required the support of staff members outside the service. For example, one person using the service was due to attend hospital later in the month for a procedure. Arrangements had already been put in place to ensure a member of staff would be with them throughout and the registered manager had arranged to sleep at the service the night before to assist the morning staff.

We asked the registered manager how staff vacancies for leave or sickness were covered. They told us agency staff were appointed to support gaps in the staff rota whilst recruitment was underway. However, where possible, they used the same agency staff to provide cover. This ensured people received care from staff who knew them well.

Medicines were administered, stored and disposed of correctly. Administration records showed people received their medicines as prescribed. One person told us, "Staff help me with my medicines and make sure they are locked away." Staff had undertaken training to administer medicines safely and had their competencies checked to ensure they continued to do this safely. Medicine audits were conducted by the registered manager, to check people received their medicines as prescribed. Staff also checked the Medicine Administration Records (MAR) daily for any errors. We looked at four MAR charts and found these had been completed correctly.

We observed staff administering medicines to people and saw they were appropriately supported before taking their medicines and explanations given about what staff were doing. For example, one care worker enquired as to the general health of the person, when placing a tablet in their hand and noted the person's hand was shaking slightly. The member of staff explained that this maybe a side effect of their medication and suggested they may like to see their GP to discuss. The person agreed and an appointment was made for the following day. This showed staff had a good understanding of the possible side effects of people's medicines and took appropriate action.

Some people required medicines 'as required', for example if someone was in pain. There were protocols for the administration of these medicines to make sure they were given safely and consistently. We asked one person if they received medicines if they were in pain and they told us, "If I have say a headache they get something for me straight away."

People were protected by the provider's recruitment practices. These included obtaining two references and checking staff's identities with the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about criminal records. Staff did not start to work at the service until all of the required recruitment checks had been completed. We looked at two staff files which showed us all the checks had been carried out.

We saw up to date emergency folders contained all relevant information that would be required in an emergency situation such as a fire. These documented people's care and support needs so they could be assisted safely.

Staff told us regular fire drills were held and one person we spoke to who was living at the service was able to tell us where we would need to evacuate to in the event of an emergency.

Is the service effective?

Our findings

People and relatives told us that they thought staff had the skills and knowledge to care for them and their family members. One person commented, "I never have a problem in how staff care for me, they know what they are doing." Relatives commented, "I think staff are well trained and understand what they are doing."

The registered manager told us any new staff would be enrolled on the Care Certificate course. The Care Certificate assesses the fundamental skills, knowledge and behaviours of staff that are required to provide safe, effective and compassionate care to people. Existing staff were also looking to undertake the Care Certificate.

Staff received training to support them to meet people's health and social care needs. One member of staff told us, "It's good; we get specific training if needed." They went on to tell us one person, who had been due to be discharged from hospital with a PEG tube (percutaneous endoscopic gastrostomy tube). A PEG feed is used when people are unable to swallow food or fluids, and need these to be delivered through a feeding tube inserted into the stomach. The registered manager in preparation had sourced training for staff to ensure they had the skills and knowledge to support the person. However the person did not return to the service.

Staff felt confident to effectively support people who had behaviours which might challenge and cause harm to themselves or others when they became anxious. We asked how they would manage challenging behaviour. One told us, "I would ask other people to leave the room so I could speak calmly to the person and discuss their behaviour." Another member of staff told us they felt it was important the person had the opportunity to explain why they were unhappy; they told us, "It's what I can do in my own home if I am upset and it's their right as well. As long as others are not affected though."

We spoke with an agency staff member on duty who was providing one to one support for a person using the service. They told us on their first day at the service they had been given an induction to the service and time to read the person's care file. They had also been sent a profile of the person's support needs, their likes and dislikes and routine and other essential information so they could support them effectively. They went on to say, "The staff are lovely and very supportive to people and myself." We heard the registered manager asking this staff member if they had received the relevant information and if they had updated themselves of the person's needs by reading their care plan. They confirmed they had. This meant people received support from staff who were familiar with their needs.

Staff communicated people's well-being and needs at a shift handover. There was a communication book in use for all staff to read with general information and each person had their own book where staff recorded specific information. We saw one entry from the registered manager reminding all staff to ensure receipts were obtained in relation to any money spent.

Staff felt supported by the registered manager with regular individual meetings (supervisions). This provided them with the opportunity to discuss their work performance and learning and development needs. One

staff member told us, "We get regular supervisions but I can speak to the [registered manager] at any time."

Staff demonstrated good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff understood the principles of the Mental Capacity Act and why DoLS authorisations were required. No one using the service had a DoLS in place however the registered manager was aware of their responsibilities and understanding of when an application would be required.

Staff confirmed they had received training about the MCA. They understood the importance of gaining consent from people before undertaking any support or care on the person's behalf. They also understood that when people did not have capacity to make informed decisions they had to make decisions based on the person's best interests. They told us, "We must always assume people have capacity but if I was concerned they were not maintaining their hygiene for example, I would raise that with the manager. If there was a best interest decision we would involve members of the multi-disciplinary team and family." They went on to say that, "We can't deprive people of their basic rights."

The registered manager told us staff had good knowledge of the people they supported and they were able to put menus together based on people's likes and dislikes. One person told us, "I like the food here and I get chips." Another told us, "It's very good food, we get lots of choices and chose one meal a day, I like to help with the cooking."

Staff told us if a person did not want what was on the menu alternative choices would be offered. We saw within people's care plans' foods that they enjoyed and disliked were documented. Some people required their food and fluid intake to be carefully monitored in order to maintain their health and well-being and we saw staff closely observed people whilst they ate, if required. One staff member told us whilst people were able to decide what they wanted to eat, when staff ordered food on line they encouraged healthy options in order to maintain people's health and wellbeing.

A relative we spoke with told us their family members' appetite had improved since moving to the service, they commented, "Food used to be a big issue with [person] but not anymore, [person] is encouraged with choices and helping out."

We asked people if they had access to healthcare and they told us they did. One person said,, "Yes, and staff come with me to appointments." Each person had a support plan that identified their health needs and the support they required to maintain their emotional and physical well-being. This helped staff ensure that people saw the relevant health and social care professionals.

Records showed people were supported to attend health appointments and received care and treatment from health care professionals when required, such as the speech and language therapist.

Is the service caring?

Our findings

People told us staff were kind and caring to them. One person said, "I am very happy here, they really care about me. All the staff are lovely." Another told us, "I like the staff, they make me laugh." We asked relatives if they felt staff were caring, one told us, "[Person] liked their staff straight away and I think they are amazing."

We spent time observing the interactions between people and the staff. There was a calm, relaxed atmosphere at the service and we saw people were comfortable approaching and engaging with staff. When we arrived at the service some people greeted us and showed us their rooms and one person gave us a tour.

We heard staff speak kindly to people and it was clear staff had developed positive relationships with people. Staff were highly motivated to provide good care and support to people. They told us, "The [people] are just the best, they are like family, it's not just a job." And, "This is like my second home, we are all so familiar with each other now, I love the friendliness of the people here."

The registered manager told us, "This is peoples' home, they have rights to live their chosen lives, who are we to restrict them in anyway. This is not just a job to me." We observed one person approached the registered manager to show them a necklace they were wearing. The person reached out and held the registered managers' hand. We heard the registered manager tell them, "You are very special and important."

People received care from staff that knew and understood their likes, dislikes and personal support needs. People were able to spend their time as they chose. Staff understood people's communication skills and communicated effectively with people who had limited verbal communication. Staff were observed and heard to be discreet when people needed assistance. For example we heard one member of staff telling a person they would meet them in their room to discuss a personal question they asked about their care.

Staff were knowledgeable about people and could identify how they were feeling through watching their body language and by listening to them. During our visit staff explained to us how to best approach people and which areas of the service we could use, so we did not cause any disruption to people's well-being or routine. One person returned home when we were speaking to a staff member in the lounge. The member of staff asked the person, "Would you like us to leave the room?" and the person replied they would. The member of staff took us to another area of the service so the person could enjoy sitting in the lounge.

We observed staff quickly identified when people wanted something or if they appeared unhappy. One person we spoke with told us, "They take time to talk to me and listen to what I have to say."

Staff supported people to maintain their independence by helping people to do things for themselves. One person told us, "I help with the cooking and I like to try and dust and vacuum my room." Another said, "I help with the washing up." The person took us to the kitchen and showed us where the washing up liquid was

kept. The registered manager told us, "We always encourage people to help out, it may only be putting chips onto a baking tray but that's an achievement for the person."

Staff had a good understanding of the importance of respecting people's privacy and dignity. One person told us, "They always knock on my door before they come in." Staff were observed and heard to knock on bedroom doors and identify themselves on entering the room. They asked consent for from one person for us to go into their room to speak with them and the person agreed.

People's rooms provided them with their own private space, and where possible they had been supported to choose how their rooms were decorated and furnished. Three people living at the service invited us to look at their bedrooms. One person had trophies in their room and were proud to show them to us. Another showed us their soft toy collection. There was a communal lounge that people could use and during our visit we saw people 'coming and going' as they wanted to around the service. We sat with one person in the lounge and they showed us ornaments and pictures of cats that they enjoyed.

People were able to make choices about how they spent their day. For example we saw people got up and had their breakfast when they wanted to. One person told us, "We get up whenever we want and chose what we want to do for the day." Another told us, "I am going out now to get my nails done."

Staff told us, "Choice is important and privacy, if someone tells me they don't want me around I will go, I won't pry." One relative we spoke with told us, "Staff involve [person] in all decisions about their day and how they wish to spend it."

People were supported to maintain relationships with those who were important to them. Relatives told us they were free to visit whenever they wanted to. One commented, "We visit regularly and we can see how happy [person] is. That is so important to us."

Is the service responsive?

Our findings

People who lived at Meriden Street Housing Co-Operative (Coventry) Limited had consistent staff members who they built a relationship with known as a 'keyworker.' Keyworkers knew the person's likes and dislikes. However, the registered manager told us it was important that all staff developed positive relationships with people and had a good understanding of them.

One person we spoke with told us, "I have a 'keyworker' who helps and supports me with my washing and bedding." Relatives we spoke to confirmed staff had good knowledge about people and had developed strong relationships. One told us, "The staff constantly spoke to us in the beginning to get information about person and their likes and dislikes. [Person] has formed strong relationships with the staff."

Each person had a detailed support plan so staff could read and understand each person's individual preferences. Staff told us, "We get time to read peoples' care plans, and we have a communication book, each person has their own specific one as well to pass on daily information."

We looked at four people's care records. Support plans contained up to date and detailed information for staff about how to provide appropriate levels of care and support to people, this included activities outside the service. Plans were individualised and informed staff what people liked and how people wanted their support delivered. Support plans also contained information about what was important to people and the support plans were 'person centred' which meant they were based on each person's individual needs and the support they required.

Care plans were reviewed regularly by keyworkers, one staff member told us, "The 'keyworkers will update the care plan and as much as possible we involve people and go through it with them. Some people do not like 'formal' meetings so we have to manage that by having a 'general chat' with them." They went on to say where necessary family members and relevant professionals supporting the person were also involved in reviews. One person confirmed they were involved in their care review and told us, "I am always involved in my care plans with my 'keyworker'." A relative told us, "Staff involve us in everything and they also involve [person] in any discussions. They do this in a way [person] understands." They went on to say, "Very early on they identified [person's] likes and dislikes and discussed their capabilities with us."

People were supported to pursue their individual hobbies and interests. For example, one person had received 'travel training' to enable them to independently access the community safely to attend a day centre. One member of staff told us they liaised regularly with the day service staff to ensure any changes in travel arrangements were discussed for example changes in bus timetables. This meant staff could update the person to make sure they were able to catch the correct bus and arrive safely at their destination.

We looked at how complaints were managed. There were no recorded complaints. One person we spoke with told us, "We have a complaints procedure here but I haven't needed to make one." Relatives we spoke with told us they had not made any formal complaints but felt confident in raising any concerns they had directly with the registered manager and staff.

We asked the registered manager how they would identify if people who lived at the home were unhappy. They told us staff had good knowledge of the people they supported and would be able to identify changes in behaviour and mood.

Is the service well-led?

Our findings

The service had a registered manager. They told us the last year had been a challenging time for the Cooperative due to the resignations of the entire advisory board and there had been a period of six months when there was no registered manager at the service due to the registered manager taking a period of leave. This meant the service had no senior managerial oversight, although the provider did arrange for alternative day to day management cover for the service. Shortly after their return to the service the registered manager had been informed of the committee member's decision to resign.

The registered manager told us this had left them without support and they had been placed under pressure to maintain the service provided to people and source new committee members. The registered manager also told us during their leave of absence, the day to day running of the service had been maintained by the previous committee. However, the registered manager did not feel that overall supervision and monitoring of the quality of the service had been maintained. They acknowledged that due to the recent changes they had to prioritise their workload. As a result systems and regular audits by the registered manager to monitor the quality of the service had not been consistently carried out.

Although people and relatives told us this had not impacted on the service provided, the incident we had been made aware of following our inspection visit highlighted the lack of provider oversight of the service provided to people.

This was a breach in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17. Good governance. 17(1). The provider did not continually assess, monitor and improve the quality and safety of the service.

People and relatives we spoke with told us they felt changes to the membership of the committee had not impacted on the service provided. One relative told us, "I know the committee changed but it didn't affect anything. I think the registered manager has led the service well. [Registered manager] is direct and we like that, she always gets backs to us if we have questions."

The registered manager told us a new committee had now been formed and they felt positive about the cooperative's future, they commented, "It's been hard since the old committee members left, I had no support. Now we have new members and I feel much more supported and positive about our future here." We saw that all the staff and the registered manager were committed to providing a high quality service.

When discussing the registered manager with people one person said, "I think she is excellent." We observed another person approach the registered manager and say, "Thank you; I love you [registered manager's name]." Relatives spoke positively about the registered manager, one told us, "I think the registered manager has led the home well." They went on to say the registered manager, and staff, were always accessible if they had concerns.

One person living at the home told us, "I am happy living here." Relatives told us they were happy with the

service provided within the service. One commented, "I cannot fault anything, [person] is happy and we see [person] smiling a lot. That means so much."

There was a calm and relaxed atmosphere at the service and people were confident to approach the registered manager and staff. The registered manager told us whilst some people had limited verbal communication staff knew people well and could identify when they were unhappy about the service. They told us, "We encourage feedback from people, they have a voice and can vocalise their feelings."

As Meriden Street Housing Co-Operative (Coventry) Limited is a Cooperative the people living at the service had regular meetings to discuss what changes or improvements could be made to the service. We spoke with one person who told us, "I am the committee chairman; I go to all the meetings. Things have changed recently but I think they are good changes." They went on to tell us they had been involved in the recruitment of new staff, "I ask questions of them like 'what can you bring to the job, will you treat us well?'"

The registered manager told us the views and opinions of people living at the service was paramount, they told us, "People here have a voice and can vocalise their feelings, and they have autonomy, choice and control. The fact that we are a cooperative speaks volumes. We will support them in what they wish to do."

We asked people if their views about the service were asked for, one told us, "We have meetings and we talk about what we want to see changed. They are always asking me if I am happy with the service." A relative told us they were regularly asked for their opinions about the service provided.

One staff member told us to improve people's feedback and views on the service they held a regular, "Chippy and chat night." Staff would organise for people to have fish and chips and create an informal environment where people could feel comfortable sharing their views.

The registered manager told us they promoted an open door policy, and wanted staff to feel they could approach them with any concerns. They told us, "I am always here to supervise staff and carry out spot checks of their work. Many of my staff have been here a long time and are very experienced. They are a great team." Staff confirmed they had their work monitored and checked regularly.

We asked staff about the support and leadership within the service and if they felt confident to raise any concerns they had. All staff we spoke with felt able to share their views and thoughts about the service and told us that the registered manager listened to them. Staff told us there was an open culture and they could approach the registered manager if they had any issues or concerns. One staff member told us this enabled them to be creative in ideas for activities and supporting people. During our visit we observed the registered manager was visible and available to staff, people and relatives.

Staff told us there was a 24 hour on call support should they need to speak to a manager and staff told us this was effective. In addition the manager or committee board member was always available if they needed advice.

Staff were happy working at the home and they felt supported. They told us they received guidance and advice when they needed it. One staff member explained, "[Registered manager] is very open, I can raise any concerns I have and feel confident to do that. She is very supportive of me." Another said, "The [registered manager] is very supportive of me if I have a problem or if I don't understand something they will take time to explain things to me." They went on to say, "When the committee changed it was a period of uncertainty for us, but I think we have come out the other side."

We saw regular team meetings were held. The most recent in October 2016 had provided information to staff about the change of committee members and future proposals to change the name of the Cooperative. We also saw the registered manager had encouraged staff to put forward suggestions for future training needs and to continue working in a person centred way with people.

Staff had a good understanding of their roles and responsibilities and felt valued. One staff member told us, "We have our regular staff meetings and my views are valued. If I didn't feel I was being looked after I wouldn't be here. As staff we all get on well and there is good communication."

The registered manager's quality assurance system included checks of people's care plans and medication. There were procedures to look at practices within the home to identify where improvements could be made to improve the experience of people and their relatives. For example, ensuring people were kept up to date with the recent committee changes.

The registered manager acknowledged that audit processes needed to be improved and they were looking to carry these out more regularly following the new committee being in place. They told us, "I have had to prioritise recently and now I can develop the service."

The registered manager was aware of their responsibilities and had provided us with most notifications about important events and incidents that occurred at the home. However, we noted one notification had not been sent to us and we addressed this with the registered manager who told us they would ensure this was carried out in the future.

The provider had not completed the provider information return (PIR) which is required by law, however they had informed us prior to the inspection they could not complete this due to the change in committee members and the pressures this had placed on the service. However we discussed this during the inspection visit.

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 17 HSCA RA Regulations 2014 Good governance 17(1) The provider did not continually assess, monitor and improve the quality and safety of the service.