Wigan Council

Wickham Hall

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The Wigan Extra Care Service is registered to provide personal care to people living in purpose-built (or purpose adapted) single household accommodation that is owned or occupied under an agreement with a housing association provider that gives exclusive possession of a home with its own front door. At each location we visited people were supported with their personal care needs to enable them to live in their own homes and promote their independence, whilst living in an environment that offered companionship, an active social lifestyle, security and privacy. People were able to socialise and make new friends in communal lounges, whilst still enjoying privacy in their own apartments, which were managed by the housing provider.

The establishments were located within walking distance from local amenities, such as shops, pubs and cafes, GP and dental surgeries, pharmacies and banks. Extra Care housing is similar to sheltered housing but with additional care and support provided to scheme residents to meet their individual needs.

At the time of the inspection there was no registered manager in post, but one person was in the process of registering with CQC. 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.'

People using the Extra Care service told us they felt safe. People and their relatives told us that they were involved in the planning of their care and they consented to their care and treatment. Records confirmed that people had consented to their care and had been involved in the assessment of their needs. People we spoke with told us that staff were caring and compassionate toward them. People we spoke with told us they were supported by care staff they knew and were confident in the way the service was managed.

The registered provider (Wigan Council) had internal policies and procedures to provide guidance to staff on 'safeguarding vulnerable adults' and 'speaking out at work' (whistle blowing).

Discussion with staff and examination of training records confirmed that staff had access to safeguarding training.

Staff worked within the principles of the MCA and demonstrated a satisfactory understanding of the different types of abuse.

A suitable disciplinary policy was in place and we saw evidence in staff personnel files of the disciplinary policy being appropriately followed.

Staff were recruited safely and there were Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. Staff were subject to a formal induction plan which referenced different tasks to be completed in the first days/weeks/months of employment.

We looked at staff rotas and found that staffing levels were sufficient across the three locations to safely meet the needs of people who used the service. However some staff (including the team leaders and scheme managers) said that the recent reduction to two team leaders (from three) was having a negative impact on staff support and had led to an increased workload.

We saw copies of accident and incident forms had been completed correctly at each location and staff were aware of how to complete these forms.

We looked at how the service managed the administration of medicines across the three locations and looked at medication administration records (MARs) for people who used the service. Policies and procedures were in place covering all aspects of medicines management including the ordering, receipt, storage, administration and disposal of medicines. Regular audits (monthly) were carried out on the storage and recording of the administration of medicines on dedicated paperwork. Staff who administered medicines had completed a NVQ level 2 medicines training package through Wigan council. Each location had an up to date staff training matrix that identified training achieved and required.

The three establishments were adequately maintained and we saw evidence recorded for the servicing and maintenance of equipment used to ensure it was safe to use. The housing scheme managers were responsible for building checks and health and safety within each establishment. There was a business continuity plan in place for each establishment, which covered areas such as loss of staffing or severe weather conditions.

Each establishment had a supervision policy. However at all establishments the team leaders told us that supervisions had not occurred in line with the schedule identified in the supervision policy which stated these should be every six weeks.

The service was working within the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Menus were on display at each location, specialist diets were catered for and kitchen staff were employed by the housing provider. Nutritional risk assessments were in place in people's care plans where required.

The three premises were clean throughout and free from any malodours. Corridors and communal rooms were free from clutter and well organised.

Although there were some staff vacancies, staff turnover at the three locations was very low and this enabled familiarity and the development of close working relationships with people who used the service.

We found the service aimed to embed equality and human rights though good person-centred care planning.

The registered provider (Wigan council) had a complaints policy to provide guidance to staff and people using the service and / or their representatives.

Some of the care plans we looked at did not always reflect people's current needs and contained limited detail. Some risk assessments had also not been regularly reviewed and did not always consider all potential risks.

There was not a registered manager in post but one person was in the process of becoming registered with

CQC.

Care staff told us the registered manager was approachable, accessible and felt they were listened to which they said supported both them and the people they provided care for.

The service worked in partnership with other organisations to ensure that appropriate care and support was provided to people in relation to their changing needs.

A team leader showed us a pro-forma that was used for gaining feedback from people through satisfaction surveys and said this had recently lapsed but was due to be re-introduced.

A scheme manager said there used to be regular joint team meetings with council staff to discuss every person who used the service, but these had recently fallen behind.

Within the Extra Care service, team meetings were usually bi-monthly, but the last recorded meeting we saw at one location was in September 2015.

Each location had a business continuity plan in place which covered areas such as loss of staff, loss of electronic care planning information, adverse weather conditions and fire evacuation. This was being updated at the time of the inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People using the Extra Care service told us they felt safe.

Staffing levels were sufficient across the three locations to safely meet the needs of people who used the service.

The three establishments were adequately maintained and we saw evidence recorded for the servicing and maintenance of equipment used to ensure it was safe to use.

There was a business continuity plan in place for each establishment.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Records confirmed that people had consented to their care and had been involved in the assessment of their needs.

Staff supervisions had not occurred in line with the schedule identified in the supervision policy. Some refresher training, for example in moving and handling was due for renewal.

Staff worked within the principles of the MCA and DoLS and were able to explain this legislation to us.

The three locations were clean throughout and free from any malodours. Corridors and communal rooms were free from clutter and well organised.

Is the service caring?

Good

The service was caring. People we spoke with told us that staff were caring and compassionate toward them.

People told us that they were treated with dignity and respect when staff were supporting them and that staff supported promoting their independence.

Feedback from people who used the services and their relatives

at each location was sought through an annual questionnaire that was carried out jointly between the housing provider and the Extra Care service

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People told us they were happy with the service provided and were complimentary about staff.

Some of the care plans we looked at did not always reflect people's current needs and contained limited detail.

Some risk assessments had also not been regularly reviewed and did not always consider all potential risks.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. There was no registered manager in post although one person was in the process of registering with CQC.

People we spoke with told us they were supported by care staff they knew and were confident in the way the service was managed.

Care staff told us the registered manager was approachable, accessible and felt they were listened to.

The service worked in partnership with other organisations to ensure that appropriate care and support was provided to people.

Wickham Hall

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 took place on 7, 11 and 12 April 2016 and was unannounced. The inspection team consisted of two adult social inspectors and a pharmacist specialist advisor. At the previous inspection on 13 November 2013 the service was found to be meeting all regulations inspected, when it was part of a merged service called Reablement-Extra Care. The service then re-registered as a result of a redesign of services within the local authority. At this inspection we found no breaches of regulations. At the time of the inspection there were 37 people receiving a service at Wickham Hall, 29 people at Elliot Gardens and 30 people at Elmridge Court.

We looked at eight care files, nine staff personnel files and spoke with five people who used the service, two relatives, four staff members, two team leaders, two housing scheme managers and the lead provider manager at Wigan council. We also visited the Wigan Council human resources team to check staff recruitment information. We did not ask the provider to complete a Provider Information Return prior to the date of the inspection because the service was in the process of re-registering with CQC. Prior to the inspection we reviewed information we held about the home in the form of notifications received from the service such as accidents and incidents. We also contacted Wigan Local Authority Quality Assurance Team, who regularly monitored the service

Good

Is the service safe?

Our findings

People using the Extra Care service told us they felt safe. One person said, "I definitely feel safe and staff will come to me if needed." Another person said, "I have no concerns around staffing." A third person told us, "I love living here. I have good friendships, good carers and I'm well looked after. You can't get better."

The registered provider (Wigan Council) had internal policies and procedures to provide guidance to staff on 'safeguarding vulnerable adults' and 'speaking out at work' (whistle blowing). A copy of the local authority's safeguarding procedures policy was also in place and available for all staff.

Discussion with staff and examination of training records confirmed that staff had access to safeguarding training. Staff training records we saw confirmed that all staff had received current and relevant training. Examination of safeguarding records confirmed incidents were referred to the local authority's safeguarding unit in accordance with the organisation's procedures

Staff spoken with demonstrated a satisfactory understanding of the different types of abuse, awareness of their duty of care to protect vulnerable adults and the action they should take in response to suspicion or evidence of abuse. One staff member said, I've had safeguarding training and am aware of different categories of abuse such as financial and emotional." They told us about two issues they had previously reported to the team leader for which they had subsequently received an update and feedback, after investigation.

The whistleblowing policy in place which was available to staff members either on-line or in paper format. We looked at the whistleblowing policy and this told staff what action to take if they had any concerns and this included contact details for the local authority and the Care Quality Commission. Staff we spoke with had a good understanding of the actions to take if they had any concerns. A staff member said, "I know about the whistleblowing procedure and am confident in raising any concerns." Another staff member told us, "I'm fine with the whistleblowing policy. I once had concerns about the workload of another staff member so I contacted the lead provider manager who listened to me and sent me updates on progress. I felt the process was effective."

A suitable disciplinary policy was in place and we saw evidence in staff personnel files of the disciplinary policy being appropriately followed, for example following a medicines error.

We looked at how the service managed the process of recruitment. We visited the Wigan council human resources department and looked at nine staff recruitment files. There was evidence of robust recruitment procedures in place. The files included application forms, proof of identity and references. There were Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people.

We looked at staff rotas and found that staffing levels were sufficient across the three locations to safely meet the needs of people who used the service. Where a staff vacancy occurred, this was covered by the use

of agency staff until the post could be recruited to permanently. The team leader told us that they could access staff from the 'mobile workforce' resource within Wigan council where 650 hours (23 staff) were available, if there was a need. Some people who used the service were also supported by other organisations, for example during the night, and this was done with agreement from the commissioning authority. Additionally a member of Extra Care staff provided 'sleep-in' cover during the night at each location, to ensure 24 hour availability and support, if needed.

However some staff (including the team leaders and scheme managers) said that the recent reduction to two team leaders (from three) was having a negative impact on staff support and had led to an increased workload.

One housing scheme manager told us, "Life is more difficult since the full time team leader has gone." They told us that for example, they received messages from agency staff, calls from the hospital about discharge or a change in medication this wasn't really their remit. Any information received was then communicated to the care staff team.

The housing association/provider were responsible for making a courtesy call to each person in the morning, and if any issues were identified they liaised with the service team leader. One person told us, "The staff always turn up when they should." Another person said, "I have no concerns around staffing, they couldn't do anything better." There was a 'matching' process in use and people could choose the preferred gender of their carer. There was a keyworker system in operation, which matched the skills of the carer with the needs of the individual.

We saw copies of accident and incident forms had been completed correctly at each location and staff were aware of how to complete these forms. These consisted of minor injuries to staff.

We looked at how the service managed the administration of medicines across the three locations we visited and looked at medication administration records (MARs) for people who used the service. Policies and procedures were in place covering all aspects of medicines management including the ordering, receipt, storage, administration and disposal of medicines. The policies had been written by Wigan council and were up to date. Staff had signed when they had read these policies and were provided with their own copy for reference. Each establishment had dedicated documentation for recording the receipt, administration and disposal of medicines. These had been completed appropriately. Templates were also available to record the administration of 'when required' medicines, eye drops, creams and patches for pain relief.

Regular audits (monthly) were carried out on the storage and recording of the administration of medicines on dedicated paperwork. There was also an annual audit of medicine management within the establishments. However an action plan following these audits had not always been developed and near misses were not formally recorded. Any errors that had been identified had been recorded and addressed.

People who used the service lived in individual apartments within each establishment. They were assessed before any medicines were administered to determine the level of care required which included if support was needed with administration. People could either self- medicate, have their medicines administered by care staff or a mixture of both.

If administered by care staff the medicines were, in the majority of cases, provided in a Monitored Dosage System (MDS) (blister pack) along with supporting documents (MAR Chart and patient information leaflets) from a pharmacy. If people preferred another pharmacy to provide their medicines, this was also supported.

The pharmacy responsible for the supply of the medicines collected the prescriptions from the prescriber and delivered the dispensed medicines to the establishments on a dedicated day.

Upon receipt of the medicines checks were undertaken by the team leader to ensure that the medicines delivered were the correct ones before they were given to people for storage in their apartment. Secure storage was available for the medicines following delivery until transfer to individuals using the service. Medicines were stored in appropriate secure cabinets or safes within service user's apartments. Medicines that required storage within a fridge were kept in people's own fridge in their apartments; however there was no monitoring of the temperature of these fridges.

No stock or homely remedies were held by the establishments at the time of the inspection. People could purchase homely remedies from pharmacies if they wanted to and this was informally monitored. People were also supported to take control of some of their medicines if they wanted to, such as inhalers. The number of 'when required' medicines administered was recorded, however a dedicated template was not being utilised. Procedures were in place that allowed people to access 'when required' medicines as needed.

Staff who administered medicines had completed a NVQ level 2 medicines training package through Wigan council. However, six staff had received this training in 2012 and were due for refresher training. They also had an annual competency assessment in medicines administration. We saw that MAR charts were completed appropriately for each person and regular stock checks were carried out.

During the inspection we looked around the premises of each establishment which were the responsibility of the housing provider; these were Hanover Housing for Elmridge Court and Adactus Housing for Elliot Gardens and Wickham Hall. The three establishments were adequately maintained and we saw evidence recorded for the servicing and maintenance of equipment used to ensure it was safe to use. There was an infection control policy in place, supported by a hand hygiene procedure and staff training log. Communal bathrooms all had personal protective equipment available, hand soap, towels and hand-gel.

There was an up to date a fire policy and procedure. Fire safety and fire risk assessments were in place. People had an individual risk assessment regarding their mobility support needs in the event of the need to evacuate the building. Tests of the fire system were made regularly and the servicing of related equipment, such as fire extinguishers was up to date. Each location had secure entry access.

The housing scheme manager was responsible for building checks and health and safety within each establishment. They kept all documents such as legionella testing/maintenance and these were up to date and supported by an infection control policy and health and safety policy.

There was a business continuity plan in place for each establishment, which covered areas such as loss of staffing or severe weather conditions. Each person had a personal emergency evacuation plan (PEEP) in place which identified the support they needed in the event of an evacuation of the building. Emergency 'pull cords' were situated throughout each location in individual rooms, communal areas and corridors.

Requires Improvement

Is the service effective?

Our findings

People and their relatives told us that they were involved in the planning of their care and they consented to their care and treatment. One person said, "I'm very happy with the staff and feel that they listen to me and involve me." Another person said, "I've no concerns around staffing, I know them and I'm and confident in their competence."

Records confirmed that people had consented to their care and had been involved in the assessment of their needs.

From our discussions with staff and review of staff files we found staff had obtained appropriate qualifications and experience to meet the requirements of their role. All of the staff we spoke with told us they had received a range of training that was relevant to their job role and the training was up to date. One staff member said, "I've got moving and handling training coming up and have already done training in dementia, safeguarding and challenging behaviour. There's also a new course on mental illness coming up." Another staff member commented, "I've had medication training in the past 18 months and a refresher is due soon. The training included an observation of my practice to ensure I was competent in administering medicines to people."

Each location had an up to date staff training matrix that identified training achieved and required. We saw 100% of staff had received training in safeguarding and manual handling and 95% of staff held an NVQ level 2 or 3 qualification in social care. All staff had completed food hygiene/safety training and 100% of staff who administered medicines had completed this training. At Wickham Hall all staff had completed training in behaviours that challenge, and 92% of staff at Elliot Gardens and 10% of staff at Elmridge Court had also completed this training. Some refresher training, for example in moving and handling was due for renewal and overdue. The team leader told us that organisational restructuring had impacted on the training schedule in recent months.

Each establishment had a supervision policy. However at all establishments the team leaders told us that supervisions had not occurred in line with the schedule identified in the supervision policy which stated these should be every six weeks. We were told that this was due to sickness within the managerial team and the loss of one team leader post. One staff member told us, "I recently had supervision last week, but the team leader is always available to speak to anyway. We also have team meetings were we can put forward ideas and suggestions." We saw that group supervisions had taken place in March 2016 and November 2015. At the time of the inspection, Wigan council was introducing a new process for supervisions called 'My Time' which they told us was due to be implemented soon. This had resulted in annual appraisals also not recently being carried out due to the imminent change in process.

Staff followed a formal induction plan, which referenced different tasks to be completed in the first days/weeks/months of their employment. This was undertaken with the use and completion of an 'induction plan for new employees' booklet. Staff were able to identify what had gone well or not gone well during the induction period and Wigan council sought feedback from staff on this in order to improve the

quality of support they provided new staff.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff told us they had received training in the MCA and DoLS and were able to explain the principles of this legislation to us. One staff member said, "It's about supporting people who may not always be able to make an informed decision." Two other staff we spoke with described how one person they supported now had an 'appointee' who was involved making decisions about their care and support. An Appointee is a person who has been appointed by the Court of Protection to make on-going decisions on behalf of someone who lacks mental capacity to decide the particular matters for himself or herself.

Appropriate supporting policies and procedures were in place, for example, the service had policies on MCA/DoLS and safeguarding adults. We checked the training records and saw that 93% of care staff had completed training in MCA/DoLS across the three locations. At the time of the inspection no person receiving support was the subject of a DoLS and there were no authorised deprivations of liberty in place through the Court of Protection at any of the service locations. The team leader at one location told us everyone was free to leave and told us everyone held their own key.

We looked at the meal time experience for people living at Wickham Hall, Elmridge Court and Elliot Gardens. The provision of a lunch time meal was the responsibility of the housing provider at each location. People who used the Extra Care service were tenants in their own apartment within each establishment we visited and had entered into a Service Agreement' with the housing providers to eat a lunchtime meal provided by them. Menus were on display at each location, specialist diets were catered for and kitchen staff were employed by the housing provider. Nutritional risk assessments were in place in people's care plans where required.

We saw that the Extra Care service worked alongside the housing provider to ensure the buildings and premises were safe to use.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were caring and compassionate toward them. Comments included; "Staff visit me when I need and I know all of them", and "I love living here. I have good friendships, good carers, I'm well looked after. You can't get better", and "All carers are belting", and "They're all good girls." A relative told us, "The support workers really look after [my relative]. They're all very caring, like one of the family."

Although there were some staff vacancies care staff told us they tended to be allocated the same people which meant they could build very good working relationships.

We saw that people were supported by staff to access communal areas within the different locations by staff and our observations showed that people were supported with patience and kindness. Staff told us how they made sure people felt important and cared for. One staff member said, "You need to have patience and get to know people and how they like things done, for example, [person] likes things hung up in a certain way."

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights though good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs.

People told us that they were treated with dignity and respect when staff were supporting them and that staff supported and promoted their independence. One person said, " I feel my privacy is respected and I can lock the door if I want." The team leader explained how support was provided to this person and how this support had contributed to bringing stability to their life and had reduced the need for hospital re-admissions in relation to their mental health needs. This was consistent with the information in their care plan. Another person told us, " I don't go out much, which is my choice, but staff help to promote my independence by helping me to make things like a drink"

Another person said, "Staff respect my privacy one hundred percent. They always knock on the door. I can't say a word wrong." This person told us they had previously lived in a nursing home and they told us they were much happier in their new apartment. They said, "I now feel good about myself. I'm more on top since moving here. I like doing things myself but can get help if it's needed."

Feedback from people who used the services and their relatives at each location was sought through the provision of an annual questionnaire that was carried out jointly between the housing provider and the Extra Care service. Comments received included; 'I can't emphasise enough how good the staff are. They work incredibly hard and listen to you', and 'Staff have always been really good with me. They're absolutely great', and 'The council staff are the best staff I have ever had, They're into promoting my independence and encourage me to be independent.'

Requires Improvement

Is the service responsive?

Our findings

We received positive feedback received from people living at Wickham Hall, Elmridge Court and Elliot Gardens and their relatives who we spoke with. They told us they were happy with the service provided and were complimentary about staff. One person said, "I'm happy with the level of input I have around reviewing my care." People felt involved in setting up their initial care package and could request changes as required, for example, their preferred call time or flexibility if they needed to change a call time. One person said, "I can change the times of my visits if need be and I'm confident in being supported to access health services, like my GP." A second person told us, "I go out to Bingo and come and go as I please. It's like home. Carers always work flexibly around my needs and preferences." This person said they regularly go on holiday and said they were shortly going away with some neighbours at the Extra Care scheme.

The team leader told us that some people were able to reduce their package of care and discussed how the service supported people with fluctuating mental capacity. They showed us an example of how one person's mental health could improve and dip at times. When this happened the service went back to the relevant social work team to revise the care package and level of support required, including whether the person required support with medicines administration. The team leader gave another example of a person who liked to get up at different times dependent on if they were going out or in relation to their health needs. This flexibility was confirmed by the people we spoke with and demonstrated that the service was responsive to people's changing needs.

People told us that the care staff knew their needs and understood the exact care and support they required. Two staff members told us about the likes and dislikes of one person and how they supported them in a way that was in keeping with their wishes and preferences. This explanation was consistent with the information we saw in the person's care plan. The relative of one person said, "The staff are sensitive to [my relative's] needs and how she is and they always work alongside her."

People's care records were kept with them in their own apartment and used by care staff on each visit. Copies of these records were also kept in the staff rooms at each location and were held securely in lockable cabinets.

The registered provider (Wigan council) had a complaints policy to provide guidance to staff and people using the service and / or their representatives. Information on how to complain had also been included within the information provided to people on their initial assessment. We spoke with people who used the service and each said that they had never had a reason to make a complaint. Comments we received included, "I've never had to make a complaint but I would go to [staff member] if I was unhappy", and "I feel confident to raise a complaint", and "I haven't made any complaints but would go to [staff member] if I needed. They're brilliant."

A record of customer feedback had been kept and log had been established to record any concerns or complaints. We looked at the complaints file and saw that no formal complaints had been made in the last 12 months across the three locations. A relative told us they would be confident in raising a compliant if

there was ever a need.

People and staff we spoke with felt that care records reflected current care needs. Records we looked at detailed people's preferred way to receive care and provided guidance for staff on how to support the individual. For example, they included the steps to follow and where people were able to manage parts of the tasks identified themselves. Some people we spoke with told us about their hobbies and what they enjoyed doing when out of their apartment, and people were supported and encouraged by care staff to attend social activities within the housing schemes communal areas.

However, some of the care plans we looked at did not always reflect people's current needs and contained limited detail. For example, in one person's care file there was a social services assessment that indicated a significant hearing impairment, but the care file stated 'no issues' in relation to communication. The team leader told us this person's hearing was now better, but there was no evidence that a review of care needs had taken place in interim.

Requires Improvement

Is the service well-led?

Our findings

There was not a registered manager in post but one person was in the process of becoming registered with CQC. 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.

People we spoke with told us they were supported by care staff they knew and were confident in the way the service was managed. People told us they would go to the onsite office at the location where they lived and they could call in at any time and said that they felt part of the housing scheme they lived in. The provider ensured that help or assistance was available at all times from a care staff member if needed. A relative said, "[My relative] contacts staff regularly and is able to speak to the manager when needed." One housing scheme manager said, "I think the team of girls is fantastic – no concerns. They are dedicated; I've never had a complaint."

Care staff told us the registered manager was approachable, accessible and felt they were listened to which they said supported both them and the people they provided care for. One care staff member said, "We have team meetings and I had supervision last week, but the team leader always talks to us when we are on duty anyway. They told us a team meeting was being held on the afternoon of the day of the inspection and felt they could put forward ideas or concerns to their line manager. Two other staff members said they were not happy about the team leader hours being reduced, but said the remaining team leaders were always available face to face or on the phone and would come over to support the staff member if there was an issue.

The service worked in partnership with other organisations to ensure that appropriate care and support was provided to people in relation to their changing needs, for example occupational therapists and physiotherapists. The service also liaised with the local authority moving and handling co-ordinators when a mobility issue arose.

A team leader showed us a pro-forma that was used for gaining feedback from people through satisfaction surveys and said this had recently lapsed but was due to be re-introduced. They told us staff complete these forms with people and copies were in care files but we did not see any of these in the care files we looked at. Annual questionnaires were also completed in partnership with the housing provider at each location.

We saw that the service had been involved in the redesign of Extra Care services in the Wigan local authority area and each location had an 'Extra Care review project plan' and a 'service improvement plan' or 'service action plan'. This required a multi-disciplinary approach involving the local authority, care managers and service commissioners, the Extra Care service manager and staff, and the relative housing providers at each location. This showed that the service had worked effectively in partnership with other relevant people and organisations in order to improve the quality of the service.

The lead provider manager, who was responsible for providing line management support to the service locations, said they had regular and consistent support from the service provider, Wigan council. The provider carried out quality assurance visits which were recorded and showed the manager and locality team leaders a picture of how the service was progressing against the providers expected performance. This was then used to drive any improvements or shortfalls identified. For example, where care staff training required updating or a person's care plan needed review.

The team leaders told us that they kept their skills and knowledge current and used external resources and training in addition to in-house support.

We saw that residents meetings were held by the housing association in which the person lived. A scheme manager said there used to be regular joint team meetings with council staff to discuss every person who used the service, but these had recently fallen behind.

Within the Extra Care service, team meetings were usually bi-monthly, but the last recorded meeting we saw at one location was in September 2015. We were told that this was due to restructuring within the local authority/team and the loss of one team leader post. A team leader told us that prior to any meeting an agenda was sent to all staff so they could add the items they wished to discuss. We saw one meeting agenda covered uniforms, working hours, agency staff not turning up (as this had an impact on the workload of other staff), pharmacy issues, staff rotas, individual residents, people's changing needs and going back to the social work team to discuss any changes required to care packages.

A housing scheme manager told us that they had regular visits from community groups and the police. One scheme manager said, "We are a close working team" but went on to say they didn't think staff felt as well supported since one full time team leader post had been lost.

The housing associations received Supporting People funding to provide day-time activity support for '1 hour per person' – this did not include providing personal care to people which was the responsibility of the Extra Care service, if identified. Supporting People funds housing related support services that a landlord (such as a housing association for example) can provide. Support means advice and help to make it easier for vulnerable people to maintain their independence in their home. Support can also be provided to people in their own homes through floating support services. Each location had a hairdresser's salon, a laundry service, a library and a reminiscence room.

We asked for the quality assurance policy. A team leader said the Wigan council quality assurance team had developed a baseline quality assurance tool which was used by the local authority Provider Market Management and Development team, when visiting all services as part of their quality assurance function. We saw that this tool was used within the Extra Care service and any issues identified at these visits were recorded in an action plan for improvement that was regularly monitored.