Housing & Care 21

Housing & Care 21 - Priory Court

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection took place on 6 and 8 January 2015. This was an announced inspection. This means we gave the provider 24 hours' notice because we needed to be sure that someone would be in at the office. We last inspected Priory Court on 17 Dec 2013 and found the service was meeting all the regulations we inspected against.

Housing & Care 21- Priory Court provides personal care for people living at Priory Court. At the time of the inspection there were 42 people receiving care at Priory Court. Priory Court is a housing scheme with an onsite team of care staff. The care people receive at Priory Court is regulated by the Care Quality Commission the accommodation is not. The staff were also providing support to two people who lived in a Housing and Care 21 sheltered housing scheme close by to Priory Court.

Summary of findings

At the time of the inspection the manager who was registered with the Care Quality Commission was not employed at Priory Court and their registration had not been cancelled. A registered manager from a different Housing and Care 21 service was in the process of adding Priory Court to their registration. They were overseeing the management of Priory Court with the support of two senior care staff.

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 told us they felt safe living at Priory Court and they were cared for by sufficient staff who had the right skills and knowledge to support them. Staff were knowledgeable about safeguarding and knew how to report any concerns.

Staff recruitment procedures were appropriate. Applicants were able to spend a day at Priory Court where they met and talked with people using the service and got to know what their role would involve. References and Disclosure and Barring Service checks were completed before people were offered employment.

Medicines were managed safely and people were included in decision making about which pharmacy to use for their prescriptions. Staff had received medicines training and their competency in handling medicines was assessed and observed by senior staff members.

Staff received regular supervision but some said they did not feel fully supported at the minute. Care staff at Priory Court told us that there was limited communication and support with regards to management changes. They had not had team meetings since September 2014 and felt isolated from decisions that were being made. This was having an impact on staff morale and staff felt there was a lack of leadership and transparency.

Mental capacity was understood and we saw that decisions made in people's best interest were recorded. People and their families or representatives were involved in these meetings.

People were supported with eating and drinking where needed. Most people living at Priory Court chose to use the independent restaurant that was on site for their meals.

Everyone we spoke with told us that the staff were very caring and respected people's rights and decisions. People were encouraged to make decisions about their care and treatment and had signed their care records and gave permission for staff to speak to their doctors.

Care records were individual and contained information on people's likes and dislikes, their family history and what was important to them. This meant documentation gave staff an understanding of the person as well as their care needs.

People told us they knew how to complain. Records were kept of any formal complaints received including whether the person was satisfied with the outcome of the investigation.

Day to day audits were in place but a full quality assurance audit of the service had not been completed since 2013. Many of the actions identified on the improvement plan had a completed by date assigned to them but there was no evidence that they had been signed off as complete by a senior manager as specified on the plan. This meant opportunities for improvements may have been missed.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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. Staff understood safeguarding and knew how to respond if they had concerns about people's well-being.

Risks were appropriately managed to ensure people's rights were respected and their independence was promoted.

There were robust recruitment procedures in place and staff levels were appropriate. Staff told us they all supported each other and worked together to cover staff absences.

Medicines were ordered, stored and administered in a safe way.

Is the service effective?

Good

The service was effective. People were cared for by staff who were well trained and knowledgeable. Mental capacity was understood and best interest decisions had been made and recorded in people's care plans.

Staff had been trained in nutrition to support people with eating and drinking.

People told us the building was accessible and easy to get around for wheelchair users.

Is the service caring?

Good

The service was caring. Staff had a kind and compassionate approach with people and relationships were warm and positive.

People were treated with privacy, respect and understanding. They were supported and encouraged to be involved in planning their own care and treatment.

Is the service responsive?

Good

The service was responsive. People had access to social activities that they could get involved with if they wished.

People knew how to complain and regular meetings were held for people to discuss the service and any concerns they might have.

Is the service well-led?

Requires Improvement

The service was not well-led. The service was being overseen by a manager from another Housing & Care 21 Service as the registered manager had left.

Staff felt isolated from management decisions and said they did not always receive updates from management about their concerns.

Quality assurance systems were in place but these had not always been reviewed and acted upon to make improvements to the service.

Housing & Care 21 - Priory 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 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 6 January 2015. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. A second day of inspection took place on 8 January 2015. The inspection was completed by one adult social care inspector.

Before the inspection, we reviewed the information we held about the service, including the notifications we had received. Notifications are forms providers are required to complete to let us know about any significant incidents or changes at the service. The provider completed a Provider Information Return (PIR) which was returned before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke to four people who were living at Priory Court, two relatives, nine care staff, one senior staff member, one manager, the locality manager and one administrator. We spoke with one local authority social worker and one commissioner during the inspection.

We looked at seven people's care and medicines records, staff files including recruitment, supervision and training reports and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at Priory Court. One person said, "The staff are marvellous." Another told us, "The girls are lovely." The people at Priory Court showed us the call bell pendant system that was used and explained it was there so they could call for help at any time of the day or night. The manager explained that some people didn't access staff support but needed an accessible flat and the emergency alert system.

Staff had a good understanding of safeguarding and one staff member said, "I'd report any concerns like that, and document it. I know what signs and symptoms to look for and know people well so I'd see any change." The manager knew her responsibility with regard to safeguarding and told us, "Report it, keep the person safe, follow the safeguarding and whistleblowing policy if needed. Involve people. Inform CQC. We have a dedicated lead for safeguarding so alerts and actions would go to them."

The manager showed us the computerised system for recording safeguarding information. This detailed all the appropriate information with regard to alerts. They told us that the internal lead for safeguarding completed trend analysis and flagged issues up with individual managers either as reminders or action that needed to be taken.

The safeguarding policy had been reviewed in October 2014 and was available for all staff alongside the local authority safeguarding policy. A flow chart of action to take during the safeguarding process had been updated in March 2014.

A whistleblowing policy was also in place and had been reviewed in November 2014. Staff said they knew how to whistle blow if they had any concerns about poor practice.

An accident and incident book was available and four reports had been completed and reviewed as required. The manager told us the information was inputted onto the computerised system for reporting and analysing. We were unable to see this system as the manager did not have access. No accidents or incidents had needed to be inputted onto this system whilst the current manger was overseeing Priory Court, however had the system been needed the manager told us they could have requested urgent access.

Priory Court had a restaurant, hairdressers and shop. The manager explained that these facilities were not managed as part of Priory Court and were open to members of the public as well people who lived at Priory Court. We saw that some people had set up invoicing systems with the restaurant so they received a weekly bill which they were then supported to pay. This supported people to manage their money independently. Staff told us, "We can support people with finances and we complete all the paperwork for it. People have receipt books and we record what was spent. It would all be in the care plan as well." The manager told us, "We might support people with online shopping but we don't know anyone's PIN numbers or manage pensions." This helped safeguard people's personal money.

People told us there were enough staff and they knew them all. A senior staff member explained that there were always a minimum of two staff on shift. This increased to four staff from 10.30am to 2.30pm and 4.00pm to 9.00pm as additional support was needed with mealtimes and evening routines. From 7.00am to 10.30am there were six staff on shift to support with breakfast and morning routines. During the night there was a waking night staff and a sleep in staff member.

A senior staff member worked every day from 7.00am to 3.00pm. We reviewed rotas over a three week period and found sufficient staff had been in place.

Staff told us, "We could do with another couple [of staff]. I know they were interviewing for bank staff. It's unusual to be more than one staff member down." When asked about how cover was arranged for sickness a staff member said, "Everyone helps everyone out." Another staff member told us, "If staff are sick we just get on with it, do the best we can. Most of the time there's enough staff though."

A social worker told us, "No one has ever complained about visits or staff or timing of calls."

We saw a service quality check had been recorded which showed that visits were at the right time, regular staff had visited and stayed for the right amount of time. The check also showed that staff offered the support that was needed and communicated effectively. This was signed by the person and they had added that they felt comfortable with the care staff.

When asked about staffing levels the manager explained they were always recruiting bank staff but needed to get the balance right as if they could not offer people hours

Good

Is the service safe?

they could not retain staff. They explained that there were no current vacancies. We reviewed staff recruitment and saw that appropriate systems and processes were in place including requesting references and Disclosure and Barring Service checks before people started in post. The manager told us, "We offer people a taster day before offering a contract so people can say whether it's for them or not. We'd explain about mentoring and training and show people the workbooks. It's a chance to do 'meet and greets' and make sure it's what people want."

We saw that appropriate risk assessments were completed, for example in relation to moving and handling. The risk of falls had been assessed and care plans included where to place people's zimmer frames and equipment so they could reach them when unsupported. The falls risk assessment included prompts for further assessment and advice such as referral to physiotherapy. We saw that this had happened and one outcome was that the person was to use their walking aid at all times. Every person living at Priory Court had an evacuation plan and staff knew what to do if there was a fire.

Staff files contained risk assessments and included the environment, lone working, driving and emergency situations. Review dates were specified and completed annually. When asked about lone working staff told us they did a late night call in the community. They felt personal safety was an issue in walking to the person's house. When asked the manager told us, "The person lives in our sheltered scheme so an alert would be raised if staff didn't turn up." They added, "We have personal alarms and I'll make sure all the staff receive one."

We found that medicines were ordered, stored and administered safely. The manager explained that they used an automatic prescription delivery service with a chemist that delivered and collected medicines. They told us, "We try and use the same pharmacy for everyone because they get to know people's prescriptions and if there's a change they will often ring and query it with us. If people don't want to change though that's fine, some family member's order prescriptions with people as well."

We saw that medicines were stored appropriately. Relevant care plans and medicine administration records (MARs) were in place and being completed. Care records included information on the process for ordering and storing medicines, information on homely medicines if people used them, and people's understanding of medicines and there side effects. It also included any allergies or swallowing difficulties people experienced and how these should be managed. Every person had a medicines profile which included details of the medicine, the dose, the form it was taken in and the frequency plus any additional information such as if tablets needed to be dissolved in water.

MARs were audited and assessed in relation to content and quality of recording and we saw that the documents were signed and dated when they had been audited.

There was a policy and guidelines in place for as and when required medicines but care plans directed staff to follow the direct instructions from the medicine container or prescription. We saw that these details were transferred onto the MAR. People did not have individual protocol's in place to identify trigger's or behaviours which may prompt staff to ask if they needed as and when medicines such as pain relief. Staff told us, "If people can tell us that's fine, if not we ask the person if they want it and record this on the MAR."

We observed one person being reminded in a discreet and respectful way that she needed to have her medicines. Staff told us, "We administer meds but are trained before we do it. Everyone has their medicines in a locked cabinet in their flats." Records confirmed that staff had received training in medicine administration and competencies were observed by senior staff.

People had signed medicine consent forms allowing staff to administer their medicines and have access to MARs, communication records, and GP details. This meant medicines were managed safely and with people's consent.

Good

Is the service effective?

Our findings

Staff told us, "Training is second to none, if you mention something they will go all out to get it for you." A senior said, "Training is really good; if you express an interest in something you can generally do it." They added, "We can access Gateshead councils training as well." Staff told us they had training in moving and handling, medicines, safeguarding, mental health, end of life, NVQ (National Vocational Qualifications), nutrition, infection control, health and safety, dementia, mental capacity act, and equality and diversity. The manager told us, "We can get external training in specialised areas, the district nurses are really good and have trained staff in oxygen use and the stroke association have done some free training for us as well."

Staff confirmed they had undertaken induction training. Some of the staff team had completed training in mentoring so they were able to support new staff through their induction and probation period. Induction included shadowing experienced staff members as well as completing an induction workbook and keeping a diary of learning.

Staff told us that they had regular supervisions and annual appraisals. One staff member said, "Mines [supervision] just been done last week." Another staff member said, "I had my probation review in the last few months." Supervisions had a set agenda which included health, training, personal support and checks of medicines, MAR charts and communication notes. Outstanding actions from the last supervision, feedback from any monitoring and any new policies and procedures to read were also included. The senior staff members were completing appraisals and supervisions but there was no record to indicate that these staff had been trained to do so. When asked the manager said "This wasn't offered at the minute but would be considered moving forward."

Senior care staff and managers completed supervisions where they observed care staff supporting people. They assessed moving and handling, personal care, maintaining a safe environment, standard of record keeping, standard of communication and attitude and nutritional support. Records included action required for improvement and general feedback, such as "Much improved from last supervision, [person supported] was happy with the service provided." Another record said "Respected dignity, towels used and door closed."

The senior care staff told us they had received additional training in mental capacity and were able to explain what it meant for people's support. We were told, "One person has restricted access to their medicines so it's done in line with mental capacity and best interest. The care plan's in place." Records confirmed that a best interest decision had been made with involvement from the person, their family and the social worker.

We also saw that two people had Do Not attempt Cardio Pulmonary Resuscitation orders (DNACPR) in place. Records showed that they were fully authorised and had been reviewed. People and their relatives had been involved in mental capacity assessments and best interest decision making. One person's lasting power of attorney had been involved and an emergency care plan was in place which had been signed by those involved in the decision making. A lasting power of attorney is a person who has been appointed to make certain decisions on people's behalf. When asked staff told us, "A DNACPR doesn't mean they don't get any medical treatment it just means we don't attempt to resuscitate." Staff knew who had a DNACPR in place and knew where the paperwork was kept in people's homes.

People told us they liked to use the restaurant within the scheme for meals. One person said, "You get a really good three course meal for a decent price." They went on to say, "My family and dietitian were really concerned that I wasn't eating so I told them to go and speak to the staff in the restaurant. I gave my permission and they told them that I always clear my plate and I love the ice-cream!" Another person told us, "My family do my shopping so I look in the cupboard first and if there's nothing I fancy I pop to the restaurant." One staff member said, "Support with nutrition? We get the dietitian in for advice with that and follow their lead. One person has a food intake chart as it's part of their support." Another staff member said, "We support X sometimes to physically eat but I always ask if he wants help first. We take meals to flats from the restaurant sometimes or some people get together and have a meal there socially." We saw that all staff had received training in

Good

Is the service effective?

nutrition. Care plans on meal preparation included asking people what they would like to eat, how to escort people to the restaurant and making sure people had their mobility aids with them.

People had the support of other health care professionals such as the falls team who had offered support with assessments and risk management. District nurses were involved and visited on the day of the inspection. We saw that staff worked with them to support people to receive medical interventions in a discreet and respectful manner, ensuring confidentiality was respected.

A social worker told us, "We have good working relationships, if there's any problems we work together to get them sorted straight away. If referrals to other specialists are needed the staff let me know and I can get the ball rolling straight away."

One staff member told us, "One gentleman had a stroke and has communication needs. He can get frustrated at times but Speech and Language Therapy (SALT) are involved. He has a laptop and we use pictures and cards to support him." They added, "He loves trucks and used to be a long distance lorry driver, he buys magazines about trucks and we chat with him about them."

People had hospital admission sheets which detailed contact details and medical details.

The building was accessible for wheelchair users as were some of the flats. One person who used a mobility scooter told us, "When my sons first brought me I said it's lovely but how am I going to get around on my scooter? The staff showed me the lift up to my flat, and I can get around the flat no bother. There's even a space for me to charge it." We saw that there was a small pull down seat in the lift for people who were unsteady on their feet.

Good

Is the service caring?

Our findings

One person told us, “Staff are marvellous.” Another said, “The girls are lovely, some just come in and do what they need to and leave, others are great.” Another said, “The staff cut the crusts off my bread, just how I like it.” Staff told us, “It’s nice here; it’s about caring for people.”

We saw there were warm and respectful relationships between people and staff. We observed one staff member offering reassurances to a person who was concerned about her family. The staff member kneeled down next to the person and spoke to her in a calm and respectful manner, spending time to reassure and comfort her. They used gentle touch to the person’s arm and the person responded by holding her hand and maintaining eye contact whilst they chatted.

People told us they were involved in making decisions about their care and treatment. We observed one person being asked by staff if they would like to go to their room for their medicines in a discreet manner. The person decided that they wanted to wait a few moments and this was respected.

People told us they had been able to decorate their flat how they wanted to and that they had their own furniture and pictures. “It’s just like home” one person told us. Another said, “I'm as happy here as my other home, my sons are delighted.”

One person said, “Family come and visit anytime.” A visitor said, “I come in and have a cuppa and a chat with people. It’s really nice here; I hope to move in one day myself.” We also heard a relative talking with the manager and saying, “A staff member brings their dog in to see Dad as he loves dogs and misses them.” A relative told us, “Its wonderful care, it’s a huge reassurance that she is so well looked after. Staff are very caring.”

The manager told us that one of the people who lived at Priory Court was regularly visited by their advocate. This service could be arranged for other people who may have needed the support of an advocate. Advocacy is a process by which a person is supported by an independent person to make sure their views and wishes are heard and considered when decisions are being made about their lives.

Staff told us they received training on privacy and dignity during their induction and there was a policy available for staff to read.

We saw that Priory Court had signed up to the Dignity Charter which sets standards for treating people with dignity and respect in social care environments. There was information available on how to make life better for people by offering the right support.

Is the service responsive?

Our findings

People told us there were activities arranged at Priory Court. One person said, "We make our own entertainment, I always come and sit in the lounge and have a chat with my friends. When X moved in she was nervous about imposing on us but I told her we are all friends here come and have a chat and a cuppa." People told us, "There's bingo and Age Concern have a drop in."

There was a weekly programme of events which were advertised. These included bingo, cake making, painting and pampering sessions. Staff explained that they did not have an activities co-ordinator but tried to make sure there was an activity every day, "Even if it's just coffee and a natter."

Feedback from people using the service was that they would like to have more varied activities and more of them. We saw that staff were actively involved in the activities and additional staffing was in place to lead the activities, such as a pampering session which was well attended by people. A staff member told us, "We try to vary activities to meet people's needs and go with the majority." They added that, "People came up with the idea of cake making and card making. We offered making Christmas wreaths but people weren't interested." When asked about activities for men they said, "Men like to play dominoes and bingo. They also enjoy the tea and coffee and the movie club – we have ice-creams and popcorn to make it like a cinema experience. They even enjoy the occasional hand massage."

People's care records included a weekly timetable which detailed what regular activities they took part in, when they received support and what for. Care plans were person centred and focused on the individual. A social worker told us, "Staff know people well, care plans are easy to read and understand."

Care files included pen pictures of people which gave information on their history and the things that were important to them, such as their family and friends. It also gave information on people's previous jobs, their likes and dislikes and preferences for having male or female care staff. One person had written that she enjoyed the odd pyjama day and loved Rod Stewart. Care records included information on how to include people and their families in decision making and we saw that people were involved and had signed their care plans and reviews.

We found that staff were knowledgeable about people needs and respected their wishes.

Care plans were written in the first person and included specific information. For example, where certain equipment was kept and a reminder about making sure it was available for people to use when staff were not present. We saw that care plans contained detail on what people were able to do for themselves so they were able to maintain as much independence as possible.

People's communication needs; spiritual needs; social life and interests; contact with family and friends and hobbies were included in care records. Information on what a good quality of life looked like for people was recorded. One person's pen picture said, "I'm very independent and do most things for myself. I can leave my flat and use my electric scooter but I choose to stay in my home and need lots of encouragement to go to the communal areas or restaurant. I like to be called X and I manage my own medicines and money." Another person's said, "I like to have a pyjama day every now and again," and, "I like a call around 8 o'clock to make sure I'm okay." The majority of these documents were signed by the person to show they had been involved.

Health information, including any exercise or sport people enjoyed and assistive technology they used was recorded. Any support needed with finances and existing support networks were also included. This was written in a very individual manner so there was an understanding of the personality of the person rather than just the areas where they needed support. 'More about you' sheets included information on people's relationships, their family history, work, favourite things, what they enjoyed, pets and wishes for end of life care. Staff were able to use this information to develop relationships with people and get to know people so they could support them in a dignified and respectful manner.

Care reviews were completed annually and following any change in the person's needs or circumstances. We noted that one person's falls risk assessment and care plan had been updated following a review by the falls team due to a change in their needs.

Is the service responsive?

People told us they knew how to complain and would do so if they needed to. There was a complaints file in place which included the procedure and the time frames for action. We saw that complaints were resolved quickly and often within two weeks. Feedback was also sought to see if the complaint had been resolved to the person's satisfaction. Of those we reviewed, people had said they were satisfied with the outcome. Surveys were also sent to people on a regular basis giving people an opportunity to express any concerns or positives about the service.

People had a copy of the complaints procedure in their 'welcome pack'. We saw that relatives freely popped into the office with queries about reviews, activities and housing matters.

Meetings were held with the people who lived at Priory Court so staff could listen and learn from their experiences. One meeting had included a discussion about having one pharmacy provide all medicines for people living at Priory Court. Some people had voiced that they did not want this to happen as they wanted to stay with the pharmacy they knew. This was respected. People had also raised that some staff were not knocking on their doors before entering and this had been addressed. People told us staff now knocked on doors and waited to be invited in or knocked and then shouted to say who it was coming in. We saw that this had been recorded in the person's care records.

Requires Improvement

Is the service well-led?

Our findings

The manager who was registered with the Care Quality Commission was not employed at Priory Court at the time of the inspection and their registration had not yet been cancelled. A registered manager from a different Housing and Care 21 service was in the process of adding Priory Court to their registration. They had been overseeing Priory Court for a few weeks at the time of the inspection.

Staff told us, "We don't feel supported at the minute, there's no communication. For example with what's happening with management, we used to have team meetings but they haven't happened for a while." Another staff member said, "We don't know what's happening in terms of management. Senior people seem to keep appearing but we don't get introduced or told why they are here."

Staff told us that they felt they were not always listened to. A staff member said, "We hand things over to our supervisor and they take it over but we don't get to hear feedback on what's happening so what's the point?" Another member of staff said, "I feel let down as we shared lots of ideas and they aren't being followed up on, at least we don't get to hear about it anyway."

One staff member told us, "The team care about each other and help each other out – it's the staff team that have kept this place going." They went on to say, "They rely on goodwill too much."

Care staff told us they did not understand why senior care staff were in the office so much or what they were doing. One staff member said, "We know the office work is important but if someone just told us what they were doing it would help. They used to be on the floor [caring for people] but they spend their time in the office now."

The manager told us, "I understand how staff feel in some respects as there has been some negativity." A social worker told us, "There have been problems with so many management changes but there's not been a turnover of seniors or carers which is good."

Staff felt that the needs of people using the service were increasing, so the care and support people needed was taking longer. Staff said, "If we are staying longer we report it and then arrange for reassessment of need, support from higher up could be better in terms of managing late calls." The staff member went on to say, "People have allocated times for visits but we don't get any help to explain if we're late."

When asked about communication methods the manager told us, "The update on clients' needs is in the handover or communication book. Staff should also be reading the care plans." A senior care staff member explained that, "I go to handover when I can; I try to go to one a day." Staff told us that they had requested a diary as it would help them see what tasks needed to be completed that day rather than having to look back through the communications book. They felt it was easy to miss things with the current system. When asked about this the manager said they should have a diary and referred to the senior care staff who said, "No we haven't got one." The manager said she would make sure one was put in place.

We saw there had been no staff meetings held since September 2014. When asked about the regularity of meetings senior care staff told us, "Staff meetings were once a month with the previous manager but we are waiting for the new manager to be in post to do the next one." We found that staff felt isolated from management decisions and were not given the opportunity to discuss these and other concerns they had.

Although staff received regular supervision they did not always feel that they could be open in these meetings. The manager overseeing Priory Court recognised the value and importance of transparency and communication with the staff team. However, staff felt decisions were being made without their involvement and they were not receiving enough information from management about the running of the service.

We saw that some audits were completed to look at the quality of the service people received. The manager told us that at least 10% of documents were audited on a monthly basis, including medicines administration, care records and direct observations of staff carrying out their duties.

Health and safety audits were also completed including fire safety checks and maintenance within the environment. It was noted that a monthly audit for repairs had picked up that a bulb needed to be replaced and this had been completed.

The manager told us that Housing & Care 21 had an internal audit team and a new process of quality assurance

Requires Improvement

Is the service well-led?

was being implemented. They explained that this involved a toolkit for self-assessment of complaints, staff files, care records, medicines, training and other aspects of the service. The assessment was to be completed by the manager and sent to the auditor who would then visit the service to check the findings. An improvement plan was then developed which would detail the improvements to be made, who was responsible and a time frame for completion.

This process had not yet been implemented at the service. Whilst routine audits were being completed, there had not been a full check of the quality of the service since February 2013. This had resulted in an improvement plan with detailed actions to be taken and timescales for completion. We saw that many actions identified on the improvement plan had a completed by date assigned to them, but there was no evidence that they had been signed off as complete by a senior manager as specified on the plan. The manager told us, "The quality assurance produces an improvement plan but it hasn't been acted on due to previous management issues." They went on to say that they had a plan in place for handover to the new manager which included work on the quality assurance tool kit.

Quality assurance systems were in place but they were not always reviewed and acted upon in a consistent manner which means they were not effective in ensuring identified improvements were made. There were limited opportunities for staff to share their views in relation to the standard of care provided to people living at Priory Court which means there were missed opportunities for improvements. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The provider did not have an effective system in place to regularly asses and monitor the quality of the service provided. The views of staff in relation to the standard of care provided was not regularly sought. Regulation 10 (1)(a)(2)(e).