Creative Support Limited

Creative Support - Sutherland Court

Inspection report

Thesiger Road
London
SE20 7NN

Tel: 01612360829

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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 23 and 24 January 2018 and was announced. Creative Support - Sutherland Court provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People using the service live in 50 one or two bedroom apartments located in a single apartment block within the London Borough of Bromley. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager in post. 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.

We found areas requiring improvement because Medicine Administration Records (MARs) had not always been correctly completed by staff and did not demonstrate that people had received their medicines at appropriate intervals. Staffing levels did not always meet the planned allocation on each shift. People's care records were not always up to date and accurate. The provider conducted checks and audits in a range of areas but these were not always consistently effective in identifying issues and driving improvements.

People were protected from the risk of abuse because staff were aware of the different types and signs of abuse, and the action to take if they suspected abuse had occurred. Staff also knew to report any accidents and incidents, and records showed that senior staff reviewed incident records and acted to reduce the risk of repeat occurrence to keep people safe. The provider followed safe recruitment practices. The provider had systems in place to protect people from the risk of infection.

Staff sought consent from people when offering them support and demonstrated an understanding of how the Mental Capacity Act 2005 (MCA) applied to their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were supported in their roles through regular supervision, appraisal, and the provider's training programme which was due for completion in April 2018. People were supported to access healthcare services where required and to maintain a balanced diet where this was a part of their assessed needs. The provider worked in partnership with other health and social care professionals to ensure people received consistent, joined up care and support.

People's needs were holistically assessed to support staff in developing care plans which reflected their preferences and choices in the way they received support. Staff treated people with care and consideration, and encouraged their independence. People told us that they were treated with dignity and that their privacy was respected. They were also involved in decisions about their care and treatment. The service offered a range of activities for people to take part in, in support of their need for social engagement.

The provider had a complaints policy and procedure in place and people told us they knew how to raise concerns if needed. Records showed that senior staff had followed the provider's complaints procedure in investigating and responding to any complaints they had received.

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 always safe.

Improvement was required to ensure people's medicines were safely managed.

The provider determined staffing levels based on an assessment of people's needs but improvement was required to ensure the planned number of staff were consistently deployed on each shift.

Risks to people had been assessed, and action taken to manage risks safely.

People were protected from the risk of abuse because staff were aware of the types of abuse and the action to take if they suspected abuse had occurred.

The provider followed safe recruitment practices.

Staff were aware of the action to take to ensure people were protected from the risk of infection.

Senior staff acted to learn from any incidents and accidents to reduce the risk of repeat occurrence.

Is the service effective?

Good

The service was effective.

Staff received support in their roles through an induction, training, supervision and appraisals of their performance.

Senior staff conducted a holistic assessment of people's needs to help inform the planning of their care and support.

People were supported to access healthcare services where needed, and to maintain a balanced diet where this was part of their assessed needs.

The provider sought to work with other health and social care providers to ensure people received co-ordinated joined up care

and support.

Staff sought people's consent when offering them support, and were aware of how the Mental Capacity Act 2005 (MCA) applied to their roles.

Is the service caring?

Good

The service was caring.

People were treated with dignity and their privacy was respected.

Staff treated people with kindness and consideration.

People were involved in making decisions about their care and treatment.

Is the service responsive?

Good

The service was responsive.

People received support from staff which reflected their individual needs and preferences.

Staff encouraged people to maintain their independence.

The service offered people a range of activities to take part in, in support of their need for social engagement.

The provider had a complaints policy and procedure in place. People told us they knew how to complain and expressed confidence that any issues they raised would be addressed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had systems in place for monitoring the quality and safety of the service, but improvement was required to ensure these were effective in identifying issues in order to drive improvements.

Improvement was required to ensure records about people's support were up to date and accurate.

The service had a registered manager in post who demonstrated a good understanding of the responsibilities of their role.

People spoke positively about the management of the service

and told us senior staff were a visible presence who made themselves available to them when needed.

The provider had systems in place to seek feedback from the people using the service in order to help identify areas for improvement.

Staff told us they worked well as a team in order to meet people's needs.

Creative Support - Sutherland 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.

This inspection took place on 23 and 24 January 2018 and was announced. We gave the provider two working days' notice of the inspection because the service provides support to people living in their own homes and we needed to make sure the registered manager would be available to assist us during the inspection.

The inspection was conducted by two inspectors who visited the service on the first day, and an Expert by Experience who made telephone calls to people whilst they were at home. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was completed by one inspector who returned to the service on the second day.

Prior to the inspection we reviewed the information we held about the service. This included details of notifications received from the provider about deaths and safeguarding allegations. A notification is information about important events that the provider is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider for some key information about the service, what the service does well and any improvements they plan to make. We also sought feedback from the local authority commissioning team involved in commissioning the service. We used this information to help inform our inspection planning.

During the inspection we spoke with eight people face to face and a further four people by telephone to gain their views on the service they received. We also spoke with a visiting social worker who had regular involvement in assessing the support needs of people using the service who gave us their feedback, and

with three staff from the housing provider.

We spoke with the provider and eight staff, including the registered manager and scheme manager who had day to day responsibility to for managing the service. We also looked at records, including nine people's care plans, five staff recruitment records, staff training and supervision records, and other records relating to the management of the service, including Medication Administration Records (MARs), audits, and minutes from meetings with people and staff.

Requires Improvement

Is the service safe?

Our findings

People told us they were supported to take their medicines as prescribed where this was part of their assessed needs. One person said, "[Staff] have to help me with my medicines and they are always on time." Another person told us, "I get my medicines on time; there are no problems." Staff told us, and records confirmed that they had received training in medicine administration and periodic competency checks to ensure they provided people with safe support. However, we found improvement was required because records relating to people's medicines were not always adequately completed in order to ensure people received consistently safe support in managing their medicines.

People's care plans included details of medicines they had been prescribed and the level of support they needed to take them, as well as information about any known medicines allergies, to reduce the risk of unsafe administration. Staff completed Medicines Administration Records (MARs) to confirm the support they had given people to take their medicines. However, we found that where one person had been prescribed pain relieving medication which could be taken as a variable dose, staff had not recorded the dose they had administered each time. This meant we were unable to cross-reference the remaining medicine stock with the person's MAR to determine whether they had been supported to take the medicine correctly. We also noted that the person's MAR did not specify times at which the doses should be administered, referring only to 'morning', 'lunch', 'evening' and 'bed' times. There was no protocol in place to give staff guidance on how they might determine the correct dose to administer, or to ensure that an appropriate time gap was maintained between each dose. This required improvement.

We also found improvement was required with the way in which staff recorded medicines administration. For example, one staff member had failed to complete a person's MAR to confirm administration of their medicines on the second morning of our inspection, although the person told us, and it was clear from the remaining medicines stocks, that this had been administered correctly. In another example, we found that where staff had used coding on people's MARs to indicate that they had not administered medicines, they had not always recorded the reasons for this, in line with the MAR guidance. This meant we were not always able to determine whether people had taken those medicines correctly. The registered manager told us they would follow up on these issues with staff and would put stock check forms in place for staff to complete, to ensure medicines stocks could be clearly cross-referenced with people's MARs following our inspection.

People told us there were sufficient staff deployed at the service to meet their needs. One person said, "They [staff] are pretty much to time and they spend enough time with me to do what needs doing." Another person told us, "The staff visit me at the times we've agreed and they make sure I get the support I need." A third person said, "They [staff] turn up when I expect; I've not had any problems."

The registered manager explained that staffing levels were determined based on assessment of people's needs. All but one of the staff we spoke with told us that they felt the planned staffing levels enabled them to meet people's needs safely. One staff member commented that they felt staffing levels were too low, and that this had an impact on the way in which they were able to interact with people in the communal areas of the building. However, they also told us that they worked hard to ensure people were supported in line with

their assessed needs and were not aware of anyone not receiving the care they needed.

We reviewed a sample of the staff rota and noted that whilst actual staffing levels reflected the planned allocation for most shifts, one shift during the previous weekend had been covered by one less staff than had been planned for. We raised this issue with the management team who explained that they had unsuccessfully attempted to cover the shift through their own bank staff and an external agency. Records showed that visits for the missing staff member had subsequently been covered by a senior member of staff who had been on duty with further visits allocated out to the other staff on the shift. However, improvement was required because these changes meant there was a reduction in the availability for the staff on duty to respond to any unexpected requests for support in the event of an emergency.

Despite this, people we spoke with told us they had received their visits during the shift in question as expected and that they were happy with the support they'd received. The registered manager told us, and records confirmed that they were in the process of reviewing their recruitment processes, in order to increase the overall number of staff working at the service, which would reduce the need to seek cover from bank or agency workers.

The provider followed safe recruitment practices. The registered manager explained that the staff working at the service had all been transferred from the previous service provider. Staff files contained records of checks having been made at the time of their employment. These included criminal records checks, confirmation of their identification, their right to work in the UK where applicable, full employment histories and references from previous employers to help ensure that they were of good character and suitable for their roles.

Staff undertook assessments of people's needs and conditions which helped identify areas of risk to their health and well-being. Records showed assessments covered areas of risk including self-neglect, falls, mobility and nutrition, as well as any risks associated with people's individual medical conditions or the environment. We found that one person's falls risk assessment had not been reviewed following a recent fall they had suffered and there was no falls risk management plan in place for them, despite the risk assessment identifying the need for one to be in place where people had suffered a fall within the last 12 months. We spoke to the management team about this issue and they told us they would update the person's care plan and risk assessment following our inspection.

Guidance was in place for staff on how to manage risks to people safely. For example, one person's care plan included guidance on the support they required to manage their condition of epilepsy, which included information on the support they needed during a seizure, and the circumstances in which to contact the emergency services. Staff were aware of these guidelines and the action to take to support the person safely.

There were arrangements to deal with emergencies. People had personal emergency evacuation plans (PEEPs) in place which contained information for staff and the emergency services about the support they required to evacuate from their apartments in an emergency. People's care plans also contained missing person's profiles to enable staff to share appropriate information with the emergency services if a person went missing. The provider had an on-call service in place for staff to use outside of office hours if they had any queries or concerns, and staff confirmed they were aware of the provider's out-of-hours procedures. Staff were also aware of the action to take in the event of a fire or medical emergency.

People told us they felt safe with the service they received from staff. One person said, "I feel safe with them [staff]; they are very supportive." Another person told us, "Yes, I feel safe. I'm a little nervous since I was ill and the staff always give me an arm or support when I need it." A third person commented, "I'm quite safe; I

can lock my door and the staff treat me well."

Staff were aware of their responsibilities in safeguarding people from the risk of abuse. They were aware of the different types of abuse that could occur, the signs that may indicate a person had been abused, and the action to take to report or escalate any safeguarding allegations. One staff member told us, "I would report any concerns or allegations I was made aware of to my manager. We also have a whistle blowing policy, and I know I can contact CQC or social services if I need to."

Safeguarding policies and procedures were in place which gave guidance to staff on the action to take if they suspected a person had been abused. The management team were aware of the processes to follow in reporting allegations to the local authority safeguarding team. Records showed that appropriate referrals had been made in response to safeguarding concerns raised by people or staff and the provider had submitted notifications regarding any such allegations to CQC, in line with regulatory requirements.

Staff worked in ways that reduced the risk of infection. For example, they were aware of the importance of wearing personal protective equipment (PPE) such as gloves and aprons when supporting people with personal care, and people we spoke with confirmed staff wore PPE whilst supporting them. Staff were also confirmed they had received training in food hygiene and demonstrated an understanding of safe food hygiene practices when we discussed this with them.

Staff were aware of their responsibility to report and record the details of any accidents and incidents which occurred. Records of any accidents and incidents had been logged by staff and noted that these had been reviewed by the management team in order to identify learning or areas in which improvements could be made to reduce the risk of repeat occurrence. For example, records showed the management team had arranged for one person's medicines to be reviewed following a fall. We noted that the person had not suffered any further falls in the time since the medicines review had occurred.

Good

Is the service effective?

Our findings

People told us that they were supported by competent staff. One person told us, "They [staff] know what they're doing; I need to be hoisted and I've never had any issues." Another person said, "The staff know my needs and that is fine." A third person described a recent accident they had been involved in and spoke positively about the competence of the staff who had supported them at that time.

Staff confirmed they received an induction when starting in their roles and we saw the provider had a training programme in place which covered areas including safeguarding, medicines administration, infection control, health and safety, and manual handling. The registered manager explained that the current staffing group had transferred to Creative Support from the previous provider when the service had been re-commissioned by the local authority. Because of this, they were still in the process of rolling out their training programme, although staff had completed training previously which enabled them to support people competently. The registered manager also told us, and records confirmed that the service had plans in place for staff to ensure staff completed any outstanding training by April 2018.

Staff spoke positively about the training they had received from the provider. One staff member said, "The training is good quality; lots of practical sessions and then we're tested to ensure that we're competent." Another staff member said, "The training I've had so far has been a helpful reminder and I've more training scheduled which I'm looking forward to completing. I feel competent in being able to support the people living here."

Staff were supported and had regular supervision and appraisal. One staff member told us, "I have one to one supervision with the scheme manager. It's good because I can discuss any issues I'm having or any concerns I have about the people we support." Appraisals were used as an opportunity to discuss development options for staff and staff told us that they were supported in their development, for example by enrolling to complete a relevant Qualification and Credit Framework (QCF) diploma which is a nationally recognised social care qualification. We also noted that staff attended group supervision sessions where they discussed aspects of their roles, including pressure area care, safe moving and handling, partnership working, incident reporting, dignity in care, record keeping, and infection control.

People's needs were holistically assessed in order to help identify areas in which they required support. Care records also included assessments conducted by the commissioning local authority before people started using the service. Assessments considered areas including people's physical and mental health, nutrition and hydration, mobility and the management of personal care. Senior staff explained that these assessments were used to help form the basis of people's care plans. The registered manager also told us that the service considered nationally recognised guidance when developing people's care plans to ensure they followed current best practice. This included, for example, guidance issued by the National Institute for Health and Social Care (NICE).

Staff were aware of the need to seek consent from people when offering them support. One staff member told us, "I always ask people if they're willing for me to help them. I would try and encourage them to accept

support if they refused initially, but I wouldn't force anyone to do anything they didn't want to." People confirmed staff sought their consent. One person said, "They [staff] always ask if what they are going to do is alright with me." Another person told us, "The staff always check to make sure I'm happy with what they're doing."

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 so that they can 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.

Staff demonstrated an understanding of the MCA and how it applied to their roles. The registered manager confirmed that where people lacked capacity to make specific decisions for themselves, they would work with other healthcare professionals and people's relatives, where appropriate in ensuring any decisions were made in their best interests. However, the registered manager also told us, and staff confirmed, that people had capacity to make decisions about the support they received at the time of our inspection.

People were supported to eat and drink, where this was part of their assessed needs. One person told us, "The staff help me prepare my breakfast; I eat the things I choose to buy in." Another person said, "The staff check to see if I need any help [to prepare meals], but most of the time I'm able to sort my own food out." People's care plans included information about any support they required to eat and drink. The registered manager explained that people's main meals were catered for by a canteen that was operated separately from the service. Records showed that relevant information about people's dietary requirements, for example if they required a soft diet, had been shared by the service with the canteen provider to ensure the meals they prepared were appropriate.

People had access to support from healthcare services when they needed it. Care plans contained information about any healthcare needs they had, as well as contact details for their GPs and any other relevant healthcare professionals involved in their treatment. People told us that most of the time they, or their relatives managed their healthcare appointments independently. Staff told us they monitored people's health and would contact people's GPs if they were unwell, or an ambulance if needed in an emergency. This was confirmed by people we spoke with; one person said, "Usually my daughter sorts those things out, but the staff did call my GP when I was unwell and they came out to visit me here."

The management team told us the service was committed to working with other services to ensure people received consistent and co-ordinated care. Records showed that the service had held meetings with other services who were involved in in people's support. For example, we saw minutes of a recent community nursing service where senior staff had discussed team working and the best ways to share relevant information about people's treatment, to ensure they received appropriate support. We also saw summary documents in people's care plans which included key information about their medicines, mobility, cognitive ability and details of their next of kin which staff told us was shared with relevant health and social care professionals when people used other services, to ensure their support needs were properly co-ordinated.

Good

Is the service caring?

Our findings

People told us that staff treated them with care and consideration. One person said, "They [staff] are all kind; they know I am nervous and allow me time." Another person told us, "The staff treat me well; I get on with all of them." A third person commented that staff were, "Friendly and caring."

We observed staff engaging with people in a relaxed and caring manner. For example, over the course of our inspection we saw staff regularly check on people's well-being when meeting them in communal areas of the building, and responding promptly in a friendly way to any queries people raised with them. It was clear from these interactions that people were comfortable in the presence of the staff supporting them.

Staff we spoke with demonstrated a good knowledge of the people they supported and had built strong relationships with them. They were aware of people's life histories and family backgrounds, the things they enjoyed doing and the friends and family they were in regular contact with. This information helped them interact with people in a familiar and friendly way. For example, we heard one staff member talking to a person about a family member who was visiting them later that day and reminding them about an arranged activity in a communal area that they enjoyed attending, and noted that person engaged positively in the conversation.

People told us they were involved in decisions about the support they received from staff. One person told us, "I make my own choices and the staff support me in the way that I want." Another person said, "They [staff] explain everything to me although I don't always remember; they don't mind telling me again though, and they do whatever I want." Staff told us they involved people in making decisions about the support they received wherever possible. One staff member said, "I always offer people choices and am guided by them as to what they want. For example, if I'm helping someone to wash and dress, they choose whether to have a shower or a wash, and then what they'd like to wear."

People were treated with dignity and their privacy was respected. Staff described the steps they took to ensure people's privacy and dignity were maintained. One staff member told us, "I always ring people's door bells before entering their flats." Another staff member said, "I make sure we have privacy if I'm helping someone to have a wash; I'll make sure the door is closed, and close the blinds. It's also important to communicate clearly with people so that they're comfortable with what I'm doing. If they're undressed, I'll cover them up as much as possible with a towel, so they don't feel exposed."

We observed staff ringing on people's door bells and calling out before entering their flats to make sure people were happy for them to go in. One person told us, "They [staff] respect my privacy; I have my shower mid-morning unless I am going out, and they avoid this time so as not to disturb me. They always knock and call out." Another person said, "The staff are courteous and they respect my privacy."

Good

Is the service responsive?

Our findings

People told us they received support from staff which met their individual needs. One person said, "I'm happy with the routine we have [with staff], but if I wanted to do things differently, I could discuss it with the staff and they'd arrange it." Another person told us, "The help they [staff] give me meet's my preferences; for example, I like to spend some time in the afternoon in bed and the staff know to come and find me and help me with this." However, despite people's positive feedback regarding the support they received, we found improvement was required to ensure people's care plans were kept up to date and were reflective of their current support requirements.

Care plans had been developed from assessments of their needs which had been conducted by both the provider and the local authority. These covered a range of areas including personal care, medicines, nutrition and hydration, communication and mobility. They included information regarding people's views and preferences in the way in which they received support, as well as descriptions of their preferred routines when attended by staff.

Staff supported people to maximise their independence. One staff member explained that they always encouraged people to do as much as they could for themselves, for example when washing or getting dressed. People spoke positively about the support they received to be independent. One person told us, "They [staff] are brilliant; when I first moved here they did a lot for me but they are doing less and less because I can do it now." Another person said, "The staff encourage me to do things but they don't force me; they know I have good and bad days."

Staff demonstrated an understanding of people's communication needs and any support they required with regard to their disabilities, race, religion, sexual orientation or gender. For example one staff member explained that they supported a person to get ready earlier on certain days in order that they could attend religious services. People confirmed that where applicable, staff provided them with appropriate support in these areas. For example, one person told us that they received the support they needed with regard to their religious beliefs.

People were supported to take part in a range of activities which were offered by the service in support of their need for social engagement. The activities on offer included quizzes, pampering sessions, bingo and gentle exercise classes. One person told us, "We have a new activities lady who is trying to get something for everyone." Another person told us, "I enjoy the activities; it's a good chance to socialise."

The provider had a complaints policy and procedure in place, and we saw guidance had been provided to people on how they could raise concerns, and what they could expect in response, including details of the timescales for any investigation and the escalation process people could follow if they were unhappy with the response they received. People told us they knew how to make a complaint. One person said, "I'd speak to the staff in the office if I had a problem, and they'd sort things out." Another person told us, "The manager is here all the time and I know I can contact her if I had a complaint."

The management team maintained a complaints log which contained details of any formal complaints received, as well as the action taken by staff to investigate the issues and respond. Records showed that complaints had been managed in line with the provider's complaints procedure.

The provider had systems in place to seek the views of people in order to identify areas for improvement. Staff were aware of their roles and responsibilities and spoke positively about the way in which they worked as a team. People told us that the service was well managed and that the scheme manager was a visible presence, who was available for them to talk with when they needed.

Requires Improvement

Is the service well-led?

Our findings

The provider had quality assurance systems in place to monitor the quality and safety of the service, but improvement was required to ensure these were consistently used effectively. Staff conducted checks and audits in a range of areas, including people's care records, medicines audits, checks on equipment and spot checks on staff performance. Records showed that identified issues had been followed up and addressed. For example, a check on one person's medicines identified that they would soon be running out of a prescribed medicine and we noted this issue had been followed up with staff to confirm that a request had been made to the GP for a further prescription.

However, improvement was required because audits were not always effective in identifying issues. For example, we found that a recent audit of one person's care records had not identified that the person's care plan was out of date, referring to only two daily visits when staff were supporting the person four times each day. We raised this issue with the registered manager and provider and they told us they would review the auditing process with staff to prevent similar issues occurring in future. In another example, we saw audits of people's Medicines Administration Records (MARs) had identified repeated issues with staff not recording explanations for the coding they used when they had not administered people's medicines as normal, but this issue had not been addressed. We also found further improvement was required to ensure people's care records were up to date and accurately reflected their current support needs. For example, one person's care plan still referred to the need for staff to provide them with support around their use of a catheter which staff told us they had not used in the last two months. Senior staff confirmed they would review and update the person's care plan following our inspection.

We also noted examples where audits of care records had been effective. For example a recent audit of one person's records had identified an issue with the times at which staff were visiting the person and records showed that this had been addressed by the time of our inspection.

The service had a registered manager in post who had been registered when the provider was awarded the contract to by the local authority in 2017. They explained that whilst they had oversight of the service, the day-to-day management of the service was undertaken by the scheme manager who was in the process of applying to become the registered manager. Both the registered manager and the scheme manager demonstrated an understanding of the requirements of the role and their responsibilities under the Health and Social Care Act 2008. For example they knew the circumstances in which they should submit notifications to CQC and records showed that the scheme manager had submitted notifications appropriately, where required.

People spoke positively about the management of the service. One person said, "The care is very well managed; you couldn't want for better." Another person told us, "The manager is lovely; always listens to what you have to say and is available to talk to when needed." A third person commented, "I think the manager is very good and well organised."

Two staff told us of the challenges they had experienced in being transferred to work for the provider from

the previous service provider, following the recent contractual changes made by the local authority. One staff member said that they had initially had reservations, but that the management team had been supportive in the time since the change. Another staff member told us that they continued to have concerns about the changes that had been made since they started working for the new provider. For example they told us they were concerned about the staffing structure and how this might change in future, as well as the challenges in working with agency staff who were not familiar with people's needs. We spoke to the registered manager about these concerns and they told us they were aware of them and the management team were looking at alternative ways to address the issues. Records we reviewed confirmed this.

Other staff we spoke with told us they were happy in their roles and felt supported by the management team. One staff member said, "The manager is always here when needed and is approachable." Another staff member commented that they felt included and consulted on the decisions made by the management team at the service. Staff also told us they worked well as a team ad that they communicated well with each other to ensure people received good quality care when they needed it.

Records showed that staff attended regular meetings to discuss the running of the service. Areas covered at a recent staff meeting had included discussion about the provider's values and expectations within staff roles, as well as reminders for staff on key areas including safeguarding, dignity and the completion of accident and incident records. Staff confirmed that the minutes had been circulated to all staff following the meeting to ensure any staff who had not attended were aware of the discussions.

People's views on the service were sought through meetings, surveys and feedback from people about the support they received during spot checks on staff performance. Records showed that areas discussed at a recent tenants meeting had included the use of agency staff at the service, pharmacy support, whether people had any concerns about the care they received and an introduction to the service's recently established tenants representatives group which had been set up to enable the group to raise issues on people's behalf should they wish.

The provider had also conducted a recent survey and the scheme manager confirmed they were in the process of analysing the results and putting an action plan in place to help drive improvements. We noted that some action had already been taken in response to the survey feedback. For example the results indicated that people were not always sure how to make a complaint so the scheme manager had redistributed the provider's complaints procedure, which we saw was available for people to review in their flats in the folders containing their care plans.

The service worked in partnership with other agencies to help ensure people received good quality care. We spoke with a visiting social care professional who had regular involvement with the service and the people they supported, and they told us that the scheme manager had be open and transparent in the way they had worked and that they felt the service commissioned by the local authority had improved as a result. Senior staff from the tenancy provider also told us that whilst they did not always think communication between them and the service had been strong, they had seen improvements and had plans in place which would strengthen the way in which they worked together, such as joint tenancy meetings. This would give people the opportunity to discuss both tenancy and care issues at the same time.