

London Borough of Hackney

London Borough of Hackney, Housing with Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

London Borough of Hackney Housing with Care provides care and support to 223 people living in self-contained flats across 14 schemes located in the London Borough of Hackney. The schemes provide a 'supported living' setting which enables people to receive care and continue to live independently in their own homes. CQC does not regulate premises used for supported living; this inspection looked at the personal care provided the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

New systems for monitoring the quality of the service were being implemented. The service improvement plan was detailed and documented the provider's commitment to continuously improve the quality of the service. The provider had made several improvements since our last inspection in November 2018, however, some of these changes had yet to be fully embedded. We found some gaps in staff records and care records for people who used the service. We made recommendations related to the management of records for staff and care records related to people who used the service.

People's needs were jointly assessed by the housing provider and the service. Relatives told us they were involved in the assessment process. Choice in which care provider people were able to use varied across schemes, whilst some people had care provided by an external agency, most people used the care provided by housing with care as part of the accommodation tenancy.

People and relatives said they felt safe. Systems were in place to protect people from abuse and staff understood their role and responsibility in reporting and acting on abuse. Staff were aware of the procedure to report their concerns to external authorities. Staff followed safe infection control practices when caring for people. Where things went wrong the service held a lessons learnt meeting to improve the service provided to people.

People were cared for by staff who felt supported and well trained to effectively carry out their roles. People's nutritional needs were met, and their likes and dislikes for food were respected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with dignity and respect and said staff were caring and kind. Most people and relatives felt involved in the care provided by the service.

People received personalised care tailored to their needs. Systems were in place for dealing and acting on complaints, people and relatives felt able to approach senior management with their concerns. People had their end of life wishes considered and recorded in their plan of care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Inadequate (published 14 January 2019) and there were multiple breaches of Regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since January 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

London Borough of Hackney, Housing with Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of three inspectors and three Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The service provides care and housing support to people living in purpose-built housing.

The care and housing are provided under separate contractual agreements. Most of the schemes were designed to meet the needs of older adults, although some were specialised for particular groups including adults with learning disabilities aged over 50 and people living with a particular type of dementia.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information sent to us by Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service and 21 relatives about their experience of the care provided. We spoke with 24 members of staff including, the principle head of adult social care, service manager, two registered managers, three scheme managers, three team leaders, two welfare and activities workers, 11 care support workers and the director of adult services who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed records related to people who used the service. This included care plans, risk assessments and medicine administration records charts. We looked at records for nine staff members related to recruitment, training and supervision and a variety of records related to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the registered managers to validate evidence found. We looked at training information, newly introduced documents since our last inspection, staff rotas and quality assurance monitoring.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant some aspects of the service were not always safe and improvements to the service required additional time to be embedded.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Systems for the management of medicines had improved. The service had developed a medicine support plan detailing people's prescribed medicines and information on any associated risks. MAR charts reviewed showed most had been completed correctly. However, we found a few gaps in MAR charts and some PRN protocols unclear. PRN is medicine prescribed to be taken when the person needs it, rather than on a schedule. The team leader took immediate action to address the situation during our visit to the service. We saw evidence that the registered managers had addressed medicine gaps, and this was an area they were aware of.

- Risk assessments provided more detail about risks. For example, for one person at risk of falls, the risk assessment stated for care staff to ensure that the person always had their walking stick close by and ensure their home is clutter free to prevent the risk of trip hazards.
- Risks management plans covered areas such as risk of falls, epilepsy, diabetes, continence care, developing pressure sores and bruising.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe.
- Where medicine support was provided, people and their relatives told us staff were good at assisting them with their medicine needs. Comments included, "[Care staff] give the medicines and this works well," "[Staff] are very good on medicines and always locked away and on time," and "[Staff] check that she has taken them which is the major part of her care."

Staffing and recruitment

- Recruitment practices were not always followed to ensure staff were suitable to support people. Records reviewed showed checks had been carried out such as, criminal record checks to ensure the applicant was safe to work with people and reference checks. However, we found some gaps for example, in employment history and reasons for leaving previous employment and interview records, this was not in line with the

provider's recruitment policy and procedure. We informed the provider of our findings during the inspection. The registered managers told us recruitment was managed by the provider's human resources team and they were working with their human resources team to update and ensure the necessary documentation was up to date. Following our inspection, we received a letter from the nominated individual outlining their plans to address this issue.

We recommend the service seeks advice from a reputable source regarding good practice in recruitment and maintaining staff records.

- People and staff told us staffing levels could be improved. There was a high use of agency staff at some schemes within the service. One staff member told us, "There is not enough staff, but there are a lot of agency staff. They are now recruiting for support workers." Rosters reviewed confirmed this.
- We received mixed feedback from people and their relatives in relation to staff attendance times. Whilst most people said staff did not miss an appointment, a few people told us that staff were often late. Comments from people and their relatives included, "[Staff] are often late and no one informs my [relative], "Carers are always on time. They are never late and are kind to me," "Carers turn up on time, I have never seen one running late, they are truthful," "Often very late, they are supposed to be there by 09:30am and sometimes aren't there by 11:00am, and [relative] needs to be washed and dressed and given breakfast."
- The registered managers told us they had introduced a 'homecare information line' where people were able to report missed or late care worker visits, not staying for the agreed time, not being treated with dignity and respect and any other concerns about the quality of the care received. We observed this was displayed on the communal notice board at the schemes visited.
- We reviewed the rosters sent to us by the registered manager and this showed agency staff had been frequently used. The registered managers told us they used the same agency staff members who were familiar with people who used the service. This was confirmed by permanent staff. This meant the service was able to provide continuity of care.

Systems and processes to safeguard people from the risk of abuse

- People and relatives provided mixed views about how safe they felt using the service. Comments included, "I trust his care to [care staff] without reserve," "He has a hoist and they are perfectly safe," "Yes with some and no with others, I don't think they go in to check often enough," and "[Relative] has a lot of needs and sometimes I am not sure."
- Staff understood the importance of reporting and acting on any concerns of abuse. One staff member told us they would, "Report [any concerns] to the manager and write up the incident. If nothing happens I will contact local authority Safeguarding and CQC."

Preventing and controlling infection

- Staff received infection control training and provided good infection control practises. A relative told us, "If they help my mother go to the toilet, I've seen them wear protective clothing."

Learning lessons when things go wrong

- Regular lessons learnt meetings took place whereby staff reflected on incidents and made changes to the way they worked

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant the effectiveness of people's care, treatment and support was sometimes inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 9 (3) (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Following our last inspection, the service implemented a new person-centred care plan. 'My personalised care and support plan' included information such as orientation, communication, personal care, physical health, mobility, nutrition and hydration needs, meal preparations, medication, socialisation, relationships and wellbeing, cultural and religious needs and mental and emotional wellbeing.
- We noted that the registered managers and staff had worked hard to improve the quality of the care plans and saw that there had been significant changes. Whilst most care plans were written in a person-centred way, further work was required to ensure this was applied to all care plans. The registered managers told us this work was in progress and required time for this to be fully embedded. Care plans reviewed confirmed this.
- Prior to joining the service people's needs were jointly assessed by the local authority's adult social care team and housing with care, before people were signed up to use the service. At the time of our inspection no one new had recently joined the service.
- Relatives told us people's needs were assessed before using the service. Comments from relatives included, "[Relative] was interviewed before she moved in and her needs were discussed," "Most of the care staff treat [relative] as an individual, and she was assessed with the manager and a social worker."

Staff support: induction, training, skills and experience

At our last inspection staff had not received the training they needed to perform their roles. This was a breach of regulation 18 (2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 18.

- Staff told us they had received a lot of training since the last inspection in November 2018. Staff received mandatory training in areas such as health and safety, manual handling, infection control and prevention, emergency first aid, MCA and DoLS, caring for a person with dementia and learning disabilities. Specialist and targeted training included behaviours that challenged the service, epilepsy, dysphagia and diabetes awareness and fire safety.
- Staff completed an induction when joining the service, this covered areas such as infection control, health and safety, medicine administration, safeguarding and basic first aid.
- Staff told us training had been useful in helping them to provide effective care to people who used the service. They reported a noticeable improvement in training since our inspection in November 2018. A staff member commented, "Training in dysphagia gave me an eye opener, I know what to look for."
- People felt staff were skilled and qualified to provide care. Comments from people included, "Undoubtedly; [staff] have skills. I can see it by the way they do things [care for people]," and "I see kindness as a skill and they're very kind; it's something you have or haven't. They treat me well."
- Staff received supervision and felt supported in their role. Staff told us they received regular supervision, however, this was in contrast with records reviewed during our inspection. We reviewed a supervision matrix sent by the registered manager and this showed there were gaps in frequency and not all staff received supervision in line with the provider's supervision policy. The registered managers told us the provider no longer completed appraisals, this had been replaced with a new system. This included looking at staff goals, feedback, learning and development, achievements and performance. Records reviewed confirmed this.
- Staff said they felt supported by the registered managers and found them approachable. Staff comments included, "My team leader and manager are really supportive," "My manager is very good, once in three months my manager wants to know if training has been effective. It makes me see my weaknesses and strengths."
- Staff worked as a team to deliver quality care. A staff member told us, "We do team working. We have to try our best, everyone is different. We are here to work for the service user, in order to get the work done you have to work well with your colleagues."

Supporting people to eat and drink enough to maintain a balanced diet

- People who required support with eating were provided with the support they needed. Comments from people included, "I get enough to eat and drink. My [relative] does the shopping for me and brings it every two weeks; and I keep all I need in the fridge," and "They cook my food and they give me a choice of what I want."
- People with special dietary requirements had this documented in their care plan. This included their likes and dislikes for food. Staff knew what people liked and where this was required prepared meals of their choice. People also had meals of their choice provided by relatives involved in their care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other health and care professionals to meet people's health needs. Records confirmed this. Files contained details of appointments with dentist and hospital,
- Staff had knowledge about the health needs of the people they cared for and contacted relevant professionals as needed. For example, they liaised with speech and language therapists for people experiencing swallowing difficulties, GPs, district nurse team, physiotherapist and occupational therapist. Daily communication records reviewed confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity was assessed, and staff understood the importance of giving choices and asking people for their consent before providing care. The service worked closely with the local authority to ensure people were appropriately assessed. Records reviewed confirmed this.
- Staff understood the importance of asking consent and giving people choice. Comments from staff included, "Always ask people are you ready to have your personal care, if they say not yet, come back in half hour," and "If I go into a tenant to give personal care I would ask would you like a wash or shower. It's personalised care. That's his choice."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people did not always feel involved in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection we recommended the provider seeks and follows best practice guidance from a reputable source about ensuring the service is providing appropriate support to people regarding their sexual and gender identity. The provider had made improvements.

- Care plans had been reviewed to include people's sexual and gender preferences. During our inspection we observed notice boards at the schemes visited provided information related to events in May 2019 for lesbian, gay bisexual and transgender people.
- Staff understood the importance of treating people equally and said they would not discriminate. A staff told us, "People's sexuality or colour should not affect any service provided to them. We treat everybody equally." Another staff member said, "There is no difference between any human being, [people from the LGBT community] would be treated just the same as all service users, there is no difference."
- Most people and relatives told us staff were caring and kind and treated them well. Comments from relatives included, "Yes, they are respectful, and they always ask if [relative] wants to go out to coffee or the lunch club," "They are really polite and make sure he is turned out well for going out when they take him shopping or socialising."
- People's cultural and religious needs were documented in their care plan. For example, in one care plan it stated that the person enjoyed listening to religious songs on the television. Other people attended their place of worship with their relative or through transport arranged by the Church.
- Staff were aware of people's cultural and religious needs. People were supported to attend their place of worship. Care plans documented people's religious and cultural needs for care.

Supporting people to express their views and be involved in making decisions about their care

- People did not always feel involved in the care planning process. We received mixed views about people being involved in the care planning process or decisions about their care. Whilst some people felt involved in developing their plan of care others did not. Comments from people included, "Yes, we have been involved every step of the way," "Yes, I was involved in the care plan and I have seen the new one, much more complex assessment," and "Yes, we were involved with the care plan, but I don't think the carers all read it. I don't know about the new one."
- The registered managers told us they worked with people and their relatives to develop people's care plans, but the changes made required more time for this to be embedded across the schemes where care

was provided.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with dignity and respect. One person told us, "Definitely, they knock on the door before coming, greet me with a smile and ask about me." During our visit to one scheme, we observed staff knocked on people's doors and called out the person's name before entering their home, this was confirmed by people who used the service.
- Staff encouraged people's independence. For example, a staff member told us when providing personal care they encouraged the person to wash themselves by, "Handing them the flannel and encourage to wash face or body, not to take her independence away."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection the rating has improved to Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and detailed enough instructions for staff to provide personalised care and covered areas such as communication, personal care, nutrition and hydration, medication, mental and emotional wellbeing, night care, finance management and end of life care. People's history and background, their likes and dislikes were recorded in their care plan.
- Relatives told us staff understood people's needs and provided care that met their individual needs. One relative told us, "It is totally individual, they do a good job." Another relative told us, "They seem to look on [relative] as family, chatting to her about all sorts."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were discussed when developing the care plan. Some care plans provided information on people's different communication needs. For example, in one care plan it stated the person had a hearing impairment and tended to lip-read when staff or people spoke with them. The person required staff to speak to them slowly, face to face without covering their mouth, using simple words and sentences. Whilst at some schemes care plans had been completed with people's communication needs, others had not, therefore further work was required to ensure all care plans recorded people's communication needs.
- People told us staff understood their communication needs. One person told us, "[Care staff] acknowledge my deafness and stand in front of me to speak to me so that I can understand."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with friends and family to avoid social isolation. Each scheme provided activities in the communal area of the building and people had the choice to participate in these. Care plans documented people's socialisation, relationships and wellbeing needs. In one care plan it stated the person received visits from their relative who took them out for dinner. Another care plan stated the person did not wish to participate in activities at the scheme and was able to verbalise their preferences.

- The registered managers told us each scheme provided separate activities available to people who used the service. We spoke with the welfare and activities coordinators who told us that they provided activities in the communal area and people were given the choice to participate. Where possible people were supported to take part in activities of their choice. Daily records confirmed people had taken part in some activities. Welfare and activities staff responsible for organising activities encouraged people to take part in communal events to minimise isolation.
- Relatives told us their family member participated in activities of their choice. A relative told us, "[Relative] gets taken out; they do things like trips to the seaside, coffee mornings, exercise and sometimes there's other little functions. [Relative] is not left in her flat all day long; most times I turn up she's in the communal room."

Improving care quality in response to complaints or concerns

- Systems were in place for dealing with complaints. People and relatives told us they knew how to make a complaint. However, some relatives felt their complaint was not always heard. Comments included, "I have made complaints and they have all been dealt with really well," "I make my views known and they take notice, very approachable and the problem gets sorted," and "I frequently bring issues to their attention and I feel I am fobbed off, nothing has changed," "I complain all the time as well as makes helpful suggestions but they take no notice."
- Services visited had a copy of the complaints policy displayed on the notice board. This provided information on how and who to make a complaint to. We reviewed complaints held by the service and noted that these had been dealt with promptly. Records showed formal and informal complaints were logged on a spreadsheet and the outcome recorded.
- Records showed complaints were discussed at staff team meetings and were a standing item whereby staff made suggestions for improving the service. The registered managers told us they had introduced a system for logging and acting on informal complaints, this includes action taken and the outcome. This helped them to monitor and analyse reasons for complaints to improve the quality of the service. Records confirmed this.

End of life care and support

- People's wishes and preferences for end of life care were taken into account when developing their care plan. The provider had an end of life policy in place, this provided guidance for staff on how to care for people during their end of life. Records showed people were asked their end of life wishes when developing their care plan. At the time of our inspection no one using the service was receiving palliative or end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure systems and processes operated effectively to identify and address issues with the quality and safety of the service. This was a breach of regulation 17 (1)(2) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvements were required to ensure these improvements were fully embedded into service delivery.

- We found gaps in records related to staff recruitment and care records related to people who used the service. For example, gaps in employment history were not explored and care plans were not always written in a person-centred manner. Although audits were carried out the registered managers told us they had not yet fully implemented their newly developed quality assurance framework. We noted this was documented in the provider's service improvement and action plan. We recommend the provider seeks advice from a reputable source regarding maintaining and managing records related to staff and delivery of care.
- Staff were involved and committed to improving the quality of care and embedding good practice in their work. The registered managers held learning sessions with staff to reflect on the quality of care. This involved reflecting on the findings from the last CQC inspection, best practice in personalised care planning and medication management and refresher in report writing. Staff told us the changes implemented since our last visit had been positive for staff and people using the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us the service was well managed. Relatives commented, "I think [the service] is well managed. I can't think of any reason it isn't; it always seems very professional. I would approach the manager and I know who the manager is, contact isn't an issue," and "Yes, it's well managed. I have no complaints, I would talk to the office if I had a problem."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered managers were aware of their responsibility in reporting and being transparent when things went wrong. Staff told us the registered managers were approachable and listened to concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked their views about the service and this was encouraged by the service.
- Quarterly Housing with Care forums had been implemented by the registered managers. The first will be taking place in July 2019. This would enable people to give their views about how things could be done better and learn more about the work happening to improve the service.
- The registered managers told us they regularly obtained people's views about the service. We noted that an annual survey was sent out to everyone using the service.
- People told us they were asked their views about the quality of care provided by the service. Relatives were also asked their views about the quality of care provided by the service. People and relatives told us they would recommend the service. One person commented, "I would definitely recommend this service to friends. The carers are good." A relative told us, "I would but they do need to make some improvements, to do with supervising the carers."

We noted that the service had organised a forum for people who used the service and their family and friends for July 2019.

Continuous learning and improving care

- Staff told us the changes made since our inspection in November had been good. A staff member told us the changes made to the new care plan had encouraged staff to be more proactive in their job and put more emphasis on people who used the service.
- The registered managers had introduced lessons learnt meetings to enable them to learn from errors and improve their practice. Records reviewed confirmed this.

Working in partnership with others

- The service worked in partnership with health and care professionals to make the necessary improvements required to improve the quality of the service. This included the local authority MCA assessor who completed assessments of people's capacity for people who used the service, and the occupational therapist worked with staff to develop and implement manual handling assessments.
- The registered managers had attended various forums and conferences to learn and share ideas with other providers' of health and care services and develop the service. This meant the service was up to date with best practice in areas such as, delivering personalised care and medication management.