CSN Care Group Limited

# Carewatch (Turnberry Court)

## Inspection report

Turnberry Court
Fleming Road
Southall
UB1 3DJ

Tel: 0203815203

Date of inspection visit:
15 March 2022
17 March 2022

Date of publication:
21 April 2022

## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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| 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

About the service

Turnberry Court is an extra-care sheltered housing service providing personal care and support to people living in their own flats. It provides a service to adults with a range of needs, such as dementia, mental health and those living with a learning disability. The service provides 38 one-bedroom and two two-bedroom flats within one building. There were 41 people using the service at the time of our inspection.

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
Staff did not always follow the procedure for recording and the safe administration of medicines and we could not be assured people received their medicines safely and as prescribed.

There were systems for monitoring the quality of the service, gathering feedback from others and making continuous improvements. However, systems were not always effective and had failed to identify the shortfalls we found during the inspection. Where concerns had been identified, these had not always been investigated or addressed in a timely manner. The provider was responsive to our feedback and took prompt action to make the necessary improvements.

People's needs were assessed before they started using the service and care and support plans were developed from initial assessments. However, some people's needs had increased and healthcare professionals expressed concerns their needs may not be met in the near future. The management team told us they were liaising with the local authority to get people's needs reviewed.

Feedback from people who used the service and their relatives was mostly positive. People felt their needs were met by kind and caring staff who respected them.

Risks to people's safety and wellbeing were assessed and appropriately mitigated.

People were supported to remain as independent as they could and were encouraged to mix with others in the communal areas. The housing department was responsible for providing activities to people who used the service although the provider was also planning on organising a range of activities to improve people's social lives. Most people felt consulted in all aspects of their care and support and felt listened to.

Staff felt happy working for the service and were supported by their managers. They received the training, support and information they needed to provide effective care. There were robust procedures for recruiting and inducting staff to help ensure only suitable staff were employed.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:
• Model of care and setting maximises people's choice, control and independence
The management and staff team worked closely with people who used the service to help ensure they continued to feel confident. They supported and encouraged people to maintain their independence and undertake activities of their choice.

Right care:
• Care is person-centred and promotes people's dignity, privacy and human rights
The provider ensured each person moving into the service was involved in a meeting to discuss their needs and how they wished to be supported. The management and staff promoted person-centred care and people and those who knew them best were involved in their care planning and reviews.

Right culture:
• Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.
Staff received training about how to support people with a learning disability as part of their induction. This helped them support people effectively in line with their wishes and needs. People who used the service were provided information in a range of formats, including easy read, to help them understand important information and guidance.

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 the service under the previous provider was requires improvement, (published on 1 December 2020).

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
The inspection was prompted in part due to concerns received in relation to the care of people who used the service, and the registered manager leaving the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Turnberry Court on our website at www.cqc.org.uk.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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| **Is the service safe?**<br>The service was not always safe.<br>Details are in our safe findings below. | **Requires Improvement** |
| **Is the service effective?**<br>The service was effective.<br>Details are in our effective findings below. | **Good** |
| **Is the service caring?**<br>The service was caring.<br>Details are in our caring findings below. | **Good** |
| **Is the service responsive?**<br>The service was responsive.<br>Details are in our responsive findings below. | **Good** |
| **Is the service well-led?**<br>The service was not always well-led.<br>Details are in our well-led findings below. | **Requires Improvement** |

# Carewatch (Turnberry Court)

**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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by one inspector on the first day and two inspectors on the second day. An Expert by Experience undertook telephone interviews with people and relatives. 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
This service 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 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.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was no registered manager in post. The service had a new manager who was in the process of applying for registration with the Care Quality Commission.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 15 March 2022 and ended on 17 March 2022. We visited the service on 15 March 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with four people who used the service and 11 relatives of others about their experience of the care provided. We spoke with the manager, the quality business partner, the head of extra care and the quality officer. We emailed a questionnaire to 12 care workers to seek their views of the service and received a reply from six. We also contacted and received feedback from five healthcare professionals.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, another person's care plan, staff medicines competency assessments and quality assurance records.

Requires Improvement

# Is the service safe?

## Our findings

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

At our last inspection, under the previous provider, we rated this key question good. At this inspection the rating has changed to requires improvement.

This is the first inspection under the new registered provider. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- There were processes in place for the management of people's medicines, but these were not always followed and we could not be sure people received their medicines safely and as prescribed.
- We looked at most of the medicines administration records (MARs) for the months of January and February for people who required support with their medicines. We found gaps on most of the MARs where staff were meant to sign once they administered people's medicines. We could not be sure if these were recording errors or if people had not received their medicines as required.
- The night staff were expected to carry out audits during their shifts. We noticed someone had identified the signature gaps and had recorded these on post-it notes on each MAR. We discussed the findings with the managers who raised this with the quality officer in charge of medicines audits. They said they were absent at the time and the gaps identified had not been investigated yet. These dated from end of January to end of February. No action had been taken to find out if people had received these medicines and the concerns had not been escalated to senior managers.
- Senior staff carried out MAR chart audits. However, these had not happened as regularly as they should. This meant the provider had not identified the concerns we found and had not been able to take action in a timely manner.

We found no evidence that people had been harmed. However, medicines had not been managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, we saw evidence the provider had sent a letter to all staff highlighting the need for accurate recording and reporting.
- Staff received training in the administration of medicines and had their competencies assessed.
- Some people were prescribed medicines to be taken when required (PRN). Guidance in the form of PRN protocols was person centred to help staff give these medicines consistently as prescribed.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. There was a safeguarding policy and

procedures in place and people were aware of these. We saw the provider shared information of concerns with the relevant agencies and worked with the local authority's safeguarding team to investigate concerns in relation to people's safety.

● The staff we spoke with demonstrated they understood how to protect people from abuse and would know what to do if they had concerns. One staff member told us, " I would immediately report it to the manager/office and raise a concern" and another said, "I would raise a whistleblowing with CQC and local authority if management did not respond."

Assessing risk, safety monitoring and management

● Most people we spoke with thought they were safe and well supported by the staff. However, some relatives expressed some concerns. One relative told us, "I don't think my [family member] would be safe if I didn't make regular checks and visits to [them] and another said, "My [family member] can be violent and the staff don't know how to deal with [them]."

● We saw evidence that some people's needs were high and required a lot of support. A healthcare professionals also raised some concerns and said, "Some people have quite a high level of need – more akin to nursing home needs – For example, one resident now requires covert medication due to worsening dementia and other mental health needs and this is proving difficult for staff to deal with as they don't have the requisite level of training."

● We discussed this with the management team who agreed some people's needs needed to be reviewed and were in the process of liaising with the local authority to organise reviews as soon as possible. In the meantime, senior staff were working closely with care staff and offering further training to help them meet people's needs.

● The provider carried out risk assessments of each person's personal environment and risks they might be exposed to. For example, support plans included a risk plan section which stated the level of risk in different areas, such as risks associated with cooking in their flats, moving and handling, smoking and behaviours that may challenge. Risk assessments were detailed and comprehensive and included measures in place to reduce risk.

● Risk assessments also considered people's health conditions. For example, a person's risk assessment included information about their living with epilepsy and what action to take in the event of a seizure. Another person tended to get breathless. Their risk assessment detailed the reason for this, what triggered this and what to do in the event the person had problems breathing.

● Where people had a catheter in place, there was an overview of what this was and its purpose, and how to care for this to ensure the person remained comfortable and infection-free.

Staffing and recruitment

● People who used the service thought there were enough staff to meet their needs. Staffing levels depended on people's individual care packages and were decreased or increased accordingly. The manager told us two staff members were leaving and they were recruiting to the positions.

● Staff stayed the full amount of time with people in line with their care packages. Records showed people received their care in line with their agreed care packages.

● The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their identity and suitability for the role. New staff underwent training and shadowing and their competency was assessed as part of an induction before they were able to work independently. Staff files were regularly audited to ensure these were up to date.

Preventing and controlling infection

● There were systems in place for the management and prevention on infection. The building was clean and hazard-free. People who used the service had their own packages of care, which included assistance with

domestic cleaning.

● There were policies and procedures in relation to infection control which included guidelines about working safely with COVID-19. The provider received support from the head of quality and compliance and kept up to date with all government guidance. Care workers were required to be tested daily and followed requirement for isolation as needed.

● There were weekly senior calls to discuss business continuity plans and where support was required. The management team told us they had received support from the local authority who had also helped them obtain COVID-19 test kits.

● Staff were provided with PPE, such as gloves and aprons, when they supported people with personal care.

Learning lessons when things go wrong

● There were systems in place for the management of incidents and accidents. The provider kept a record of all incidents and accident that occurred. These included details about what happened, where and when, what action was taken and any learning from this.

● The manager told us lessons were learned when things went wrong. They said they worked closely with senior managers and staff and discussed incidents and accidents to help embed learning.

Good

# 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 our last inspection, under the previous provider, we did not inspect this key question.

This is the first inspection under the new registered provider. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed before they started using the service, to help ensure staff could meet their needs. They were also assessed by the housing department in relation to their accommodation.
- People were referred to the service by their local authority who provided the necessary information to the service. In addition, the senior staff carried out their own assessment of the person. This provided all the necessary information to put together a care plan and a package of care suitable for the person's needs.

Staff support: induction, training, skills and experience
- People were supported by staff who received regular training and who were supervised appropriately. New staff completed an induction into the service, which included a range of training and shadowing experienced workers.
- Staff undertook regular training updates which helped them to understand their roles and responsibilities. They received training in subjects the provider identified as mandatory, such as safeguarding, health and safety and medicines management. They were also encouraged to undertake training specific to the needs of people who used the service, such as dementia and diabetes.
- Staff told us they felt supported and had regular meetings with their line manager to discuss their work and develop their skills.

Supporting people to eat and drink enough to maintain a balanced diet
- People's nutritional needs were recorded and met. A relative told us, "My [family member] has a meal cooked for [them] once a day and it appears satisfactory" and another said, "My [family member] has [their] lunch in the restaurant and says it's good. [They] look well and don't appear to be losing weight."
- Staff supported people to shop and prepare meals in their flats if this was part of their care package. Some people were able to cook their own food independently.
- Staff supported people to use the restaurant on site, which was managed by the housing team. People were able to obtain meals, the cost of which was included in their rents. However, the manager told us that following the pandemic, some people were still reluctant to start interacting and use this facility.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- People's healthcare needs were assessed, recorded and met. People were supported to maintain good

health and had access to healthcare professionals, including GPs, dieticians, mental health services and district nurses.
● Overall, the service worked well with other health and social care professionals to meet people's needs. Healthcare professionals' comments included, "Whenever they have a concern they email me right away", "Customers seem well supported", "Good communication from carers, respectful and ready to help when needed" and "Any actions that are recommended are always followed up and implemented."
● People were supported to attend appointments such as dental or hospital appointments. A relative told us, "I do feel my [family member's] health has improved since [they have] gone to Turnberry Court. The routine and care have made the difference."
● Where people had specific healthcare conditions, such as diabetes, we saw risk assessments in place and guidelines for staff to help ensure they knew how to prevent the person becoming unwell.

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 MCA 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.
● People told us they were consulted in all aspects of their life and consent was obtained before providing care and support. Consent forms were in place and signed by the person or their representative. These included consent for staff to administer medicines and sharing records.
● The provider was aware of their responsibilities under the MCA. Staff received training and demonstrated a fair understanding of the principles of the Act.
● People's care plans stated how people should be supported to make day to day decisions about their care.

Good

# 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 our last inspection, under the previous provider, we did not inspect this key question.

This is the first inspection under the new registered provider. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us the staff treated them kindly and respectfully. Their comments included, "I like the staff, they always help me when I need them", "The staff are brilliant with me. I know I can rely on them" and "I don't need too much help, but it is reassuring that I can get help if I do need it." Relatives agreed and said, "The staff are lovely and do care for my [family member]" and "The staff are very respectful and caring towards my [family member]."
- People's religious and cultural needs were assessed during the initial assessment and this was recorded in their care plans.
- The provider had an equality and diversity policy in place and staff received training in this. They told us they planned on developing this to include more information in relation to the needs of people from the Lesbian, Gay, Bisexual and Transgender (LGBT+) community. This was addressed during our inspection and an updated policy was circulated to all staff.

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

- People who used the service were supported to express their views and be involved in the service development via regular meetings and quality surveys. Discussions in meetings included activities, shopping trips, maintenance and housing issues.
- Staff told us they encouraged people to have a say and get involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence and do as much as they could for themselves. One staff member told us, "We support [Person] by helping [them] with [their] daily activities and encourage [them] to remain as independent as possible as this is [their] choice."
- People told us the staff respected their privacy and dignity and supported them to remain as independent as they could. However, a healthcare professional told us three people who used the service had complained about staff entering their flat before permission was given. They added that some people had a hearing impairment and may not have heard a knock. We fed this back to the management team who said they would discuss this with staff.

Good

# Is the service responsive?

## Our findings

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

At our last inspection, under the previous provider, we rated this key question requires improvement. At this inspection the rating has changed to good.

This is the first inspection under the new registered provider. This key question has been rated 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

- At our last inspection in October 2020 under the old provider, some relatives thought some of the staff lacked the necessary skills to meet their needs. At this inspection, some raised similar concerns, although a healthcare professional thought the issues were more about some people's needs which were complex and needed reviewing. The provider was taking action about this with the local authority.
- People's care plans were clear and comprehensive. Support plans also included the person's desired outcome and goals, and how to support the person to achieve this. Support plans also detailed what the person was able to do for themselves and how staff could support them to maintain their independence.
- People's package of care was determined from their pre-admission assessment, and a weekly program was developed which detailed how staff were to support the person. For example, how many staff were required and which tasks they were expected to undertake at each visit.
- Some people who used the service had a mild learning disability. We saw their care plans reflected their individual needs, considering what they were able to do independently and where they needed support. For example, one person liked cooking in their flat and staff supported and supervised them with this.
- People who experienced or expressed emotional distress were supported appropriately. Their care plan contained information about this, for example, what may trigger the person to become frustrated, what tended to help them calm down and how staff should engage with them to reduce the risk of escalation.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care plans and met. We saw that one person with a hearing and verbal impairment was being supported by staff using sign language. Staff also used visual aids and gestures to communicate with the person. The person's support plan included a weekly schedule detailing the support they required daily and displaying this in coloured pictures and hand sign language. This helped the staff communicate with the person.

● We witnessed the person communicating with office staff and displaying a positive rapport where both understood each other. The person's support plan also detailed how to sign the person's main contact names so staff could communicate this clearly with them. There were also details of how to interpret signs the person may be in pain. There were cards displaying everyday items of food and objects to help communicate when going shopping with the person.
● The provider tried to pair people for whom English was not their first language with staff who spoke the same language to facilitate effective communication. When necessary, staff also used a translating application to form sentences where they needed to provide information to the person. A staff member told us, "[Person] smiles and seems happier than before because [they] can communicate with the staff now."

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 take part in activities of their choice, where this was part of their planned care. However, following the pandemic, people had become more reluctant to use the communal lounge and entertainers organised by the provider had not yet started to visit.
● The management team had ordered some garden games and were planning to use these when the weather warmed up. They were also planning to have outdoors parties and barbecues.
● People were encouraged and supported to maintain contact with friends and relatives, who were also welcome to visit anytime.

Improving care quality in response to complaints or concerns
● People and relatives knew how to make a complaint. One person told us, "I don't have any problems, but I know where to go to for help."
● People and relatives were confident any issues raised would be addressed appropriately. Their comments included, "Issues have arisen but have been dealt with correctly" and "We had a problem with another resident gaining access to my [family members'] flat. It was dealt with promptly."
● The provider kept a log of all complaints they received, and we saw a range of these. We saw evidence that complaints were taken seriously, and appropriate action was taken to address these in a timely manner.

End of life care and support
● Staff received end of life training during their induction period. Some people who used the service had end of life care plans in place, and these stated how they wanted their care when they reached that stage. However, at the time of our inspection, nobody was receiving end of life care.

Requires Improvement

# 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 our last inspection, under the previous provider, we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement.

This is the first inspection under the new registered provider. This key question has been rated 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

- The application of the systems to monitor and improve the quality of the service had been ineffective. Where some staff had identified medicines errors, these had not been investigated and addressed in a timely manner. Furthermore, medicines audits had not always been regular and therefore had not identified this lack of action.
- In the Provider Information Return (PIR), the provider stated that the quality officer undertook 'daily spot checks to ensure that staff are following procedures especially when administering medication'. They added that, 'these daily visits help minimise any errors and identifies staff who need support'. However, daily visits were either not happening regularly, or were ineffective as they had not identified that staff responsible for administering medicines were not always signing for these.
- There was an annual survey carried out in September 2021 by an external provider to seek people's opinion of the service. Questions included if people felt safe and secure, if they knew which care workers was coming to support them, if they wore an ID badge and if they felt well cared for. Although people mainly reported they were satisfied with the service, 9% had reported they did not know who was coming to support them and staff did not wear their ID badge, 22% reported their care workers did not always support them the way they wanted and 17% did not always feel their needs were being met.
- We discussed the findings with the managers and asked what actions had been taken in relation to the concerns raised. They told us the head of extra care had requested the surveys and these had been received. They told us the action plan had been discussed with the previous registered manager but this had not been handed over and the action plan had not been completed. This meant the concerns people had raised had not been addressed.

We found no evidence that people had been harmed, but failure to have effective arrangements to assess, monitor and improve the quality of the service may put people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

● The service had been under a new provider for one year. The new manager had only been in post for a week at the time of our inspection. They told us they were learning how the service worked and were getting to know people and staff. They confirmed a staff meeting was taking place in the next few days to introduce themselves to the staff team.
● The manager told us they felt supported by their line manager who worked closely with them monitoring staff and ensuring people were happy. They were also supported by the quality business partner who visited regularly to undertake audits and provide support.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Not all people and relatives were complimentary about the management team. One relative stated, "Communication is not always the best" and another said, "I do visit the management regularly, but they are not very responsive." However, they understood that the previous manager had recently left and a new manager had been in place for one week, and they needed time to get used to the service and get to know people.
● Staff told us they felt supported by the management team and found them approachable. One staff member told us, "Management are approachable and can be relied on when carers are struggling" and another said there was a "good relationship between management and staff."
● Health and social care professionals we spoke with were happy with the service and thought people were well looked after. One healthcare professional told us, "Carers are very patient, well informed about patient needs/circumstances, especially those in the office."

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 provider understood the duty of candour responsibilities and had shared information appropriately with CQC and other agencies, for example, the local safeguarding authority.
● There were effective systems for identifying when things had gone wrong and then sharing this information with others and apologising if necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were supported to give their opinion of the service and the staff who supported them. We saw quality monitoring forms in people's files, which indicated they were happy with the service.
● People were given 'service user' guides when they moved into their flats. These contained information about the service, important contact details, what to expect from staff and company policies and procedures. It also included information about health and safety and safeguarding, so people would know what to do if they had a concern.
● There were regular staff meetings. Subjects discussed included the needs of people who used the service, service improvement, incidents and accidents, training and health and safety. The housing department organised meetings with people who used the service where they were able
to raise any concerns and receive relevant information.

Working in partnership with others
● The manager worked alongside other healthcare professionals such as the GP, district nurses, pharmacy, local authority and housing department to help ensure people received joined up care. Where there were changes to people's conditions, these were discussed with the relevant professionals and appropriate action taken, such as an increase in their care packages.
● Healthcare professionals we spoke with told us they were happy with the service and thought people

received good care. Their comments included, "Carers always stay with me when I examine patients to give me information, help with details on medication and any background", "Good communication from carers, respectful and ready to help when needed" and "Good onward communication with the GP."

● The staff we spoke with told us communication was good at the service and they felt they were given all the necessary information to support people and meet their needs. There were regular handover meetings where people's needs were discussed.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The registered person did not always ensure the proper and safe management of medicines.<br><br>Regulation 12 |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The registered person did not have effective arrangements to assess, monitor and improve the quality of the service.<br><br>Regulation 17 |