The Riverside Group Limited

Weetslade Court

Inspection report

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Date of inspection visit: 11 August 2015
Date of publication: 21/10/2015

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?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This was an unannounced inspection which we carried out on 11 August 2015. This was the first inspection of Weetslade Court.

Weetslade Court provides personal care for up to 51 people who have privately rented flats within an extra care housing facility. At the time of the inspection there were 49 flats occupied.

A registered manager was in place. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they felt safe and they could speak to staff as they were approachable. We had concerns however that there were not enough staff on duty to provide safe and individual care to people.

Risk assessments were carried out but they were not always individual to the person.

Summary of findings

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse.

We were unable to check if thorough vetting checks were carried out to make sure all staff were suitable to work with people who needed care and support. Copies of staff recruitment files were not available on site for all staff. The files that were available showed robust vetting procedures were carried out.

People received their medicines in a safe way.

Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions themselves. They also received other training to meet people's care needs.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the treatment they needed.

Staff were aware of people's nutritional needs and people were supported with eating and drinking where necessary.

People told us staff were kind, caring and efficient.

Records were not always available with detailed guidance for staff to provide individual care to people.

Communication between staff and people who used the service was not always effective. People said they not were not always consulted and listened to.

A complaints procedure was available and people we spoke with said they knew how to complain.

The service had a quality assurance programme to check the quality of care provided. However the systems used to assess the quality of the service had not identified the issues that we found during the inspection to ensure people received individual care that met their needs.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

Not all aspects of the service were safe.

People told us they felt safe. However staffing levels were not sufficient to ensure people were looked after in a safe and timely way.

Risk assessments were generic and did not record specific risks to the person to keep them safe.

Staff were aware of different forms of abuse and they said they would report any concerns they may have to ensure people were protected.

Policies and procedures were in place to ensure people received their medicines in a safe manner.

Is the service effective?

Good

The service was effective.

Staff had access to training and the provider had a system to ensure this was up to date. Staff received regular supervision and an appraisal system was in place to support their professional development.

People's rights were protected. Best interest decisions were made appropriately on behalf of people, when they were no longer able to give consent to their care and treatment.

Staff liaised with General Practitioners and other professionals to make sure people's care and treatment needs were met.

People received food and drink to meet their needs.

Is the service caring?

Good

The service was caring.

People told us they were pleased with the support they received from individual staff. We observed staff supported people appropriately and with dignity and respect.

Staff were aware of people's individual needs, backgrounds and personalities.

Arrangements were in place to use advocacy services for people to represent their views where needed.

Is the service responsive?

Requires improvement

The service was not always responsive.

Records were not always in place to ensure people received support in the way they needed and wanted.

Summary of findings

People had some information to help them complain. Complaints and any action taken were recorded.

Is the service well-led?

Requires improvement

The service was not always well-led.

A registered manager was in place. Staff told us the manager was supportive and could be approached at any time for advice.

Communication was not always effective to make sure people received appropriate care.

The registered manager monitored the quality of the service provided to people. The quality assurance processes were not all effective as they had not ensured that people received personalised care that met their needs in the way they wanted.

Staff were aware of their responsibilities to share any concerns about the care provided by the service.

Weetslade 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 11 August 2015 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information we held about the provider, in particular notifications about incidents, accidents and safeguarding matters.

Notifications are changes, events or incidents the provider is legally obliged to send the Care Quality Commission (CQC) within required timescales. We contacted the local authority commissioning team and the local authority safeguarding adult's team. We did not receive any information of concern from these agencies.

During the inspection we spoke with 15 people who used the service and two relatives. We also spoke with two health professionals who were visiting. We interviewed five staff members, the registered manager who was not on duty, but came in for the inspection and the deputy manager for the service.

We reviewed a range of documents and records including five care records for people who used the service, three records of staff employed by the agency, complaints records, safeguarding records and accidents and incident records. We also looked at records of staff meetings and a range of other quality audits and management records.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe when receiving care. Comments from people included, "I'm more at ease knowing there's someone here all the time," "I feel safe when I go to bed at night," "I feel very safe living here," "Everything is good about the place, I am very safe here." However, they also told us staff were very busy and they were concerned about staffing levels. People's comments included, "I feel safe living here, but sometimes I use the call button and they (staff) don't always answer straight away," "We are safe here, but we don't think it's as good as they said it would be," "Staff are very busy always on the go," "They definitely need more staff, especially at nights and weekends," "Staff try to answer buzzers as soon as they can but you can wait half an hour," "Staff can't answer buzzers straight away," and, "Staff look after us very well, but they are rushed and don't always have time to listen."

We had concerns there were not enough staff to meet people's needs in a safe and timely way.

This was a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

We spent time during the inspection observing staff care practices. At the time of inspection the service appeared chaotic. We observed how busy staff were as they carried out their planned calls at people's flats and also responded to the Tunstall call system. The Tunstall system alerted staff when people called for urgent assistance. The Tunstall was a care call system in all flats and communal areas with intercom communication available for people to speak with staff. People were also provided with a pendant as part of the system to keep them safe. They wore the pendant and pressed it when they needed urgent assistance.

We found staff morale was low and staff worked hard to provide support to people in a timely way. People we spoke with who used the service all acknowledged how busy staff were. Staff told us they did not get any time for a break some days. People using the service and staff we spoke with told us they did not think there were enough staff. The registered manager told us staffing levels were determined by the number of people using the service and their needs. Our findings did not support that people's dependency levels, the layout of the building and the demands each day to respond to emergencies had been taken into account to ensure sufficient staff over the 24 hour period. For example, staff had to respond to any emergency calls from people, deal with any appointments with professionals who visited people during the day, provide one to one care where a person required more supervision to keep them safe as well as deliver care at planned times.

We were told there were usually seven support staff on duty during the day and six in the afternoon to provide support to 49 people. One person needed a one to one with staff at all times during the day because of their needs and some people required two staff working together for moving and assisting needs. On the day of inspection six support staff were on duty during the day and this reduced to five staff in the evening. The registered manager told us a new computer system that planned staff allocations had worked out fewer staff were required for the afternoon/ evening shift but this had not come into operation yet. This meant staffing levels were not consistent as the numbers of staff reduced during the day when people still required support

The registered manager told us a new computer system had been introduced which planned the staff allocation and times of calls. We saw copies of staff rosters and staff call schedules produced by the new system which showed the times of allocated calls. We saw some planned calls for the afternoon were due to take place before the staff member had started duty. This meant calls were late as staff were not available to carry out the call at the allocated time. Staff calls were back to back so there was no flexibility and when one call was late all calls from that member of staff ran late. Some staff comments included, "We are kept very, very busy," "There's a lot of pressure when doing medicines," "Sometimes we are supposed to be in two places at once," and, "On double up calls, where two staff are needed to support the person we can be kept waiting to do a call if the other staff member is running late." We saw when staff responded to an emergency call it meant their planned calls were late and we were told by staff and people this was a regular occurrence. On the day of inspection we heard the emergency buzzer go off on several occasions during the day. After the inspection we were told by the deputy manager that staffing levels would be addressed as an extra staff member would be rostered to be responsible for dealing with emergency calls from the Tunstall each day.

Requires improvement

Is the service safe?

We were told two support workers were on duty over night to provide support to eight people who had been assessed for overnight assistance and welfare checks for other people. Staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. This arrangement provided care and supervision to people during the night and ensured staff had access to advice from more senior staff if an emergency arose.

We had concerns risk assessments for people's safety were not individual to the person to ensure they received care that met their needs.

This was a breach of regulation 9 of the Health and Social Care Act 2008. (Regulated Activities) 2014.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. We saw individual risk assessments such as for fire and medicines were generic and did not include all risks specific to the person to keep them safe. We did not see a link between care plans and risk assessments such as for mobility and moving and assisting. The registered manager told us this would be addressed as a new care planning system was being introduced and some staff were receiving risk assessment training.

The provider had a system in place to log and investigate safeguarding concerns. We viewed the log and found concerns had been logged appropriately by the registered manager. 28 safeguarding alerts had been raised. Alerts included for medicines errors, late and missed calls to people, a person leaving the building unsupervised and other events. They had been investigated by the local authority where required and the necessary action had been taken by the provider to address the concerns.

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure and knew how to report any worries they had. They were able to tell us about different types of abuse, were aware of potential warning signs and described when a safe guarding incident would need to be reported. Staff told us they currently had no concerns and would have no problem raising concerns if they had any in the future. Records showed and staff confirmed they had completed safeguarding training.

We checked the management of medicines. We saw people had a lockable facility in their flat to store their medicines. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and they were sufficiently skilled to help people safely with their medicines. A staff member told us, "I've done a medicine course at level two and my competency is checked every month." Suitable checks and support were in place to ensure the safety of people who managed their own medicines.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at the office. We were told all incidents were audited by the responsible person at the office and action was taken by the registered manager as required to help protect people. For example, due to the number of medicines errors a meeting had taken place with the pharmacist and there had been changes made to strengthen the management structure so a senior person was available on each shift to support the staff.

A personal emergency evacuation plan (PEEP) was available for each person which took account of their mobility needs. This was to be used if the building needed to be evacuated in an emergency. The plans were evaluated monthly to ensure they remained appropriate.

We were told by the registered manager that staff recruitment files were held at head office. The registered manager told us they were compiling a duplicate staff file on site with information sent from head office for each staff member, so a copy was available for inspection purposes. We looked at five staff recruitment records which were available. We spoke to one staff member who had been appointed recently and they told us that recruitment checks including two written references and a Disclosure and Barring Service (DBS) check was completed before they started work. The DBS provides information to potential employers about whether an applicant is debarred from working with vulnerable people and/or whether the applicant has previous criminal convictions. At

Requires improvement

Is the service safe?

least two written references including one from the staff member's previous employer were obtained. Documents verifying identity were also kept on staff records. Staff files that were available showed staff were appropriately vetted.

Good

Is the service effective?

Our findings

Staff were positive about the opportunities for training. Comments from staff included, "I've just finished some training," "Training is quite good," "Training is really good here, much better than other places," "We get loads of training," "We do on-line training and face to face training," and, "There are excellent training opportunities." Comments from people who used the service included, "I think the staff are well trained to do their work, they make me happy," and, "The staff are very professional."

Staff told us when they began working at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. One staff member told us, "I received an induction the first week, the second week I received training and the third week I shadowed other staff." They said initial training consisted of a mixture of work books, face to face and practical training.

The staff training records showed staff were kept up-to-date with safe working practices. The registered manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people's needs and this included a range of courses such as dementia care, equality and diversity, fall awareness, mental health awareness, tissue viability, basic life support, loss and bereavement and well-being and stress management. One staff member told us, "I'm doing level three National Vocational Qualification (NVQ)." This is now called the diploma in health and social care.

Staff said they received supervision from the management team, to discuss their work performance and training needs. Staff comments included, I have supervision every six weeks, I complete a form with the manager to record the supervision," and, "I usually have supervision every two months with the manger or deputy." Staff told us they could also approach the management team at any time to discuss any issues.

We saw arrangements were in place for staff to receive an annual appraisal to discuss their personal development and training needs to make sure they complemented the needs of the service and future service provision.

CQC monitors the operation of the Mental Capacity Act 2005 (MCA). This is to make sure that people who do not have mental capacity are looked after in a way that respects their human rights and they are involved in making their own decisions, wherever possible. Staff were aware of and had received training in the MCA. The registered manager was aware of a tenant where a relative was lawfully acting on behalf of the person using the service. The person had arrangements in place as a deputy was appointed by the Court of Protection to be responsible for decisions with regard to their care and welfare and finances. It had been assessed that the person no longer had mental capacity. We were told an advocate was involved at the current time to look at the person's placement. We were aware of previous people, as we had been correctly notified by the registered manager, when it was assessed a person no longer had mental capacity to make their own decisions. The registered manager had involved the correct authorities to check if the placement at Weetslade Court was still suitable due to people's increased care and support needs.

People who used the service were supported by staff to have their healthcare needs met. Staff told us people would contact their General Practitioner (GP) to make their own appointments or they would make an appointment if they were worried about the person. People told us they had access to other professionals and staff worked closely with them to ensure they received the required care and support. One person commented, "I can always talk to the carers. They help explain things to me when I don't understand what the doctor has said." People's care records showed that staff liaised with GPs, occupational therapists, nurses, and other professionals. The relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met.

We spoke with one visiting professional who said they had been called in but staff on duty did not know why they had been called. We found out later it was to provide a wheelchair assessment for a person. Due to the nature of the service we were told most people were independent and made their own telephone appointments for a doctor and didn't always inform staff when they had been called. A visiting doctor we spoke with also said doctors from the same surgery may visit the service on occasion at least five times in the same day to visit patients. It was thought with

Good

Is the service effective?

more effective communication in place people's health care needs could be better co-ordinated. We discussed this with the registered manager who was already aware of the concern from the local GP surgery.

We checked how people's nutritional needs were met and found people were assisted to access food and drink appropriately. We saw people had a kitchen in their flat if they wished to cook their own meals. A cafeteria was also available on site for their use which was run separately to the organisation. We observed some people were assisted by staff to the cafeteria if they needed support with their mobility.

Good

Is the service caring?

Our findings

People we spoke with were appreciative and spoke well of the care provided by staff. They told us staff were good at their job and they treated them with compassion. Comments included, "Staff are very caring and sympathetic," "Brilliant staff, they couldn't be any more helpful," "Staff put themselves out," "I couldn't pick a fault," "I'm just a happy bunny," "I love the staff, I love the people I live with," and, "Staff help me when I get upset." A relative commented, "Couldn't fault staff, family wouldn't know what to do without them, it gives piece of mind."

People were supported by staff who were warm, kind, caring, considerate and respectful. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well. People told us staff seemed knowledgeable about their care needs and knew how to look after them. People's comments included, "Staff help me when I get upset with mail I don't understand," "It took me just two days to settle in and then I didn't want to leave," and, "They (staff) treat me as a normal person."

During the visits to people's flats we observed staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. People told us care workers usually always asked their permission before acting and checked they were happy with the care the workers were providing. We observed a support worker checked the person was happy for them to proceed as they provided support to the person. One person's relative commented however, "They (staff) don't always ask permission to take (Name) for their shower, they just tell them and lead them off." We informed the registered manager who said this would be addressed.

People were encouraged to make choices about their day to day lives. People we spoke with also said they were involved in decision making about their care. They said they were fully aware of their care plans which were kept in their flat. They also said they were consulted and offered choices about their daily living requirements. People's comments included, "I can go out regularly with one of the carers, and we have plenty of time to wander around the shops," and, "I go out in a taxi with a carer."

We observed staff encouraged people to maintain their independence. For example, by encouraging people to walk around independently. Staff were also able to provide clear examples of how people were either supported to remain as independent as possible or where people needed more assistance. We saw people were able to come and go freely. One person told us, "I go out shopping myself." Relatives told us they could visit at any time. One relative commented, "Staff are very helpful. If I telephone they'll let (Name) know I'm coming and will help them get ready to come out for the day," and, "I often pop in and collect (Name) to take to spend the day in the garden as the weather is good."

People said their privacy and dignity were respected. We saw people being prompted and encouraged considerately. Staff were observed to be attentive, friendly and respectful in their approach. Staff we spoke with were able to clearly explain how they would preserve people's privacy, for example when providing personal care.

Tenant's meeting minutes showed people's private, tenanted flats were respected as being their own home. Tenants at a meeting agreed that staff could use a master key to let themselves into the flat to save the person having to answer the door. People asked questions and were reassured all master keys would be logged out to staff to provide an audit trail and no one would enter before knocking and waiting for a response. Any building contractors that needed to gain access when the flat was empty would be escorted.

We observed staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the manger any issues or concerns. This sometimes led to a more formal advocacy arrangement being put in place with external advocacy services. The registered manager could describe when an advocate may be required. They told us of one person who had an informal arrangement in place. We were also told arrangements were being made for an advocate to come and speak at a tenant's meeting about their role.

Requires improvement

Is the service responsive?

Our findings

We did not receive consistent feedback from people about their involvement in the care planning and reviewing process. Some people who used the service told us they were involved in developing their care and support plan, identifying the support they required from the service and how this was to be carried out. Comments included, "We are involved in our care plans," "I was fully involved in (Name)'s care plan review which was about three months ago." Other people's comments included, "I'm not aware of a care plan for (Name), and I haven't been involved in any care plan meetings," and, "My care plan is often reviewed but sometimes it is changed without consultation."

Some people told us their care was reviewed on a regular basis and could be changed if they needed it to be. They told us they were involved in meetings about their care and support packages. A relative we spoke with said they were involved in review meetings to discuss their relative's care needs, and their relative's care was discussed on an ongoing basis.

We had concerns that records did not all accurately reflect people's care and support needs with guidance for staff to deliver care and support in the way the person wanted.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities)

Records we looked at did not all show that information from assessments about people's medical conditions and their daily lives had been transferred to care plans. This was necessary to ensure staff could provide support to people in the way they wanted and needed to ensure their health and well-being. Care plans were developed from assessments that outlined how people's needs were to be met. For example, with regard to nutrition, mobility and communication. We also saw assessments about medicine's management for each individual and a fire risk assessment.

Records showed care plans did not provide sufficient detail for staff to give care and support to people in the way they preferred. For example, one recorded, "To support to make breakfast," and, "Support with bath." The registered manager told us new care plans were being introduced that provided more detail and reflected the care provided by the regular staff. We were shown new documentation that was being introduced. This would contain information that was not currently available about people's likes, dislikes and preferred routines to help ensure staff were knowledgeable about the people they supported. It would also make staff aware of people's preferences and interests, as well as their health and support needs, to enable them to provide a personalised service. We informed the registered manager this was necessary information but it was not a care and support plan but rather a personal profile. It did not provide detailed guidance for staff of how care was to be delivered to people for each assessed need.

Information was not available about people's wishes with regards to their care when they were physically ill and reaching the end of their life, or arrangements for after their death. For example, to record their spiritual wishes or burial requirements. Therefore information was not available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

We were aware of situations where people's needs had changed and the registered manager had involved other professionals to obtain an up to date assessment of people's needs. This helped to ensure the service could meet the person's increased needs. For example, if their mental capacity had reduced.

Some records showed that regular reviews or meetings took place for some people to discuss their care and to ensure their care and support needs were still being met. Records did not consistently show that people and or their representatives had been involved as care records were not signed by them.

Staff told us they kept up to date with people's care needs by reading through care records. Staff kept daily progress notes to monitor people's needs, and evidence what support was provided. These gave a detailed record of people's wellbeing and outlined what care was provided.

People we spoke with told us they knew how to complain. They said they would speak to the registered manager or a senior member of staff if they had any concerns. A copy of the complaints procedure was advertised. People's comments included, "I've complained before but then the same thing happened again," and, "I have always found the carers very helpful I have no complaints about them." We saw a copy of the service user information that was given to people when they started to use the service. A copy of the complaints procedure was not available in the pack. We were told the information was being updated and localised

Requires improvement

Is the service responsive?

and a new pack was being printed by the organisation. A record of complaints was maintained. We saw they were mostly about the maintenance of the building. Complaints had arisen as a caretaker was no longer in post to oversee the maintenance of the building. We were told new arrangements were in place.

Requires improvement

Is the service well-led?

Our findings

A registered manager was in place who had registered with the Care Quality Commission (CQC) in 2014. The registered manager had been pro-active in submitting statutory notifications to CQC inform us about issues such as safeguarding notifications and serious injuries.

We had concerns the audit and governance processes had failed to ensure satisfactory standards were maintained.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities)

Communication was not always effective. We saw a handover took place when staff changed duty. However, it was an audit and checklist to remind staff of the records and tasks that needed completing before they went off duty. People's needs were not discussed and communicated at staff handover when staff changed duty, at the beginning and end of each shift to ensure staff were aware of the current state of well-being of the person. One staff member commented, "I wasn't told about someone's eye drops." We saw a person's daily records also showed two hospital appointments that had been missed. We checked this with the deputy manager during the inspection who said it would be followed up. Comments from staff included, "Communication isn't fantastic," and, "I think communication could be improved."

People who used the service told us they did not receive consistent care from the same staff members. Changes in staff were not communicated to them. Several people told us they were not satisfied with the changes which had recently been made to the staffing rosters. They said the changes did not suit their daily living requirements and had been made without consultation. Comments from people included, "The staff are all very nice, they aren't consistent as there are a lot of changes of staff," "I don't get to know the staff very well as they are always changing," "My (relative) benefits from having a regular carer, but on most occasions it's someone different," and, "My (relative) prefers to have the same staff, as it's important for (Name)'s care. There is not consistency in staff attending despite my asking."

Tenant's meeting were held three monthly and meeting minutes showed how people were informed about any changes to the running of the service. They were also consulted. For example, with regard to suggestions for community involvement and ideas for activities. However, we did not see evidence of action taken as a result of people's suggestions and comments. One person told us, "I attended one tenant's meeting, but didn't find it was of any use to me. I complained about the schedule of care visits changing all the time without consultation." Meeting minutes showed there were several comments about the time taken for routine maintenance and repairs to be carried out. People also told us, "We have complained about the extreme temperature on the first floor corridor, we have monitored the temperature and it has reached 90% Farenheit. We are worried that germs can breed in these temperatures. We aren't allowed to open the windows but nothing else is done to resolve it," "People just turn up to carry out work, we have no notice of them coming," "Repairs are taking many weeks to be completed since the caretaker post was terminated," and, "The doors bang so loudly." We checked this and saw it was due to the automatic closures on doors causing the doors to close loudly. We discussed this with the deputy manager who said it would be reported to maintenance so they could be adjusted.

We asked other people about consultation and communication with management. Their comments included, "We are not happy with the changes to the rotas and the lack of communication," "Management are not always organised and stronger management is needed," "Management don't communicate with us until after the event," "Management don't seem to listen," and, "We're not told when staff are running late with calls." We informed the management team about people's comments with regard to consultation and communication. They said they would be addressed.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of weekly, monthly, quarterly and annual checks. They included health and safety, infection control, training, complaints and safeguarding, care provision, medicines and care documentation. Audits identified actions that needed to be taken. Although records were audited monthly and included checks on care documentation and staff management, these audits had not highlighted deficits in certain aspects of record keeping. For example, care planning and risk assessments to ensure the care plan contained detailed guidance so people received care in the way they wanted and needed.

Requires improvement

Is the service well-led?

The registered manager monitored the quality of service provision through information collected from comments, compliments/complaints and surveys that were completed six monthly by people who used the service. We saw 11 surveys had been completed recently from 52 that had been sent out to people who used the service. The registered manager told us surveys were modelled on the CQC standards and looked at areas that were reported on in an inspection. We saw the surveys were very detailed and did not provide questions that could easily capture people's views. They did not provide an opportunity for a succinct answer in order to improve key aspects of care provision. One person commented, "They (surveys) are too long winded, I don't understand some of the questions." We saw some people had commented at a tenant's meeting that surveys were sent out too often and they did not think results helped shape service delivery.

Staff and people who used the service told us the registered manager was approachable and could be approached at any time for advice and information.

The registered manager told us that staff meetings were held every eight to ten weeks. Some staff said meetings were not well attended because they were working providing care and support to people and were therefore unable to attend. The registered manager told us meetings took place to ensure the smooth running of the service. Areas of discussion included, staff performance, health and safety, safeguarding and support worker duties.

We were told plans were in place to send out staff surveys annually to collect staff views about service provision.

The registered manager was able to tell us about links developed with the local community, other organisations and initiatives they were involved in. They expressed enthusiasm for the links they had developed and were looking at ways to effectively use the building for the benefit of the service and wider community.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person had not ensured staffing levels were sufficient to look after people in a safe, timely and consistent way. Regulation 18(1)

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Records were not in place to ensure that all people who used the service received person-centred care that was appropriate, met their needs and reflected their individual preferences. Assessments were not all in place that included people's health, personal care, emotional, social, cultural, religious and spiritual needs. People were not all involved in decisions about their care. Regulation 9(3)(a)(b)(c)(d)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had not ensured systems and processes were established and operated to ensure compliance with the registered persons need to: assess, monitor and improve the quality and safety of the service; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others

This section is primarily information for the provider

Action we have told the provider to take

who may be at risk, maintain an accurate, complete a contemporaneous record for each person; evaluate and improve their practice and act on the feedback to service provision in a timely way.

Regulation 17 (2)(a)(b)(c)(e)(f)