

London Care Limited

# London Care (Willow House)

## Inspection report

Willow House  
Victoria Court  
Wembley  
Middlesex  
HA9 6EB

Date of inspection visit:  
04 July 2017

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We undertook an announced inspection on 4 and 7 July 2017 of London Care (Willow House). London Care (Willow House) is registered to provide the regulated activity personal care.

London Care (Willow House) is an extra care housing service providing personal care to people. London Care (Willow House) is a purpose built block of flats on 3 levels, containing 40 flats. The service provides support to older people and people with mental health needs to remain independent and live in their own flat within their community. At the time of inspection the service provided personal care to 41 people who lived in flats in London Care (Willow House).

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

We found the premises were clean and tidy. Maintenance checks were conducted by a housing association. However during the inspection, we found aspects of the building that needed improvement. The building was having continuing issues with bed bugs, mice and rats. Fixtures that controlled windows in communal areas were not secure which could be a potential safety hazard for people using the service. Furthermore there was a lack of information to show what support each person would need in the event of a fire.

Records showed the provider had taken some action to address the concerns raised and during the inspection, records confirmed the housing association had been contacted by the registered manager for them to address the issues raised.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans. Although we saw some people going out into the community, there were some people using the service who could be at risk in the community due to their lack of capacity.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes. Care plans were reviewed and were updated when people's needs changed.

People using the service informed us that they were satisfied with the care and services provided. Relatives also told us that they were confident that people were safe.

Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines and for their storage, administration and disposal.

Staff had been carefully recruited and provided with induction and training to enable them to support people effectively. They had the necessary support, supervision and appraisals from management.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met.

Staff were informed of changes occurring within the service through daily handovers and staff meetings. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

There was a management structure in place with a team of care workers, senior care workers, team leader, registered manager and the provider. Care workers spoke positively about the registered manager and the open and transparent culture within the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered manager to take at the back of the full version of this report.

## 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** ●

Some aspects of the service were not safe. There were some parts of the premises that were not properly secure and maintained. There was a lack of information to show what support each person would need in the event of a fire.

People and relatives we spoke with told us people were safe. There were processes in place to help ensure people were protected from the risk of abuse.

Appropriate arrangements were in place to ensure there were sufficient and competent staff deployed to meet people's needs.

Some risks to people were identified and managed so that people were safe and their freedom supported and protected.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Appropriate employment checks were carried out before staff started working at the service.

### Is the service effective?

**Good** ●

The service was effective. There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

Staff had completed relevant training to enable them to care for people effectively.

Staff were supervised and felt supported by their peers and the registered manager.

People's health care needs and medical history were detailed in their care plans.

### Is the service caring?

**Good** ●

The service was caring. People and relatives told us that they were satisfied with the care and support provided by the service.

People were treated with dignity and respect.

Review of care meetings had been conducted with people in which aspects of their care was discussed.

### Is the service responsive?

**Good** ●

The service was responsive. Care plans included information about people's individual needs and choices.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

### Is the service well-led?

**Requires Improvement** ●

Some aspects of the service were not well led. Effective systems were not in place which identified potential risks to people using the service.

There was a clear management structure in place with a team of care workers, senior care workers, team leader, registered manager and the provider.

Staff were supported by management and told us they were approachable if they had any concerns.

# London Care (Willow House)

## **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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector and was supported by two 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. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the provider including notifications and incidents affecting the safety and well-being of people.

We spoke with ten people using the service, two relatives, three staff, team leader, the registered manager and regional manager. We reviewed five people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

# Is the service safe?

## Our findings

People using the service told us they felt safe at the service. They told us "I feel very safe with them" and "I am quite comfortable". One relative told us "It's a big plus- much safer than them living at home- very safe.....rung the ball bell and carers are with [relative] in an instant."

On the day of the inspection, we found the premises were clean and tidy with no offensive odours. The building had lots of windows which made it very bright and open. The corridors were clean, with ample space and easy access for people in wheelchairs. There were no obstructions near the doors or walkways and there were lifts in the building to support people with their mobility.

There was a record of maintenance checks carried out to ensure that people lived in a safe environment. This was carried out by a housing association. The registered manager told us daily checks were carried out of the premises and they had a 'handy man' that came regularly to the service to ensure fixtures and fittings were maintained. Environmental risk assessments had been completed for each person's flat which covered areas such as flooring, electrical, general storage and safe storage of Control of Substances Hazardous to Health (COSHH) products.

We observed people had call bells in their flats which were accessible to them. People also had pendants that they wore which ensured they were able to call for assistance wherever they were around the building. Staff had phones which indicated where the call originated from so they knew where the person was and could respond promptly. The registered manager told us the system was connected to an assist alarm and monitoring service which meant if there was no response from the service, this would be picked up by the monitoring service and ensure the call was responded to and dealt with promptly. People's flats also had alarms above their doors which would trigger an alert to staff that a person had come out of their flat and may need assistance especially during the night time.

However, we identified aspects of the service which were a potential risk to people's health and safety. Appropriate risk assessments were not in place which had identified these risks and ensured people were safe. All the windows in the building had window restrictors fitted on them. However, we noted in the communal areas on the first and second floors there were windows that were wide open. The windows did have restrictors fitted however due to the length of the window restrictors and the height of the window meant this could be a potential safety hazard to people using the service as a person could easily jump or fall from the window. We also noted one of the windows, if climbed through, a person would easily have access to the roof. Both posed a serious risk for people to sustain serious injury.

We noted the windows were controlled by a switch box which was installed on the wall next to the windows. However on both floors the switch boxes were not securely fitted. The casing of both the switch boxes had been broken and were sealed up with tape. However a person using the service had ripped the tape and managed to access the switch box to open the windows. There were no risk assessments in place which identified the windows as a potential risk to people using the service.

During the inspection, the registered manager secured the switch boxes with tape and provided evidence on the second day of inspection that this had been reported to the housing association to address.

We were informed by a person using the service that there were bed bugs in their flat and there was an issue with mice and rats. The person and records confirmed that action was being taken by the provider to address these areas. However the issue was now having an impact on the flats of other people using the service. The registered manager told us he was aware of the problem and had reported the issue as soon as it was identified. He confirmed that another visit from the contractor was due to address the issue. However, there were no risk assessments in place which effectively assessed the risks to people using the service and measures to minimise the spread of the infestation and ensure people were safe from any potential harm to their health.

We observed people were not restricted from leaving the service and some people went out into the community unaccompanied by staff. However there were people using the service who had limited capacity to understand the risks they may face out in the community and in some instances due to their lack of capacity had needed assistance from other people for them to return to the service safely. During the inspection, we observed a person wanting to leave but was not able to as staff were aware it was not safe for the person to go out in the community alone. The registered manager told us they were already liaising with the local authority to review the person's care needs and were awaiting an outcome on this matter.

The registered manager told us some people did have a tracking device which was able to locate where people were. However this did not ensure people were safe from harm in the community. There was no risk assessments in place to identify the risks people could potentially face and measures which may be needed to ensure they were safe whilst out in the community.

We raised these issues with management staff and discussed that although maintenance was carried out by the housing association, the provider still had a duty of care to ensure people using the service were safe and the building was safe at all times. The registered manager told us he would ensure these areas will be addressed promptly. During the inspection, the registered manager showed us documented evidence that the housing association was contacted and action was being arranged to address the issues raised during this inspection.

The above evidence demonstrates there were risks to people's health and safety. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that fire equipment was checked to ensure they were in working order. Management staff told us the building was built with fire compartmentalisation. This means the building can be sub divided by compartment walls made of fire resisting construction which would avoid the spread of fire from one building to another.

However there was a lack of information to show what support each person would need in an event of a fire which may place people at risk. The personal emergency evacuation plan we were provided contained limited information. The plan listed the flat numbers and outlined if people required support however the information was limited to phrases such as 'Will need instruction and guidance' and 'Not mobile – Requires assistance.'

There was some guidance we were provided for what people should do in a fire which stated people should leave the building immediately using the nearest exit and wait outside a safe distance away from emergency services. However, this would not be relevant for people who have mobility issues and were bed bound.



There were safeguarding and whistleblowing policies in place and records showed care workers had received training in how to safeguard adults. When speaking to care workers, they were able to explain the different types of abuse and the steps they would take if they suspected any potential abuse. They told us "You have to record it and report it! I have to make sure action is taken."

We noted a number of people using the service needed support with their mobility and were using equipment such as walking frames. There was information about people's mobility in their care plans. Falls mobility risk assessments were in place that took into account whether the person had a history of falls, pain, medicines and any visual or cognitive impairments which affected their mobility to help minimise the risk of people falling.

People's care needs had been assessed. Care plans we reviewed included relevant risk assessments in accordance to their personal needs which included preventative actions for staff to follow on how to support people safely.

We also found the skin integrity of people using the service was being monitored and managed effectively. There was one person using the service who was bed bound. The team leader told us that pressure ulcers had not been an issue as care workers did regular skin checks. Turning charts were in place and completed which showed the person was turned regularly to prevent potential pressure ulcers developing.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by staff that were unsuitable. We looked at the recruitment records for five care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults.

Feedback from people using the service and staff indicated staffing levels were sufficient. Staff told us they received their rotas on time and there was good teamwork amongst staff. Staff told us and showed us records that clearly detailed the times and type of support people required during the day so care workers were aware of what they needed to do. A care worker told us "We have a good number of carers that are very competent" and "We have sufficient staff at the moment, guided by the rota and good teamwork."

The registered manager told us they reviewed staffing numbers depending on people's needs and occupancy levels. We noted the level of support people received was mainly dependent on how many hours of care each person was commissioned by the local authority and the service would then accommodate the number of hours commissioned. However the registered manager told us staff were always on the premises in case of any emergencies.

There were suitable arrangements in place to manage medicines safely and appropriately. Medicines policies and procedures were in place. Records showed staff received training and their competency was assessed to ensure they administered medicines safely. Medicines records were fully completed which indicated people received their medicines at the prescribed time. There were arrangements in place with the local pharmacies in relation to obtaining and disposing of medicines. The registered manager told us they had an excellent relationship with the pharmacies and any changes in people's medicines or issues were dealt with promptly.

Medicines in extra care housing should be stored in people's own flats in accordance with guidance and we found that medicines were stored in this way at the service. The flats we visited during the inspection had lockable cabinets where people could manage and store their medicines safely.

The service had a system for auditing medicines. The team leader and senior care workers carried out regular medicines audits which involved looking at Medicines Administration Records (MAR) completion. We noted that where any mistakes or issues had been identified, this was recorded and follow up action required had been completed.

## Is the service effective?

### Our findings

People using the service spoke positively about the staff. They told us "They are good at what they do for me", "Communication is key- I have absolutely no concerns on their ability and understanding" and "Generally speaking- they know their jobs and know their jobs well."

Records showed staff were supported to gain and develop their knowledge and skills to enable them to support people effectively. Care workers undertook an induction to familiarise themselves with the organisation's policies and procedures before they started work. There was on-going training to ensure that staff developed and maintained their skills and knowledge. Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included moving & handling, personal care, dignity, food safety, infection control, diabetes and stroke awareness.

Care workers spoke positively about working at the home and felt supported by their colleagues and management. They confirmed they received regular training which helped them to support people appropriately. They told us "I like to work here. I am here to care and they need our help" and "They do train us. It does help us and refresh our memories."

Records showed care workers received regular supervision and appraisal to review and monitor their performance. Observation assessments were also conducted in areas such as moving and handling and medicines administration to assess care workers' competency. The registered manager told us that the medicines and moving and handling were practical sessions. Care workers were taught and shown how to use equipment such as hoists to ensure care workers undertook safe moving and handling practices.

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.

Care plans of people using the service outlined where people were able to make their choices and decisions about their care. Where people were able to do so, people had signed their care plans to show consent for the care provided to them. Areas in which people were unable to give their consent due to limited capacity, records showed the person's next of kin and healthcare professionals were involved to get information about the person's preferences, care and support and decisions were made in the person's best interests. Records also showed some people had been granted power of attorney. This ensured people's best interests were being considered.

We noted in people's care plans, some people had bed rails and wheelchair belts were used which can be a form of restriction. However, we saw that the affected people had the capacity to consent to this and had signed their care plans to reflect this.

Staff had knowledge of the MCA and records confirmed that the majority of staff had received training in this area. Staff were aware that when a person lacked the capacity to make a specific decision, people's families,

staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support. We saw evidence that healthcare professionals were involved in people's care and this was documented. We observed the service worked with healthcare professionals to conduct reviews of people's care. People were supported to have any equipment they needed to meet their health needs. We spoke with two healthcare professionals during the inspection. They spoke positively about the service and the staff and told us that they worked in conjunction with each other to ensure people's needs were met.

People were supported to get involved in decisions about what they wanted to eat and drink. We discussed with registered manager about how the service monitored people's nutrition. The registered manager told us that as the service was an extra care sheltered housing scheme, staff helped individuals prepare their meals if they required support and this was detailed in people's care support plans. The registered manager also told us that the service provided lunch in the dining area daily and people could opt to have this if they wished for a fee.

During the inspection, we observed people choose where they wanted to eat. Some people were able to have their lunch independently and for some people relatives had come to visit and support people with their lunch. The team leader and people confirmed that every Friday, the service also accommodated for different foods to be served such as fish and chips. During the second day of the inspection, which was a Friday, the food provided was Gujarati food. We observed a number of people came to the lounge area and enjoyed this.

People's care plans contained guidance on people's dietary needs and their likes and dislikes. Areas in which people needed support and presented potential risks were highlighted in their care plans to ensure they received the appropriate support with their food and drink. For example one person's care plan outlined that they were able to eat and drink on their own but needed the food to be cut into small pieces and their drink poured into a beaker so that they could have their meals with ease.

## Is the service caring?

### Our findings

People spoke positively about their care and the way they were looked after. They told us "The staff – all of them are great- very caring and helpful", "They treat me very well, they're kind, caring and are my friends" and "Very respectful- always cheery-I am treated very well."

We observed by the way people interacted with staff that positive relationships had developed between them. People using the service were familiar and comfortable approaching staff and told them what they wanted without hesitation. Care workers were very calm and gentle in their manner when engaging with people.

We observed people could choose where to sit and spend their time. We saw people were able to spend time the way they wanted and their privacy was respected. People were able to spend time in their flats or spend time in the communal areas. With people's consent, we were able to view some flats and saw they were clean and were personalised with their belongings. People were able to access the courtyard gardens throughout the day and we observed people spending time there when they wished to.

We saw people being treated with respect and dignity. People were able to choose whether they wanted a male or female care worker and this was accommodated for them. People spoke positively about how their privacy and dignity was maintained. They told us "They ask if I am ready for my shower/lunch", "They will chat while they are helping me with the shower-No they don't rush", "They will knock before coming in and call from the door" and "They close the doors-Yes always call me by my name."

When speaking with care workers they had a good understanding of treating people with respect and dignity. They told us "You find out how they are doing, ask them and encourage them. You explain to them and get their consent before you do anything" and "You close the door, close the shower curtains, protect them and cover them as much as possible and ask them how they want their shower."

Care support plans set out how people should be supported to promote their independence. People were supported to express their views and be involved in making decisions about their care, treatment and support and this was confirmed by people we spoke with. They told us "Yes they do. They offer better solutions sometimes."

Care workers demonstrated they were very knowledgeable about people's needs, respecting people's choices and encouraging people to be as independent as possible. They spoke about people in a very caring manner. They told us "You ask them what clothes, shoes and socks they want to wear. We ask them about everything", "Even though we know what they want for breakfast, they have the same thing every day, we still ask them!" and "It's their choice to tell us. We are working here to enable them and keep them independent. Even the small things make a big difference to them and we have to encourage that."

One care worker was able to share a particular way they adapted with a person who did not want to receive personal care. They were aware of what made the person feel uncomfortable and knew what the person did

in their previous occupations. The care worker told us "I go in with a smile and say let's get a lovely dress and look beautiful today. This helps distract them when providing the personal care and puts them at ease." The care worker also told us "I do this as a passion to touch the lives of people in a positive way. You have to be patient with them and talk to them calmly."

People's care plans contained personalised information on how people communicated and how staff should communicate with them. During the inspection, we observed care workers and management staff interacted very well with people and continually asked if people were okay. People and relatives told us "They all make themselves understood" and "They communicate very well- always refer to [relatives] by name and always pleasant to me too- Any problems are discussed."

We found the service supported people to maintain the relationships with their families and others close to them. During the inspection, we observed family members were able to come and see their relatives and spend quality time with them without being disturbed or rushed. Family members were supporting people with their lunch and spent quality time in the lounge areas. Family members were able to spend as much time as they wanted with their relative. Relatives told us "My family come often- yes", "Visitors can come anytime" and "That is one of the advantages of them being here- Visitors can come in whenever."

The service also supported and showed consideration for couples to maintain their relationship so they were able to be together in a comfortable and safe environment. The service provided accommodation for them which respected their privacy and they were able to spend time together as they wished.

There were annual review meetings with people using the service, relatives and healthcare professionals in which people's care was discussed and reviewed to ensure people's needs were being met effectively.

## Is the service responsive?

### Our findings

People using the service spoke positively about the service and care people were receiving. They told us "Where needed they support me well", "They are very understanding and helpful", "They do a very good job in a cheerful manner-They understand [relatives] problems", "They are very good to me" and "They treat me well here. I cannot complain."

We looked at five people's care plans as part of our inspection. Care plans consisted of a support plan and risk assessments. Care support plans provided information about people's medical background, details of medical diagnoses and social history. They also outlined what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence and mobility.

Care plans were person-centred, detailed and specific to each person and their needs. We saw that people's care preferences and routines were reflected. The care plans showed how people communicated and encouraged people's independence by providing prompts for staff to enable people to do tasks by themselves. This demonstrated that the provider and registered manager were aware of people's specific needs and provided appropriate information for all care workers supporting them.

People's care plans also contained monthly home care report books in which care workers detailed the support provided to people including personal care, medicines and skin care. Records showed senior staff audited the home care reports and reviewed areas such as times and frequency of visits and medication checks. This ensured people received the support they needed and any changes with their needs were identified and actioned accordingly.

When speaking with care workers, they were able to tell us about people's personal and individual needs. Care workers also told us there was a handover after each of their shifts and daily records of people's progress were completed each day.

People using the service were aware of their care plans and involved with the planning and review of their care needs. They told us "Yes, they come with their form and discuss with me at regular intervals. If there are issues or positive things, I will say." A relative told us "They have a copy in their room and it is reviewed regularly."

On the day of the inspection, we noted that some people were out during the day and some people stayed in their flats. The service encouraged people to take part in activities and interact and engage with other people using the service and staff. During the afternoon, we observed care workers sat with people in the communal areas and played bingo and puzzles with them. One person started singing and people joined in where they could. Music was switched on and some people started dancing and encouraged care workers to join in which they need. This provided a very pleasant and inclusive atmosphere for people using the service.

There were procedures for receiving, handling and responding to comments and complaints which also made reference to contacting the Local Government Ombudsman and CQC if people felt their complaints had not been handled appropriately. Records showed complaints received were investigated and responded to in a timely manner by the registered manager. However we noted the complaints and concerns raised had not been analysed to identify particular trends and used as an opportunity for learning and improving the service.



## Is the service well-led?

### Our findings

When speaking with people using the service and their relatives, they spoke positively about the service and the registered manager. They told us "Yes they are pretty good, the manager is excellent", "100% and they visit us and ask us questions from time to time", "I have a great deal of respect in how well the whole team is managed" and "I hope you give [registered manager] a gold medal. He helps everyone. Anything you need, he sorts it out for you."

There were systems in place to monitor the service. Records showed quality assurance visits were conducted for each person using the service. This included seeking feedback from people and ensuring their flats and records were in good order. Records showed positive feedback had been received from people using the service.

Extensive audits had been conducted by the provider in January, February and May 2017 which covered various aspects of the service including record keeping, staffing, health and safety and training. Areas of improvement and actions to be taken were highlighted for the service to action.

However, during the inspection, we found areas that needed improvement and had not been identified by the service as potential risks to people using the service. Although some action had been taken by the registered manager, the building was having continuing issues with bed bugs and mice and rats. Fixtures that controlled windows in communal areas were not secure and there was a lack of information to show what support each person would need in the event of a fire. There have been incidents where people have been at risk in the community due to their lack of capacity. Appropriate risk assessments were not in place to ensure any potential harm to people using the service was minimised in relation to these areas.

Accidents and incidents and complaints were recorded however we noted a high number of these had occurred and a lack of action to identify particular trends to use as an opportunity for learning and improving the service in order to minimise the reoccurrence of issues raised. We noted the provider's audits also identified that there was no evidence of analysis of complaints trends conducted at this service.

The audits showed and the regional manager confirmed all accidents and incidents were recorded on the central IT system used by the service which provided the details and types of incidents that had occurred. This was an area they were working to develop. For example, the regional manager told us they had recently identified falls as an issue and had developed guidance which staff could refer to on this area.

There was a management structure in place with a team of care workers, senior care workers, team leader, registered manager and the provider. Care workers spoke positively about the registered manager and the open and transparent culture within the service. They told us "[Registered manager] listens and takes things on board. I am happy to do this job", "He listens. We also have the phone number of the provider if we need anything" and "He is kind and very approachable."

We found the registered manager to be knowledgeable about people's needs. He could tell us in detail

about the support each person was receiving and how he had developed positive relationships with people. He told us that he was well supported by the provider. During the inspection, people appeared at ease and comfortable with the registered manager. People responded well to him. During the inspection we observed the registered manager also supported people and demonstrated a 'hands on approach' and led by example. We were told and shown photographs that the service had received awards from the provider as recognition of how well the service was being managed.

Records showed staff meetings were being held and minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. Care workers spoke positively about the meetings in general and informed us that they were productive. They told us "We can say what we want and any concerns we can raise" and "We speak about any issues. We can speak openly. It is a friendly atmosphere and we are encouraged to speak out."

The service worked closely with health and social care professionals and other agencies to make sure people received the service they needed so they achieved positive care outcomes.

Care documentation was up to date and comprehensive. The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>12.—(1) Care and treatment must be provided in a safe way for service users.</p> <p>(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>(a) assessing the risks to the health and safety of service users of receiving the care or treatment;</p> <p>(b) doing all that is reasonably practicable to mitigate any such risks;</p>