

Solutions Social Care Limited

Rockware Business Centre

Inspection report

Unit 12, Rockware Business Centre
5 Rockware Avenue
Greenford
Middlesex
UB6 0AA

Tel: 02036030166
Website: www.solutionsocialcare.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rockware Business Centre is a domiciliary care agency providing personal care in people's own homes and in the local community. A service was provided to 35 people. They were registered to provide a service to children above the age of 13, younger and older adults, including adults living with dementia and people with disabilities.

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. At the time of our inspection 13 people were receiving the regulated service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The provider did not always review people's support plans in a timely manner. This meant that information might not be up to date and the progress of objectives were not monitored. People and their relatives had not signed to say they agreed with their support plan and the provider had not checked if relatives had the legal right to act on behalf of their family member.

Notwithstanding the above staff had good guidelines for managing behaviour that challenged and had received a good level of training. The registered manager, management team and care workers were all well informed about people and knew their preferences. Staff used different methods to communicate with people and supported them to make choices. They promoted their privacy and dignity.

The registered manager arranged a safeguarding adult with learning disabilities workshop which professionals, staff and people were invited to attend. Relatives told us they felt their family members were safe with the care workers who told us how they would recognise and report abuse.

Staff felt well supported by the registered manager who valued them and gave opportunities to progress in their career. Senior staff and contracted staff received supervision. However, staff on zero hours contract did not and we recommended the provider look at national best practice guidance about this.

People were supported to attend varied activities and to be as independent as possible.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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.

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

Rating at last inspection

The last rating for this service was good (published on 25 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner..

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Rockware Business Centre

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector carried out this inspection.

Service and service type

Rockware Business Centre is a domiciliary care agency. It provides personal care to people living in their own houses and flats. They provide an outreach service to take people into the local community and have a day centre for people who have a learning disability or are on the autistic spectrum. CQC does not regulate the day centre or outreach services.

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

Notice of inspection

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

Inspection activity started on 19 and ended on 21 August 2019. We visited the office location on 19 August 2019 and we met with staff and returned to the office location to look at more records on the 21 August. Telephone calls to people and their relatives were made on the 19 August 2019.

What we did before inspection

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

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We attempted to speak with the relatives of 10 people who used the service and were successful at speaking with five relatives about their experience of the care provided. We spoke with the registered manager, the acting human resources manager, the assistant administrator. One support worker, two senior day opportunities workers, acting day centre manager and one day opportunities worker.

We reviewed a range of records. This included three people's care records and associated recordings such as daily notes. We viewed four 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 and quality assurance records. We spoke with a health and social care professional.

Is the service safe?

Our findings

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

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

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider employed 50 staff working in a variety of roles to meet the needs of people using the service. Care workers were known as, "Day opportunities workers."
- Most people we spoke with said the staff were always on time and did not miss calls. Their comments included, "[Person] has three main carers. If one of them is running late, one of the escorts will help out until they arrive, usually one of the seniors let me know" and "[Staff member] times are perfect. They're like clockwork and very efficient. Always on time. They have never been late."
- One relative told us they had experienced cancellations of the care call by the service and this had happened, "Often." They said they were informed by the office when this had occurred and care workers had not been late on other occasions.
- All staff told us there were enough staff but said sometimes if a staff member phoned late to say they were unwell it did mean a care call might be cancelled at short notice. The registered manager told us that staff now used a mobile phone application (APP) to ask other staff if they might cover. They also informed the management team of the changes. They said this had helped reduce last minute cancellations.
- Prospective staff completed a telephone registration call and registration documents prior to the provider's decision to interview. The registered manager explained this process was to ensure that candidates who were interviewed were already screened as being potentially caring and well-motivated staff.
- Following a successful staff interview the provider undertook checks of identity, right to work in the UK, references from previous employers and criminal record checks to ensure staff were of good character.

Using medicines safely

- Medicines administration records were not available at the office location. This was because medicines were given by people's relatives and not by the staff. One person was prescribed a 'When required' medicine. There were clear guidelines for staff to follow should medicine be required, although they had not needed to administer this yet. We were unable to further inspect this key question.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their family members were safe with the care workers. One relative said, "I do feel safe with them. They understand [Person], their complexity, needs and feeding."
- The provider had reported safeguarding adult concerns to the local authority and investigated. The registered manager looked through daily records, incidents and accidents to ensure staff were reporting concerns appropriately.

- Staff had received safeguarding adult training. One staff member told us, "Safeguarding training is a whole day, we talk about experiences and examples, to talk through and understand." Staff told us when a person was not able to communicate verbally they were being abused they would look for signs such as marks on the body and changes in their behaviour. They told us they would report changes in behaviour to their line manager or the registered manager.

Assessing risk, safety monitoring and management

- The provider assessed to identify risks to people. Some people using the services exhibited behaviours that could put themselves and others at risk of harm. As such there were some very detailed assessments with guidelines for staff about how they could keep the person safe from harm.
- Risk assessments included risks associated with behaviour, transport, swimming, going out to new locations and epilepsy. Risks were assessed at high, medium or low and consideration was given to each circumstance.
- We noted one person's care plan stated they had epilepsy. We discussed that their epilepsy was "Low risk" as seizures had not occurred for many years. A risk assessment was not in place to state this. However, other risks assessments reviewed were detailed and completed in response to undertaking new activities.

Preventing and controlling infection

- Staff had received food hygiene training that included infection control so they knew how to prevent cross contamination. The registered manager and management team ensured personal protective equipment was available for staff to use.

Learning lessons when things go wrong

- The registered manager told us they had learnt from safeguarding concerns and incidents. They said a safeguarding adults concern had highlighted the need to review how data was shared in the organisation both internally and to outside agencies and relatives. As such the registered manager had introduced new systems, reviewed procedures and met with staff to ensure there would be no reoccurrence of the same issues.
- A staff member told us, the registered manager had stressed the need to learn from past mistakes. They gave an example about speaking out about abuse as learning from a safeguarding adult concern. "We discuss issues in the past when [Staff] didn't speak out. I found it very helpful in understanding why you should always speak out."

Is the service effective?

Our findings

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

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

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- The registered manager and care workers had attended training about the MCA and the role of the court of protection. However, there were no signed consent forms that demonstrated the care and treatment provided as stated in the support plan had been agreed by the person or their legal representative.
- Some people who received a service had complex needs and it was probable they would not have the capacity to agree to their support plan. However, there was no evidence that a mental capacity assessment and best interest decision had taken place to determine if the care provided was appropriate. Furthermore, aspects of some care plans included reference to restrictions regarding food. There was no record to show that these restrictions had been agreed in the person's best interests.
- Relatives who were 'acting' for the person had not been asked if they had Lasting Power of Attorney (LPA). Lasting power of attorney (LPA) is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

Failure to assess people's mental capacity and make decisions in their best interests were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, the registered manager and staff were able to tell us how they gave people choice in their everyday life whenever possible. One staff member told us, "If client doesn't have capacity we try and consult with the parent, we don't make a decision on our own...we try and act in the best interest of the client."

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

- The registered manager visited people following a referral from social services and assessed what support they would require. The information gathered was detailed and person centred.
- The registered manager told us they checked what the person and relatives wanted. They took an interpreter to one assessment, so the relatives would be able to share important details. Information in the assessments included the background of the person, communication, 'behaviours of concern,' activities they enjoyed, and assessment recommendations. The registered manager told us assessment was a "Working document," and additional information was added and updated after a six-week period.

Staff support: induction, training, skills and experience

- Staff completed three days induction that covered adults at risk, first aid and 'How we work'. They were supported to complete 15 standards of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- Care workers shadowed more experienced staff to see the best approaches to working with people. One relative told us, "The carers do shadow if they're new. They come with an experienced carer and I help support them." Relatives told us they felt staff were well trained.
- Care workers attended a range of further training to support them to work with people who had complex needs. The training included, an introduction to autism, managing challenging behaviour and positive behavioural support, epilepsy awareness and Buccal Midazolam administration. (This is an "As required" medicine sometimes prescribed to treat seizures.)
- Staff told us the training was relevant and helpful. One staff member said, "We had an amazing speaker for autism awareness and positive behavioural support ...definitely a strength, [of the service]."

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

- People's care plans stated if they needed support to eat their meals or had dietary requirements. People required a level of general supervision and some people had a vegetarian diet. Relatives often provided meals for staff to serve. One relative told us, "I prepare all [Persons] meals so the staff just heat them up. They know they have to cut it up for them."

Supporting people to live healthier lives, access healthcare services and support

- People's care plans contained information about what they liked to eat. Some people had religious or cultural dietary requirements and these were recorded.
- People's care plans referenced the drinks they preferred. Most people were able to indicate if they wanted a drink. One person did have fluid charts for a two month period in November and December 2018 however, these were not maintained. The registered manager told us the person had been unwell with seizures and had pneumonia. They thought this had been the reason fluid intake had been recorded at that time.

Staff working with other agencies to provide consistent, effective, timely care

- People who exhibited behaviours that challenged had a positive behavioural support plan that were written by a former staff member who had trained to complete the plans. They had left the service but were still acting as a consultant for the company. They had liaised with health professionals to identify the best possible approaches. Staff completed charts to record and analyse behaviour to achieve the best outcome for the person.
- The agency worked with several health and social care professionals on behalf of people. They requested psychology and psychiatric support for people from the local community team and contributed in multidisciplinary meetings. One health professional told us, "They provide really skilled workers."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's relatives spoke favourably about the care workers. Their comments included, "Yes, they are caring and very gentle. They're patient too. Their handling is excellent, and they are all very polite," and "The main carer is very caring, a lovely [Staff]."
- Staff spoke positively in a warm manner about people and were proud when people had successfully been supported on a community visit or had shown an interest in a new activity. Staff comments included, "I greet them nicely, call by their names, to show I remember them. I offer things they enjoy and I ask them if something went well", and "Everyone is an individual. It is very important to have eye contact to show you are there and they know you. I hold hands if they are a tactile person or if not, I just look to show I'm there and keep my distance as for them that is enough and respectful."
- Staff undertook diversity training. The registered manager had supported some staff to attend training about sexual relationships for people with learning disabilities. Care plans were written in a non-judgemental manner and respected people's diversity choices.
- Staff gave us examples of supporting people in the practice of their faith and they encouraged people to participate in cultural celebrations. This included, dancing to different types of music, Indian dance or reggae music. Some people liked classical music, sometimes they sang in French because one person liked this.

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

- The care workers understood people's behaviour and used different methods to communicate with people effectively. Relatives told us staff supported people to express their views and knew them well, so they understood what the person was communicating. One relative said, "The staff are very nice, most of them. [Provider] know [Person] very well and they try and match the carers."
- Care records stated how people communicated and staff were able to demonstrate they knew how best to communicate with each person. Methods of communication included, Makaton, (Makaton uses signs and symbols to help people communicate). The Picture Exchange Communication System, (PECS). This is a system using pictures to support people to make choices with no or limited verbal communication.
- To support some people with autism staff used "Social stories." These were developed for people on the autistic spectrum to support them to better understand social situations and interactions. The staff supported people to use eye gaze technology that allowed them to choose by looking at the picture on screen of what they wanted.
- Care plans contained information about people's behaviour and staff told us they had good information about people's behavioural communication. They described when some actions might mean a person was very happy with an activity and signs that indicated they no longer wanted to participate.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. One staff member told us, "We promote independence. It's a big part of what we do, we give choices. We are very aware of people's lack of independence and try to support them to be more independent."
- We met one person who was being supported by staff to attend a work placement. They were very pleased that they were going to work. Other people were for instance supported to choose and buy their lunch from a local shop.
- Staff ensured people's dignity and privacy. They supported some people who were not aware of the need to protect their own privacy in public. As such care plans for example gave guidance for staff to carry spare clothes should someone require them.
- A relative told us, "They're always mindful of [Person] privacy and dignity. When they do their personal care, they make sure all the doors are closed. Even I knock before I go in, but if they're in the middle of something, they ask me to wait."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People had support plans and a one page profile in place to give staff important information about them at a glance. However, support plan documents were not always reviewed on a regular basis and as such we could not always be clear if information was still applicable.
- One person had a very detailed support plan written by a health professional in October 2015. This document was available for staff to reference. The person also had a one-page profile written by the staff in March 2017. However, there was no provider support plan. There had been no reviews. Therefore, the person and their relatives had not been involved in updating the information, identifying goals and checking what was working well and what was not.
- One relative told us, "Yes, we have a care plan. We were involved at the last review, but it was about two years ago." They confirmed there had been no reviews or office visits since that review two years previously.
- Another relative said, "Yes we have a care plan. It's been here since 2017. I haven't had a review with the agency, but I get all information and feedback... it's all running ok though." The provider was not reviewing support plans with the person and relatives to ensure information, aims and objectives for people were still relevant and monitoring of people's progress was not taking place.

The provider and registered manager had failed to ensure there were accurate records which were reviewed regularly of people's care and this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above all people did have a one-page profile that gave good quickly accessible information and was used to match service users with staff. The registered manager explained that if a person liked walking they would be matched with a staff who also liked to walk. Some people also had very detailed positive behavioural support plans that contained thorough guidance for staff.

Meeting people's communication needs

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

- The provider had ensured that information was provided in a variety of formats so people using the service could understand the information. For example, some people had an individual activities planner that was in picture form. This supported them to know what was taking place each day.

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

- The provider ensured people were supported to undertake activities they enjoyed. Staff often supported people to the provider's two centres known as "The Hubs." One relative told us, "[Person] goes to the Hub. There's lots of activities going on." Here people took part in a variety of individually planned activities. People also were supported out from their home or from the hub to their preferred activities.

- People's support plans contained their preferred activities when at home, at the hub or in the community. These were very detailed and included for instance specific songs and musicals they very much enjoyed. Activities people undertook with staff included, watching musicals, swimming, hydrotherapy, horse riding, going out to eat, and walking in parks. There was music therapy available for those who might benefit. Daily notes reviewed demonstrated people were being supported to undertake activities they were known to enjoy.

Improving care quality in response to complaints or concerns

- The provider had ensured that there were easy read forms available to people and relatives to support them to complain. Relatives told us they would complain but most had not felt the need to do so. One relative said, "No, we haven't ever complained. We haven't had to. If we did, we would call the office or go to the local authority." One relative told us they had complained often or tried to, but said the office never called them back.

- The provider had a clear complaints policy and procedure. They kept a record of complaints and had for example screened a complaint they had identified as a safeguarding adult concern. The management team told us they addressed with most concerns immediately they felt to people's satisfaction.

End of life care and support

- The service was providing a service to older children and young adults with an average age of 24/25 years of age at the time of inspection. The registered manager told us they were not supporting anyone who required end of life care currently.

- They told us they would should the need arise provide staff with end of life training and work alongside the palliative care team and the family.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has now deteriorated to requires improvement. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At this inspection we found there were some shortfalls regarding people's reviews of the service they received not taking place. In records reviewed consent for the care provided had not been sought. The provider had not taken steps to check if the relatives had Lasting Power of Attorney (LPA) for their family member.
- The registered manager told us that there had been a large turnover of key staff during the past year and this had impacted on some aspects the service. They had recruited into posts or supported existing staff to act up into posts to move forward.
- The registered manager took steps to ensure people were receiving a good quality service. They told us they undertook spot checks, but these were not recorded and therefore we could not evidence frequency and effectiveness. They gave examples of concerns they had witnessed and passed onto senior staff to address with care workers. Each day the registered manager made a sample of electronic record checks across the whole service when they looked at daily records and incidents. Medicines were audited monthly by office staff.
- There was a clear management structure in the organisation. The registered manager was supported by an acting human resources manager who co-ordinated recruitment and training. There was an assistant administrator to support with systems and processes. Some other care workers had additional responsibilities to ensure the smooth running of the service provided.
- The registered manager recruited staff who often held or were working towards professional qualifications in health or social care related fields. Therefore, they were a good resource for the service. For example, one care worker was waiting for their drama therapy master's accreditation and once received was going to start a drama therapy project for the benefit of people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- To gauge relatives' satisfaction with the service the registered manager sent a survey to commissioners and parents. They analysed the feedback. They gave an example they had improved communication because of the survey response.
- Staff told us the provider was supportive. Senior staff and managers had supervision we saw evidence of some taking place including a yearly review. However most of the senior workers were new into their posts and as such had not many supervision sessions yet.

- Care workers who were on zero hours contract did not receive supervision. The registered manager explained this was because some worked minimal hours and there were many workers, so it would be difficult to meet all to supervise. Although staff had access to senior staff, there was a possibility that individuals may not have the opportunity to explore their concerns or development if supervision did not take place.

We recommend the provider seek national guidance on supervising staff.

- Staff communication by a mobile phone application. They shared information between themselves and the office. This was monitored by the office staff to ensure changes of rota were agreed and pertinent information was not missed. Senior management meetings took place and every four to six weeks the senior leadership team met.
- The registered manager valued their staff and supported them to further their career interests. This included on occasion supporting staff to pursue vocational training because it benefited the service provided to people. One staff member told us, "Registered manager offers great opportunities for training."
- Most relatives spoke very positively about the provider. One relative said, "I don't have a bad word to say about [Provider]. They understand [Person's] needs so far I've been very lucky." Relatives described communication by the service as good. They spoke frequently with the care workers, office staff and the registered manager

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager investigated and shared findings with professionals when there was a concern. They had learnt from previous concerns and shared the learning with staff.
- The registered manager demonstrated they knew when they had a legal responsibility to notify the CQC and had provided information when requested. They had trained senior staff to notify CQC appropriately to avoid delay should they be unavailable to take the necessary action.

Continuous learning and improving care; Working in partnership with others

- The provider had accreditation with Skills for Care and The National Autistic Society. They were members of relevant learning disability organisations including The British Institute of Learning Disabilities (BILD). They welcomed feedback from organisations such as BILD to continue to improve the service.
- The registered manager was the Chair for a local authority learning disability forum. This facilitated good networking with other learning disability organisations in the authority. The registered manager told us it was helpful for sharing good practice and knowledge. They invited guest speakers to talk about relevant topics.
- The registered manager met yearly with the commissioners from a few local authorities. They told us this helped them to constantly improve and not stagnate. They also worked in partnership with local authority professionals to provide a good service to people. A health and social care professional spoke positively about the service provided. They told us, "They are very responsive."
- The registered manager held public events. For example, a safeguarding adult workshop in November 2018 where expert speakers were invited. Staff, professionals, people and relatives were invited and attended. This gave an opportunity for knowledge to be shared in an inclusive manner.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not always ensure that care and treatment was provided with the consent of the relevant person.</p> <p>Regulation 11(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems to assess, monitor and improve the quality of the services provided to service users.</p> <p>Regulation 17(1)(2)(a)(b)(c)</p>