

Allied Health-Services Limited

Allied Health-Services London Central

Inspection report

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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

About the service:

- Allied Health-Services London Central is a domiciliary care agency.
- It provides a personal care support service to children aged 0-18 years, people with an eating disorder, a learning disability or autistic spectrum disorder, a mental health condition, a physical disability, sensory impairment, dementia, older people and younger adults in their own homes.
- Not everyone using Allied Health-Services London Central receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.
- At the time of the inspection, it was providing personal care support to 214 people.
- For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

People's experience of using this service:

- The provider lacked systems to ensure the safe management of medicines. This put people at risk of harm.
- Suitable and sufficient staffing was in place to meet people's needs safely. However, staff recruitment records were not always accessible and appropriately maintained.
- The provider lacked robust and effective systems and processes to ensure the quality and safety of service.
- People and relatives told us they felt safe with staff and found them reliable. Staff knew how to safeguard people against harm and abuse. They followed safe infection control procedures.
- Risks to people's healthcare needs were assessed and mitigated. People told us they were satisfied with the medicines support.
- People's needs were assessed appropriately and they told us they were supported by staff who were skilled and trained. Staff receive regular training and supervision to do their job effectively.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People's care plans were comprehensive and personalised.
- People and relatives told us staff were caring and treated them with dignity and respect. They were involved in the care planning process and reviews. People's independence was encouraged and maintained.
- People and relatives knew how to raise concerns and they told us the service was responsive.
- People and relatives told us they were happy with the service.
- Staff told us they felt supported and were involved in continuously learning and improving care.

Rating at last inspection:

- The service was registered by CQC on 21 January 2019. This is the service's first inspection since its registration. This is the first time this service has been rated Requires Improvement.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement:

- We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around safe care and treatment, and good governance. Details of action we have asked the provider to take can be found at the end of this report.
- We made a recommendation in our inspection report, which we will follow up at our next inspection.

Follow up:

- We will work with the provider following this report being published to understand and monitor how they will make changes to ensure the service improves its rating to at least Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Allied Health-Services London Central

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection team consisted of four inspectors, one assistant inspector and 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.

Service and service type:

- Allied Health-Services Limited London Central is a domiciliary care agency. It provides personal care to people living in their own homes.
- The service had a branch manager who was in the process of registering with the Care Quality Commission (CQC). This means until the branch manager is registered with the CQC the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- Our inspection was announced.
- The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.
- Our inspection process commenced on 6 February 2019 and concluded on 7 February 2019. It included visiting the service's office, telephoning people who used the service and their relatives. We visited the office location on 6 and 7 February 2019 to see the branch manager and care staff, and to review care records and policies and procedures. We telephoned people who used the service and their relatives on 6 and 7 February

2019.

What we did:

- Our inspection was informed by evidence we already held about the service including any statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. Due to technical problems, the provider was not able to complete a Provider Information Return form. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We contacted 50 people of whom 12 people who used the service and five relatives gave us feedback.
- We spoke with the branch manager, the care delivery manager, the quality compliance officer, the regional director, one care coordinator, one field supervisor, two administrators, eight care staff and the Chief Executive.
- We observed staff induction training and spoke to the trainer.
- We reviewed 18 people's care records, 18 staff files, electronic call monitoring data for seven people and staff rotas for eight people and other records related to the management of the regulated activity.

Is the service safe?

Our findings

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

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

Using medicines safely

- The provider did not maintain robust medicines management systems.
- People who were supported with medicines management had medicine plans and risk assessments that gave staff information on how to provide medicine support. However, this information was not always sufficient, accurate and up-to-date.
- One person who was on time critical medicine had a medicine care plan and risk assessment. The medicine records did not highlight which medicine was the time critical medicine.
- Another person was prescribed with pain relief patches that were to be renewed each week. Their medicine plan and body map guidance for staff did not state whether or not to put the patches on before applying cream to the person's body which was also part of their care routine. The medicine plan did not mention any potential side effects and the patch guidance for staff did not state that the patches should be placed at a different skin site every week on at least a three-weekly cycle as suggested by the National Institute for Health and Care Excellence guidelines. This put the person at potential risk of harm.
- This meant staff were not provided with sufficient information to ensure people received safe medicines management support.
- Staff completed medicines administration record (MAR) charts where they provided medicine support. MAR charts were not always appropriately completed and the information on them did not always corroborate with the medicines list as per people's medicine plan.
- We discussed the areas of gaps and issues in MAR charts with the provider and they told us they would update them to ensure they reflected the current list of medicines people were prescribed.
- Staff were trained in safe medicines administration. However, the provider did not assess all staff's medicines competency following the medicines training to ensure they understood safe medicines administration.
- We asked the provider about this and they told us that there had been some misunderstanding with the previous management in relation to medicines competency assessment. They further said that moving forward they would carry out staff medicines competency assessments in a timely manner.

The above evidence was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider sent us updated patch chart guidance, medicine risk assessment and plans to indicate they now contained up-to-date and sufficient information for staff to provide safe care.
- People who requested support with their medicines needs told us they were happy with the support they received. One person said, "[Staff] get the medication out for me at all my visits. I have medication with all

my meals, four times a day." A relative commented, "The [staff] do administer [person who used the service] medicines on time."

- Staff were trained in medicines and were knowledgeable about safe medicines administration procedures.

Staffing and recruitment

- The provider's head office and the service's office team worked together to ensure sufficient and suitable staff were recruited to meet people's needs safely. However, we found that the office team and the head office did not work as well together to ensure all staff recruitment checks and related paperwork was easily accessible and appropriately filed.
- Staff files had application forms, interview notes, identity, right to work, reference and criminal record checks. However, we found some gaps in these records.
- For example, two staff employment gaps had not been explored and recorded in their files. A staff member had been appointed with only one reference instead of two as stipulated by the provider's policy. There were no records to confirm the actions the provider had taken following the staff member's appointment to ensure they were safe to work with people at risk.
- Staff with recruitment gaps and issues had not been recruited by this provider.
- We spoke to the provider about the abovementioned issues and they told us moving forward they would update the recruitment processes to ensure all necessary recruitment checks were appropriately carried out, and paperwork and checks were accessible and appropriately filed.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to staff recruitment processes.

- People and relatives told us they had not had missed visits and staff generally arrived on time.
- A person said, "If there's a transport issue or something, [staff member] may be a bit late. But she's normally here like clockwork." Another person told us, "I've had no missed calls since I've had a regular [staff member]. I've had her a long time now."
- The provider used an electronic call monitoring (ECM) system to monitor staff punctuality. We reviewed seven people's ECM data that showed the provider had improved their ECM compliance to 84% and it was steadily improving. The staff punctuality showed an improvement.
- Staff rotas for eight staff covering 184 care visits showed enough travel time had been allocated to enable staff to arrive within 15 minutes of the scheduled time in 97% of cases.
- Staff told us they were happy with how the care visits were scheduled, had enough travel time and did not feel rushed. The provider was in the process of creating set staff rotas that allocated same staff teams to support people to prevent and minimise late and missed visits, and ensure the continuity of care. Office and care staff confirmed this.

Assessing risk, safety monitoring and management

- People and relatives told us staff provided safe care. A person said, "I trust my carer. I know her well." A relative told us, "[Staff] provide personal care to my [relative] in the morning and in the evening. He feels safe with the [staff]."
- Risks associated with people's health, care and mobility needs were identified, assessed and mitigated. Staff were provided with sufficient information to deliver safe care.
- Most people's risk assessments were comprehensive, personalised and regularly updated. They were for areas such as environmental, mobility, moving and handling, nutrition, continence, personal care, communication, diabetes, epilepsy and stroke.
- However, we found two people's risk assessments were not sufficiently detailed to enable staff to support

them safely with their diabetes needs and moving and handling support.

- Following the inspection, the provider sent us people's updated risk assessments and we found they were detailed and gave sufficient instructions to staff to provide safe care.
- Staff knew the risks to people and how to meet their needs safely. A staff member said, "We are trained to constantly assess risks [to people's needs] as soon as you enter [people's homes], that is something [we] do every day."

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse, neglect and poor care.
- Staff were knowledgeable about the types and signs of abuse and the action they were required to take if they had any concerns.
- Staff knew the whistleblowing procedure and told us they would blow the whistle if a person's safety was at risk and the management did not act appropriately.
- The provider maintained appropriate safeguarding records.
- The records showed the provider raised alerts promptly with the local authority and the police where necessary, and notified the CQC. There were clear records of investigation and learning outcomes.

Preventing and controlling infection

- Staff were trained in infection control policy and followed appropriate procedures to safeguard people from the risk of infection.
- People and their relatives told us they were satisfied with staff's hygiene levels and kept their homes clean and tidy.
- Staff told us they were given sufficient personal protective equipment, such as gloves, aprons and shoe covers to prevent and control infection and contamination.
- This showed people were protected from the spread of infection.

Learning lessons when things go wrong

- The provider had systems and processes in place to learn lessons and improve when things went wrong. There had been no any accidents and incidents.
- Staff were knowledgeable about the actions they were required to take if they witnessed any falls or if there were any incidents.
- The branch manager told us they would share the lessons learnt with their staff via meetings and supervisions where necessary to make sure they all knew how to minimise the risk of recurrence.

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

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

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

- People and relatives told us their needs were met by staff who were appropriately skilled. A person commented, "Every time [Staff] know what they're doing. They are very qualified. They always follow my requests and make sure I am comfortable."
- Staff knew people's needs and abilities, and met their individualised needs. A staff member said, "Due to disability [person who used the service] cannot speak, uses computer. Sometimes speaks and can understand, [you] have to listen carefully. Sometimes indicates by pointing at an object."
- People's needs were assessed before they started receiving care. The field care supervisors visited people at their home to assess their needs, abilities and risks associated with their care. The needs assessment process was comprehensive and gathered information related to people's healthcare needs, personal care, medicines, dietary, communication and religious and cultural needs.
- The care coordinators used this information to match staff with people as per people's needs and choice. They ensured staff that were allocated to people had the necessary skills and met people's preferences in relation to gender care, cultural backgrounds and language skills.

Staff support: induction, training, skills and experience

- Staff received sufficient induction and refresher training to enable them to deliver effective care. A staff member told us, "Definitely, [training] was very informative." Another staff member said, "[Induction training] was three to four days. Did care coaching with a senior carer for two to three days. The induction training covered adults and children."
- All new staff received a three-day training and structured induction programme, and received annual refresher training updates. Records confirmed this.
- Staff training records showed they completed the Care Certificate training following their induction. The Care Certificate is a set of standards that social care and health workers use in their daily working life.
- Some staff told us they would prefer more training in using different hoists. We fed this back to the provider and they told us they would speak to the trainer to arrange separate hoists training.
- Staff were provided with regular supervision and an annual appraisal. Records confirmed this. Staff told us supervision was useful and they discussed people's care, their support and training needs. A staff member said, "Supervision is very good, not just about the [person who used the service], it is about how you are getting on, that is the time to air your views to your supervisor."

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

- People and relatives told us they were happy with the dietary support. A person said, "Sometimes I don't want to eat, but [staff member] makes sure I am drinking and that I have got food in the fridge." A relative said, "My [relative] gets enough to eat and drink."

- Staff knew people's dietary needs and risks associated with them. A staff member said, "[Person who used the service] has a special need, if you don't put thickener in fluids, he will be at risk of choking."
- Staff knew people's food and drinks likes and dislikes. A staff member told us, "[Person] likes a bowl of fruit with yogurt and honey, toast with lots of butter and a cup of tea. That is her typical breakfast every day she has that."
- Staff monitored and recorded people's food and fluid intake and escalated concerns in a timely manner. Records confirmed this.
- This meant people were supported effectively with their dietary needs.

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

- People were supported to access healthcare services where this support was requested. A person said, "[Staff member] will prompt me to talk to my GP. She stops me from spiralling to an extreme." A relative said, "If [staff] have any concerns they will let me know and we work together. There has been one occasion when they had to call an ambulance."
- Staff worked with other agencies and healthcare professionals to ensure this support was provided effectively. A staff member said, "When district nurses come, I liaise with them."
- There were records of healthcare professionals' correspondence, referrals and assessment forms that confirmed people where requested were supported to access healthcare services and supported in a timely manner.
- Staff told us they worked well together as a team to meet people's individualised needs and provided effective and timely care. Their comments on team work included, "Yes, very very well" and "We all help each other and don't leave you hanging. It's really good teamwork."

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. We checked whether the service was working within the principles of the MCA.

- People and relatives told us staff gave them choices and asked their permission before providing care. A person said, "The [staff] ask my permission." A relative commented, "[Staff] do ask before helping [person who used the service] with his personal care."
- Staff knew people's right to choose and told us they always assumed people had capacity to make decisions regarding their care. A staff member said, "Don't just assume what is good for you is good for the [people who used the service], you must ask them for their consent."
- People's care plans recorded whether or not people had capacity to make decisions regarding their care. Where people lacked the capacity, their care plans clearly stated this and the details of their legal representatives who made decisions on their behalf.
- People's care files also had signed consent forms that confirmed they had agreed with the care plans.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us staff were caring and they were generally supported by the same team of staff.
- A person said, "My particular carer is really caring. She is so emotionally caring as well, not just physical." A second person told us, "I have had the same [staff member] for six years now." A relative commented, "[Staff] are empathetic people. They are very patient with my [relative] and allow her to go at her own pace."
- Staff were trained in equality and diversity. They told us they treated people without discrimination and supported them with their individual needs.
- Staff comments included, "We are taught, religion, culture [protected characteristics] should not be compromised" and "Lesbian, gay, bisexual and transgender people are human beings. Why would I treat them with discrimination, I am there to do a job."
- It is unlawful to treat people with discrimination because of who they are. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act.
- People's sexuality, sexual orientation, and religious and cultural needs were recorded in their care plans and staff respected and met those needs.
- This showed people were treated well and their diversity was respected.

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

- People and relatives told us staff listened to them and asked them for their views about their care. A person said, "Well we chat and yeah, [staff] listen to me." Another person commented, "[Staff] follow instructions. They are very open-minded." A relative said, ""Definitely, staff do listen."
- People and relatives told us they were involved in the care planning process and made decisions regarding their care.
- This showed staff involved and encouraged people to express their wishes and views regarding their care.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with dignity and respect.
- A person said, "[Staff member] doesn't poke her nose into things while she is here. If someone phones she goes and finds something to do. She is very respectful." A relative commented, "They have total respect for me and my wife. The mannerisms and the quality of the [staff] is very good."
- Staff were knowledgeable about how to maintain people's dignity in care. Their comments included, "Close the curtain, shut doors", "You don't tell others about their situation" and "If going out make sure they are well presented."
- People and relatives told us staff encouraged and promoted their independence.
- A person said, "Oh I never sit down, but I have had a few falls and [staff member] encourages me to do as

many little things as I can." Another person told us, "She encourages me all the time."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and relatives told us staff knew their likes, wishes and preferences, and they received personalised care.
- One person said, "[Staff member] understands everything. She knows about my situation." Another person commented, "[Staff] have known me a long time now. They know my likes and dislikes."
- Staff were knowledgeable about people's needs and interests, and how to meet their personal needs. A staff member told us, "[Person] prefers a shower, when feeling down I encourage [person], so she has shower almost every day. Friday is a hair wash day."
- People's care plans were comprehensive and person-centred. The care plans gave staff information in areas such as people's background history, likes, dislikes, physical, medical and emotional care needs, nutrition and hydration needs, routines, care outcomes, how they would like to be supported and preferred care visit times.
- The care plans also provided information on people's communication needs, their preferred communication methods and instructions for staff on how to communicate with people. This enabled staff to meet people's individual communication needs.
- This meant the provider met the accessible information standards (AIS). The AIS set out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.
- People told us they knew they had care plans and that they were kept at their homes.
- Staff told us they found the care plans helpful and could access them in people's homes. A staff member said, "It covers a lot of stuff [for example] [person] doesn't like you talking to him too much."
- People's care plans were reviewed every six months and updated where necessary. Relatives and records confirmed this. People confirmed this. A person said, "My care plan was reviewed last year."
- This showed staff were provided sufficient and up-to-date information that enabled them to provide personalised care.

Improving care quality in response to complaints or concerns

- The provider followed their complaint policy and procedures to ensure people's complaints were responded to and resolved in a timely manner.
- People and relatives told us they knew how to raise concerns and were generally satisfied with the provider's response to their complaints. One person said, "I feel if I had a problem I could share it. [The provider] is so kind all the time."
- Complaints were recorded on the provider's electronic system and the system showed complaints were generally resolved as per the policy, within 20 working days of receiving the complaint.
- The complaints records contained information about when the complaint was made, the description, root

cause analysis, actions taken and learning outcomes. Records also showed the provider made improvements to the care quality in response to complaints.

- This meant people's complaints were reported promptly and recorded appropriately, investigated and addressed in a timely manner.

End of life care and support

- The provider had an end of life care policy. The policy clearly detailed how to assess and support people receiving palliative and end of life care. The end of life care policy also stated the support staff would provide to the family following a person's death.

- Staff received 'introduction to end of life care' training and further in-depth training was available for staff who worked with people who required care at the end of their lives.

- Where people had a signed Do Not Attempt Cardiopulmonary Resuscitate in place and disclosed their end of life care and funeral wishes these were recorded in their care plans. Currently no one was being supported with end of life and palliative care.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Some people and relatives told us the communication between care staff and the management was not always efficient. A person said, "Communication is not very good." A relative commented, "The lines of communication with the office are not very good at all."
- The management and staff were clear about their roles, and the standards of care the provider had set out for the service. However, some staff told us that the communication could be improved between staff and the management. One staff member said, "Sometimes tell one [office staff member] one thing [and] it might not get passed on."
- The provider carried out regular internal audits and quality monitoring checks. However, we found these checks did not always identify issues and gaps such as those we picked up during this inspection.
- The medicines administration records and daily care logs audits did not always identify gaps and errors. Not all people's care plans had been updated following care reviews. Some people's risk assessments were not appropriately completed. People's medicine risk assessments did not always corroborate with their medicine plans of care. Staff recruitment checks and records were not maintained appropriately.
- This meant the provider did not have effective oversight of the management of the service.
- The chief executive officer told us they had made several changes to the audit systems and organisational structure to ensure the branch managers had sufficient resources and autonomy to bring about improvements.
- The branch manager confirmed the changes. They told us that they felt supported by the regional director and the new organisational structure empowered them to plan and promote high-quality of care and support.
- As the provider was still in the process of completing actions to address the errors and the gaps we were not able to fully assess the efficiency of the newly introduced monitoring and evaluation systems.

The above evidence was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people and relatives told us the service had improved under the new management. They further said they were reassured by the improvements the new management had made in the recent months. A person said, "I got a couple of letters to say [the service] was changing hands. It has improved a bit recently. [The provider] rang me on my mobile to ask my views. It has changed over now. The previous management didn't seem to know what they were doing. It was shambles. I think it's a bit better now." A relative commented, "Of

late, [the provider] has been really good. They have improved."

- Most people and relatives told us they were happy with the service and would recommend it to others. A relative told us, "Yes I would because of the [staff] who do the job. They are amazing, they come in all weathers. The [staff] are just wonderful people."
- Most staff told us they felt well supported and the management had improved recently. Their comments included, "To be truthful it's much improved" and "They are very supportive, don't have any problems. The regional director is very friendly, comes to your level, I can relate to her and she understands my point of view. I like her a lot. The chief executive officer is friendly as well. He introduced him to us and had a good chat."
- Following the inspection, the branch manager sent us an up-to-date improvement action plan. The action plan detailed areas identified during this inspection and actions they had planned to take to make necessary improvements along with a completion date.
- The provider understood their responsibility of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider systems in place to promote learning and improve care.
- The provider enabled and encouraged open communication with people and relatives to identify their views in relation to the care delivery and made necessary improvements as a result.
- People and relatives told us they were asked for their feedback on the quality of care and whether any improvements were required. A person said, "If I wanted things changed, [the provider] would do that for me."
- There were records of regular telephone monitoring, quality reviews, and unannounced visit checks. This confirmed the provider engaged and involved people and relatives to continuously learn and improve care.
- The provider met with staff on a regular basis and held office and care staff team meetings to discuss aspects of care delivery. Staff confirmed this. Staff meeting records showed the topics discussed during the meetings were around how to improve compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, efficient ways of working, recognising staff's loyalty and hard work, and the importance of maintaining appropriate paperwork.
- The provider had processes in place to carry out annual surveys of people, relatives and staff to seek their feedback in a formal way. As the service had been operating under the new registration for less than a year, the annual survey was not due until later in the year.
- The provider told us they would analyse the feedback and develop an improvement plan that would detail actions required to improve care.

Working in partnership with others

- The provider worked in partnership with the community organisations, local authorities and healthcare professionals to improve people's experiences and care delivery.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered persons failed to ensure that care was provided in a safe way to service users. They had not ensured the proper and safe management of medicines. Regulation 12(a)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered persons failed to effectively operate systems to: assess, monitor and improve the quality and safety of the services provided; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others; accurately and completely maintain records in respect of each service user. Regulation 17(1)(2)(a)(b)(c)(d)