Springwood Healthcare Services Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of this announced inspection, the service was providing care and support to 20 people living in their own homes, primarily in the London Borough of Harrow. The service's stated specialisms include providing care to adults of any age including those with a learning or physical disability or a mental health condition.

Not everyone using Springwood Healthcare Services Ltd 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.

The service had a registered manager. 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.

At our last inspection of this service, on 28 July 2017, we found four breaches of legal requirements. These were in respect of person-centred care, receiving and acting on complaints, recruitment procedures, and good governance. The service was rated 'Inadequate', placed in 'Special Measures' and we served enforcement warning notices for each breach on the provider and registered manager. They sent us an action plan in respect of the breaches. We undertook this inspection to check that the action plan had addressed the breaches. This was also a comprehensive inspection, to make sure the service was providing care that is safe, caring, effective, responsive to people's needs and well-led.

We found significant improvements in service quality at this inspection. This matched the overall feedback we received from people and their relatives, most of whom praised the approach and effectiveness of the service.

Improvements had been made to systems of checking on and handling people's concerns and complaints. There were more robust investigations where needed.

There were improving views on the punctuality of staff visits. The service had enough suitable staff to support people, and had hardly taken on new people since the last inspection so as to focus on ensuring a better service was provided to existing clients.

Staff recruitment processes were now sufficiently robust, as appropriate checks were taking place before staff started working for the provider.

There were improved systems for ensuring people were safely supported with managing their medicines.

The service continued to ensure people were treated with kindness, respect and compassion.

The service made sure staff had the skills, knowledge and experience to deliver effective care and support. A lot of emphasis was placed on the initial training of new staff, to ensure they could provide good care to people. There was good support of staff for their care roles.

The service assessed people's needs and preferences, and checked on care delivery risks, so that appropriate care and support could be delivered. It worked in co-operation with other organisations including healthcare professionals to deliver effective care and support.

As far as possible, the service supported people to express their views and be actively involved in making decisions about their care and support.

There were improved governance processes in support of upholding quality and addressing service risks. For example, there were more checks on how well staff were providing care to people. However, audits were not always identifying cases where records were inaccurate or incomplete, meaning associated service delivery risks were not being addressed. This was particularly evident on recent care delivery records for people requiring two staff to attend, as audits of those records had not identified instances when only one staff member was recorded to have visited. There were also inaccurate dates and times associated with some recent staff records that undermined authenticity.

This comprehensive inspection identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in respect of governance processes. You can see what action we told the provider to take at the back of the full version of the report.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Its systems, processes and practices safeguarded people from abuse. Staff recruitment processes were sufficiently robust. There were enough suitable staff to support people to stay safe.

The service assessed and managed risks to people to balance their safety with their freedom. People were safely supported with managing their medicines, and there were appropriate infection control procedures in place. The service learnt lessons and made improvements when things went wrong.

Is the service effective?

Good

The service was effective. It assessed people's needs and preferences so that appropriate care and support could be delivered. It worked in co-operation with other organisations including healthcare professionals to deliver effective care and support.

The service made sure staff had the skills, knowledge and experience to deliver effective care and support.

Consent to care was acquired in line with legislation, and staff supported people in the least restrictive way possible.

Is the service caring?

Good

The service was caring. People were treated with kindness, respect and compassion. Their independence was promoted.

The service supported people to express their views and be actively involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive. People's concerns and complaints were responded to, to improve the quality of care. There were improving views on visit punctuality.

Care plans were promptly set up to help ensure people's needs

and preferences were met.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. There were improved governance processes in support of upholding quality and addressing service risks. However, audits were not always identifying cases where records were inaccurate or incomplete.

The provider engaged with and involved stakeholders in the development of the service. The service promoted a positive and inclusive culture that achieved good outcomes for people.

Springwood Healthcare Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection that took place on 14 December 2017. We gave the provider 48 hours' notice of the inspection because of its smaller size and as the registered manager can be out of the office supporting staff or providing care. We needed to be sure that they would be available.

The inspection was carried out by two adults social care inspectors. One inspector visited the office location on 14 December 2017 to meet the registered manager and office staff; and to review care records and policies and procedures. The other inspector phoned people using the service and staff, on 13 December 2017.

The inspection was informed by feedback from questionnaires completed by nine people using the service and their relatives, and one staff member. This complimented staff on their caring approach but led the inspection team to explore visit punctuality and responses to concerns and complaints.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We also contacted the local authority that has a commissioning role with the service.

There were 20 people using the service at the time of our inspection visit. During the inspection, we received feedback from six people, four relatives, six care staff, one office staff member, the registered manager, and

two community health and social care professionals.

We reviewed the care records for four people using the service, including assessments of needs and risks, care plans, and care delivery records. We also looked at the personnel records for five members of staff, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including staffing rotas and quality assurance processes, to see how the service was run. We then requested further specific information about the management of the service from the registered manager following our visits.

Good

Is the service safe?

Our findings

At our last inspection, we found care staff were not deployed in a way that consistently kept people safe and met their needs, as there was evidence of staff not attending as planned. Robust recruitment checks were not completed before employing staff and sending them to provide care to people in their own homes. There were also a number of inaccuracies within records of the support staff provided people with to take prescribed medicines, meaning people may not have been supported to take their medicines as prescribed. This meant the provider was in breach of regulations 9, 16 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served enforcement warning notices on the provider and registered manager for the regulatory breaches, because of the potential impact on people using the service.

At this inspection, we found the service was ensuring the proper and safe use of medicines. Medicines management was risk assessed in each person's home. All staff told us of being trained on medicines when they started working for the service. Some mentioned assessments, to help ensure they were competent at supporting people to safely take their medicines. Staff all indicated they made records of any medicines support provided. Medicine administration records (MAR) from people's homes indicated they had been supported to take medicines as prescribed, including for infrequent medicines such as once weekly tablets. There were now monthly audits of people's MAR, to ensure that people had been supported to take medicines as prescribed.

At this inspection, we found the provider had addressed the recruitment concerns. Every staff file we checked now had a record of exploring any employment gaps, to help ensure the staff member was safe to provide people with care. For the same reasons, there were criminal record (DBS) disclosures in place. Written references were acquired before staff started work, and there were records of phoning the referee to validate each reference received.

We noted recruitment checks also included for identity, right to work, application forms and an interview by the registered manager. The registered manager added that she invited prospective staff to attend and watch a care visit with her, with the permission of the person using the service. This enabled her to check on the prospective new staff member's attitude, and allow them to see the reality of care work. This helped screen unsuitable people from working.

At this inspection, we found care staff were deployed in a way that kept people safe. People generally told us of visits occurring as planned, for example, "They've not missed any visits." The service had started using electronic visiting planning software. Checks of this demonstrated people's planned care visits were all scheduled to staff, and that staff had travel time in-between visits. Staff had no concerns with travel time, and told us of waiting until another staff arrived before attending to anyone required the support of two staff.

The registered manager told us almost no-one had started using the service since the previous inspection as she wanted to ensure previous inspection concerns were properly addressed first. She added that there had

to be enough staff easily able to attend to new people for a service to be provided. She showed us one new staff member had recently started and another was awaiting completion of recruitment checks.

The service's systems, processes and practices safeguarded people from abuse. People and their relatives told us they felt safe with the staff who visited. The training matrix and staff files showed staff were trained on safeguarding, and staff supervision records reminded staff of appropriate practices. Staff could provide examples of signs of abuse, and knew how to raise safeguarding concerns, in the first instance to the registered manager. The registered manager told us there had been no safeguarding concerns since our last inspection, which matched information we had. We noted the service's new newsletter included information to remind people using the service and staff of what could be seen as abuse and what to do if they had concerns.

The service assessed and managed risks to people to balance their safety with their freedom. People did not have any safety concerns. When people started using the service, care delivery risks were assessed. This included for the care environment, falls, skin care, choking risk, and medicines management. The moving and handling risk assessment considered environmental factors, plus the person and equipment involved, to come to a decision on how support the person to move. The risk assessment processes identified action to be taken, and informed people's care plans. Risk assessments were kept under regular review.

The service protected people by the prevention and control of infection. People and their relatives told us staff did all they could to prevent and control infection. People's care plans paid attention to infection control. Records showed the service liaised with social workers where people's living environments indicated infection control risks. However, the registered manager told us of training staff to undertake additional cleaning wherever needed rather than allow risks to build-up. She also told us of ensuring new staff received practical trained on good infection control procedures such as using different bowls for dirty and clean water.

The service learnt lessons and made improvements when things went wrong. Accident and incident records showed staff raised safety concerns where appropriate and documented matters. Records showed the service then liaised with relevant people as needed, to help keep people safe. For example, one person was supported to contact the police after a break-in, and the service informed another person's GP after a fall. Their relatives and social services were also informed as appropriate. The registered manager kept accident and incident records under review, to check that learning had been implemented.

Good

Is the service effective?

Our findings

Most comments from people and their relatives indicated an effective service. One person said, "The carers are good. That's the strength. I can't think of a weakness." Most people said they would recommend the service. We also saw a documented compliment from a relative stating, "Of all the agencies we've had, Springwood made the most effort to meet our needs."

The service assessed people's needs and choices so that care and support was delivered in line with standards to achieve effective outcomes. The registered manager met with people and their representatives in advance of agreeing a care package, to check on their holistic needs and preferences. Attention was also paid to any funding authority or health professional records about the person's needs, in setting up a care plan for the new person.

The whole service worked in co-operation with other organisations to deliver effective care and support. We saw a number of emails to social services to request additional support where people's needs had increased. The registered manager told us of cases where this had been successful, as the extra visiting time meant staff were "not rushing" people.

The service was supporting someone who had pressure ulcers when they started using the service. Records showed the service's support had helped eradicate the ulcers. When red skin re-emerged, the service had contacted the person's GP to request further support. They had also liaised with the local authority, who funded the person, to request additional support where other risks had emerged.

The service supported people to eat and drink enough and maintain a balanced diet. There were nutritional risk assessments in place for everyone using the service. People's care plans guided staff on the nutritional support they were to provide. Staff told us nutrition and hydration was covered within their initial training at the service.

The service made sure staff had the skills, knowledge and experience to deliver effective care and support. People and their relatives told us staff were well-trained. Records showed new staff were provided with four to five days of office-based training. A new staff member confirmed this occurred, telling us it included topics such as medication, safeguarding, nutrition and hydration. The office's training room had resources for training, such as a hospital bed, a mobile hoist, catheters, medicines dispensing devices and a resuscitation dummy. Certificates demonstrated the registered manager had been trained on providing general training and specifically on moving and handling techniques.

The registered manager told us staff then worked with experienced staff or her before working alone. This helped ensure new staff were shown how to provide personal care well, for example, how to wash someone's hair in bed. There were workbooks of new staff completing a national training process called The Care Certificate within their first three months, which helped demonstrate these staff had appropriate knowledge for their care roles. Staff confirmed this all occurred, that they found the training helpful, and that they had not had to provide care for anyone without appropriate training.

Staff files contained audits of their training and plans on what else was to be undertaken. Some staff were pursuing national training qualifications, and most staff had completed either online test-based training or attended a face-to-face course from a training provider. The registered manager had subsequently set up a staff training matrix, which helped identify individual and collective training strengths and weaknesses. It showed some staff had completed training on courses relevant to people they supported, such as for dementia, epilepsy and diabetes. Staff competency for medicines and hoisting skills was checked on. The registered manager, a registered nurse, had also checked on the competency of staff supporting one person with percutaneous endoscopic gastrostomy (PEG) feeding, following specific training on using that equipment.

Staff told us they felt supported in their roles. Comments included, "When we need help we can call the office and they help immediately. They are very supportive." Records showed staff supervision sessions took place at least every three months. They covered a range of topics around staff support and development, and ensured staff had the skills for their care roles. Specific topics included safeguarding people from abuse and discrimination. There were also annual appraisals.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.
We found the service to be working within the principles of the MCA. Staff confirmed they had received training on how the MCA should be used in their work with people. They spoke of gaining consent where needed, and of contacting the registered manager if they had concerns about people's decisions. Records showed the registered manager had subsequently liaised with the local authority where needed.

People's capacity to consent to care and treatment was checked on when setting up care packages, and people were asked where appropriate to sign consent both to care in general and specifically medicines management.

Good

Is the service caring?

Our findings

The service ensured that people were treated with kindness and compassion. People and their relatives spoke fondly of the care staff. One person said, "They are very good and lovely." Community professionals also described the staff and registered manager as caring.

A relative praised the caring nature of all staff who attended. They told us that although their family member could speak little English, staff "try to communicate" to the extent of learning some words in the person's first language. They told us the main staff member was "such a compassionate person" and stood up for their family member even in direct response to them. There were similar comments in the service's compliments file. A relative wrote that care staff had "gone out of their way" to assist their family member. Another wrote of their regular staff learning some Gujarati words to help communicate with their relative, which "really helped us to trust them."

People and their relatives told us of being treated respectfully. This included through being introduced to new staff whenever possible. All staff told us they were taught about respect as part of their initial training. They gave examples of knocking on doors before entering rooms, taking shoes off at one person's house as that was the preference of the person, and of waiting on arrival at one person's home until they had finished praying. One staff member said, "We don't impose our religion on people. We respect their religion and culture." Another told us, "Some clients like their food prepared in a certain way and we will do this for them." Needs assessment and care planning records showed consideration of people's religious and cultural needs and preferences.

As far as possible, the service supported people to express their views and be actively involved in making decisions about their care and support. One person said, "I do as much as I can for myself and I tell them what I need help with, not the other way." Records showed people and their family members were involved in planning and reviewing their care. The registered manager told us of regularly liaising with one person in support of their complex care needs, as they were very capable of making their own decisions. In contrast, another person needed a calm and respectful approach to gain their consent for care. Care plans reminded staff to listen to and respect people's choices.

The service ensured people's independence was respected and promoted. People told us the service supported them to be as independent as possible. People's care plans guided staff on where the person could do things for themselves. For example, one person needed a lot of support to wash, but staff were reminded they could wash their own face.

Good

Is the service responsive?

Our findings

At our last inspection, there was mixed feedback about visits occurring on time, and we found a system for agreeing visit times had not been embedded at the service. Some people consequently experienced occasions when staff did not attend as planned, which failed to ensure care needs were met. We also found complaints were not identified, recorded, handled and responded to effectively, despite prompt and apologetic replies. This meant the provider was in breach of regulations 9 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served enforcement warning notices on the provider and registered manager for the regulatory breaches, because of the potential impact on people using the service.

At this inspection, we found the provider had addressed the complaints breach. The registered manager showed us records of phone etiquette training undertaken by office staff including herself. There were records of auditing good practice for complaints management.

There was one documented complaint since our last inspection, raised by someone using the service about staff being late and not being kept informed. Records and feedback from the registered manager showed the matter had been appropriately investigated and areas for improvement identified. The outcome letter to the complainant explained an event had taken place locally that had caused delays in staff attending to the person, but apologised that they had not been kept informed. The letter gave them further options if unsatisfied by the response. There were also records of the registered manager meeting with the person and their family to discuss the matter, of staff statements and reflections, and a check of staff subsequently attending on time.

People and their relatives told us they knew how to raise a complaint if needed. Care review records included people being reminded of the complaints procedure. The overall views of people and their relatives indicated they were experiencing improvements in respect of the management of concerns and complaints. One person told us of historic concerns about staff attendance times, but added, "After raising the issues with the care manager they are arriving in time and leaving on time." Another relative said that in response to concerns raised, "Management on more than one occasion offered to sleep in and help out if necessary."

At this inspection, there were punctuality improvements. Most people and their relatives told us staff arrived on time. One person said, "They turn up on time. It's very rare they are late and when they were, they did call." Staff told us of attending people on time. Only occasionally did they have to inform the office if running late so that the person expecting the visit could be informed.

The registered manager told us, "We try to ensure staff are not late" and explained that she or other office staff could provide lifts due to unforeseen delays as most staff relied on public transport. She also told us of ongoing training she was receiving to implement a live technology system of checking care visits were occurring as scheduled. This would better enable any punctuality matters to be addressed.

The service continued to enable people to receive personalised care that was responsive to their needs. People and their relatives told us of receiving familiar and consistent staff. One person said, "I have two regular girls, one for the morning and one for the evening. They know what I like now and if I need anything different I can ask them." Staff confirmed they were assigned the same people wherever possible, and care visit records indicated small teams of staff attended to people. This all helped a more personalised service to develop.

Care plans were put in place for people shortly after starting to use the service. They were specific to people's identified needs and preferences. For example, they paid attention to people's life histories, their health support needs, and how they liked things such as one person wanting their bedroom door always left open.

Records showed there were regular care package review meetings with people and involved family members, plus sometimes the staff member who worked most closely with the person. These took place six weeks after starting the service, and then approximately every six months. This helped to ensure people's needs and preferences were still being attended to. These records also showed satisfaction with the standard of service being provided.

The service supported the communication needs of people with a disability or sensory impairment. Staff induction records paid attention to communication needs, for example, on supporting people with their hearing aids. Care plans identified people's communication needs and the support staff were to provide. For example, one person had a hearing aid but did not like to use it. For another person, it was important gain eye contact and talk with them despite them not being able to verbally reply, as they understood and could indicate consent.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection, governance processes were not effective at identifying risks to the delivery of high quality care, as demonstrated by the concerns and breaches of regulations we found at that inspection. There were also cases where records were inaccurate or incomplete. This meant the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served enforcement warning notices on the provider and registered manager for the regulatory breach, because of the potential impact on people using the service.

At this inspection, we found the provider had partially addressed the above concerns. Records and feedback from the registered manager showed a lot of work had occurred to consider all areas of concern and attempts to embed governance systems to rectify matters. There were consequently many documented audits, including for medicines administration records and care visit records. These were occurring monthly for each person, which meant prompt actions could take place where needed. They checked on such things as legibility and that the records covered all agreed tasks. Where someone was regularly refusing a medicine, contact had been made with their GP to suggest a medicines review.

There were now monthly audits of any accidents, incidents, safeguarding matters and complaints. These identified the learning from each issue, and what further action was needed. This helped ensure service delivery risks were overseen and addressed.

A number of oversight matrices had been set-up, to help monitor such things as timely care reviews of people using the service, how up-to-date staff training was, and to ensure regular spot-checks were taking place. These are unannounced checks by a member of the management team of a staff member at someone's home with their permission. They checked on a range of factors such as staff punctuality, appearance, approach, safety, and the views of the person using the service. The spot-check matrix showed increased frequency in the last six months, of almost one spot-check of each staff member every two months. Staff also told us of there being regular spot-checks.

The management team was now keeping a separate record of when people cancelled any planned care visit. It could also capture any late or missed visits, although the registered manager told us there had been none.

The way in which governance matters had not been fully addressed was because some audits were not effective at identifying incomplete care delivery records. The previous month's care records for two different people where two staff were expected to attend together each showed four occasions when only one staff attended. There was also one instance each where neither staff were recorded as having attended. We checked these visits on the staff rostering system with the registered manager and found two staff were always assigned, indicating this was on balance a record-keeping issue. But the instances not been identified within the monthly audits of these people's care records. This did not demonstrate effective operation of an audit system designed to identify risks to care delivery and record-keeping.

We found records remained inaccurate in some other ways. During our visit, one staff member's supervision record stated it took place six days in the future, the date having been overwritten to alter the month. Care record audits included checks for crossing out and signing against recording errors, but that standard had not been applied here. The supervision matrix contained that future date for that staff member. The supervision record was individual to the staff member's developmental needs and was signed by both the supervisor and supervisee. But the changed and inaccurate date undermined the authenticity of the process.

A spot-check by the registered manager on a staff member at one person's home was recorded as taking place at 15:30. However, the care delivery records for that day stated the staff member was at the lunch and evening visits but not the afternoon visit. They were also not listed as being scheduled to visit that day for the afternoon visit. This meant one of the records was inaccurate. We found a similar contradiction with a spot-check record at our last inspection, which indicates governance systems continued to be ineffective at identifying this type of inaccuracy.

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

There were mixed views amongst professionals regarding how well-led the service was. Whilst they saw the service as willing to engage, progress with addressing concerns such as ensuring robust audit trail records was slow. This reflected our findings.

People and their relatives told us they knew who to contact at the agency if needed. There were improving views on communication from the management team. A relative told us, "I find management always get back to me when I make contact via email or text and leave messages." However, they made suggestions for improved communication across the whole service. Another relative told us the service was "slightly improving" in recent months. They explained the registered manager had been contacting them more for their feedback, and although there was then no direct response to the feedback, they noticed "some little improvement." This matched a recent entry in the service's compliments file which stated, "Sometimes there's a communication gap but it is getting better now." A recently documented compliment included "effective communication" with the registered manager and that their family member found the registered manager to be "very professional."

The service promoted a positive and inclusive culture that achieved good outcomes for people. Staff spoke of a well-managed service that they would recommend to people. One staff member said, "They are really good. They provide a lot of support for us carers." Staff were proud of the care they provided people with. Comments included, "It's the way the company has trained me to bring out the most caring side of me" and "They care about people and give them a good life." We saw records of monthly team meetings that staff could attend, and memos sent to staff to remind them of things like minimum temperatures people's homes should be at in the cold weather.

The registered manager told us of providing intensive support and training for new staff, to ensure they knew the service's values of providing a personal and kind service. We noted extensive risk assessments of operational systems, particularly for staff working conditions, had taken place. There was now a risk assessment in each staff member's file to consider their ongoing capability and any actions needed to support them. The registered manager told us it was important to look after staff, for example, in terms of ensuring they moved and handling people safely, so that they did not develop back problems.

We saw that equality and diversity was reasonably embedded at the service. This was because staff were

asked questions about this at recruitment interview, they were trained on this, and their understanding of appropriate approaches was checked on in supervisions.

The provider engaged with and involved stakeholders in the development of the service. People and their relatives told us they had been asked what they thought of the service provided. The registered manager showed us the results of quality surveys sent to people using the service, relatives and staff a few months previously. These provided positive feedback including comments such as, "They do a brilliant job." A relative stated their family member was no longer agitated with staff, which improved on how they were with another care agency. However, there were also some areas for improvement, which the registered manager said she was liaising with people about. There was also an analysis of staff surveys from September 2017, which gave broadly positive results but identified areas for improvement.

Systems at the service enabled sustainability and supported continuous learning and improvement. The provider sent us a detailed action plan in response to the last inspection, and we found much of it had been addressed. The registered manager had set up a quarterly newsletter. It included a summary of the actions being taken in response to the last inspection report. As the company was a sole provider, the registered manager told us of gaining the support of a small network of experienced people, to help the service develop. She showed us evidence of liaison with two local authorities in support of developing the service. This all helped set up systems at the service for better governance.

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 17 HSCA RA Regulations 2014 Good governance Systems were not effectively operated to ensure compliance with the regulations. This included failure 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; • maintain securely an accurate, complete and contemporaneous record in respect of each service user. Regulation 17(1)(2)(a)(b)(c)