Family Mosaic Housing

Family Mosaic West Sussex Domiciliary Care Service

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

Summary of findings

Overall summary

This inspection took place on 9 August 2016 and was announced. Family Mosaic West Sussex Domiciliary Care Service provides personal care and support for older people living in their own flat within one of six extra care housing schemes in West Sussex. Extra Care housing is designed to support older people to remain as independent as possible. Extra Care facilities may include communal areas, restaurant facilities and a shop. Sometimes organised activities are available. At the time of the inspection Family Mosaic were supporting 148 people.

On the day of the inspection a registered manager was not in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager's role was being temporarily covered by the head of care and in this report we will refer to them as the person in charge.

At the last inspection in November 2015 we identified a number of areas of practice that needed to improve including, not always having sufficient staff to meet people's needs and not following safe recruitment procedures. People did not always have continuity of staff to provide their care at the agreed time. Quality assurance systems were not consistently maintained to monitor and improve standards of service delivery. At this inspection on 9 August 2016 we checked to see what improvements had been made. We found that a number of improvements had been made, but there were continued concerns regarding governance arrangements and this was a breach of the regulations. You can see what action we told the provider to take at the end of the full report.

Quality assurance systems were in place, however they were not always effective in driving improvements in service. An auditing system was in place to monitor administration of medicines. Although gaps in recording had been identified and investigated, it was not clear what actions had been taken as a result to prevent further mistakes. Accidents and incidents were logged and sent to the person in charge who had oversight of all the extra care schemes. An accident had occurred and this had been logged and appropriate actions taken at the time. However, it was not clear what changes had been made following this to reduce the risk of further occurrences. This meant that the quality assurance system was not always effective and this was identified as a breach of the regulations.

People's care plans were not well personalised and were not always updated to reflect changes in people's needs. This meant that there was a risk that people may receive inconsistent or inappropriate care. This was identified as an area of practice in need of improvement. The person in charge was aware that care plans required updating and told us that this was work in progress.

Recruitment procedures were robust and ensured that staff were appropriate to work with people. People told us they were happy with the care provided by Family Mosaic and that the staff were kind and caring.

Their comments included, "They are good as gold, some of them are absolutely brilliant, they are very caring," and "I like all of them, I like to have a laugh with them, we get on well." Staff knew the people they were caring for well and said that they had received the training and support they needed to care for them.

Staff had a firm understanding of how to manage risks to people and their responsibilities with regard to keeping people safe. Staff understood safeguarding procedures and were aware of the provider's whistleblowing policy. People told us they felt safe and that there were enough staff on duty to support them. One person said, "That's the point of living here, you have your own place, but you have the help on hand when you need it." People told us they knew how to complain about the service if they needed to. The provider kept a complaints log and responded to people's complaints within appropriate timescales.

People received their care visits on time and staff stayed for the duration that they expected. Staff told us they had time to cover all the calls without rushing and that they could spend time with people. People told us they received the support they needed with food and drink and that staff helped them to access health care services when they needed to. One person said, "If I am unwell the carers phone the doctor to come and see me." Visiting health care professional spoke highly of the care staff and told us that they were knowledgeable about the people they were caring for, and proactive in seeking medical support when needed. People told us that staff had time to spend with them and that they enjoyed the activities that were on offer.

Staff spoke highly of the person in charge, one staff member said "I have never had such a good manager." People also spoke highly of the care team managers, their comments included, "They are very efficient, kind and helpful," and "They are very approachable."

Staff were aware of the vision and values of the service and spoke of supporting people's independence and providing excellent care. The person in charge was working through a clear action plan to develop the service and had completed many of the outcomes that were identified. People told us that they were happy with the service provided.

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

There were sufficient numbers of staff to keep people safe. Staff recruitment procedures were robust and ensured that staff were suitable to work with people.

People's medicines were managed safely.

Risks to people were identified and managed and staff understood their responsibilities with regard to keeping people safe from harm and abuse.

Is the service effective?

Good

The service was effective

Staff received the training and support they needed to care for people.

Staff supported people to have enough to eat and drink and to access health care services when they needed to.

Staff had a firm understanding of the MCA and obtained consent from people before providing care.

Is the service caring?

Good

The service was caring

People had developed positive caring relationships with staff.

Staff were knowledgeable about the people they were caring for.

People's privacy and dignity was protected and they felt respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans were not always personalised and did not always

reflect changes in people's needs.

People were supported to maintain relationships and to avoid becoming socially isolated.

People knew how to complain and concerns and complaints were acted upon.

Is the service well-led?

Requires Improvement

The service was not consistently well –led

Governance arrangements were not always effective in driving improvements in service delivery.

Communication between the staff and managers was good and staff spoke highly of the person in charge.

The person in charge was committed to improving the quality of the service.

Family Mosaic West Sussex Domiciliary Care Service

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 comprehensive inspection took place on 9 August 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available to talk with us.

The inspection team consisted of two inspectors, one inspector made telephone calls to people who were using the service. The other inspector visited the registered location for the service.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications (a notification is information about important events which the service is required to send to us by law) that we had received. We had not asked the provider to submit a Provider Information Return (PIR) prior to the inspection, because this inspection was undertaken at short notice. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We looked at safeguarding information and complaints that we had received since the last inspection. This enabled us to ensure we were addressing relevant areas at the inspection.

We spoke to ten people who use the service and two relatives in telephone calls and in person. We interviewed six members of staff and spoke with the person in charge. We spoke with two visiting health care professionals. We looked at a range of documents including policies and procedures, care records for five people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and we looked at the providers systems for allocating

care visits and other information systems.

The last inspection of Family Mosaic West Sussex Domiciliary Care was 25 November 2015 when a number of concerns were identified.

Good

Is the service safe?

Our findings

We asked people if they felt safe living in extra care housing with support from Family Mosaic. One person said, "Yes I feel safe. I have a standing hoist and they know how to use it." Another person said, "I have an emergency button. I have had two bad falls and they (staff) came immediately and called the ambulance, they made me feel as comfortable as possible even though I was on the floor." Another person said "Do I feel safe? I should say so, yes." One person told us, "That's the point of living here, you have your own place, but you have the help on hand when you need it." At the last inspection in November 2015 we identified areas of practice that needed to improve. This was because safe recruitment procedures had not always been followed. There was not always enough staff on duty to provide people with their care calls at the time agreed. Visits were not scheduled accurately leading to inconsistent care provision. At this inspection we found that there had been improvements in all of these areas.

There were robust recruitment procedures in place. Appropriate checks had been undertaken before staff began work. Criminal records checks had been carried out with the Disclosure and Barring Service (DBS). References and identity checks were also on file together with the staff member's employment history. This meant that the provider had undertaken appropriate checks to ensure that staff were suitable to work with people.

People said that there were sufficient staff to care for them and that they received their care visits on time and for the duration that they needed. Their comments included, "They are definitely on time," and "Mostly they are smack on time," and "They are never late." One person said, "They always tell me if they are running ten minutes late, it's not a problem." People told us that staff had time to provide the care they needed. One person said, " I don't have to rush they have plenty of time," another person told us, "They always spend the right time and they always ask me if there is anything else I need before they go."

Staff confirmed that they had time to cover the care calls assigned to them. One staff member said, "There is enough time to spend with people, we don't need to rush them." Another said, "We are busy, but I wouldn't say we are rushed. There is always enough staff to cover calls these days." The person in charge told us that recruitment had taken place and there were now only two permanent vacancies across the six extra care schemes. They said, "We nearly have a full complement of staff, we still use regular agency staff sometimes if we have to cover sickness but we are in a much better position staff wise." Staff rotas showed that regular staff were being used to cover shifts and use of agency staff was minimal. One worker said, "There are extra shifts available if you want them, but there is no pressure. Usually we pull together and cover any gaps." We noted that care calls were scheduled at the times indicated within people's care plans. The duration of the visits were also consistent with the care plan and staff told us that the scheduling allowed them enough time to get to all their visits.

Risks to people had been assessed and recorded. For example, an environmental risk assessment considered factors such as whether lighting was sufficient, and identified any trip hazards within the property to reduce the risk of falls. One person told us, "When I am walking around my flat the staff make sure there are no trip hazards on the floor and they always remind me to be careful." A moving and handling

assessment identified that a person was at risk of falls. The assessment detailed the support they required to transfer from a chair to their wheelchair with the help of one staff member. There were clear instructions in place for staff to guide them when assisting with this manoeuvre. We observed staff supporting people to transfer from a chair to wheelchair. Staff were calm and efficient and explained what they were going to do. They made sure the person was ready before starting the manoeuvre and continued to guide and reassure them throughout the process.

Staff had received training in safeguarding people and demonstrated that they had a firm understanding of how to identify abuse and what actions they would take to protect people from harm. Staff were aware of the safeguarding policy and knew where to access the guidance should they need to. Records showed that the provider had referred safeguarding incidents to the appropriate Local Authority safeguarding team and to the police where necessary. Staff knew about the provider's whistleblowing policy and said they would feel confident to report any concerns.

Incidents and accidents were recorded in detail and monitored by care team managers in each of the schemes. Staff told us that actions were taken to reduce risks. For example, one staff member said, "When someone had several falls the care team manager referred them to the falls clinic to get advice about how best to care for them."

People received the medicines they needed safely from staff that were trained and assessed as competent. People told us that they received the help they needed with their medicines. One person said, "They (staff) come and give me my medicines and there have never been any problems." Another person said, "I always get my medicines on time," and a third person told us, "I need a bit of help, they just remind me as I'm a bit forgetful." People's records showed that they had given consent for their medicines to be administered and risk assessments were in place for people who required assistance. When people were prescribed PRN (as required) medicines a PRN protocol was completed to instruct staff in when and how to give this medicine. We observed staff administering medicines to people in a competent and confident way. We looked at the Medication Administration Records (MAR) and noted that one record showed gaps in recording on five dates. However, a system was in place to check MAR charts and this showed that a supervisor had investigated the reason for the MAR chart not being completed accurately. No further gaps in recording were seen for the following month.

Good

Is the service effective?

Our findings

People told us they felt the staff had the skills and knowledge to support them. One person said, "I think the standard of care staff is excellent, they are very good." Another person said, "I can't fault the care, staff are well trained," a third person said, "They definitely know what they are doing." Staff told us they had good opportunities for training and could ask for what they needed. One staff member said "We had some excellent training on dementia, it really made you think about things differently." We asked staff what difference the training had made to the care they provided. One staff member said, "It made me realise how people living with dementia might see themselves and how they might be thinking about things. That really made a difference to my approach. It makes it easier to care for people when you understand what's going on for them."

Staff said they felt well supported and received regular supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. These meetings provided staff with the opportunity to raise any concerns or discuss practice issues. Records showed that staff were also receiving performance assessments and spot checks to ensure their competency, for example when administering medicines. A new member of staff spoke about their induction and confirmed that they had felt well prepared for their role. A care team manager also praised the thoroughness of the induction process saying, "New staff are taken through the principles and values of caring and it really makes a difference." People also told us that new staff were well supported, one person said, "When they are new they always have to be with one of the really good carers and shadow them," and "If it's a new carer they shadow someone first to see what's going on."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff had received training in MCA and they were able to tell us how this applied to their role as care workers. One staff member said, "It ensures that we respect people's rights to make decisions, even unwise ones," and "If someone has begun to lose their ability to make decisions they need to have a mental capacity assessment, decisions have to be in someone's best interests." People told us that staff sought their consent prior to providing care. One person said "They always ask me before they help me," another said, "Sometimes they might say, 'Are you ready for your personal care?' and I might say yes or no. If I don't want help they respect this." Our observations confirmed that staff sought consent from people, for example, we heard a care worker say "Would you like me to help you go upstairs now?" and "Would you like me to give you your tablets now or after lunch?" People's consent had been recorded in their care plans, for example a consent form had been signed by a person for medicines to be administered by staff. This showed that staff understood their responsibilities in line with the MCA.

People were supported to have sufficient to eat and drink. People told us that staff supported them with their meals when needed and that they could choose what to eat. One person told us "I have cornflakes and fruit for breakfast, my choice, they (staff) do that for me and I choose whatever I want to eat when they do my lunches." Another person said, "Staff prepare my breakfast, tea and supper. I always get a choice and there are no problems," and a third person told us, "They always ask me what I'd like." We noted that some care plans included clear guidance for staff, for example one nutritional care plan stated 'Prepare breakfast from the menu. Give me choices, tell me what is available and I will choose.' Staff told us that people were able to choose what they would like to eat depending upon what supplies were available to them. One care worker said, "We prepare whatever they fancy depending on what shopping they have got. If there is something specific that they want we make sure it's on their shopping list." We asked staff how they ensured that people were having enough to eat and drink. Staff explained that food and fluid charts were used if people were losing weight or staff or family members were concerned that they were not eating and drinking enough. One care worker gave an example saying, "We used a fluid chart for someone when they kept getting urine infections and we needed to be sure they were drinking enough." We observed that people's food and fluid intake was discussed during the staff handover meeting. A staff member mentioned that someone had not eaten their breakfast and only took a few sips of drink, this was noted. A staff member later went back and offered another drink and snack to encourage them to eat. Risk assessments were completed where particular needs or risks were identified. For example, one person was struggling to manage food preparation themselves and had been burning their food in a microwave oven. A risk assessment was completed and the care plan was revised to ensure that staff assisted with food preparation in future.

People told us that staff supported them to access health care services. One person said, "If I am unwell the carers phone the doctor to come and see me." Another person told us, "My wife need to get to a doctor's appointment, but it was too far to walk. The carers took her in the wheelchair, I couldn't thank them enough for that." We spoke to a visiting health care professional who told us that staff were proactive in alerting them to changes in people's health for example when wound dressings needed to be changed. They described staff as helpful and knowledgeable about the people they were caring for. Records confirmed that staff requested support from relevant health care professionals such as GP's, District Nurses, Speech and Language Therapists and chiropodists when people required them.

Good

Is the service caring?

Our findings

People told us that staff were caring and kind. One person said, "They are very considerate." Another person told us "They are all very kind and caring," and a third person said, "They are good as gold, some of them are absolutely brilliant, they are very caring." Staff had developed good relationships with people and knew them well. We observed that people appeared relaxed and comfortable in the presence of the staff and they spoke about the care workers warmly. One person said, "They are lovely people and I regard them as my friends now." Another person said, "They can't do enough for me, I think they are very caring people." A third person said, "I like all of them, I like to have a laugh with them, we get on well."

Staff were able to tell us about the people they cared for and demonstrated a good knowledge of their lives as well as their care needs. One staff member said, "We get to know people very well, how they like things done, what they get worried about and what they like and don't like." We observed this during a handover meeting when staff spoke about people that they cared for. For example, one staff member spoke about the mood that someone had been in that morning, describing them as "Low in mood, emotional and feeling lonely." They went on to describe the conversation they had about a friend who was coming to visit and how this had cheered the person. This indicated that they understood the person well and knew how to support them.

People told us they had been involved in developing their care plans. One person said "I have a copy of my care plan here, they're always asking me what more I need." Another person said, "We were asked what we wanted regarding care and we get it." Staff told us that people had choice about who they wanted to support them, saying "If people express a preference we try and accommodate them." People told us that their views were respected. One person said, "There are some male carers, but they never come to me because I said I didn't want male carers to help with personal care and they understand that." Records showed that people were regularly consulted about their care plans and their views were noted, one example stated '(Person's name) said they are happy with their calls and the times of the calls. They would like assistance with changing the bed and laundry.' We noted that this review was signed by the person and dated and that the care plan had been updated subsequently to include laundry as requested.

People told us that staff were proactive in supporting their independence, one person said, "They encourage me when I'm walking around my flat." Another person told us, "I'm an independent person, I do a lot for myself, but they are always there if I need them." Staff told us that supporting people to maintain their independence was a key aspect of their role. One staff member said, "It's fundamental to what Extra Care is about, keeping people as independent as they can be." Another member of staff gave an example of supporting independence saying, "One person lost their confidence after a fall. They were frightened to go out alone. We worked with them and used some extra calls to go out with them until they felt safe enough to go out alone again."

People told us that staff were sensitive and respectful of their privacy and dignity. One person said, "When they help me to the bathroom they shut the door and give me complete privacy." We noted that staff were discrete when they asked people if they needed support with personal care, lowering their voice so others

present didn't hear. People's personal information was stored securely and staff were aware of their responsibilities to maintain people's confidentiality.

Requires Improvement

Is the service responsive?

Our findings

People's needs had been assessed prior to receiving support from Family Mosaic. People were included in developing their care plans and their needs, goals and risks were documented in a care and support agreement. The level of detail in care plans was variable and mainly task focussed. They did not always give a good sense of the person or describe what was important to them. This meant that staff did not always have the information they needed to provide personalised care that was responsive to people's needs.

Guidance for staff on the support needed at each visit was mainly task focussed and included little information about people's preferences or wishes. For example, one care plan stated, 'I would like the carer to assist me to shower.' There was no detail included about how much assistance the person needed, or how they preferred to be helped. This meant that people were at risk of not receiving consistent care that was specific to their needs and preferences.

Care plans were not always updated when people's needs changed. For example, one person had a pressure bandage on their leg. They told us that they needed to keep the bandage dry. However their care plan indicated that staff should support this person to shower daily and there was no guidance about how to keep the bandage dry. The person said they had been having a strip wash instead of a shower, but this was not indicated within their care plan. This meant that the care plan was not an accurate record of the care they were assessed to receive.

We asked staff if they had enough information from the care plans to provide person centred care to people. One staff member said, "Some need more detail, but because we know people well it doesn't affect the care we give." The person in charge told us that they were aware that the care plans needed more detail to support person centred care and said this was work in progress. They told us that they were in the process of updating care plans and showed us one that had been completed. This did have more personal information, including details of the person's history and interests. For example, their background information was detailed and included information about places they had lived and worked, medical history, family information and their interests such as playing an instrument and listening to music. Most care plans that we saw did not include this level of detail. We identified this as an area in need of improvement.

People told us that they were happy with the care and that staff were responsive to their needs. One person said, "I only have to ask, even if it's something that's not in the care plan, the girls (staff) will do it for me." Staff confirmed that they were able to be flexible and respond to people's wishes. One staff member said, "As long as it's a reasonable request we can usually do it," another said, "If someone needs something that is not in their care plan we can usually help, for example we quite often nip to the shop for people if they have run out of milk or something."

People were supported to maintain contacts within the community and not to become isolated within the extra care scheme. During the inspection we saw staff supporting people with a game of skittles in the communal lounge area. People were engaged and clearly enjoying the event with much laughter and banter

between themselves and the staff. People said that there were often activities happening that they could join in with, one person said, "They usually do something with us, we have a lot of fun here." Another person said, "It's nice to join in sometimes, the staff are good at getting us to have a go." A housing scheme manager told us that there had been an improvement in terms of care staff spending time with people. They said, "Staff are definitely interacting more, they have more time to spend doing games or just having a cup of tea with people. It's a nice atmosphere." The person in charge said that some additional care hours had been commissioned by the Local Authority to enable activities and support programme to be developed at each of the Extra Care schemes.

People told us that they knew how to complain and would feel comfortable to do so. There was a clear system in place to log complaints. The person in charge was proactive in ensuring that complaints were investigated and answered with a letter within a reasonable time frame.

Requires Improvement

Is the service well-led?

Our findings

On the day of the inspection a registered manager was not in post. They had been absent from their post since March 2016 and the role had been covered by the provider's head of care since then. The role had been covered by the provider's head of care since March 2016. They told us that they would be applying to be the registered manager until recruitment to the post had taken place.

At the last inspection in November 2015 we found that quality assurance systems were not consistently maintained to monitor and improve standards of service delivery. We identified this as an area of practice that needed to improve. The provider had taken steps to improve and embed their quality monitoring systems. However, we found some areas that still required improvement.

Monthly audits were being undertaken such as medication audits and care file audits. However, where the auditing process identified a discrepancy, it was not clear what action had been taken to rectify the issue and prevent a reoccurrence. For example, an audit had identified gaps in MAR charts and this was investigated. However, it was not clear what the outcome of the investigation was or what actions were taken as a result. We noted that there were no gaps in the more recent recording.

A log of incidents and accidents was held to give the person in charge oversight across all the Extra Care Schemes and to analyse the information to identify patterns. An accident was recorded where a person had choked on some food, the accident had been managed effectively and the appropriate advice had been sought at the time. However, there was no indication of what changes had been made to the person's risk assessment or care plan to reduce the risk of a reoccurrence following this incident. This had not been identified through analysis of the accident log or through the care plan audit. We asked the person in charge about these issues and they agreed that this was an area of practice that was not yet fully embedded.

At the previous inspection we identified that governance arrangements needed to improve. Due to our continued concerns that governance arrangements were not always operating effectively to drive improvements we have found this to be a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt the service was well-led. Some people did not know who the registered manager or the person in charge was, but referred instead to the care team manager. Their comments included, "They are very efficient, kind and helpful," and "If I'm not satisfied with something I let them know," and "They are very approachable." Staff told us the service was well run, one staff member said, "It is very well run since family mosaic took over." Another said, "Things have been much better over the last six months. I feel more valued and I think we are providing really good quality services." Despite the absence of a registered manager there was a clear management structure in place with identified leadership roles. Communication across the different schemes was said to be much improved and staff spoke positively about the new staff newsletter that had been produced. One housing scheme manager told us that they had developed a close working relationship with the care team and that communication was very good. The provider had produced a staff handbook to guide staff and team meetings were taking place on a regular

basis. Staff told us that morale was good. One staff member said, "Family Mosaic are good at looking after their staff as well as their customers."

Staff spoke highly of the person in charge saying they were approachable and supportive. One staff member said, "It has been a difficult time, but they (person in charge) have been fantastic." Another staff member said, "I have never had such a good manager." Staff told us that the person in charge was accessible and provided hands- on support when they needed it. One person said, "It's great that they talk to the staff and the people living in the schemes and take on board what we tell them." Staff were clear about the vision and values of the service, saying, "It's about maintaining independence," and "To provide excellent person centred care, focussing on what people can do not what they can't do."

The person in charge had produced an action plan for developing the service and we saw that many of the outcomes had been achieved since the previous inspection. A recent survey had been undertaken for managers and supervisors and the person in charge said that the results showed that satisfaction levels had improved. The provider was also due to undertake a service user survey in the near future to analyse how people viewed the service.

The person in charge told us that they had developed good relationships with the housing scheme managers at each site. A scheme manager confirmed that communication was much improved and described a positive working relationship with the care team and the person in charge. The provider's action plan showed that a working protocol had been developed in partnership with the housing landlord and this was in the process of being formally agreed.

The culture of the service was open and the person in charge spoke about encouraging a reflective approach where lessons were learned from previous mistakes. Regular meetings were held with the care team managers at each scheme to maintain good communication and consistency across the service. Scheme managers were encouraged to undertaken external training to ensure they kept up to date with developments within the care sector. For example, a local safeguarding independent chair person was invited to a manager's meeting to provide some training to managers and supervisors. The provider also accessed local authority training and liaised regularly with the local authority contracts and commissioning team.

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 Governance arrangements were not always operating effectively to drive improvements