

Hoffmann Foundation for Autism

Hoffmann Foundation for Autism - 45a Langham Gardens

Inspection report

45a Langham Gardens
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Hoffmann Foundation for Autism - 45a Langham Gardens is a supported living service for people with a learning disability or autistic spectrum disorder. It provides personal care for people who live in their own accommodation. At the time of this inspection the service provided care for four people. The scheme covered a range of areas including prompting with medicines, personal care, weekly shopping, housework and laundry.

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

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

We found action to address findings from our last inspection in July 2018 had not yet led to improvements in all areas. Behavioural support plans and care plans were still of inconsistent quality. The application of Mental Capacity Act was also still inconsistent. The service had recognised these shortfalls and were already acting. However, the pace of change had been slow.

Progress had been advanced over the past two months, under the leadership of a new manager. The manager and her team had started to review and make improvements to people's care records. There were formal systems for auditing. All issues that were identified were then acted upon. However, evidence of effective and sustained systems for oversight need to be demonstrated. We will review this at our next inspection.

There were procedures for investigating and learning from accidents. However, learning was limited because incidents were analysed separately. We discussed with the manager the need to analyse incidents together in order to consider generic causes.

People were not effectively supported to have maximum choice and control of their lives. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act 2005 were not always followed. We made a recommendation for the provider to seek advice to maximise people's choice, control and independence regarding their money.

People were protected from the risk of harm and abuse. Safeguarding procedures were in place, which staff were aware of. Staff were recruited safely. Improvements had been made in risk management. Risks to people had been identified, assessed and reviewed. We also observed good practice in relation to the management of medicines, including storage, disposal and completion of medicine records.

People accessed healthcare and had their health needs met. There were systems and processes to support this. People's care records showed relevant health and social care professionals were involved in their care.

People's privacy and dignity were respected. Staff protected and respected people's human rights. They had received training in equality and diversity. People's spiritual or cultural wishes were respected. Staff maintained people's independence by supporting them to manage as many aspects of their care as they could. People's privacy was also upheld in the way their information was handled.

We observed a range of practices that reflected person centred care. People's values and preferences were respected. Their families were involved in care as appropriate. People had access to appropriate care and information, which was presented in an accessible way for people to make decisions about their care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 September 2018) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough, improvement had not been made and the provider was still in breach of regulations.

The last rating for this service was requires improvement. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

Enforcement

We have identified a breach in relation to the application of the Mental Capacity Act 2005 and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was 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 ●

Hoffmann Foundation for Autism - 45a Langham Gardens

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector and specialist advisor. The specialist advisor was a social worker who had experience of working with people with learning disabilities.

Service and service type

Hoffmann Foundation for Autism - 45a Langham Gardens provides care and support to people living in a 'supported living' setting so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. At the time of this inspection we saw the current new manager had submitted application to CQC to be registered. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it

is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also viewed the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities.

During the inspection

We were not able to speak with people because of their complex needs. We attempted to contact people's relatives and were able to speak with two relatives. We spoke with six members of staff including, the manager. We reviewed a range of records, including recruitment information and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received information relating to the provider's governance systems and some care records. This information was used as part of our inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant 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.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure the arrangements for managing people's money were clear, safe and accountable. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Financial risks to people had been identified and action taken to reduce the risks. There were procedures in place for the safe handling of people's money. Each person had a 'financial profile', which described the support they needed with their finances. The money belonging to each person was kept securely in a locked place with the key held by the person in charge of each shift. Each entry on the individual account record was countersigned to provide a witness to each transaction. A financial audit trail was kept for each person using the service.
- However, we were concerned the provider was still an appointee for financial matters relating to two people receiving care. This did not maximise people's choice, control and independence.

We recommend the provider seeks advice from a reputable source regarding how to maximise people's choice, control and independence with regard to their money and valuables while reducing the potential for abuse.

- There were suitable arrangements in place to ensure people were safe and protected from abuse. Staff had received training on safeguarding and understood types of abuse that could occur and what they would do if they thought someone was at risk. There were policies and procedures in place for staff to refer to. Staff knew they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission if management staff had taken no action in response to relevant information.
- People's relatives told us their loved ones were safe. One relative said, "I have no concerns. My loved one is cared for safely." Another person said, "Staff were caring and my relative is in safe hands."

Assessing risk, safety monitoring and management

At our last inspection people were at risk of harm because not all risks had been identified with appropriate actions taken to mitigate risk. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people had been identified, assessed and reviewed. Staff could describe the risks to people and actions they took to keep people safe. There were measures to protect people without unnecessarily restricting their freedoms.
- The fire risk assessment for the service was up to date and reviewed annually. Each person had a personal emergency evacuation plan (PEEP). This gave guidance to staff to ensure people's safety was protected during the evacuation of the home in the event of fire or other emergencies.
- There was a record of essential maintenance carried out. Regular safety checks were carried out to ensure the premises and equipment were safe for people. There was regular testing of portable appliances and electrical installations. The manager was aware they had a duty of identifying and reporting concerns about the safety of the home.

Learning lessons when things go wrong

- Accidents and incidents were monitored. There was a system for managing accidents and incidents to reduce the risk of them reoccurring. There were clear records to show how the service had managed incidents to make improvements to the service. Staff understood their duty to raise concerns and report incidents and near misses.
- Despite some improvements since the last inspection, the pace of change and learning was slow. There was evidence the new manager had acted to speed up the pace of improvement, however, action to address findings from the last inspection had not yet led to improvements in some areas.

Staffing and recruitment

- Staff had been recruited safely. Their personnel records showed pre-employment checks had been carried out. Checks included, at least two references, proof of identity and Disclosure and Barring checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.
- There were enough staff deployed to keep people safe. Staffing rosters and feedback from staff and the manager confirmed there were sufficient staff to meet people's needs. Staffing requirements were subject to constant reviews because of people's changing needs. We observed when people requested support this was provided on time.

Preventing and controlling infection

- The communal areas were all clean and well maintained. There was an infection control policy and measures were in place for infection prevention and control. Staff had completed training in infection control. They wore personal protective equipment (PPE) such as gloves and aprons. Arrangements were in place for managing waste to keep people safe.

Using medicines safely:

- There were systems in place to ensure proper and safe use of medicines. We observed good practice in relation to the management of medicines, including storage, disposal, completion of medicine records. Staff were suitably trained to administer medicines. They were required to complete training and a competency assessment before administering medicines on their own.
- There were policies and procedures in place. We looked at all medicines administration records (MAR) charts and found no gaps in the recording of medicines administered. This assured us that medicines were given as prescribed and were available.
- Staff had additional guidance to administer medicines prescribed to be given when required (PRN). This assured us that staff could make an informed judgement to appropriately administer these medicines.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had failed to follow the principles of The Mental Capacity Act (2005). This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11

The MCA 2005 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA 2005.

- The quality of mental capacity assessments varied considerably between people's care records. Whilst we evidenced good practice for one person, this had not been replicated for other people. For example, one person lacked capacity to make decisions relating to consenting to their care or signing of their tenancy agreement. Their documents had been signed by their relative. However, this had not been established by completing a decision specific mental capacity assessment. Their care plan did not contain information about their level of capacity and how decisions were made either by them or their representatives.
- Where decisions had been made in a person's best interests, these had not followed the principles of the MCA 2005. For example, Hoffman Foundation was still the appointee for managing the finances of two people receiving care. However, no mental capacity assessments had been carried out to determine if this arrangement was in the best interests of the individuals concerned. There was evidence the service had tried to have this arrangement reversed but had not successfully delivered all the changes required.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received training to ensure their knowledge and practice reflected the requirements set out in the MCA 2005.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that staff received the training and support to carry out their roles effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had the skills, knowledge and experience to carry out their roles. They had attended essential training, such as health and safety, MCA 2005, DoLS and infection prevention and control. Refresher sessions were also provided to keep their skills up-to-date. Staff also received training which was specific to people's individual needs such as MAPA (Management of Actual or Potential Aggression).
- New staff had completed an induction programme based on the Care Certificate framework. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff confirmed they had shadowed experienced members of staff until they felt confident to provide care on their own, as part of the induction.
- Staff received regular supervision and appraisal. We looked at a sample of supervision sessions which showed staff could discuss key areas of their employment.

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

- People's needs had been assessed before they started to use the service. We observed practice that reflected national best practice and guidance such as, Positive Behaviour Support (PBS). PBS is a person-centred framework for providing support to people with a learning disability, and/or autism, including those with mental health conditions.
- At previous inspection we found behavioural support plans varied in quality. At this inspection we found the new manager had begun to make more progress in improving the quality of care records. The new care plans were person centred and included step by step guidance about meeting people's needs.

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

- People were supported to access healthcare when needed. They were supported to attend regular health appointments and if people were unwell we saw the service sought advice from their GP or other health care professionals in good time.
- Health Action Plans (HAP) were in place. A HAP is a personal plan about what a person with learning disabilities can do to be healthy. Each HAP listed details of people's needs and professionals involved. There was evidence of recent appointments with healthcare professionals such as GP and dietitian.
- Guidance obtained from the external healthcare professionals was included in people's support plan. This meant staff had current and relevant information to follow to support people in meeting their health needs.

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

- There were arrangements to ensure people's nutritional needs were met. Their dietary requirements, likes and dislikes were assessed and known to staff. 'The service' provided a variety of healthy foods and home-cooked meals for people to choose from. Staff could tell us of people's personal preferences.

- People were provided with a choice of suitable and nutritious food to ensure their health care needs were met. There were pictures of food and meals to support people with choosing meals. Drinks and snacks were available on request throughout the day.
- A nutrition and hydration policy was in place. Weekly weights of people were recorded where necessary. Staff were aware of action to take if there were significant variations in people's weight.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requiring improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's spiritual or cultural wishes were respected. The service had an up to date policy on equality and diversity. Staff had received training on equality and diversity, as part of their induction.
- Staff spoke knowledgeably about what they would do to ensure people received support they needed for a variety of diverse needs, including spiritual and cultural differences. There were people from a range of religious backgrounds, including Christianity and Islam. Staff understood and addressed their religious and cultural needs. People were supported to visit their places of worship by staff.
- People's dietary preferences and choices were met because staff understood their dietary requirements. People were supported to prepare their menu plans and these were in line with their cultural or religious needs. For example, one person ate halal or kosher and there was a vegetarian option if they preferred this.

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

- People and their representatives had been fully consulted about their care. Their assessments had taken account of their choices. Although people were not able to verbally express their needs and preferences, their care plans described how they could be involved in other ways. For example, information was provided in the most accessible format to ensure people understood options available to them.
- Where people were unable to express their views, family members or advocates were involved in decision making processes to ensure people's views were expressed wherever possible

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. We observed positive interactions between people and staff throughout this inspection. Staff spoke with people in a respectful way, giving people time to understand and respond. People who were being supported with eating were given time to chew and swallow their food and offered drinks at timely intervals.
- Staff always ensured people were comfortable and offered reassurances to people who may have had anxieties. For example, people who were distressed or upset were supported by staff who could recognise and respond appropriately to their needs.
- The service recognised people's rights to privacy and confidentiality. Care records were stored securely in locked cabinets in the office and, electronically. Confidentiality policies had been updated to comply with the General Data Protection Regulation (GDPR) law.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to ensure the approach that was used to support people with behaviours that challenged was consistently applied. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's relatives told us people received care that was tailored to their needs. One relative told us, "My relative's needs have been identified and addressed." Another relative said, "I am happy with the care provided. My relative's needs have always been met."
- People received a range of interventions, including behavioural approaches. During the inspection we observed staff supporting people who displayed behaviours which challenged the service without recourse to physical interventions. However, the behavioural support plans were of inconsistent quality. For example, one person had a dual diagnosis, which meant they had learning disability and mental health needs. However, their support plan did not specify their mental health relapse indicators or what behavioural changes staff needed to look for. There was a risk staff might miss specific relapse indicators and would not be able to support the person fully or report back to external agencies any relevant concerns about mental health deterioration. The service recognised these shortfalls and were already in the process of reviewing people's behavioural plans.
- People's care plans were based on comprehensive assessments of their needs. The quality of assessments and care plans had improved since the last inspection. Further improvements were on course. People's care needs had been fully assessed and documented prior to receiving care. We looked at the care files of four people. Each considered the person as an individual, with their own unique qualities, abilities, preferences and challenges. This enabled staff to provide care to people in a person-centred way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service encouraged people to access and be part of their local community. There was a programme of activities organised by the service in collaboration with people and their relatives. This included regular outings, trips to park and day centre. People also participated in activities at the home. We observed people playing games.

- People were supported to maintain contact with their relatives and there were no restrictions on when people could have visitors. People were also encouraged and supported to visit their families.

Meeting people's communication needs

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

- People were supported, if needed, to express their views and preferences in relation to their care and support. The service identified and recorded how people wished to communicate and if they had any communication needs. People's communication was supported by use of symbols, pictures, photos and objects of reference.
- We observed people being supported to make choices, using their preferred methods of communication. For example, one person used pictures and hand signals to communicate and we observed staff using these communication approaches when they engaged with this person. In other examples, we observed staff exercising patience when people did not understand what they were saying and tried different approaches until the information was relayed.

Improving care quality in response to complaints or concerns

- The service had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The complaints procedure was displayed throughout the service in a style that was easily understood by visitors and the people who used the service.
- Relatives felt they would be listened to if they needed to complain or raise concerns. They told us they could discuss any concerns they had with the manager and were confident any issues raised would be dealt with. One relative told us, "I am aware of the complaints system. However, I have never needed to complain."

End of life care and support

- The service did not support anyone with end of life care at the time of the inspection. However, the new format of care plans had provisions for the service to consider advance wishes and care preferences. These assessments were being progressed at the time of this inspection.
- Some people did not have relatives. We discussed with the manager the need to find imaginative ways of engaging people in discussions about end of life care, such as the involvement of advocacy organisations. This is important because a sudden death may occur.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

Continuous learning and improving care

At our last inspection the quality of care plans, including behavioural managements plans, varied. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- Some care plans and behavioural management plans were still not sufficiently detailed.
- Accidents and incidents were recorded. However, incidents were analysed separately. While this approach was likely to prevent that particular incident from happening again, the approach did not address systemic problems. We discussed with the manager the need to analyse incidents together in order to consider generic causes.
- There was a deficiency of incident analysis at a provider level of overall patterns and trends to inform coordinated actions. This was important in order to consider wider implications. For example, although the service had other locations, there was no evidence learning was transferred across locations.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Progress had been advanced over the past two months, under the leadership of a new manager. She had started to review and make improvements to people's care records. The manager and her team had analysed our report from the last inspection and had begun to make improvements within the service.
- The manager was receptive to our feedback and had responded immediately to address concerns and improve the service. However, evidence of effective and sustained systems for oversight need to be demonstrated. We will review this at our next inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's relatives told us they were happy with the service. One relative said, "I am pleased with the service. My relatives receives good care." Another relative said, "We are happy with my relative's care."
- People's relatives knew the manager and told us they found her to be approachable and open. One relative said, "The manager is always there when needed."
- Staff spoke highly of the manager and the support they received. A staff member told us, "The manager is

supportive and is always available when needed."

- People, their relatives and staff were encouraged to contribute and make suggestions. Regular meetings were held, and people, their relatives and staff were given the opportunity to make their views known. We reviewed some minutes from meetings and observed suggestions made had been acted upon, including management of people's finances.
- We saw evidence people were supported to make informed choices. Where people had communication needs, the service identified and recorded how they wished to communicate. This encouraged people to be actively involved in their support and care.

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

- The leadership complied with the duty of candour. We had been notified of any notifiable events.

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

- There were clear management structures in place. The manager was supported by a deputy manager. Staff were aware of their responsibilities and the reporting structures in place within and out of hours.
- We found the manager to be passionate and dedicated to providing quality care. She was knowledgeable about issues and priorities relating to the quality and future of the service. She shared with us a service improvement plan. She recognised further improvements were needed.
- There were formal systems for auditing all areas of the service including, people's care records, staff training, health and safety, environmental risk assessments, safeguarding, complaints, infection control and medicines management. All issues that were identified were then acted upon.

Working in partnership with others; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked with other health and social care professionals which ensured advice and support could be accessed as required.
- People using the service and their relatives were regularly asked for their views on the quality of the service being provided and were encouraged to make contributions and suggestions to service improvement. Surveys were carried out annually. Monthly one to one keyworker meetings were also completed to seek the views of the people.

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 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users was not always provided with the consent of the relevant person.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured they operated effective systems and processes to make sure they assess and monitor the quality of the service and drive improvement.