

Redspot Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Redspot Care Limited is a domiciliary care agency that provides personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. They were providing personal care to 196 people at the time of the inspection.

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

Right Support

Call planning and monitoring at the service was poor. People and relatives confirmed what our analysis found; lateness and missed calls were problematic. We raised a safeguarding alert with a local authority due to concerns shared by a relative with regards to missed calls. Following our feedback to the provider, they took steps to rectify this.

People's needs were assessed so the service was able to understand and meet those needs. Staff worked with health and social care professionals to provide people with effective care. People were supported to eat and drink where required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's consent was sought when care was provided, and they were given appropriate choices by staff.

Right Care

The service lacked adequate systems to ensure people received good care regularly. People had mixed views on how the service engaged with them.

People and relatives told us they were treated well by staff. People's equality and diversity characteristics were respected as was their privacy and dignity.

There were systems in place to safeguard people from abuse. Recruitment practices were robust. Staff were employed with people's safety in mind. Infection prevention and control measures were followed by staff.

People's communication needs and preferences were recorded in care plans. People and relatives were able to complain, and the service responded to complaints appropriately. The service worked with people who were at the end of their lives.

Right Culture

It wasn't always clear if lessons were learned when things went wrong. We found the provider did not always follow their policy when incidents and accidents occurred. Risks to people were assessed, we found care plans and risk assessments were not always reviewed in a timely fashion.

Staff received training to support them in their roles, though we were told a training matrix used by the service had not been updated recently. People and relatives were not always able to express their views about the care provided; we found evidence indicating care plan and risk assessments reviews were not completed as regularly as they should have been.

Staff were supported through 1 to 1 meetings with management and received inductions when they started working for the provider.

The registered manager and staff were clear about their roles and the provider understood and fulfilled their regulatory requirements. The service worked in partnership with other agencies to support people with their needs.

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

Rating at last inspection and update

The last rating for this service was good (published 29 October 2020). At our last inspection we recommended that the provider follow guidance about sending CQC notifications. At this inspection we found the provider had made improvements in this regard.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified breaches in relation to staffing and good governance at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always Safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was not always Caring.

Details are in our Caring findings below.

Requires Improvement ●

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 ●

Redspot Care Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and 2 experts by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. As a domiciliary care agency, it provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who worked with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this

information to plan our inspection.

During the inspection

We spoke with 10 people and 9 family members about their experience of the care provided. We spoke with 11 members of staff including 6 care staff, a field supervisor, a complaints and feedback officer, an on-boarding administrator, and the registered manager. We also spoke with the nominated individual following our site visit. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 11 people's care and or medicine administration records. We looked at 7 staff files in relation to recruitment and staff management. We also viewed a variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. 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.

Staffing and recruitment

- Call planning and monitoring was poor and required improvement. During the inspection CQC was contacted by a relative who told us that only one carer had attended calls when two carers were supposed to for a duration of 5 days. They told us on 1 occasion a second carer had turned up but only stayed for 4 minutes. This lack of staff attendance put the person receiving care at risk of neglect. We raised a safeguarding alert with the local authority about this.
- People and their relatives had mixed views about staffing. They [people] told us staff attendance to calls varied and that they didn't always have regular carers. One relative told us, "The carers are always in a rush, they often do a tag team so one starts, then the other one arrives and finishes while the first one leaves so, they sign in as 2 carers, but they come and go separately." Another relative said, "The timing is poor especially at weekends. The weekend staff also never stay the full 45 minutes – actually none of them do. Recently I know 1 person came on Saturday and stayed 15 minutes of the 45 minute call." Another person said, "My regular carer is [name] and they are wonderful, but the weekends are all over the place. I couldn't get anyone. They only stay about 10 minutes."
- We analysed the electronic call monitoring data for this service over a period of 2 months and found evidence that call planning was poor. Nearly half of the 30000 calls we analysed had no travel time planned. This impacted on staff lateness to calls with 41% of all calls being later than 15 minutes and 22% of calls being later than 45 minutes.
- There were over 3600 calls which were not logged. This meant the service were unable to say whether staff attended these calls or not. This was evident in the safeguarding alert we raised about staff not attending calls as highlighted above. We contacted the registered manager when we reviewed the information, and they were unaware of any missed calls.

The provider had not deployed sufficient numbers of suitably qualified, competent, skilled and experienced staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for staffing.

We shared our findings with the provider and the local authority where the service was located. The registered manager told us staff would receive further training. The nominated individual for the service told us they take these concerns very seriously and had employed extra staff to improve the call planning and monitoring and would make changes to staff rotas. The local authority told us they would make monitoring visits to the service regularly until concerns had been addressed.

- Recruitment processes were robust. The provider made checks on employees to ensure they were suitable

to work with vulnerable people. These included checks on criminal records, identities, and employment histories.

Learning lessons when things go wrong

- It wasn't always clear if lessons were learned when things went wrong. The service did not always follow their own policy for incidents and accidents as they were not always recorded within incident reports.
 - Incidents and accidents were not always recorded on incident and or accident forms, as highlighted in the service's policy. We saw Incidents and accidents were recorded in daily logs which we were told were discussed by the management and administration team on a daily basis. Logs contained actions which were then taken to mitigate immediate risks to people. We also saw group supervisions and or meeting minutes where incidents were discussed.
 - We found a recent instance of an incident where a carer had contacted the office to gain support around contacting emergency services for a person in need. Whilst the carer and service should be commended for their support of the person, the incident was not recorded as an incident with an incident report and therefore it wasn't clear whether lessons would be learned as they should have been.
 - Staff knew what to do when there was an emergency. One staff member told us, "I saw a person in the morning and their presentation was good, when I returned, I saw the person wasn't breathing well so I escalated [my concerns] by calling an ambulance when I called them, they prioritised it and we put the person in a recovery position the ambulance came in 15 minutes. I supported the person, and I provided the ambulance the right documentation."

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from risk of abuse. The provider had a safeguarding policy and procedure for staff to follow.
- Staff received safeguarding training. One staff member told us what safeguarding meant to their role, "Looking after the interest of the clients and watching out for signs of abuse of anyone that comes in contact with the service and to then report it to the office." The registered manager was able to show us that safeguarding referrals had been made to local authorities to protect people from potential abuse.

Assessing risk, safety monitoring and management

- Risks to people were assessed and their safety monitored and managed. However, at the time of our inspection visit we found care plans and risks assessments required updating. We informed the registered manager about this, and they told us field supervisors were in the process of updating them and subsequently sent us updated risk assessments.
- One staff member explained risk assessment was a continuous process. They said, "We do use them when we go to the client for the first time. We always read the care plan which highlights the dos and don'ts but we're always risk assessing; any changes to the client we'll notify the office."
- People's care plans contained risk assessments which identified risks to them and provided information about how to mitigate or lessen risks.
- Risk assessments covered people's individual needs and included information about a variety of different areas which included but were not limited to, health and wellbeing, psychological and emotional needs, cognition and comfort and mobility.

Using medicines safely

- Medicines were managed safely. One person said, "They [staff] give me all my tablets and then write it up in my Red Book together with a list of things they have done while they are with me." Where people were administered medicines information about this was provided in their care plans including the dosage.
- Staff recorded when they administered medicines to people on medicine administration record sheets

(MARs). One staff member told us, "When we administer meds [medicines]...we give them the medicine, so they feel better, we record it on the MAR sheet." MAR charts were audited regularly by the service to ensure people were administered their medicines correctly. The service had a medicines policy which staff followed. Staff told us they received regular training in medicine administration and records confirmed this.

Preventing and controlling infection

- The service sought to prevent and control infection. Staff were trained in infection prevention and control, which included correct usage of Personal Protective Equipment [PPE] and followed the service infection control policy. The service had ample stock of PPE. One staff member said, "I wear PPE and dispose of it in the correct manner."

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 our last inspection this key question was rated Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were supported through induction, training and supervision. Staff received induction, training and supervision, though the service's training matrix required updating. Following our inspection site visit to the provider's office, the registered manager sent us an updated training matrix via email which showed staff had received regular training, though there was some outstanding which had been identified and the registered manager had arranged sessions for staff.
- Training subjects included, but were not limited to, equality, diversity & human rights, adult safeguarding and health and safety. One relative told us, ""They have a professional attitude, they know what they are doing and how to do it. They are very well trained."
- Staff received support through regular supervision. This occurred in 1 to 1 meeting and wider staff meetings. Records showed staff were able to raise concerns and were supported with their developmental needs.
- Staff received an induction when starting to work as a member of care staff. Induction included training, shadowing experiencing staff and competency checks. One staff member told us, "I went for training, then went for shadowing and then we worked with people for some time, joining a double up and we were able to practice what we did in the training and then the supervisor checked up on us when we were deployed."

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

- People's needs were assessed to ensure the service could meet their needs. Assessments were completed following a referral to the service and verified the information provided at referral. Assessments covered people's health needs and social circumstances and were used as the foundation to develop their care plans.
- Assessments covered people's equality characteristics, such as their sexuality, religious preferences and or cultural backgrounds so the provider could best meet their needs. These were in line with the law.

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

- The service worked alongside other agencies, so people were provided with effective care. These agencies included local authorities, social services, GPs, pharmacists, and other health care professionals. This was done so people could be supported to receive consistent timely care.
- Staff worked with health care professionals to support people to live healthier lives. This included referring people to services they might need and supporting these agencies to achieve better outcomes for people. This meant keeping records of people's health care needs which were shared with other agencies as appropriate. These included tracking people's moods and nutrition.

- People and relatives told us staff acted appropriately when health care was needed. One person told us, "I trust [carer] and they would always call a doctor for me." A relative told us about a time when staff supported them in an emergency situation, "One time [family member] was on the floor waiting for the ambulance when the carers came and one of them stayed with them for about 6 hours till the ambulance came – [carer] made [family member] comfortable and gave them tea, [carer] was so good."

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

- People were supported to eat and drink enough to maintain a balanced diet.. One relative said, "The carers prepare all the food for [family member]." Care plans contained information about people's dietary requirements. Some people had specialist dietary needs and requirements, which included faith appropriate diets. Staff received appropriate training to meets people's needs and instructions for food preparation were recorded in people's care plans. One staff member said, "We work with people who have dietary needs like a pureed diet we help them, we make sure they are in a sitting position properly."

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

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

- The provider was working within the principles of the MCA. People's consent was sought before care was provided. One person told us, "They always ask me how they can help and if there is anything I want." Care plans consent agreements where people could sign to indicate their consent. Where people lacked capacity, advocates and or family members were involved to assist with best interest decisions being made.
- Staff were trained to work with people with capacity needs, such as people with dementia, and understood the need to seek people's consent before providing care. One staff member told us, "You assume someone has capacity, even if their choices were not what you would make."

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 our last inspection this key question was rated Good. The rating has changed to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People and relatives told us they weren't always able to express their views. This related to wider concerns about people's care not always being reviewed in a timely manner. One person said, "The agency sent someone out at first, but no one has ever been back since and no one has talked to me about my care and if it's ok for me." A relative said, "We had a care plan done at the beginning – 2 years ago – but nothing since, no feedback requests, no spot checks and we don't have anyone shadowing the regular carer but I'm happy with the care because I am here too."
- Care plans contained dates which were used to track when reviews took place. We saw 6 care plans which required updating and or a review at the time of our inspection. We spoke with the registered manager about regularity of care plans, reviews and spot checks and they identified this was an area for improvement. They sent us updated and reviewed care plans following the inspection.
- Care plans were signed to document people's or relative's involvement in the care planning process and decisions made about their care.

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

- People and relatives were happy with the care they received. A person said, "The care I get is very good they think of everything. A relative told us, "The carers who come to support my loved one are caring and do understand her condition and her needs." Spot checks made by field supervisors and cards the service received, all showed positive feedback about how people were cared for.
- People's equality and diversity was respected. People's needs and characteristics, including their cultural needs, were recorded in their care plans and staff were trained in equality, diversity, and human rights. One staff member told us, "We work with people with different cultural needs, people have assessments done and people will tell us what they want or don't want. We might be asked to take our shoes off or have shoe covers."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff were trained on how to respect people's privacy and dignity. One person told us, "They are careful if I'm in the shower with doors and towels." A staff member told us, "For example, if I want to give personal care, I ask them if they are comfortable with me, I talk to them nicely and make them as comfortable as possible. I draw the curtains and close the doors."
- People's confidential information was kept secure. People's details were stored on documents kept in locked cabinets and or on password protected electronic devices which were kept in locked offices.
- People's independence was promoted. Staff encouraged people to be as independent as possible, often working with people recently discharged from hospital. One staff member told us, "We encourage

independence." Another staff member said, "When people are discharged from hospital sometimes, they don't know what they can do, we encourage them gently to try and do what they might be able to do."

Is the service responsive?

Our findings

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

At our last inspection this key question was rated Good. The rating for this key question has remained 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

- People received personalised care. People's needs, and preferences were recorded in their care plans. Care plans contained personalised information about people, what care they required and how they would like to receive it. Areas covered in people's care plans included information about their health conditions, potential risks to them and how people and families wanted care to be provided.
- We found some care plans which required review. The registered manager provided us with updated care plans following our site visit. We also spoke with the nominated individual, responsible for the overall care at the service, and they told us they were reviewing their systematic processes to ensure all documentation was reviewed in a prompt fashion.
- Staff told us they followed people's care plans. One staff member said, "We are working with everyone, we respect people's beliefs and religions, and we respect everyone we just follow the care plan."

Meeting people's communication needs

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

- The provider was meeting people's communication needs. One staff member told us, "I've worked with a person who couldn't talk verbally, and they used to write things down and then another person who was deaf and had their own sign language and we recorded how they communicated in his way." Care plans contained information about people's communication needs and preferences. This information guided and instructed staff on how to communicate with people.
- The registered manager told us they were able to support people and provide larger text documents to assist people with sight needs and they were able to source training for staff to assist people if specialist requirements around communication was required. The provider was meeting the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People and relatives told us they were able to raise complaints and concerns. One relative told us, "[We] did make a complaint about carers not staying the full time and the carers were changed." Another relative said, "My [loved one] would soon tell them if she wasn't happy with anything."
- We spoke with the complaints and feedback officer who explained how complaints were investigated and subsequently followed up with a survey to assure complaints had been dealt with satisfactorily. Complaint

records showed investigation plans, investigation findings and proposed responses to each complaint. This was in line with the provider's policy.

End of life care and support

- The service worked with people who were at the end of their life. People were asked at assessment whether they had any end of life wishes, and if appropriate this was recorded in their care plans.
- Staff told us they had received end of life training and understood what good end of life care looked like. One staff member told us, "Make them [person receiving end of life care] as comfortable as possible. Some of them can't talk, some of them are down, you have to follow their wishes and be respectful of the family's needs."

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 our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- The provider was not promoting a positive culture that was person centred, open, inclusive and empowering. People had mixed views about the management of the service. One relative said, "I don't think it is well managed. Very poor communication." Another person said, "I think it is a well-managed service."
- It wasn't clear whether the registered manager understood quality performance and risk requirements. Staff were clear about their roles This service lacked systems and processes to ensure people received good care. Some of the care plans and risk assessments we looked at were overdue for review. The registered manager was unable to show us how they ensured documentation was reviewed in a systematic fashion. They told us field supervisors kept track of reviews but were unable to show us how they ensured reviews were done when they should be.
- Calls to people were not planned appropriately and oversight of call monitoring was poor. There were missed and not logged calls as evidenced by electronic call monitoring data, what people told us and within the provider's own complaints. Missed calls mean people might not receive care, medicines or food when they should. Calls which are not logged indicate the provider didn't know if people received care or not. Similarly, there was often little, or no travel time planned for calls which impacted on staff punctuality and the duration of the time staff spent with people.
- We also found that spot checks occurred in a responsive fashion rather than a systematic one. Spot checks of carers working with people often occurred after a complaint had been made or in response to issues raised by care staff. Whilst this ensured some people's needs were met and the service sought to address some people's concerns, it also showed that some people may not receive a spot check regularly, as confirmed by people and relatives we spoke with.
- We spoke with the compliance staff who told us the training matrix had not been updated since 2021, we later received assurances staff had received training. This, along with the lack of up-to-date records, was indicative of poor governance.
- It wasn't always apparent whether there was learning gained from incidents and accidents. An incident form had not been completed within a timely fashion.

The service had failed to establish effective governance systems or processes to oversee the running of the

service and monitor, assess and improve the quality of care being provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager and the nominated individual about the issues we found. Both told us they took our concerns seriously and wanted to address the issues raised. The registered manager told us initially that completion of work had been impacted on by annual leave, staff absence, adverse weather and COVID 19. The nominated individual told us they had employed new staff to support with call monitoring and would review all office systems and processes.

At our last inspection we recommended the registered manager follows CQC guidance on submitting notifications without delay. The registered manager could demonstrate they had improved in this regard.

- Notifications were sent to CQC when they should be. The registered manager understood there were regulatory requirements placed upon them such as the need to notify CQC about certain events as well as share information with the local authority. When things had gone wrong, they apologised to people and relatives and admitted blame in line with the duty of candour.
- People's equality and diversity needs were recorded in documentation, their cultural needs as well as having their characteristics recorded. Staff told us they supported people with cultural needs, including their faith and sexuality. One staff member said, "We're all different. We try to meet people's needs as they are."
- Staff were clear about their roles Staff had job descriptions for their roles and there was a clear line management structure with the registered manager supporting a staff team including care staff, field supervisors and administration staff.
- Staff members spoke positively about the management team. One staff member said, "[Registered manager] is good yes, they not only look after the clients, but they look after the staff." Another staff member said, "My manager is a wonderful person, they are very nice, and they will always support us even in the field."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had mixed views about being able to be involved and engage in their care. Some people and relatives felt communication and engagement could improve whilst others were happy with the service they received. One person said, "No one has ever asked me if I need anything different or if everything is alright."
- We saw feedback on the service through care plan reviews, spot checks and complaints. Where negative views were highlighted, the service sought to respond and improve where shortfalls were identified.
- Meetings were held so staff could be involved and provide input into decisions the service made. One staff member told us, "Yes, we have monthly meetings most of the time. We have different areas covered by different teams and there are separate meetings for smaller teams. We'll get together and have a chat. We will update [each other] and talk about people's care and training, if we are not comfortable, we'll tell the service, and they listen to us." Meeting minutes showed discussions were held on people's care, training and health and wellbeing of staff as well as other topics.

Working in partnership with others

- The service worked in partnership with others. The service worked with other health and social care professionals to support people using the service. This included local authorities and health care services.

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 Quality assurance systems were ineffective and had not picked up on issues of concern found at inspection. Documentation and systems were not maintained contemporaneously.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Call planning and monitoring were poor.