

Four Seasons Community Care Limited

Four Seasons Community Care

Inspection report

Discovery Court
Hooper Street
Torpoint
PL11 2AG

Tel: 01752811152
Website: www.fourseasoncare.co.uk

Date of inspection visit:
11 February 2020
17 February 2020

Date of publication:
17 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Four Seasons Community Care is a Domiciliary Care Agency that provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs in Torpoint, Millbrook, Donderry and Looe areas of Cornwall.

At the time of our inspection 72 people were receiving a personal care service. These services were funded either privately or through Cornwall Council or NHS funding.

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

Since the last inspection improvements had been made to the way the service was planned and delivered. This had resulted in people receiving the care and support they needed at mostly the times they had agreed. People told us the reliability of the service was much better, their times had been reviewed with them and most people had a team of regular staff. Records showed, and people confirmed, there had not been any missed visits since the beginning of December 2019.

Rotas were now being effectively managed. A new rota system had been introduced and this had taken time to set up and fully implement. This meant people had not all benefitted from the improvements to the reliability of the service until the beginning of January 2020.

Since the last inspection the service had started a programme to review and update each person's care plan and input these onto an electronic system. The care plans for people with the highest needs had been prioritised and these had all been completed. A small number of other care plan reviews were still outstanding and there was a plan to complete these in a few weeks.

Systems to assess and monitor the service provision had been introduced since the last inspection. A registered manager, employed by Cornwall Council, had worked full-time in the service from October 2019 to January 2020 to support these improvements. This meant the risk of people receiving unsafe and ineffective care had reduced. Some of these systems were still being developed and had not been fully implemented.

Assessments to identify any risks to the person using the service and to the staff supporting them had not been completed for some people. Where risk assessments had been completed there was not a robust system to keep them under review.

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 were supported to access healthcare services, staff recognised changes in people's health, and

sought professional advice appropriately.

Staff were recruited safely and received regular supervision and support from management. New staff completed an induction which involved training and a period of shadowing more experienced staff. Training was regularly updated so staff were aware of any changes in working practices.

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 Inadequate (published 28 September 2019) and there were three breaches of regulations. Following the inspection, the service was placed in 'special measures' and we took enforcement action.

At that inspection we imposed a condition of registration that required the provider to submit monthly action plans to show what they would do and by when to improve.

During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures. The service has now improved to requires improvement. However, the provider was still in breach of regulations and the condition for them to submit monthly reports remains in place.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement

At this inspection we have identified continued breaches in relation to care plans and the governance and oversight of the service.

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 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Four Seasons Community Care

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

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. This includes people with physical disabilities and dementia care needs. The service provides short visits at key times of the day to support people with specific tasks to enable people to continue to live in their own homes.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave 24 hours notice of the inspection because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office.

Inspection activity started on 10 February 2020 and ended on 17 February 2020. We visited the office location on 11 and 17 February 2020.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We obtained consent from two people, who used the service, to visit them in their own homes and met one relative during those visits. We telephoned and spoke with 17 people and four relatives to gain their views of the service. We spoke with 11 care staff, the registered manager/provider, the rota writer, finance manager, recruitment officer and two administrators. We reviewed three staff recruitment files, supervision and training records, six care records and records relating to health and safety, safeguarding and other aspects of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We reviewed information received from Cornwall Council's safeguarding and quality monitoring teams.

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 inadequate. At this inspection this key question has improved 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.

At our last inspection the provider had failed to protect people from the risk of harm because insufficient action had been taken to mitigate the risks of poorly managed rotas and inadequate assessment of risks in relation to care delivery. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

Assessing risk, safety monitoring and management

- People were not always assured of receiving consistent care, because systems were not yet robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.
- Since the last inspection a new electronic planning and call monitoring system had been put in place. It had taken time to set up this system, and work to fully implement it was still ongoing. Improvements to the way the service was planned and delivered had not started to become evident until the beginning of January 2020 therefore at the time of this inspection, they had not been embedded into the service.
- Overall people told us the reliability of the service had improved and most people said their times had been agreed with them. Comments about the timings of visits included, "There's been no late or missed visits they've always been right on time", "I have two visits a week and the times are consistent" and "I get a carer early. I like an early call."
- Communication with people about visit times and which staff would visit was not yet consistent. Some people told us they were informed if staff were going to be late; however, others told us they didn't get informed of who was coming or if staff were going to be late. Comments included, "They don't phone me if the carer is running late, but they come", "We don't get a weekly schedule or knowledge of which carer is coming" and "I get no notice of when the carers are coming, although I do have the same care team."
- A new rota system was being used and templates of people's agreed times were in the process of being reviewed. Since the beginning of January 2020 the times staff arrived and left visits was being monitored in 'real time'. This meant the service knew if staff were running late and prompt action could be taken to ensure people received their visits.
- Of the 24 people we spoke with five said they had experienced a missed visit. However, all of these incidents had occurred in October and November 2019, prior to the new system. Comments included, "I have had missed calls in the past but not since October last year, its better now", "We've not had any missed or late visits recently; we did have but it has now improved" and "My relative had a missed visit three months ago but it hasn't happened since then." Records showed the service had not missed a visit since the 3 December 2019.

- At the last inspection some people said they had not always been able to contact the service when the office was closed. At that time a rota for team leaders and the registered manager to answer telephone calls at weekends and evenings had been developed. At this inspection we found this system had been implemented. People told us they had been able to contact the service, outside of office hours, if they had needed to.
- Since the last inspection risk assessments had been updated and any identified risks were well managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. Staff were given guidance about using equipment, any environmental risks in the person's home, directions of how to find people's homes and entry instructions.
- There was a positive approach to risk taking to enable people to regain and maintain their independence.
- Equipment provided for staff to use in people's homes was regularly checked as safe to use and serviced in accordance with best practice.

Staffing and recruitment

- There were enough staff employed to cover all the planned visits to people's homes. The service had not taken on any new packages of care since the last inspection.
- Staff confirmed their rotas mostly included realistic amounts of travel time, which helped ensure they arrived for visits at the booked times. Staff had access to rotas on their mobile phones. Rotas could be viewed up to a week ahead and staff checked their phones each day in case any changes had been made. If changes needed to be made urgently then staff were called by the office to ensure they were aware of the changes.
- Staff had been recruited safely. All necessary recruitment pre-employment checks had been completed to help ensure new staff were safe to work with vulnerable adults.
- Since the last inspection, staff files had been updated to provide a consistent lay out and recruitment checklist sheet. This meant information was easier to locate.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. Safeguarding processes and concerns were discussed at staff meetings.
- Staff understood their roles and responsibilities in relation to ensuring people's safety. They were confident any specific safety concerns reported to the manager would be addressed. Staff knew how to report safety concerns outside the service and told us people were safe.
- People felt safe. People said if they didn't feel safe they would speak with a member of the care staff or the registered manager and were confident they would help them solve the problem.

Using medicines safely

- Medicines were well managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.
- People's care plans included information about the support the person required with their medicines and it was clear the service encouraged people, wherever possible, to manage their own medicines.
- People told us they were happy with the support they received to take their medicines.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices.
- Staff told us they had access to ample supplies of gloves and aprons which they used during personal care to help prevent the spread of healthcare related infections.

- People told us staff practiced good infection control measures.

Learning lessons when things go wrong

- All incidents and accidents had been documented and investigated by the registered manager. Any areas of learning identified were shared appropriately with staff to improve safety.

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 has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us staff had the knowledge and skills to meet their health and care needs. Comments included, "I think the carers do a good job and know what they are doing", "The carers are a good lot and they have the skills and knowledge to do their job" and "All the carers that come here know what they are doing."
- At the last inspection training records showed not all staff were up-to-date with necessary training, including training in pressure care and manual handling. At this inspection we found staff had received all the necessary training.
- Staff said they had received appropriate training to carry out their roles so they could support people appropriately. Commenting, "I have the support and training to do my role, it has always been made clear to me that if my training is not completed within a specified time frame then I would be removed from the rota until I am up to date" and "I have completed lots of online training which helps me to carry out my role and I can always call my team leader if I require support."
- Staff felt supported and had regular supervision and an annual appraisal to discuss their further development and any training needs. This enabled them to maintain their skills, knowledge and ongoing development.
- All new staff completed formal, face to face training in line with nationally recognised standards and a period of shadowing before they started to provide care independently. Staff told us this training was informative and useful.

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

- The provider had systems and processes in place to assess people's needs before, or as soon as possible after, they started to use the service. However, these systems had not been used as no new packages had been accepted since our last inspection.

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

- People's care plans gave clear information about the support they required with meals, snacks and drinks.
- People's dietary needs and preferences were recorded in their care plans.
- Staff had been provided with training on food hygiene safety.

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

- If needed staff supported people to see their GP, community nurses, and attend other health appointments regularly.
- The service worked with other agencies to help ensure people's needs were met. Staff recognised changes in people's health and sought professional advice appropriately. As one relative said, "The carers thought my relative was unwell and the district nurse should be called and it was found my relative had a chest infection. They go that extra mile."

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

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

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.

- Staff were provided with training on the Mental Capacity Act 2005 and were aware of how to protect people's rights.
- People were asked for their consent before they received any care and support. For example, before assisting a people with personal care and getting dressed.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle.

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 Good. At this inspection this key question has now remained the same. 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 preferred routines were recorded in their care plans and were known to staff. This meant staff were able to deliver care in line with people's wishes.
- Staff treated people with kindness and compassion. Staff were friendly and caring towards people and knew what mattered to them. Comments included, "I am always spoken to nicely", "All the carers know how I like things done and do it that way" and "I get on well with the carers and I like the way they treat me."
- People told us they had a team of mostly regular staff and all staff treated them with kindness and compassion. People told us, "I have the same regular staff", "It's starting to fall into a pattern of the same carers", "The same carer does my visits every week" and "The only time there is any change [to staff] is when they get a new recruit and they have to shadow one of the regulars."
- People and their relatives talked about how staff genuinely cared about them and would go the extra mile to provide additional support when needed. For example, one person called the service, on a day when they did not have any planned visits, to say they had fallen down the stairs. A team leader went to the person's home and called the emergency services. The person was taken to hospital as they had sustained some serious injuries. The family, who were away at the time, said without this intervention the person might have been left for several days and the outcome might not have been so positive.
- Where possible staff had background information about people's personal history. This meant they could gain an understanding of people and engage in meaningful conversations with them.
- The service recognised people's diversity, they had policies in place that highlighted the importance of treating everyone as individuals. People's diverse needs, such as their cultural or religious needs were reflected in their care planning.

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

- People were involved in day to day decisions and had control over their care package.
- Where people had difficulty communicating their needs and choices, care plans described their individual ways of communicating. Staff demonstrated a good knowledge of people's communication needs and how to support them to be involved in their care and support.
- People told us they were able to contact the office to discuss aspects of their care and support at any time. Most people said a manager had visited them in recent months to review their care plan and ask about their views of the service.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and supported people to be as independent as possible. Care plans described what

people could do for themselves and where they needed support.

- Where people had limited or no family involvement staff supported people to remain living at home by helping with extra daily living tasks. People told us, "I have been asked would I like a sample dropped off at the doctor, if a urine infection is suspected", "I have had a carer offer me a lift to the doctor when I had an appointment" and "I can ask a carer to pick me up something and they are happy to do so."
- Staff and management were aware they were working in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy.
- People told us staff always stayed for the full time of their visits and were never rushed.
- Personal information was kept securely in the registered office. Information given to care staff was shared in a secure manner via mobile phone alerts.

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 remained the same. This meant people's needs were not always met.

At our last inspection some people had not been provided with a current plan of their care and treatment, that reflected their current needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

While improvements had been made, the programme to review and update all care plans had not been completed and the provider was still in breach of regulation 9.

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

- At the last inspection some people did not have a care plan in their home. Records of these people's care plans were also not available at the service. There was no clear programme to review care plans or check if care plans were in place.
- Since the last inspection the service had started a programme to review and update each person's care plan. The care plans for people with the highest needs had been prioritised and these had all been completed. A small number of other care plan reviews were still outstanding and there was a plan to complete these in a few weeks.
- The registered manager assured us that everyone now had been given a care plan to keep in their home. However, some of these care plans were not an updated version as a review had not taken place. This meant some people's needs were not accurately reflected.
- For example, one person, whose care plan had not been updated, often refused care because they were unaware of their need to be supported with personal care. Regular staff were knowledgeable about how to encourage the person to accept personal care and had developed strategies to achieve this. However, because this was not written in their care plan, if new staff were to provide care for this person they would not know how to provide the person-centred care the person needed.

We found no evidence that people had been harmed, not everyone had been provided with a current plan of their care and treatment, that reflected their current needs and preferences. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Everyone we spoke with confirmed they had a care plan in their home and several people mentioned that it had either recently been reviewed or they had been informed it was planned to be reviewed soon.
- Staff also confirmed that people had care plans. As one care worker told us, "All clients have care plans and a lot of clients have a new style care plan which we have had staff meetings to ensure we understand how these care plans are run."
- Daily notes were completed which gave an overview of the care people had received and recorded any

changes in people's health and well-being.

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.

- Care plans contained information about support people might need to access and understand information. For example, if people needed hearing aids or glasses.
- Staff knew how to communicate effectively with people in accordance with their known preferences.

End of life care and support

- The service sometimes provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- When people received end of life treatment specific care plans were developed. We saw an example of an end of life care plan that had recently been developed for one person, which contained their preferences and wishes for the end of their life.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which outlined how complaints would be responded to and the time scale. Information about the complaints procedure, and who to contact, were in the information packs kept in people's homes.
- People and their families told us they knew how to make a complaint and most told us they would not hesitate in raising concerns. Comments included, "I have contacted the office and things have been changed", "I have complained on behalf of my relative about late calls. It's happening less frequently lately" and "I know how to complain but lately things have run more smoothly, and calls have been more or less on time."

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 Inadequate. At this inspection this key question has improved to 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.

At our last inspection the provider had failed to adequately assess and monitor the quality and safety of the service provided to people. Systems were either not in place or robust enough to demonstrate the service was effectively managed and resulted in the risk that people could receive unsafe and ineffective care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

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

- The provider's oversight of risk, performance and quality had improved since the last inspection. Systems to assess and monitor the service provision had recently been introduced and were in the process of being fully implemented. This meant the risk of people receiving unsafe and ineffective care was being better managed. However, until these systems were fully functional there was still the potential risk that people might be at risk of harm.
- Since the last inspection the provider had defined the roles and responsibilities of the management team. This included the registered manager/provider handing over the responsibility for recruitment, training, rotas and care planning. Staff working in the office were all clear on their roles and worked well as a team.
- The registered manager had started to informally oversee the rotas and care plans, and while they had plans for formal auditing systems, these had not yet been fully implemented.
- The new rota system had enabled rotas to be better managed and this had improved the timings and missed visits. The templates to reflect people's agreed times were still being reviewed and updated. Comments from some people confirmed improvements were still on-going, "It could improve on timings" and "Not as good as I would like."
- At the last inspection there were people who received a service in some geographic areas who did not have their visits recorded on the rota system. When the new rota system was set up these areas had been included.
- Since the beginning of January 2020, the times staff arrived and left visits was being monitored in 'real time' by dedicated office staff. Action to check why staff had not logged into the system was being taken appropriately. This included discussing with individual staff, at their supervision, any concerns about how they were using the system.
- The system to regularly review and update care plans had improved. During the inspection we found there

were some care plans that had not been reviewed and after the inspection we were informed that there were only four care plans left to review. However, where reviews had taken place some care plans still needed to be uploaded onto the system, which enabled staff to easily see any updates. Also, the information about how many reviews were outstanding had been produced manually and not yet checked against a report produced by the care plan system.

- At the previous inspection people and staff said the phone was not always answered outside of office hours because there was not a robust 'on call' system in place. As reported in the safe section of this report people told us they were able to contact the service outside of office hours. However, feedback from staff about how they could access the 'on call' were mixed. We found not all staff had understood how to reach someone out of hours and they were contacting the registered manager direct, as had been the previous system, rather than the main office number which went through to the 'on call' phone. Clearly this new way of working had not been effectively communicated to staff.

We found no evidence that people had been harmed, however, systems were either not fully in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- Feedback from people about the service and their confidence in the running of it was overall better than at the last inspection. Comments included, "They do their best, we keep in touch by messenger on our phones", "I wouldn't recommend the service" and "I can't think of anything it could improve on."
- The provider's systems and processes had improved and most people received person-centred care which met their needs and reflected their preferences.

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

- There were systems in place to seek people's views. Telephone calls had been made to people in January 2020. The feedback from these were mostly positive, with a few people commenting that their times could be better. Action had been taken, or was being taken, to change the times for these people.
- Staff meetings were held regularly to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Recent meetings had discussed changes to the rota and call logging system. Comments from staff included, "Rotas are not too bad, teething problems since going over to the new system, but they're settling down" and "There have been some problems with the running of the service, but things are getting better and we are going in the right direction."

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 registered provider understood their responsibilities under the duty of candour. Relatives were kept well informed of any changes in people's needs or incidents that occurred.
- The provider was aware of the requirement to notify CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service and on the service's website.

Continuous learning and improving care

- Following the last inspection the provider had introduced new systems to improve the way the service was planned and delivered. The effectiveness of these systems was continuously evaluated and where improvements had been identified these had been actioned. For example, the ongoing work to improve the rotas and the timings of people's visits.
- The provider had worked with a registered manager, employed by Cornwall Council, from October 2019 to

January 2020. This had helped to achieve the improvements in the running of the service and the care delivery.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met.

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 9 HSCA RA Regulations 2014 Person-centred care Not everyone had been provided with a current plan of their care and treatment, that reflected their current needs and preferences. Regulation 9 (3)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively to ensure compliance with the regulations. Regulation 17 (2)