

Sonia Heway Care Agency Ltd

Sonia Heway Care Agency

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Inspected but not rated

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Sonia Heway is a domiciliary care agency providing personal care to people living in their own homes across London. At the time of the inspection 15 people were using the personal care service.

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.

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

Risks to people's health and well-being were not thoroughly assessed and managed in way a that reduced the likelihood of harm to them. Incident and accidents were not always recorded. The administration and management of people's medicines were not safe. Care was not always planned and delivered in a person-centred manner. Records were not always up to date and consistent.

The registered manager and other management staff did not ensure the service was safe and effective. The systems in place for monitoring the service were not effective in identifying shortfalls in the service. The management team were not working towards the same objectives. They lacked teamwork, trust and common purpose which affected their effectiveness. The registered manager was not clear about the requirements attached to their CQC registration as the registered manager of the service.

Staff were deployed to meet people's needs. People told us they received their scheduled care visits at the right time to meet their needs. There were no missed visits recorded. Recruitment checks were completed as required to keep people safe.

Staff told us, and records showed that staff had completed training relevant to their roles and were supported to improve their performance. Complaints and concerns were investigated and managed in line with the provider's procedure.

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 and the service was placed in special measures (published 03 April 2020) as there were multiple breaches of regulations. The provider completed an action plan after our inspection to show what they would do and by when to improve.

At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sonia Heway Care Agency on our website at www.cqc.org.uk.

Enforcement

We have identified seven breaches of regulation in relation to the management of risk, safeguarding people from abuse, staffing, recruitment, person-centred care, receiving and acting on complaints and good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up:

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not always safe.
Details are in our safe findings below.

Is the service effective?

Inspected but not rated

Inspected but not rated

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.
Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.
Details are in our well-Led findings below.

Sonia Heway Care Agency

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.

We undertook both a focused and a targeted inspection. We carried out a focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements under the key questions safe, responsive and well-led.

We carried out a targeted inspection to check the breach in relation to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in the key question Effective had been met. The overall rating for this key question has not changed following this targeted inspection and remains requires improvement.

This report only covers our findings in relation to the key questions safe, responsive, well-led and the breach of regulation 18 in effective which contained those requirements.

Inspection team

This inspection was carried out by two inspectors.

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

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 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.

The inspection activity started on 29 July 2020. We visited the office location to access records.

What we did before the inspection

We reviewed information we had received about the service since the last inspection including their improvement plan. We sought feedback from a member of a local authority commissioning team working with the provider.

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 of this information to plan our inspection.

During the inspection

We spoke with the registered manager, nominated individual, two consultants working with the service, two care managers, and an electronic call monitoring manager. We reviewed five people's care records and five people's medicines records. We looked at five staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including complaints, records, safeguarding logs and quality management systems.

After the inspection

We spoke with six people using the service, one relative, and five care workers. We continued to seek clarification from the provider to validate evidence found.

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 remained the same.

This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the provider had failed to ensure people were safeguarded from the risk of abuse and neglect. 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.

At this inspection we found that the provider had made the required improvement and was no longer in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were safeguarded from abuse. People told us they felt safe with staff and the service they received from the provider. One person said, "I'm perfectly safe with them." Another person commented, "I feel safe with the carers. They are good girls and friendly." A relative we spoke with mentioned, "I haven't seen anything that bothered me. I have no concerns about our safety."
- Staff told us they had completed training in safeguarding adults from abuse and knew their responsibilities to ensure people were safe. They told us they would report any concerns of abuse to the registered manager. One staff member said, "There is no way I would ignore any matter of abuse concerning service users, even if it was a domestic matter or has something to do with the service user's relatives themselves. It still needs to be reported so the service user can be protected." Another staff said, "Any form of abuse is serious so I will make sure I let the registered manager know. If they don't do anything and the abuse is still happening, I will call CQC."
- There was a safeguarding policy and procedure in place. The registered manager acted on safeguarding concerns promptly. We found however, that they did not always know when to notify CQC of safeguarding concerns as we found out about a concern that should have been sent as a notification to CQC, but this was not done. She said the local authority safeguarding team hadn't confirmed the incident was a safeguarding concern yet, so she didn't know they had to report it.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we found improvements were needed in the management of risk to ensure people were safely cared for. At this inspection we found improvements had not been made and there was still a breach of regulation 12 as risks to people were not always assessed and actions put in place to reduce risk.

- Risks to people were not effectively managed to prevent avoidable harm.
- We found several instances where risk assessments completed did not fully cover risks associated with people's care and health conditions. For example, one person's risk assessment did not reflect the fact that

they used a catheter. We read a note from the person's GP dated 3 July 2020 which mentioned this but there was no management plan in place on how to reduce risk associated with this.

- Another person's grab sheet made reference that the person was at high risk of falls but there was no risk assessment in place about this and no information or guidance about this in their care plan on how to reduce the risk of falls for this person. A grab sheet is a summary profile about a person and contains important information about the person's details and history.
- In a third example, there was no reference on one person's care plan and risk assessment about the fact that they had type 2 diabetes. Another person's care records stated they had bedrails in place which the registered manager confirmed that staff lowered the bedrails when providing care but there was no bedrails risk assessment completed to ensure the person's safety.
- After our inspection, the registered manager sent us updated risk assessments and care plans to cover these.
- Incidents were not always recorded and managed effectively to ensure learning from them. The registered manager told us there had only been two accidents or incidents since last inspection but records we reviewed showed evidence of five incidents which related to falls. We saw a note asking care staff to complete an incident form following a person falling. There was no evidence that this was completed.
- We were concerned that incidents were not recorded so appropriate actions could be taken to reduce future risks.

This is a continuous breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People's medicines were not administered and managed safely. Records showed staff had completed training in safe administration of medicines. However, we found several concerns relating to the management of people's medicines.
- One person's medication administration record (MAR) chart did not match the medicines on their medicine list kept in their care records. The record of list of medicines taken by this person included both "Morphine 10mg Oral Solution 4 times a day" and "Morphine 30mg tablets x1 twice a day". The medication administration record (MAR) completed by staff after administering medicines did not include the 30mg Morphine tablets as a medicine administered by staff at any point during the month of June 2020.
- We were unable to ascertain if the list of medicines for this person was up to date or not. The medicines care plan in place for this person stated that the person needed support with their medicines four out of the six daily visits they were scheduled for. The care plan highlighted that medicines are administered 'Morning, Afternoon, Tea Time, Night'. It was unclear if the person was receiving both the Morphine oral solution and tablet at the same time. The registered manager could not clarify this. We could not establish if the person was taking their Morphine medicine in the right dose.
- We found another instance where a person's medicine was administered unsafely. Record showed on 6 June, that staff administered paracetamol during their 16:30 – 17:30 visit and again during the 17:50 – 18:50 visit. These times matched the times the electronic call monitoring (ECM) system which showed when staff completed their visits. It meant the person had been given paracetamol twice in less than 2 and half hours against the recommendation which is at least four -six hours gap between doses.
- In another example, records showed staff had administered a person an "as required" medicine incorrectly. The prescriber's instruction was 0.5mg to be administered when required, leaving a six-hour gap between doses. During the month of March, 1mg tablet was signed for as administered where it should have been 0.5mg at a time. On 26 June, 1mg tablet was signed for as administered at 6:15am and again at 10:15am where it should have been 0.5mg for at least six hours before another dose should be administered.

- The monthly medicine audit had not identified any of these issues.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff were deployed in a way which met people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and there was no longer a breach of Regulation 18.

- There were enough staff to meet people's needs safely. People told us staff completed their care visits at the right time and stayed for the duration of their scheduled visits. One person told us, "The care staff come mostly on time. If they are caught in traffic or are coming late for some reason, they let me know." Another person said, "Sometimes they come a bit late due to traffic but not a lot of the time and the lateness is not always noticeable, I'm not worried about it." A third person commented, "I have six visits daily from two carers. The carers are always here at the same time and stay the full length of the time. On a few occasions they have come slightly late but generally they are here on time. There had not been any missed visits." A relative mentioned, "My relative is supported by two carers. They always come the same time and we have same carers constant. We have three carers covering seven days period."
- Staff also told us they had enough time to complete their allocated care visits. One staff member said, "The time allocated is fine. I don't struggle with time to get from one call to another." Another staff member said, "The planning has improved. The rush which sometimes made us get to our calls late in the past is not there anymore. Everything is going well. If I call the office to inform them, I'm running late, they find a cover or let the person know."
- The electronic care monitoring (ECM) records we reviewed showed calls had been completed according to the schedules.

At our last inspection we found the provider had failed to ensure safe recruitment systems were operated at the service. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and there was no longer a breach of Regulation 19.

- Recruitment records showed new employees had undergone necessary checks including references, criminal records, right to work in the UK, identification, and employment history.

Preventing and controlling infection

- There were arrangements in place to protect people from the risk of infection. People confirmed staff wore appropriate personal protective equipment (PPE) when supporting them. One person said, "Yes, they always wear their gloves, apron and facemasks when they are here." A relative confirmed, "They always wear facemasks when they come in and wear apron and gloves. They take them along when they leave." Staff told us and training record showed staff have had infection control training. One staff member told us, "I have had infection control training when the pandemic started. We are told to use a face mask in the bus and when we are providing care to people. The registered manager always comes around to check us and provide us with masks and PPE we need. She reminds us to use them." Spot check records showed infection control was reviewed to ensure staff were adhering to current government guidance.

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. We have not changed the rating of this key question, as we only looked at the part of the key question we have specific concerns about. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

The purpose of this inspection was to check if the provider had met the breach of regulation 18 we identified in our previous inspection. We will assess all of the key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had failed to ensure staff were trained and competent to carry out their roles. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the required improvements had been made. The provider was no longer in breach of Regulation 18.

- Staff were supported through training and supervision. Records we reviewed showed staff received an induction when they started working for the service and they had completed training covering the core areas of their role and people's needs.
- People commented that staff knew their jobs and supported them well. One person said, "The job is not so difficult and does not require a lot of skill to do but common sense and commitment. The care staff who regularly come to support me know me well and how to support me. They are good at the job." Another person told us, "They [staff] know exactly how to help me and they do it well. I think they have been well trained." A relative mentioned, "The carers follow instructions given. They know how to support my [relative]. If they are not sure of anything, they ask questions."
- Staff also told us they had received training in their roles and were regularly supported to improve on how they supported people. One staff member said, "They have given us a lot of training recently. The registered manager is also taking her time to make sure we understand and learn how to do the job. I feel happy and well supported." Another member of staff commented, "Training has been good. I had training recently on how to use ceiling hoist. It was good. I have had catheter training too because one of the people I regularly support has catheter. The company is trying to make us know what we are doing." When we asked the staff member what they looked out for with people using a catheter, they told us, "I check to make sure the catheter is draining well. I check if there is blood in the urine and the colour of urine. This may tell you if the person is drinking enough or if they have infection. If there are any problems, I call district nurse or report to office."
- Record showed regular spot checks were carried out to assess staff performance and to support them

improve in their role.

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 requires improvement. At this inspection this key question remains the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs.

At our last inspection the provider had failed to ensure people received care and support tailored to meet their individual needs and preferences. This was a breach of Regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had not been made and the provider remained in breach of Regulation 9.

- People did not always receive care and support that was tailored to meet their individual needs and preferences. Care plans contained conflicting information about people's care needs and did not always reflect individual needs and the support they required.
- For instance, one person's moving and handling guidelines included instructions that 'Carers to put correct footwear on [person] feet before mobilising them to prevent them from falling'. Whereas, previous parts of the care plan and risk assessment stated that the person was an amputee and does not have 'feet'. We checked with the registered manager and they confirmed that the person had no feet so do not require to wear foot wear.
- We found another care plan where it stated that the person was able to reposition themselves independently in bed. This information contradicted the information in their risk assessment form which stated the need for staff to reposition them at each visit. Another person's care plan stated, "I'm independent with preparing and consuming my meals and drinks, I only need prompting from carers to encourage me to eat." However, the daily notes suggested staff needed to both prepare the person's meals and drinks; and provide at least some support for them to eat and drink.
- In another example, one person's risk assessment form identified that the person can be confused, had trouble speaking or understanding, and had trouble seeing in their left eye. However, the information in their care plan contradicted the information stated in their risk assessment. The care plan stated, "my sight is good", "I can hear and understand", "My speech is good. I can communicate my care needs and support." We were not reassured that people's communication needs were met in line with the Accessible Information Standard (AIS).
- 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.
- We noted that people's care plans were not designed specifically for them. In three of the five care records

we reviewed, people were referred to as other people suggesting that information had been cut and pasted from one person's care records to another.

This was a breach of Regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

At our last inspection we found the provider had failed to effectively manage complaints about the service. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and the provider was no longer in breach of Regulation 16.

- People's complaints were responded to as required. People told us they knew how to complain about the service if they were unhappy. One person said, "I don't call them to complain because I have nothing to complain about but if I have a complaint, I will call the office to speak to the managers or I will go to social services." Another person stated, "I will call the office if I have to make a complaint. I do not have anything to complain about now."
- Records showed there had been four complaints since our last inspection. These had been investigated and responded to appropriately.
- We however found two different complaint procedures in file and they had incorrect details in them. One referred to the agency as a healthcare service instead of a social care provider and escalation of concerns were to the Patients Association or by contacting Independent Healthcare Advisory Services. The second complaint procedure did not include the details of the Ombudsman.

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 remained the same.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care

At our last inspection we found the provider had failed to effectively operate systems to assess, monitor and improve the safety of the service provided. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection there remained concerns with systems for monitoring the quality and safety of the service and the provider remained in breach of Regulation 17. This was therefore the fourth inspection in which we found a continued breach of this regulation 17.

- The systems for checking the quality of the service were not effective as we identified several shortfalls in the management and delivery of the service that had not been picked up by the provider's quality assurance process.
- We saw records of spot checks carried out by the registered manager and other members of the management team to check staff performance. Monthly medicines audit took place and the electronic call monitoring (ECM) system was regularly monitored and analysed to identify errors. However, the issues we found relating to medicines management had not been identified through the internal quality monitoring checks completed.
- The various issues we found in care plans, risk assessment and other care documents we reviewed had not been picked up by the registered manager, nominated individual or other members of the management team to ensure the quality of the service delivered was improved upon.
- The provider continued to fail to subject the service to a rigorous quality assurance process to identify issues and rectify them and to ensure people using the service receive a safe and effective service.

This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager was not up to date with relevant government guidelines relating to the management of the service. We found a document called, COVID-19 Contingency Plan in people's care files.

The registered manager told us it was developed to guide staff in supporting people to reduce the risk of COVID-19. The information contained in the document was out of date and did not comply with government guidance at the time of our inspection. The document stated, "During normal day-to-day activities facemasks do not provide protection from respiratory viruses such as COVID-19. STAFF DO NOT NEED TO WEAR IT." This was misleading as this information was no longer correct and had been out of date for about four months before our inspection. The registered manager did not seem to know that it was out of date. This was concerning as people would have been put at risk due to incorrect information provided by the registered manager.

- Policies and procedures in place to guide the operations of the service were not always up to date and were not accurate. We found two different complaint policies and procedures in the service and both were detailing different information. The contact details given for the escalation of complaints on both procedures were different.

- The registered manager lacked understanding of their responsibilities in line with their CQC regulatory requirements. We found two incidents that should have been reported to CQC as safeguarding notification. The registered manager had not notified CQC as required. They told us they were waiting for the local authority to confirm it was a safeguarding matter and if they were going to investigate it before they would report it. This requirement was for safeguarding concerns to be reported to CQC once the registered manager became aware of it.

This was a further breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Clear vision and credible strategy to deliver high-quality care and support, and promote a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were positive comments about the management of the service. People commented that the provider had improved recently, and they were taking steps to meet their needs. One person said, "Things are getting better. Communication has improved and the care workers are not coming late like in the past. I'm happy with the agency and the service I'm getting." A relative commented, "We stopped using them at a time, but they have made a lot of improvement recently. We are very happy with them now. It seems the management are sorting themselves out and it's good."

- Staff also told us they were being supported by the registered manager and the nominated individual to improve on the quality of their work. One staff member commented, "The management are pushing us and making sure we are doing things properly. They are doing their best to make sure the service is good. [Nominated individual] is always telling us the importance of doing our jobs well, he is encouraging us and motivating us. The registered manager comes around often to check what we are doing. She gives us training if we are not doing things correctly. She tries to sort issues out quickly. I feel supported to deliver good care to people." Another said, "Things have changed for good. The management are no longer taking nonsense. We [care staff] know we have to do a good job."

- The provider told us they had recruited additional staff to join the management team to support the registered manager monitor and drive improvement of the service. They showed us their proposed organisational structure and explained the various roles to us. We saw minutes of management meetings where the service improvement plan was discussed.

- Despite the positive comments from people, relatives and staff, there was still improvements to be made. We noted lack of team work amongst members of the management team. There was also a lack of leadership, common purpose and consistent vision by the management team.

- There was lack of responsibility and accountability. Members of the management team were quick to differentiate their work from that of others. This showed a lack of common goal and drive to improving the overall quality of the service.

- This lack of team work was a concern because it impacted on the quality of work done. Despite the

number of management staff in the team, the service had not made the required improvements to comply with regulations. There were still significant shortfalls in the service and the service was not effectively delivered to ensure people's safety.

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

- People were engaged in the running of the service. People told us that the service engaged with them and sought their feedback about the care and support they received. One person said, "The managers have called me a few times to check if I need anything and are happy with the service." Another person commented, "[Registered manager] comes around to find out if everything is going well and sorts things out quickly. She is interested in us [people using the service]."
- The provider conducted surveys and service reviews to find out people's views about the service. The report showed positive outcomes and feedback. People commented they were happy with the service they received.
- The local authority we contacted told us that the service liaised with them and attended meetings as required aimed at improving the service.
- The provider had engaged the services of two care consultancy companies to support the service development and improvement. Despite the involvement of these external organisations, we still found concerns regarding the service delivered.