

London Borough of Waltham Forest

London Borough of Waltham Forest, Independent Living Team

Inspection report

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10 July 2019

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

London Borough of Waltham Forest, Independent Living Team provides personal care and reablement support to people for up to six weeks to enable them to regain their independence and confidence.

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. At the time of the inspection, 14 people were receiving personal care.

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

Risks to people's specific health conditions were not always explored and recorded in their care records. This put people at risk of harm. Accident and incident records did not include learning outcomes to prevent future occurrence.

People's care plans lacked consistency and their needs in relation to their sexual orientation and gender expression were not recorded. This meant people may not have always received care that met their personal needs. The complaints' records were not always consistently completed. The provider's auditing systems were not always effective,

People and relatives told us they felt safe with staff. They were satisfied with staff punctuality. Staff knew risks to people and knew how to safeguard them against the risk of harm and abuse. Staff followed safe infection control procedures.

People's needs were assessed before they started receiving care. People told us their individualised needs were met by staff who received regular training and supervision. People's dietary needs were met, and staff encouraged them to regain their independence and confidence. People told us they received appropriate support to access healthcare services.

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 told us staff were caring and kind and treated them with dignity and respect. People's needs in relation to their protected characteristics were met by staff. Staff encouraged people's independence. People told us they were supported by same team of staff.

People told us they were involved in planning their care and were part of the care reviews. People's personal needs were met by staff who had a good understanding of their background history, likes and dislikes. People told us they felt comfortable in raising concerns and were satisfied with the complaint's process.

People were happy with the service and told us they would recommend the service to others. They told us the management was approachable and sought their views about the quality of the service.

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 requires improvement (published 17 January 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made but were not enough and the provider was still in breach of a regulation. The service remains rated requires improvement. This service has been rated requires improvement or inadequate for the last four consecutive inspections.

This service has been in Special Measures since 4 March 2018. 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.

Why we inspected

This was a planned inspection based on the previous rating and to follow up on action we told the provider to take at the last inspection.

Enforcement

We have identified a breach in relation to 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 for 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 always 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 ●

London Borough of Waltham Forest, Independent Living Team

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.

Service and service type

London Borough of Waltham Forest, Independent Living Team is registered to provide personal care and reablement support for up to six weeks to people in their own homes.

The service did not have a manager registered with the Care Quality Commission. The current manager was undergoing the registration process with us. A registered manager similar to the provider, is 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 9 July 2019 and ended on 10 July 2019. We visited the office location on 9 and 10 July 2019.

What we did before the 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 took all the information we had into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the manager, a practice manager, three service coordinators and three care workers known as reablement officers.

We reviewed a range of records. These included nine people's care records. We looked at eight staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including quality audits, monitoring reports, complaints and incidents records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at electronic call monitoring data.

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 now 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured people's risk assessments included risk management plans to ensure their safety. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and a relative told us they felt safe with staff and staff knew how to provide safe care. One person said, "Absolutely, I feel safe with [staff]. I trust them."
- Following the last inspection, the provider reviewed the way they identified, assessed and mitigated risks associated with people's healthcare and mobility needs.
- The risk assessments were detailed in comparison to the ones we reviewed at the last inspection and they were reviewed when people's needs changed. The risk assessments and the corresponding care plans gave information on measures on how to reduce the risks.
- Staff knew how to safely manage risks to people. A staff member said, "[Person] was at high risk of falls at the start, but now [person] have regained their confidence. So, not at high risk. I still make sure [person] gets in the stair-lift safely, there are no trip hazards, keep the path clear."
- The risk assessments were for areas such as environment, falls, mobility and dietary. However, we found risks associated with people's specific health conditions were not always included in people's care records.
- The risks to people were mitigated as staff were trained in the health conditions relevant to the people they supported. They knew the actions they were required to take if they noticed any signs or triggers in relation to people's health conditions.

We recommend the provider seek and implement guidance and advice from a reputable source, in relation to recording risks associated with people's specific health conditions.

Staffing and recruitment

At our last inspection the provider had not deployed staff effectively to meet people's needs safely. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

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

- Following the last inspection, the provider improved their practices around staff rotas and monitoring care visits. This ensured staff visited people as per people's preferred care visit times and reduced the occurrences of late and missed care visits.
- The provider used an electronic call monitoring (ECM) system to monitor staff punctuality. We reviewed all 14 people's ECM data for two weeks' period that showed staff punctuality had improved on average by 85% and it was steadily improving.
- Staff told us the rotas were scheduled more efficiently and enough travel time had been allocated to enable them to arrive within 15 minutes of the scheduled time. A staff member said, "Rotas are more efficient now, better scheduled, they are as per people's geographical locations."
- All people and a relative we spoke with told us they were satisfied with staff punctuality. One person said, "Oh yes, they arrive on time, no problems with that." Another person told us, "[Staff] are always on time, only delayed if there is traffic, but mostly on time."
- The provider had not recruited new staff since the last inspection. Staff personnel files showed the provider carried out regular criminal record checks to ensure people were supported by staff who were suitable.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse, poor care and neglect.
- Staff demonstrated a good understanding of their responsibilities in identifying and reporting concerns of abuse, poor care and neglect. They knew types and signs of abuse and knew how to escalate concerns to external parties if they were not satisfied by the management's action.
- The manager knew their responsibilities in alerting the safeguarding team and the CQC of any concerns of abuse.

Using medicines safely

- Staff were trained in administering medicines. However, currently people were not being supported with medicines management. They were either self-administering or their relatives supported them.
- Although, the provider had a medicine policy and procedures in place, it did not reflect current national guidance such as the National Institute for Health and Care Excellence guidelines on the management of medicines in an adult social care community setting.
- For example, the provider did not always record the list of prescribed medicines for people who used the service in their care records. This is a good practice as per the National Institute for Health and Care Excellence guidelines.

We recommend the provider seeks and implements guidance and advice from a reputable source, in relation to safe and proper medicines management.

Preventing and controlling infection

- There were systems in place to prevent and control the risk of infection.
- Staff were trained in infection prevention and control. They demonstrated a good understanding of how to reduce the risk of the spread of infection. Staff told us they were provided with enough protective equipment to avoid contamination and the spread of infection.
- People told us staff used gloves and aprons whilst supporting them with personal care tasks.

Learning lessons when things go wrong

- Accident and incident records showed staff reported incidents in a timely manner and recorded incidents' details, actions and follow up actions to ensure there was a good audit trail.
- Staff and the manager told us they learnt and shared lessons from the incidents and when things went wrong to prevent them from happening again.
- However, lessons learnt or learning outcomes were not recorded as part of the process. The manager told us moving forward they would record the learning outcomes for better audit trail and easy access.

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 now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider did not ensure people's needs assessments included their individualised goals and the support they needed to meet their goals was not always clear. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Following the last inspection, the provider has improved the way they recorded information in relation to people's individualised needs, their personal goals and the support they required to achieve their care outcomes.
- The needs assessment forms were comprehensive and had information on people's healthcare needs and abilities, care outcomes and goals and how they would like to be supported.
- Staff had a good understanding of people's needs and the support they required. A staff member told us one of the people they supported had to be encouraged constantly to wear the boot recommended by the physiotherapist for a full recovery as their goal was to walk independently.
- People told us staff met their individualised needs. One person said, "[Staff] support me well with my needs." Another person commented, "[Staff] are excellent and has a good understanding of my needs. They are very positive and encouraging me to get better."

Staff support: induction, training, skills and experience

- People told us staff knew how to support them and felt confident in staff's ability.
- Staff told us they were satisfied with the training they were given, and it enabled them to meet people's needs effectively.
- Records confirmed staff were provided with relevant and regular refresher training. The manager conducted training needs analysis to identify gaps in staff training. Records showed where gaps had been identified staff were booked on the next training course.
- Staff told us they received regular supervision and yearly appraisal to do their jobs effectively. They further said they felt supported in their roles.
- Records showed staff received one to one supervision including field observation practice that the

provider had introduced at the last inspection.

- Last year's appraisal records showed staff received an annual appraisal where they discussed their performance, training and development needs and set new objectives. The manager told us they were in the process of scheduling appraisal dates for this year.

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

- People told us where they had requested dietary support, staff met their needs.
- People's dietary needs including any allergies and cultural dietary needs and the support they required was detailed in their care plans.
- Staff were knowledgeable about people's dietary needs and the support they required to regain their confidence in preparing meals.

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

- People told us, and their care records showed staff worked well with each other, with other agencies and healthcare professionals to ensure they received consistent and effective care. This enabled people to improve their health and achieve their care outcomes and goals.
- People's care files had case notes and referrals that confirmed they were supported to access healthcare services and support to live healthier lives.
- Staff followed healthcare professionals' recommendations to provide effective care to people. For example, staff supported people, where required, with physiotherapist recommended exercises to improve their mobility.
- Staff were knowledgeable, experienced and trained in using various adaptations and equipment such as stairlift, bath board, rollator stand and perching stool, which have been provided to people to help them regain their confidence in daily living activities.

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.

- People's care plans reflected their mental capacity and gave staff instructions on how to support them to make decisions. People who used the service had capacity to make decisions regarding their care and treatment.
- People told us staff sought their consent before providing care. One person said, "[Staff] ask my permission. Oh yes, they give me choices. They ask me what you want to get done and support me accordingly."
- Staff demonstrated a good understanding of the principles of the MCA and the importance of consent.

One staff member commented, "We [staff] always ask [people] how they would like to be supported as their needs and abilities change within six weeks."

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 requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection we recommended the provider consider current guidance on recording needs related to people's protected characteristics as part of their assessment and care planning approach. The provider had made improvements.

- The assessment form and care plan recorded people's needs in relation to their religion, culture, language and gender. For example, one care plan stated the person preferred a female staff member to assist with personal care. This enabled staff to provide person-centred care.
- Staff had a good understanding of people's diverse needs and knew the importance of treating people as individuals.
- Staff understood people's sexual orientation and gender expression needs. They told us they would treat lesbian, gay, bisexual and transgender people respectfully and support them with their individual needs. A staff member said, "I have supported [LGBT] person, and I supported [person] as per [their] wishes."
- However, the care plans did not record people's needs in relation to their sexual orientation and gender expression.
- The manager told us where the form included gender, they thought it covered people's sexual orientation and gender expression needs. They assured us, the care plans will be reviewed to include sexual orientation and gender expression to enable people to disclose their sexual orientation and gender expression needs if they wished. This was important as it would enable staff to provide person-centred care.
- People told us staff were caring and kind. One person said, "This morning [staff member] put clean bed linen on my bed, which was very kind of her as she is not expected to do that." Another person commented, "[Staff] are excellent. Very caring and kind."

Respecting and promoting people's privacy, dignity and independence

- Since the last inspection, the provider has improved their practices to ensure continuity of care. People were now supported by a team of five to six staff. Staff rotas, care visit monitoring logs and daily care records confirmed this.
- People told us the same staff supported them. One person told us, "I have about three or four [staff] who visit me. They are excellent." Another person said, "I have the same [staff] during the week but on Fridays it is a different [staff member]. I get on well with all of them."

- Staff said supporting the same people enabled them to build positive relationships the person. One staff member said, "I support the same people every week. [People] are getting better quickly. Helps to build trust and a positive relationship. I get to understand their needs better and support them better."
- People told us staff treated them with respect and dignity. A person said, "Absolutely, treat me with dignity and respect." Another person commented, "[Staff] treat me with dignity and kindness."
- People's independence was encouraged. A person told us, "[Staff] are very encouraging and now can do most things by myself." Another person said, "[Staff] help me to become more independent. They give me encouragement."
- Staff understood the importance of respecting people's privacy, providing dignity in care and encouraging people's independence.

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

- People told us they were encouraged and supported to express their views and were involved in planning their care. A person said, "[Staff] listen to me and are very encouraging and positive."
- A relative said the provider involved them in the care planning process when required and told us they felt part of their family member's care.
- People's assessment of needs and care records showed people, and relatives where necessary, were asked for their views, and were involved in making decisions about their care and support.

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 remained 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

At our last inspection the provider did not fully involve people in their needs assessment and their care plans were not person-centred. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Following the last inspection, the provider reviewed people's care plans to reflect their personal needs and abilities, background history, likes and dislikes, how they would like to be supported and their care outcomes.
- The care plans were person-centred and instructed staff on how to support people to enable them to regain their independence and confidence.
- Staff confirmed the care plans had been reviewed. A staff member said, "The care plans have changed quite a lot. [Staff] given extra 15 minutes to read the care plans and risk assessments. Also given time to discuss with [people] how they would like to be supported."
- Staff were knowledgeable about people's needs and their personal care goals.
- However, we found care plans lacked consistency, some were more detailed than others. The manager acknowledged the care plans were inconsistent. They further said they were working closely with the office team towards achieving consistency.
- People's care was reviewed during and at the end of six weeks' period to ensure their changing needs were identified and reviewed. Records showed people, and where necessary their relatives, were involved in the care reviews.
- People told us staff provided personalised care. A person said, "[Staff] have supported me well. I will manage fine once [care package] ends." A relative said, "[Staff] spend a great deal of time with [person who used the service]. [Person] feels confident with [staff]."

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 identified, and recorded people's individual communication needs and preferred communication methods in their assessment of need forms and care plans. These documents also gave staff instructions on how to communicate effectively with people.
- Staff demonstrated a good understanding of people's preferred communication methods.
- People and a relative told us staff communicated well with them.
- This meant the provider met the AIS.

Improving care quality in response to complaints or concerns

At our last inspection we recommended the provider consider current guidance on handling and learning from complaints. The provider had made some improvements.

- Following the last inspection, the provider started analysing concerns and complaints, and learnt and shared lessons from them to minimise future occurrences. Records confirmed this.
- People and relatives told us they knew how to raise concerns with the provider. One person said, "No, never made any complaints. If not happy will call the office. I have [care folders] and there are numbers in them that I am able to call."
- Where people and relatives had raised concerns, they told us they were addressed appropriately and in a timely manner. One relative said, "We made one [complaint] informally and we were satisfied the way it was dealt with."
- However, we found the complaints' records were not consistent in documenting the concerns and the subsequent actions.
- For example, some records did not contain information about actions taken or contact with the complainant to make sure they were satisfied with the way the complaint had been dealt with and resolved.
- We spoke to the manager about this and they accepted there were some gaps in the records. They told us they would review their complaint recordkeeping systems to ensure they contained all the necessary information.

End of life care and support

- During the assessment process the provider encouraged people to disclose their wishes and preferences in relation to their care, protected characteristics and their support network. If people wished to disclose their end of life care preferences, these could be recorded in their care plans
- However, currently no one was being supported with end of life care and palliative care needs and had not disclosed their end of life care wishes.

Is the service well-led?

Our findings

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

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

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.

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

At our last inspection the provider's quality assurance systems were not operated effectively to identify and address issues with the quality and safety of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider continued to follow their new audit systems they had introduced at the last inspection to enable them to have an oversight of the management of the service delivery.
- We reviewed the internal audits of assessment forms and care plans including risk assessments, staff files including recruitment, training, supervision and appraisal checks, ECM records and late and missed care visits logs.
- The audits and checks showed the management carried out regular audits as per the quality assurance policy and procedures.
- However, we found these checks did not always identify issues, gaps and inconsistencies such as those we picked up during this inspection.
- For example the provider's quality assurance arrangements had not identified that the care plans and risk assessments were not always completed consistently. Risks associated with people's specific health conditions were not always included in people's care records. People's needs in relation to their sexual orientation and gender expression were not explored and recorded.
- The provider's checks had also not identified that the provider's medicine policy and procedures were not in line with the National Institute for Health and Care Excellence guidelines in regard to the management of medicines in a community setting for people receiving social care.
- The provider had not identified that accident and incident records did not record lessons learnt. They had also not identified the complaints' records were not consistent in documenting the concerns and the subsequent actions.

We found no evidence that people had been harmed however, systems were not robust enough to

effectively identify issues and inconsistencies. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Prior to our visit and during the inspection, the manager told us the provider had decided to contract out the service to private care providers.
- The provider had stopped taking on new referrals since 8 July 2019 and were in the process of hiring care providers to provide reablement service to people. The manager told us if the process goes smoothly the new providers would start to deliver care from 1 September 2019.

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

- People and a relative told us they were happy with the service. One person said, "The service is excellent." A second person commented, "I am very happy with the service. I would recommend the service [to others]."
- People told us the staff were professional. They further said although the staff were aware of the closure of the service they still carried on providing care in a compassionate, caring and professional way.
- Staff told us they felt supported. Their comments included, "Oh yes, [the management] are very supportive. They do listen to me" and "[I] feel supported, in the past [the management] didn't listen to us, but now they do."
- Staff told us they felt listened to on matters related to care delivery. A staff member said they raised concerns with the management about taking on referrals for people whose needs went beyond reablement. The management took that on board and improved their referral process.
- This showed the manager promoted a positive and inclusive culture that enabled staff to provide care that achieved good outcomes for people.

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 manager was knowledgeable about their responsibilities in relation to duty of candour. They had been open, transparent and prompt in liaising with people, relatives, the safeguarding team and external agencies when there had been any incidents and complaints.
- Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider engaged with people, relatives and staff whilst considering their diversity needs. They sought their views in relation to the service and made necessary improvements as a result.
- People and relatives told us they were asked for their feedback in areas such as the quality of care, staff punctuality, staff attitude and whether any improvements were required.
- There were records of quarterly independent surveys of people and staff carried out by the local authority's contract monitoring team, internal care quality reviews carried out during and after the reablement period, and practice observation visit checks.
- The quality surveys, reviews and visit checks showed people were generally positive about the service and staff felt supported.
- The provider analysed the feedback and developed an improvement plan with detailed actions to improve people's experiences.
- The provider met with staff on a regular basis informally and formally. The manager held meetings for

office and care staff to keep them informed on any changes, to discuss and seek their views on aspects of care delivery. Staff and records confirmed this.

- This confirmed the provider engaged and involved people, relatives and staff to continuously learn and improve care.

Working in partnership with others

- The provider worked in partnership with the community organisations such as the shopping service, voluntary organisations, hospital discharge teams and healthcare professionals to improve people's physical health and emotional wellbeing.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons failed to effectively operate systems to:</p> <ul style="list-style-type: none">assess, monitor and improve the quality and safety of the services provided;assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others;accurately and completely maintain records in respect of each service user and the management of the regulated activity. <p>Regulation 17(1)(2)(a)(b)(c)(d)</p>