

Eager Health Ltd

Care24Seven

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Care24Seven is a domiciliary care agency providing a range of services including personal care to people in their own homes. At the time of our inspection, there were 45 people using the service, 29 of whom were receiving personal care. The agency is owned by Eager Health Limited, a private organisation set up by a family.

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

People told us they felt safe. However, risk assessments were not always completed when a risk had been identified and support plans were not always in place to indicate how to manage the risk. Information in care records was not always consistent and some records had not been reviewed and updated. Care and support plans lacked detail and adequate guidelines for staff to know how to support the person according to their needs.

Staff did not receive regular supervision and staff meetings were irregular. The provider had a complaints policy and procedure in place, but people did not always feel listened to. There were systems in place to monitor the quality of the service but these had not always been effective and had not identified the issues we found during our inspection.

The provider was transparent and there was good communication within the team, so they learnt from mistakes and made improvements when things went wrong.

We received positive feedback from people and their relatives about using the service. People said staff were caring and treated them with dignity and respect. Staff sometimes provided extra support and assistance to people when this was not part of people's contractual care arrangements.

There were enough staff to support people and staff usually at people's homes arrived on time. Staff received induction and training and told us they felt supported in their roles.

The provider sought feedback from people and used this to develop the service. Staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to.

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.

The registered manager and senior staff were responsive to and worked in partnership with other agencies to meet people's needs.

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

Rating at last inspection and update

The last rating for this service was good (published 17 August 2017). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to safe care and treatment, person-centred care and good governance at this inspection.

We made a recommendation in relation to the management of complaints.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was 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 ●

Care24Seven

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 one inspector and an Expert by Experience who undertook telephone interviews of people who used the service and relatives. 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 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 the location provides a domiciliary care service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with 12 people who used the service and nine relatives about their experience of the care provided. We obtained feedback from six care workers and spoke with office staff including the registered manager, field supervisor, care coordinator and a person who was supporting with IT.

We reviewed a range of records. This included five people's care records. We looked at four staff files in relation to recruitment and staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 emailed four professionals who were regularly involved with the service and received feedback from two.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered location. This key question has been rated 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

- Not all risk assessments were completed when a risk had been identified. For example, one person's record stated they had a pressure ulcer on their leg. However, nothing was indicated on the body map, and there was no support plan to indicate how to manage the risk of further deterioration. This record was not signed or dated. We saw a 'support needs assessment tool' which recorded the person did not have any problems with pressure ulcer care. We discussed this with the registered manager who said the pressure ulcer had healed, and there were no issues although none of the records stated this. On further examination, we noticed the risk assessment was dated 2015. We saw another dated 2016, which was identical. We asked the registered manager for up to date records, but they were unable to show these.
- The provider was in the process of changing their electronic system, and they had difficulty accessing some records. Most of the risk assessments we looked at were out of date and as the provider was unable to show us up to date records, we could not be sure these were in place.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the safety of people who used the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the care workers who supported them. One person stated, "I feel 100% safe with [care worker] in the house" and another said, "I feel safe with them, they are efficient and reliable." A relative echoed this and said, "I feel my [family member] is safe with them."
- There was a safeguarding adults policy and procedures in place and staff had received training in this. Staff were aware and had access to the whistleblowing policy. One staff member told us, "Safeguarding adults means protecting a person's right to live in safety, free from abuse and neglect" and another said, "People have the right to live safely meaning preventing harm, abuse and neglect."
- There were no safeguarding concerns at the time of our inspection. However, we saw where there had been previous safeguarding concerns, the provider had worked with the local authority's safeguarding team to investigate these and put systems in place to prevent recurrence.

Staffing and recruitment

- There were enough staff deployed to meet the needs of people who used the service. The registered

manager told us there had been some staff turnover back in the summer, but this had now stabilised. New staff had been employed and were now delivering care. The office team was also relatively new.

- People told us they mostly received their care visits on time, and in the event of a care worker running late, they were usually informed. One person said, "They come three times a day, and keep to time." In the event of staff sickness, the provider had systems in place to help ensure suitable cover was organised in a timely manner. On the day of our inspection, we saw evidence of this. The field supervisor was able to cover at short notice when a member of staff had rung in sick.
- Recruitment practices ensured staff were suitable to support people. This included ensuring staff had the relevant previous experience and qualifications. Checks were carried out to help ensure staff were suitable before they started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring criminal record checks were completed. We viewed the files of recently recruited staff members and saw all checks were carried out appropriately.

Using medicines safely

- There was a medicines policy and procedures in place and staff received training in this. All but one person were managing their own medicines. We looked at the medicines administration record (MAR) chart for this person and saw this was completed correctly and indicated the person received their medicines safely and as prescribed.

Preventing and controlling infection

- Staff were issued with personal protective equipment such as aprons and gloves. They received infection control training as part of their induction.
- The care workers were kept informed of any health guidelines issued by the local authority. The registered manager told us they had received guidelines in relation to the Coronavirus and were going to send this out to all staff.

Learning lessons when things go wrong

- The provider had a policy and procedures for the management of incidents and accidents and staff were aware of these. However, the registered manager said they had not had any incidents or accidents in the last year.
- The registered manager told us they ensured lessons were learned when things went wrong. They said, "We discuss things as a team and with operational staff and cascade down to the carers." They explained that when a complaint was received, they found communication needed to improve. They added, "We text and email new clients, so they have our contact details straight away. This helps with communication. We used to get a lot of calls which could be avoided due to people's anxiety, so once they had our contact details, they were able to contact us directly and this helped with the relationship building."

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.

This is the first inspection for this newly registered location. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's nutritional needs were recorded in their care plans and where people had specific requirements, there were support plans in place describing how to meet the person's needs, but these were not always reviewed or up to date. For example, one person's support plan was dated 2015 and although the registered manager told us the person's nutritional needs had not changed, we could not be sure this was the case, and there was a risk their needs were not being met. We discussed this with the registered manager who acknowledged this and told us they would review this.
- People were happy with the support they received with their meals. People were supported by staff with food and drinks of their choice. Some required already prepared meals to be warmed up and other required snacks to be prepared.

Staff support: induction, training, skills and experience

- The registered manager told us that supervision of staff has not been regular lately, mainly because of staff changes. However, they assured us they communicated regularly with staff, by phone or email, and were always available to listen to them. Some staff told us they never had supervision and others said they did although this varied between weekly and yearly. However, all the staff who provided feedback told us they felt supported by the registered manager and office staff.
- New staff received an induction which included an introduction to the service and its policies and procedures and shadowing more experienced staff. They were assessed in all areas of their work, such as moving and handling and personal care. When assessed as competent, new staff could support people unsupervised.
- Staff received training in subjects the provider identified as mandatory such as safeguarding, moving and handling, medicines, mental capacity and infection control. Staff were supported to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- Staff also received training specific to the needs of people who used the service, such as epilepsy. The registered manager told us they provided staff with specific training as required depending on the needs of the people they supported. We looked at the training matrix which indicated that most staff training was up to date, and where this needed refreshing, the manager told us this would be organised.

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

- People spoke positively about the staff who supported them and said they had the skills and knowledge they needed to support them and meet their needs. One person stated, "I am totally happy... they are reliable" and another said, "Fantastic. Could not expect anything better." A relative agreed and said, "They never let us down. When someone leaves, they come around with the new one taking over and watch."
- The registered manager told us they relied on the local authority's initial assessments when people's needs were low. However, when a person with complex needs were referred to the agency, they visited the person before taking on the package of care and carried out an assessment to help ensure they could meet the person's needs. A care plan was then developed from the initial assessment.
- A social care professional told us the registered manager was responsive and helped provide the best support for people. They explained that a family were finding it very difficult to accommodate the package of care that was agreed and arranged by the local authority. They said, "I spoke with [Registered manager] who was very understanding and agreed for us both us to do a joint visit at the Peron's home. [Registered manager] was able to accommodate a better arrangement with them and after the visit, I began to monitor the person's progress. Each time I spoke with [Registered manager] or left a message, the response was very prompt and helpful."

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

- People's healthcare needs were recorded and met. The registered manager expected all staff to be vigilant during visits and report any concerns they may have about people's health conditions. We saw evidence the staff communicated well with the office and reported any concerns promptly. The registered manager told us, "If we notice deterioration or the staff have concerned, the carers ring us or take action. Like one of our carers rang the ambulance because they were concerned about someone."
- The care coordinator told us one person had just been diagnosed with a healthcare condition which would need the input of healthcare professionals. They told us they would create a new care plan for the person and work with the relevant professionals to help ensure they met the person's needs. The registered manager told us relevant training and guidelines would be provided to staff.
- The needs of the people who used the service were quite low and most were supported by their family members to attend appointments. One person was supported by staff to attend a monthly appointment.

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 told us they were consulted about their care, and their choices were respected. Records were kept electronically and there was no evidence that people had signed these. The registered manager told us the new system would allow peoples' signatures. However, they stated that people had signed their initial assessment and a contract to show they were happy with these.

- The registered manager told us where people had the mental capacity to make decisions about their care, these were respected. At the time of our inspection, all the people who used the service had capacity. Staff received training on the principles of the MCA and demonstrated an awareness of this.

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.

This is the first inspection for this newly registered location. This key question has been rated requires good.

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

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

- People told us they were treated with kindness and respect by the care workers who supported them. Their comments included, "[Care worker] is absolutely wonderful and does everything for me", "The care is brilliant. They are like daughters to me. Very respectful" and "They treat me well when doing personal care, kind and show sensitivity." A relative agreed and said, "They are respectful to [family member]. They laugh and joke with [them] and understand [them] and [their] ways" and another stated, "Their attitude is brilliant. Never appear to be rushing."
- People were asked if they preferred a female or male care worker and told us their choices were respected. This was recorded in people's care plans. People's religious and cultural needs were recorded in their care plan and were respected and met.
- The provider had an equality and diversity policy and staff were aware of this. They did not have a sexuality policy in place. The registered manager told us they would discuss this with senior managers. However, they demonstrated they knew about to meet and support people from the Lesbian, gay, bisexual and transsexual (LGBT+) community. They told us, "One of the clients was [from the LGBT+ community]. They liked the carers to be told before they went. There has never been a problem." They also told us they had supported a member of staff from the LGBT+ community.
- Whenever possible, the agency matched people to care workers of the same background, to enable them to communicate more effectively. The registered manager told us, "Some clients have limited English and are better face to face rather than over the phone. The agency liaises with the family who are always present to translate. When possible, carers are matched with people of the same background when possible."

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

- People told us they were consulted and involved in decisions about their care. They told us staff took time to explain things and listen to them. The registered manager told us, "We talk to them. We focus on people's abilities to do things for themselves. It comes back to communication."
- The registered manager told us they liked to visit people in a more casual and informal way, to make them feel at ease. They said, "When we are dressed up and carry a notebook, people tend to not talk. We have found they talk a lot more when we go informally for a chat."
- People were encouraged to express their views via quality questionnaires and telephone monitoring. Documents we viewed indicated people were happy with the service.

Respecting and promoting people's privacy, dignity and independence

- People's choices and wishes were recorded in their care plans and respected. People and relatives told us the care workers knew their individual needs and met these. One person stated, "One day, I fancied red salmon and mash but had no potatoes so [Care worker] just went out, got them and made it for me."
- The registered manager told us they monitored closely how people were supported. They stated, "We do call monitoring, so we get feedback from people." The field supervisor told us they liked to be "out there", checking on people, talking to them face to face and monitoring standards. They said, "I am a people's person. I like talking to them, getting to know them. They know me and feel confident to talk to me."
- People told us their privacy and dignity were respected. Their comments included, "They are very respectful, and have never embarrassed me." Staff demonstrated how they protected people's privacy and dignity. One care worker told us, "I always treat people with respect and how I would want to be treated. Close doors when attending to personal care, use towels to keep a dignified respect between myself and who I am caring for."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered location. This key question has been rated requires improvement.

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

- People's care and support plans were developed from the pre-admission assessments. They were divided in sections which covered the person's current medical condition, known allergies, daily routine, and tasks required. However, these lacked detail and adequate guidelines for staff to know how to support the person according to their needs. For example, a person's care plan stated they needed full help with dressing and grooming, but there were no guidelines about how to do this and what the person's preferences were in this area.
- The same person was said to have 'variable moods', although the support plan did not explain what these might be. This document was dated July 2015. The registered manager said this was wrong and should be 2020, however, we could not be sure this record was reflecting the person's current needs.
- One person had an 'Eating and drinking plan'. This was detailed and contained guidelines for staff about how to meet the person's needs. However, this plan was dated April 2017 and had not been updated since. We raised this with the registered manager who said the person's needs had not changed but admitted they had not updated this.
- Another person had a positive behaviour plan in place. This was comprehensive included a support plan with detailed guidelines to inform staff how to support the person and triggers to recognise. However, this document had not been reviewed or updated for over a year, and there was a risk the person's needs had changed and were not being met.

We found no evidence that people had been harmed however, people's needs were not always reviewed and records were not always updated according to their needs. 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

- Some people told us that they did not always feel listened to when they made a complaint. Their comments included, "When I tell the agency carers are not briefed, they say 'we'll look into it', but they don't return to me. ... they don't feedback", "I feel comfortable making a complaint, but the response is weak. They say they will look into it then it's full stop. No feedback" and "I had one carer who used earphones when cooking. I complained but they did not listen." We fed this back to the registered manager. They told us, "We are implementing an operational process which addresses client concerns with actions for resolution, timescales for response, and finally follow-up with the client to obtain their feedback as to whether it has been resolved."

- The provider had a complaints policy and procedures in place. Where complaints were received, the registered manager told us these were taken seriously and addressed. However, they were not recorded except through email trails. This meant we could not see clearly how investigations were carried out, and the outcome of these.
- However, some people told us they were happy and felt listened to when they made a complaint. One person stated, "Overall I am satisfied. When I complained about a carer, I told the manager I did not want [them] again, and [they] have not been back"

We recommend the provider seeks relevant guidance in relation to dealing with complaints in line with their policy and procedures.

Meeting people's communication needs

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

- People's communication needs were recorded in their care plans. One person who was non-verbal used signs and gestures to communicate their needs. Their care plan stated, "Please try to keep language simple and short and use as many objects as possible." The registered manager told us, "We have enlarged the font on documents for a person who is visually impaired."

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

- Most of the people who used the service lived with relatives and were able to maintain relationships with their extended family. Those who lived alone were encouraged to take part in community activities. Some people had live-in care workers who provided company.
- Some people were supported to attend a day centre. The agency communicated well with the day centre staff in relation to people's needs. For example, for a person who was at risk of bruising, a body map travelled with them from home to the day centre, and any marks were recorded and sent to the agency. The day centre also informed the agency when a person required continence aids, and this was supplied.

End of life care and support

- Care plans did not include details about people's end of life care wishes. The registered manager told us nobody currently using the service required end of life care. They added that if they reached that stage, they would liaise with the relevant healthcare professionals to meet the person's needs.
- The registered manager told us they would ensure staff receive training in end of life care if a person they supported required end of life care.

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.

This is the first inspection for this newly registered location. This key question has been rated 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.

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

- The provider had quality monitoring systems in place, however, these had not always been effective because they had failed to identify the issues we found during our inspection in relation to risk management, managing complaints and ensuring people's needs are reviewed and records updated accordingly. Consequently, they were unaware of the shortfalls and did not have plans in place to make the required improvements.
- Staff supervision and meetings were not undertaken regularly and there was a risk staff might not feel supported and listened to.

The provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Some people commented they were not always happy with the way the agency was run. One person told us, "It's not well managed. There is a lack of feedback. They don't reply to emails sometimes and don't always ring back. Sometimes they call about changes but not always. I have not been asked for feedback."
- However, most people and relatives spoke positively about staff and management. They told us the registered manager was approachable and most knew who [they were]. Their comments included, "[Registered manager] is very nice and always tries to help out", "My confidence in the company is super-duper. They called at the house to check were getting everything we expected and were happy" and "When I phone they are helpful and can always reach them including outside normal hours."
- Staff told us they felt supported by the management and could contact them at any time. One staff member told us, "The service is indeed well led because I get a very good support all the time I need it. Proper guidance and very prompt help from the management. Every little thing is looked after very well. Attention to detail is found in all areas. I personally feel it is well managed."
- The registered manager told us people's needs came first and they often went beyond the call of duty if they were worried about a person. We saw an example of this on the day of our inspection. A care worker reported a person did not have any food in their home. The registered manager told us this had happened

before and staff had bought food for them from their own money. During our visit, we witnessed the registered manager contacting the local authority to obtain funds in order to get food for the person. They told us they would go shopping after work to ensure the person had what they needed.

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 understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. They demonstrated they knew they had a legal requirement to notify the CQC and did so as necessary. They told us, "It's about adhering with legislation, putting people's safety first. We investigate complaints."

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

- The registered manager told us that because of the recent staff turnover, they had found it difficult to undertake quality assurance visits to people's homes. However, they said they undertook regular telephone monitoring, and these were recorded. Comments included, "[Care worker] is very good fun to have around and lightens the mood." One person however told us, "They never phone to see how you are."
- Staff meetings were not always regular and the last one had taken place in June 2019. The registered manager told us, "We don't get a high level of attendance." However, they acknowledged they needed to show they were supporting staff, and with the lack of one to one supervision, they had ensured they increased communication by calling them and offering support. The staff told us they felt supported by the registered manager and provider and said, "I feel supported by my manager", "I think the organisation is fair and open", "The manager and supervisors are in contact with us daily" and "There is constant communication between the manager and carers."
- Office staff had regular meetings and a handover on Mondays to discuss the weekend. Staff had the registered manager's personal telephone number so they could inform them of any incidents or important issues. The director also supported staff when the registered manager was on leave. They made sure they were free over that time to monitor the service and support staff.

Continuous learning and improving care

- The registered manager had held 'train the trainer' qualifications in a range of subjects and had been able to deliver in-house training to staff as needed. However, these qualifications had lapsed, and they had not renewed these. They told us they intended to do this soon.
- The registered manager has undertaken some training courses provided by the London Borough of Ealing, such as MCA and safeguarding. They attended Skills for Care events, aimed specifically for managers. They also attended networking events, although they had not recently attended the local authority's provider forums because of the move and staff changes.

Working in partnership with others

- The registered manager liaised regularly with a range of social and healthcare professionals, to discuss the needs of people who used the service. They told us, "We also work with care coordinators within the NHS. This helps ironing out any confusion about how the agency works, so they understand before we provide a service. They are the liaison buffers between the clients and us."
- The provider worked closely with 'Dare to dream'. The registered manager explained, "We look after a person who attends, 'Dare to dream'. This is a kind of day centre/skills place. They have a shop there and people who attend help to run the shop. We escort [person] to the job using public transport to increase [their] skills in doing this independently. This is led by [them], but the service works closely with Dare to dream."

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not do everything reasonably practicable to make sure that people who used the service received person centred care and treatment that was appropriate, met their needs and reflected their personal preferences.</p> <p>Regulation 9 (1) (a) (b) (c) (d)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always assess the risks to the health and safety of service users of receiving care or treatment.</p> <p>Regulation 12 (1) (2) (a) (b)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have effective arrangements to assess, monitor and improve the quality of the service.</p> <p>Regulation 17(1) (2) (a) (b) (c)</p>