

# Care at Home Services (South East) Limited

## Care at Home Services (South East) Limited - West Kent & High Weald

### Inspection report

4 Linden Close  
Eridge Road  
Tunbridge Wells  
Kent  
TN4 8HH

Tel: 01892510844  
Website: [www.careathomeservices.co.uk](http://www.careathomeservices.co.uk)

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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?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection the service was providing personal care to approximately 180 people.

### People's experience of using this service

People told us their experiences of care were affected by timekeeping and scheduling difficulties. People told us they raised these issues with the office but were rarely asked for feedback about their experience of care. People told us, and records confirmed, their care was not regularly reviewed and care plans were not always up to date. The provider did not have effective systems in place to address these issues. The provider had not identified that the systems in place around the management of medicines were not sufficient, safe or robust. They had identified, but not effectively addressed, that care plans and risk assessments were not updated in response to changes in people's needs and risks.

People were supported to have choice in their day to day lives and staff supported them in the least restrictive way possible and in their best interests. However, the provider had not always followed best practice guidance in terms of seeking consent.

People told us their regular care workers were kind, compassionate and supportive. Staff spoke about the people they supported in a sensitive manner. Staff recognised the importance of ensuring people were supported in a way that did not discriminate and promoted their dignity and independence.

People and relatives told us they were involved in their initial assessments. People told us they knew how to raise concerns.

Staff told us, and records confirmed, they received the training and support they needed to perform their roles. The registered manager had sought additional training from local dentists to support care staff to deliver oral care.

Staff spoke highly of the registered manager and told us there was a welcoming and friendly atmosphere in the office.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

The last rating for this service was requires improvement (published February 2019).

### Why we inspected

This was a planned inspection based on the previous rating.

## Enforcement

We have identified breaches in relation to medicines and risk assessments, reviewing and updating care plans, and governance systems at this inspection.

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

## Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

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 not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### 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** ●

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## **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, one assistant inspector, a directorate support coordinator and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had two managers registered with the Care Quality Commission. One of the registered managers was new, and the other registered manager was no longer involved in the day to day management of the service. This manager had not yet applied to cancel their registration. This manager was now working as the regional quality manager and is referred to as the previous registered manager throughout this report. 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we already held about the service in terms of notifications that had been submitted to us. Notifications are information about events providers are required by law to inform us about. We reviewed the action plan the provider had sent us after the last inspection. 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. We used all of this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 16 people who used the service and five relatives. We spoke with seven care workers, three coordinators, the training manager, the registered manager, the regional quality manager and the nominated individual. We reviewed 13 care files including assessments, care plans and records of care where these were available. We reviewed eight staff files including recruitment records, induction, training and supervision records. We reviewed records of various meetings, complaints, handovers, newsletters, audits and other records relevant to the management of the service.

#### After the inspection

We received additional information by email from the registered manager. We continued to validate the evidence found during the inspection.

# 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to identify allegations of abuse. 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 the provider was now meeting this regulation.

Systems and processes to safeguard people from the risk of abuse

- People were protected by staff who knew how to identify and escalate concerns that people were being abused.
- Records showed staff reported concerns to the office who took appropriate action to ensure people's safety. Concerns were raised with the local safeguarding authorities where this was appropriate. Records showed the provider had cooperated with safeguarding investigations.
- Staff told us they would report any concerns to the office. Staff were confident their concerns would be listened to and responded to. Staff knew how to escalate issues if they were not satisfied appropriate action had been taken.

Using medicines safely

- Systems were not operating effectively to ensure the safe management of medicines.
- The provider was not following best practice guidance to ensure people were supported with medicines in a safe way. Staff did not have enough information about people's medicines to ensure they were administering them as needed.
- Staff were writing medicines administration records (MAR) which did not contain enough information. MAR viewed showed staff were recording they were administering the contents of medicines compliance devices but did not state what the contents were. This information was not found anywhere in the care plans.
- Some MAR contained conflicting information. For example, one medicine label instructed the medicine should be taken at night, but staff had recorded administration in the morning. Another entry suggested two different topical medicines and the records did not describe which was administered. A third medicine did not record the dose. This person had 18 different medicines listed on their MAR and there was no information about the risks or side effects of any of them. This meant there was a risk this person did not receive their medicines safely or as prescribed as staff did not have enough information available to them. After the inspection the provider told us information leaflets about people's medicines were kept in their homes.
- Another person's care plan stated that medicines were to be left out for them to take later. There was no risk assessment in place to mitigate the risks of this practice as described in the best practice guidance.

## Assessing risk, safety monitoring and management

- Risks posed by people's environment, mobility and care needs were assessed when people started to receive a service.
- Care files contained risk assessment relating to people's environment, mobility, moving and handling needs, skin care and specific health conditions. However, we found discrepancies and inconsistencies within the files. For example, two people who had a recent history of falls did not have falls risk assessments in their files.
- Risk assessments were not consistently updated in response to changes in people's risks. For example, one person's health had deteriorated but their risk assessments had not been updated. Another person had a change in their mobility equipment but their moving and handling risk assessment had not been updated.

The above issues with medicines and risk assessments are a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although people's risk assessment had not been updated, we saw changes in people's needs had been communicated to their care workers via email and weekly memos. Staff confirmed this was how they were made aware of changes to how they supported people.
- The registered manager recognised the importance of ensuring that risk assessments were updated. During the inspection we saw, and people confirmed, the coordinators were in the process of completing reviews and updates to people's care files and risk assessments.

## Staffing and recruitment

- The registered manager told us they had shortages of staff in specific areas and had stopped taking on new packages of care in these areas until they had recruited more staff.
- The recruitment records showed the provider's recruitment process was not consistently followed and reasons for it not being followed were not always documented. For example, one file did not contain the record of the candidate's interview. Another file did not contain the outcome of the person's DBS and a two further files were found to have discrepancies in the referees supplied by the candidate and the references given.
- The registered manager found the DBS outcome, and the previous registered manager acknowledged they had not recorded the interview to the provider's standards. Both the current and previous registered managers told us references were sought and supplied by the central human resources team and they had no involvement. We saw these candidates had passed their probation periods without concern.
- Deployment of staff was not consistent and was not well monitored by the service. Care plans did not include details of the specific times people wished to receive their visits. Visits were specified as being, "morning," "lunchtime," "teatime," or "evening" only, with no specific times in any of the files viewed.
- People told us the timing of their calls varied and for some people this had a negative impact on their experience. One person told us, "I have calls twice a day. They do send me a list but it changes and they don't tell you, all sorts of people turn up. Sometimes they can be very late, oh up to an hour." Another person said, "Well it's a pain in the backside it really is, if it weren't for [named care worker] I would be changing agencies. They are supposed to come 6-6.30 in the evening and 8-8.30 in the morning. Take yesterday, they turned up at 5pm then at 7am in the morning, well that's no good." A relative said, "They come once a day to get [family member] up and in the shower but to be honest with you, if it gets to 10-10.30 I do it myself, I'm not well myself and I can't be doing jobs in the afternoon."
- The registered manager told us people or family members called the office when time keeping was an issue. They told us they reviewed log books to monitor timing. However, this was often two months after the event which meant it was not an effective way of monitoring that staff were attending on time.
- People also told us they did not always receive support from a consistent group of staff. Staff also told us

they were often asked to provide cover and visit people they did not regularly visit.

#### Preventing and controlling infection

- Staff knew what steps to take to reduce the risks of the spread of infection. People confirmed staff followed good practice in terms of hand hygiene when supporting them.
- Personal protective equipment (PPE) was readily available for staff. We saw staff collecting PPE from the office throughout the inspection. Staff were reminded to collect PPE regularly by email and through memos.

#### Learning lessons when things go wrong

- Records showed incidents were reported by care workers to the office. Staff took appropriate action in response to issues being raised by staff.
- Where information needed to be shared with staff following incidents to ensure they were not repeated, or to ensure lessons were shared, we saw this was done via emails and weekly memos to all staff.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Staff worked with other organisations to ensure people's needs were met. However, there was not always enough information to ensure staff knew about people's healthcare needs.
- Records showed care workers raised with the office when people needed additional support from other services including social services, and healthcare services such as nurses, podiatry and GPs.
- Care plans contained a section for staff to record high level summaries of people's health needs. However, this was not always completed clearly and in some cases the information in this section contradicted other information in the file. For example, one person's file recorded "blood condition" but there was no information about what this meant for the person, or any risks staff needed to be aware of.
- The registered manager had made contact with local dentists who were delivering oral healthcare training to staff.
- Records showed information and guidance from other agencies involved in providing care to people was shared with the care workers so they knew how to support people with their healthcare needs. However, it was not incorporated into care plans which meant there was a risk that new staff, or those covering a visit for colleagues may not have access to all the information they needed.

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.

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.

- Where people had capacity to consent to their care, this was clearly recorded and care records showed they had signed to show they were in agreement with their care plans.
- Instructions to care workers emphasised the importance of seeking consent from people before providing care.
- Staff demonstrated they understood the importance of seeking consent from people. People confirmed

staff asked permission before providing care.

- Where people lacked capacity to consent to their care staff had recorded where relatives had said they were legally appointed decision makers. However, the provider had not sought confirmation of this. This meant there was a risk that relatives were consenting on behalf of family members without proper legal authority as the provider had not confirmed appropriate authorisations were in place.

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

- People's needs were assessed with the involvement of their families where this was appropriate. The provider was continually developing their assessment guidance to ensure it stayed up to date with standards and guidance.
- People and relatives told us they were involved in writing their care plans. One person said, "A lady from the office came out to assess me and tell me the price. There is a folder here with all the things in it." A relative said, "They did come to see us before they started the service."
- Most care plans included details of people's needs and preferred routines for receiving care. However, we noted and provided feedback to the registered manager, that some of the more recent assessments did not contain the same level of detail and were inconsistent. The registered manager showed us there was an ongoing piece of work taking place around improving consistency of assessments.

Staff support: induction, training, skills and experience

- Staff told us and records confirmed they received training relevant to their roles.
- People's feedback about the skills and abilities of staff varied. While most people told us they were confident staff knew what they were doing, others told us they were not confident all staff knew how to perform their roles. For example, one person said, "Some [staff] are great, some are no use at all." A second person said, "Some you have to tell exactly what to do."
- Staff completed a classroom based induction which included training in areas required to perform their roles. Staff told us this was useful and helped to prepare them for working in people's homes.
- Staff told us, and records confirmed they completed an induction period which included shadowing more experienced colleagues.
- Records of ongoing observations and checks on staff were inconsistent. Where specific concerns had been raised about staff we saw spot checks and supervisions had taken place. However, these were not present in files where no concerns had been raised.

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

- People told us, and records confirmed, staff supported them to eat and drink where this was an agreed part of their care packages.
- One person said, "They help me with my meals, just what I ask for." Another person said, "They do meals, if I want something like toast or a sandwich that sort of thing."
- Care plans contained details of the nature of the support people needed to prepare and eat their meals. Records showed staff had provided this support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well supported, cared for or treated with dignity and respect.

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

- People spoke highly about the way they were treated by regular care workers. They told us their regular care workers treated them respectfully. However, people told us they did not always have positive experiences with new care workers or those covering their regular care worker's absence.
- The assessments in place contained sections where people were asked if they had a faith. This was not always completed which meant it was not clear if people didn't have a faith, or if the form had not been completed. The registered manager and coordinators told us no one who received a service had faith needs that affected how they wished to receive care.
- Some care files contained information about people's personal life stories and relationships. These were helpful to ensure staff knew about important aspects of people's pasts so they could ensure these were respected.
- Staff demonstrated they understood the importance of respecting equality and diversity. One care worker said, "You should always step in their shoes. No one likes to be powerless. Every person is different so do whatever you can to help and support."

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

- People and relatives were encouraged to express their views about their care through assessments and reviews.
- Staff told us they listened to people and what they said they wanted in relation to their care. People confirmed this with us. One person said, "The girls always talk to me, and listen to what I want."
- Care plans contained information about whether people had communication needs. This included details of how care workers may need to adjust their communication.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt staff treated them in a way that protected their privacy and dignity. They told us repeatedly and consistently that staff were kind, caring and sensitive in their approach.
- Care plans contained details of what people could do independently to ensure staff did not over-support people.
- Staff described the measures they took to uphold people's dignity. This included steps such as ensuring doors and curtains were closed, as well as covering people during personal care.

# 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 good. At this inspection this key question has now deteriorated to 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

- While people were involved in writing their initial care plans, reviews and updates were not always clearly captured.
- People told us they were not asked for feedback and did not have formal reviews in their homes. For example, one person said, "Someone rang me the other day to ask questions about the care plan, but no one came out to see me." A relative said, "We don't get reviews very often, and when we do it's by phone." The registered manager told us they were undertaking a programme of reviews as they recognised they had a backlog.
- People's care plans were not consistently updated to reflect changes in their needs and preferences. Some preferences were never recorded. For example, people's preferred time for visits was not captured, and it was inconsistently recorded whether people had a preference for the gender of their care worker. In one case we saw staff recording how they managed the person's pressure areas but their care plan and risk assessment did not include information about this change. This meant there was a risk that new, or unfamiliar staff, would not know how to support people.
- Staff told us the information in the care plans was not enough to ensure they could meet people's needs fully. As one staff member explained, "They tell you at a basic level but it's not all in place. You can refer to the office and they will gladly talk you through, or there's other carers who will know them [people receiving care] so you can find out."

End of life care and support

- The registered manager told us they were not currently providing support to anyone who was at end of life.
- However, two of the care files reviewed showed that people were now receiving ongoing support via palliative care teams as they had reached the last stage of their lives. The registered manager told us they were liaising with one of these people's families, and this was clear within the care file. However, they had not identified the second person was also at the end of their life.
- The lack of updates to these care plans meant there was a risk that unfamiliar or new staff may not have enough information to ensure people and their relatives received sensitive and compassionate support at the last stages of their life.

The above issues with the failure to update care plans in response to changes in people's needs are a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### 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 gave people a clear statement of purpose that included all the details about what they could expect from the service, including information on key policies and procedures. People confirmed this was given to them.
- The statement of purpose confirmed that policies and other information would be made accessible to people in line with the AIS as requested.
- Care plans described people's communication needs, and any actions needed by staff to facilitate communication with people. For example, staff were advised to speak loudly and clearly where people were hard of hearing.

### Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make complaints. Records showed complaints were investigated and responded to in line with the provider's policy.
- People told us they would raise concerns or complaints with the office. One person said, "I had to ring them about two girls, I won't have them back and they haven't come."
- Although people were happy that individual issues about specific staff were addressed, five people told us their concerns about timekeeping persisted after raising it with the office. As one person said, "I have phoned them about the times, I only phoned yesterday but nothing changes."
- None of the people we spoke with recalled being asked for feedback about their service. The registered manager acknowledged they relied on people raising concerns to identify issues with the quality of 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.

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

At our last inspection the provider had failed to submit notifications as required. This was a breach of regulation 18 (Notification of other incidents) of the CQC Registration Regulations 2009. At this inspection we found the provider was now meeting this regulation.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider demonstrated they understood these requirements.
- The registered manager submitted notifications to the CQC about events and incidents which had occurred within the service.

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

- The registered manager had been registered with the CQC for less than a month at the point of inspection. The previous registered manager had not yet submitted their application to cancel their registration. Therefore, there were two registered managers, who were both legally accountable for the management of the service.
- The systems for monitoring the quality and performance of the service were not operating effectively to identify and address risks to people and the service.
- The system for reviewing records of care relied on care workers returning these records to the office for review by coordinators. The reviews identified recording issues, but as the reviews took place at least a month, and frequently two months, after the records were made they were ineffective at identifying whether issues were record keeping or delivery.
- Likewise, the systems for reviewing MAR relied on the records being returned to the office by care workers. We reviewed MAR reviews for the previous nine months. Gaps in the records were repeatedly identified, with the actions being to remind care workers to complete the records. The audits did not record which care workers were not recording properly and so it was not possible to tell if the actions were effective, and different staff were making errors over time, or if the actions were ineffective and the same staff were continuing to make errors.
- The registered manager was asked how they assured themselves that gaps in MAR were recording errors

not administration errors. They told us they did not go and do a physical check of the medicines in people's homes as the review of records took place too long after events they related to. They said the relevant medicines would no longer be available to check. The previous registered manager told us they developed and relied upon a system where care workers were encouraged to report concerns. This would not work where people only received care from the same worker, or where care workers were less confident in raising concerns.

- The previous registered manager had completed a branch audit as part of their current role. This had failed to identify issues with the quality and safety of the service identified during the inspection. This audit in the safe section stated, "We ensure policies are being followed when we spot check care workers." Only one out of the 16 people told us they had experienced a spot check, or request for feedback. Everyone else said no spot checks took place and no requests for feedback about their experience were made.

- Where the audit had identified issues, such as risk assessments being out of date, these had not been effectively addressed by the time of the inspection four months later. We found risk assessments had not been updated. As the audit did not record which files were reviewed, it was not clear if it was the same risk assessments that were out of date, or those relating to other people.

- The registered manager told us they relied on feedback from people, relatives and other care workers to monitor staff attendance at visits. The provider's survey had found people raised that timekeeping was an issue. We spoke with 16 people and five relatives, 11 people raised timekeeping as an issue. Despite this, there were no systems in place to increase the monitoring of timekeeping of staff. The provider told us they were currently piloting the use of electronic call monitoring in other branches, however, there was no timescale for when this would be introduced to this service.

The above issues are a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and relatives gave us mixed feedback about their levels of involvement in the service.

- Some people told us it was easy for them to raise issues, and they were happy with how they were responded to. Some people remembered being asked to complete a survey.

- However, other people were clear they were never asked for feedback and did not recall being asked to complete a survey.

- A survey had been completed with feedback sent to people who received a service. The survey had identified issues with consistencies of call times and care workers, timekeeping and staff not always reading care plans. Although the feedback to people stated actions had been taken to address the issues, the feedback we received was consistent with the survey which suggests these actions were not effective.

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

- The registered manager was passionate about delivering a person-centred service. Staff spoke highly about the registered manager and said they found them positive and approachable.

- There were regular staff meetings. Records showed these focussed on cascading information about ways of working to staff. For example, discussions recorded included record keeping and catheter care.

Continuous learning and improving care; working in partnership with others

- The registered manager was motivated to learn and develop themselves and the service. They actively sought development opportunities and applied them to the service.

- The registered manager had made links with local dentists to provide training equipment and sessions to

care worker about oral care. We saw they were now starting to contact podiatrists to do the same with footcare.

- In response to the feedback from the inspection the registered manager sent us revised audit templates and assessment frameworks which showed they had understood the feedback given during the inspection.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Care plans were not updated to reflect changes in people's needs and did not consistently reflect people's preferences. Regulation 9(1)(3)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risk assessments were not updated to reflect current risks faced by people receiving care and medicines were not managed safely. Regulation 12(1)(2)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes had failed to identify and address issues with the quality and safety of the service. Regulation 17(1)(2)