

NR Care Ltd

# NR Care Head Office

## 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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

NR Care Head Office is a domiciliary care service. They provide personal care and support to people living in their own homes. 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 our inspection the service was providing a regulated activity to 42 people.

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

People were not receiving a good service as quality monitoring systems were still not effective in identifying and improving quality. Whilst some improvements had been made in some areas, in others the service had deteriorated. Actions to make improvements had not been carried out in a timely way, issues identified at our previous inspection were still apparent at this latest inspection. People and their relatives had not always been fully engaged and consulted on the service provided. Changes to people's care, such as changes to rotas or timing of calls were not always communicated.

Risks to people had not been identified or thoroughly assessed, where risk assessments were in place some were confusing and not accurate. The lack of robust risk assessments meant there was potential that risks to people would not be identified and/or responded to appropriately. People were being supported, in some cases, with complex health care needs. Additional training and support for staff in how to meet these needs had not always been identified. This meant it was possible that staff would not be able to support people with these tasks in a safe manner. People did not always receive their medicines safely. Staff did not always administer medicines as prescribed. Information about people's medicines and their support needs was not clear and increased the risk of a medicine administration error. Most people were supported by a consistent group of staff, although there some people told us there were occasions, for example on weekends, when they were supported by unfamiliar staff. Where incidents had occurred in the service these were reported and reviewed by the registered manager. However, we found the analysis of incidents could be strengthened.

We have made a recommendation that the provider reviews how it delivers training and supports staff to meet the individual needs of people using the service. This was because the management team had not always identified where staff would benefit from additional training and support. Staff also gave mixed feedback on the effectiveness of the training.

People were not supported to have maximum choice and control of their lives. The policies and systems in the service did not support this practice. We have made a recommendation for the provider to seek advice from a reputable source on implementing and embedding the Mental Capacity Act within its practice. This was because assessments of people's capacity to consent to individual decisions had not always been completed appropriately by staff. In some instances, staff were seeking consent from other parties on behalf

of the person using the service without checking they had the legal authority to provide it.

We have made a recommendation that the provider review their systems and processes to help ensure people are respected and their equality needs fully considered. This was because whilst people told us staff providing day to day support in their homes were kind and caring, staff in the office did not always communicate effectively and listen to them. We also found the service had not fully considered people's equality characteristics when implementing any changes.

People's needs were not holistically assessed. Assessments had not always taken in to account the range and complexity of some people's needs. People's care plans did not provide detailed and person-centred information regarding their care. The service was supporting some people at the end of their life but end of life care plans were not in place. Staff had worked with health and social care professionals to gather information about people's care needs. However, we found this information was not always reviewed and used effectively to help plan people's care and support

Staff had enough time to provide the support needed. Where people were assisted with their meals and drinks this was done in line with their needs and preferences. People told us staff helped them appropriately with their meals when required and ensured they had drinks. People were protected from the risk of infection by staff who understood infection control procedures. Where safeguarding concerns had been raised people had been supported by staff and appropriate actions had been taken in response. People's dignity and independence were respected. There were opportunities for people to discuss the support provided to them. People's concerns were listened to and action was taken in response.

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 and update

The last rating for this service was requires improvement (published 28 November 2018) 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, enough improvement had not been made and the provider was still in breach of regulations. The service remains requires improvement. This means the service has been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to safe care and treatment and good governance.

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.

## 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** ●

# NR Care Head Office

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

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own 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 a week's notice of the inspection. This was because arrangements needed to be made to seek people and relatives' consent to contact and speak with them.

Inspection activity started on 18 November 2019 and ended on 19 November 2019. We visited the office location on 19 November 2019.

### 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. We used the information the provider sent us in the provider information return completed July 2018. 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

We spoke with nine people who used the service and 13 relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager and eight care workers.

We reviewed a range of records. This included four people's care records and three people's medication records. We looked at three staff files in relation to recruitment practices, training and support. 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, information provided to people who use the service and a variety of quality assurance records. We spoke with two health care professionals who regularly work with the service.

# 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 good. At this inspection this key question has deteriorated 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

- Risks to people had not been identified or thoroughly assessed. For example, one person had had recent epileptic seizures, but their risk assessment had not identified this and there was no corresponding care plan.
- Other risk assessments were contradictory and confusing. For example, one person's risk assessment regarding their skin said they were bed bound but their care plan said they were mobile. Overall risk assessments and care plans did not provide enough information and guidance for staff on how to identify and manage individual risks to people using the service.
- Risks were mitigated somewhat by the fact most people were supported by consistent staff who had knowledge of people's individual risks, however staff told us they sometimes filled in for other staff on an ad hoc basis. One staff member told us there was not always enough information in people's care plans and risk assessments on how to manage the risks to people they did not know well. This meant there was a potential that risks to people would not be identified and/or responded to appropriately.
- Some staff were supporting people with complex health care needs and tasks. The management team had not identified where staff would benefit from additional training, support, and where their competency in managing such tasks needed to be assessed. This meant there was a potential that staff would not be able to support people with these tasks in a safe manner.

Risks to people had not been fully assessed and actions not always taken to mitigate against the 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.

At our last inspection we recommended the provider developed generic environmental risk assessments to support the implementation of a business contingency and continuity plan. The provider had made improvements in this respect. A comprehensive business contingency and continuity plan was now in place.

### Using medicines safely

- Medicines were not managed safely. Staff had not always administered medicines as prescribed. For example, hand written and conflicting information on one person's medicines administration chart meant staff were on occasion administering the incorrect dosage for one medicine. For another person their medicines administration chart showed staff were not routinely administering one medicine. The person's care plan stated this medicine was for occasions when the person became agitated. However, the pharmacy label on the person's care plan said the medicine should be administered twice a day.

- Staff were not always correctly recording when they administered medicines or on the correct documents. This meant we could not be assured that people were receiving the medicines as prescribed and raised the risk of errors in people's medicine administration. For example, one person's medicine administration chart had run out and staff continued to administer their medicines without a chart for four days.
- Information on people's medicines in their care plans and in their medicine's administration charts were conflicting, inaccurate, and confusing. This increased the risk of people's medicines being administered incorrectly.

Medicines were not being properly and safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- A system was in place to check staff visited people at the correct and allocated times. It also helped to monitor and reduce the likelihood of missed visits. People and relatives told us staff arrived on time, with the odd exception. One person said, "It's very rare for them to be late, the time they are due is on the rota I get each week."
- Most people were supported by a consistent group of staff however, this was not the case for all people. One person said, "The office have sent strangers but I don't want that. It has to be someone I have met someone who has shadowed. I said to the office I like to have the people I am used to, the office said you can't pick and choose." A relative told us, "The carers who come are very well trained in basic care but it takes them a while to be trained to be able to care for my [relative], that's why I can't understand when they keep changing staff it can't really be beneficial can it."
- Staff had enough time to support people as required. Where issues with the length of call had been identified the management team had taken action to discuss and address this with the commissioning body.
- Safe recruitment practices had been followed, this included character checks to assess the safety and suitability of staff employed.

### Systems and processes to safeguard people from the risk of abuse

- Staff understood possible signs of abuse but did not know how to report concerns outside of the service. The employee handbook did not contain information for staff on safeguarding concerns and how to report this externally should staff need to.
- Whilst staff did not have this information to hand we found where safeguarding concerns had been identified the service had reported these to the correct authorities. Appropriate actions had been taken in response to any concerns raised.

### Preventing and controlling infection

- Staff took appropriate actions to prevent and control infection. They understood the actions to manage infections and had access to infection control equipment. People and relatives told us staff wore gloves and aprons, tidied up after themselves and were well presented.

### Learning lessons when things go wrong

- A system was in place to report incidents. These were reviewed by the registered manager however, there was no meaningful analysis in place which would identify themes or trends. It was not always clear, when similar incidents had occurred for the same person, what action staff had taken in response which would help mitigate against further incidents.



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

Staff support: induction, training, skills and experience

- The management team had not always identified where staff would benefit from additional training and support. For example, in relation to specific health conditions, needs, or equipment.
- Staff training was mostly up to date. We received mixed feedback on the quality of the training provided. Staff told us the way in which training was delivered had changed to online training. One staff member told us this was mostly watching videos on their own, which they described as, "dull." Another staff member told us, this now meant staff had less of an opportunity to see each other and talk. A third staff member told us how they had requested specific training in a certain area to help them, but this had not been provided.

We recommend the provider reviews how it delivers training and supports staff to meet the individual needs of people using the service.

- Staff received regular supervision and observational checks on their work. New staff received an induction prior to working in the service.

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.

At our last inspection the provider had failed to consider people's capacity to make individual decisions and had not formally sought consent to share information with other parties. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvement had been made at this inspection, whilst the provider was no longer in breach of

regulation 11, further work was required to fully embed the principles of the MCA.

- Systems had been put in place to gain consent to share information. In some instances, we found relatives had signed on behalf of the person using the service for information to be shared whilst it was indicated elsewhere that the person had capacity to consent themselves. This meant it was not clear if the principles of the MCA were being fully understood and followed.
- The service had implemented MCA assessments following our last inspection. Nobody using the service lacked the capacity to make decisions in relation to their care. The MCA assessment had been used as a screening tool to identify potential capacity issues, but this was not effective and had not always been completed appropriately by staff. People's care plans did not always provide enough information on decisions people could make or where they might need additional support.

We recommend the provider seek advice from a reputable source on implementing and embedding the MCA within its practice.

- People's consent was sought during the day to day support provided to them. Staff had a basic understanding of MCA and how to support people with decision making.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were not holistically assessed. Assessments had not always taken into account the range and complexity of some people's needs. For example, their mental health needs or specific health conditions.
- Care plans did not always follow best practice guidance in relation to specific health needs. For example, one person had diabetes, their care plan provided limited information for staff on this condition and what staff might need to know to support the person.
- There was limited information and no system in place for staff on what information should be provided if a person using the service became ill and needed health care support. For example, in the event of an hospital admission.
- Staff had worked with professionals, who commissioned people's care, to gather information about people's care needs. However, we found this information was not always reviewed and used effectively to help plan people's care and support. Health and social care professionals told us staff were responsive and communicated concerns relating to people's needs.

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

At our last inspection we recommended that [with people's consent] the service regularly weighed to assure itself people were maintaining a healthy weight. The provider had made improvements.

- At the time of our inspection the service was not supporting anyone at risk of malnutrition. The registered manager told us following the last inspection they had taken advice and guidance on how to monitor concerns with people's weight and nutrition. They were able to tell us appropriate actions they would take in response should nutritional concerns be identified.
- Where staff supported people with their meals and drinks this was done in line with their needs and preferences. People told us staff helped them appropriately with their meals when required and ensured they had drinks.
- People's nutritional care plans did not provide detailed information for staff on their nutritional needs and

preferences. For example, one person was diabetic, but their nutritional care plan did not reference this. For another person, their care plan stated both care worker and family member supported with meals but lacked any further information on who did what. None of the care plans included detailed information on people's food preferences and choices.

# 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 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

- Whilst the majority of people said that staff were kind and caring, two people told us that they felt frustrated that staff in the office did not always communicate well with them. One person said, "There is no rota this week, and the office keep changing the rota. I would prefer to know who is coming because I leave my front door open for the staff. Sometimes it is different people to the name on the rota. The staff never seem rushed and we have nice conversations." Another person told us they felt staff in the office did not always listen to them. A staff member told us office staff could sometimes be rude when speaking to staff.
- Staff had not received training in equality and diversity. The provider advised us following our inspection that this training had now been arranged. The registered manager had recently identified a way in which they could support people to feel less isolated. Whilst this was positive and well-intended, we found they had not fully considered people's diverse needs and how this might impact on their ability to take part. Whilst some further consideration of equality issues would be beneficial, we did not identify that this had any impact on the support people were receiving.

We recommend the provider review their systems and processes to help ensure people are respected and their equality needs fully considered.

- People told us they considered staff like friends. A person told us, "The staff are caring I can't fault them. We have lovely conversations." Another person said, "The staff are very nice, and we have a good relationship, friendly. I had to have the ambulance called and the staff stayed with me until it came. They were very kind to me."

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

- Systems were in place to provide opportunities for people to discuss and make decisions about their care.
- Regular reviews of people's care plans took place. These involved people and sought their views. A relative said, "The manager comes about every 6 months to discuss if anything has changed with [name's] care needs and to review their care plan, but if anything changes I can always discuss it before hand with [staff] in the office."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity. Staff spoke in a respectful manner about people. People and relatives told us staff were respectful. One person said, "My dignity is maintained at all times. The carers keep me covered when they can when helping me with my personal care."

- Staff supported people's independence. One person told us, "I have good days and bad days, but the girls can always tell if I am not so good, so they help me more to do things." Care plans provided limited information for staff on how to promote people's independence and what tasks people could do for themselves.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to adequately manage and respond to people's complaints. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 16.

- A system was in place to log and oversee complaints that were made. This included ensuring investigations into complaints were investigated and responded to. Records we looked at showed formal complaints were investigated and people received a response. Informal 'niggles' or minor concerns that had been brought to the registered manager's attention were also logged and reviewed.
- People were provided with information on how to raise concerns or complain. Most people told us office staff responded to complaints and tried to resolve these. One person told us their concern was addressed following the second time they contacted the office to discuss it.

End of life care and support

At our last inspection we recommended the provider implement end of life care plans. Not enough improvement has been made.

- The service was supporting people at the end of their life. However, the service had not assessed people's end of life care needs and end of life care plans were still not in place.
- Staff had not received training in end of life care. The registered manager told us this was in the process of being arranged. Following our inspection, they confirmed end of life training had been implemented.

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

- Care plans were not person centred and did not provide enough information for staff on how to support people's needs. For example, one person had complex mental health needs but there was no corresponding care plan or information for staff on how to manage these needs.
- Care plans did not consistently provide information on people's interests and hobbies. Some people were being supported by staff for extended periods of time. This information would help to ensure staff were supporting people with meaningful activities that were of interest to them during these periods of time.

- People were mostly supported by consistent and familiar staff who knew them well, this helped ensure people's needs and preferences were met. People told us staff supported them in line with their needs and preferences.

#### 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 care plans contained basic information on people's communication needs. The registered manager told us no one using the service had specific communication needs that they needed to meet. They confirmed that they would be able to provide information in different formats and gave us an example of what they had done in the past to illustrate this.

# 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 put in place effective systems to monitor and improve the quality of the service. This was a 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality monitoring systems were still not effective in identifying and improving the quality of the service. Whilst some improvements had been made in some areas, in others the service had deteriorated. For example, we found new concerns regarding assessing and responding to risk.
- Actions to improve the service had not been timely. Our previous inspection had identified issues with end of life care planning and made a recommendation in this respect. At this inspection we found this recommendation had still not been implemented and further work was also needed to improve how the service implemented the Mental Capacity Act.
- Since our last inspection, the service was providing more support over longer periods of time to people, such as staying with people overnight or during long day time periods. The provider had not fully considered the impact this might have and what changes they might need to make because of this. For example, some people were being supported intimately over a longer period at the end of their life however staff had not received training in end of life care prior to this support being provided.
- The provider and registered manager had not considered how they could involve and consult people and relatives on changes to the service. The provider had recently implemented the use of electronic care records however, a lack of proper consultation had meant that the provider had not identified and mitigated for possible issues or concerns. Relatives told us this change had impacted them as they were no longer able to see written records of their relatives care and were less able to assure themselves of the care provided.

Quality monitoring systems continued to be ineffective in assessing, monitoring and improving the quality of the service provided. Feedback from relevant persons, including those that used the service, had not been sought in respect to evaluating and improving the service provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



At our last inspection the provider had failed to notify us of notifiable incidents that occurred in the service. This was a breach of Regulation 18 (Notifications of other incidents) Registration Regulations 2009.

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

- The registered manager was aware of what types of incidents should be reported to us. Notifications had been made as required.

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

- Changes to people's care, such as changes to rotas or timing of calls were not always communicated. People told us whilst they liked the support provided by the staff that visited them, they felt communication and organisation in the office could be improved. As a result, some people felt frustrated and did not always feel fully involved in their care. One person said, "If the carers weren't so kind I don't think I would put up with it any longer as the times they come can be all over the place, but I know it's not their fault as to get from one call to the next can take ages." Another person told us, "I would recommend the care staff but not the company I don't think they know what they are doing."
- Further work was needed to strengthen the sense of a team within the staff group. This is also important in helping to develop and maintain a positive staff culture. Staff told us they tended to work on their own and there was not always a strong sense of a team within the service. Staff were not always aware of team meetings, and team meeting minutes showed only a small range of staff attending.
- Systems were in place, such as quality questionnaires, for people to discuss and provide feedback on the care provided.
- Staff told us that the management team were approachable and listened to them. One staff member said, "That is one thing I like about [the service] if I have an issue they respond quickly."

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

- Complaints had been acknowledged and responded to, where improvements could have been made this was acknowledged by the registered manager.

Continuous learning and improving care; Working in partnership with others

- The registered manager was aware of resources to help them improve and develop the service. They had engaged with the local authority following our last inspection regarding improvements required. The registered manager told us they recognised the need to continue to engage with other resources to help them identify best practice and drive improvements.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: Risks to people had not been fully assessed and actions were not always taken to mitigate against the risk of harm. Medicines were not safely managed and people did not always receive medicines as prescribed</p> <p>Regulation 12 (1)(2)(a)(c)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: Quality monitoring systems continued to be ineffective in assessing, monitoring and improving the quality of the service provided. Feedback from relevant persons, including those that used the service, had not been sought in respect to evaluating and improving the service provided.</p> <p>Regulation 17 (1)(2)(a)(b)(e)(f)</p>