London Care Limited

London Care (South London)

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Inadequate**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection was carried out on 2 and 4 November 2015 and was announced.

The service is registered to provide and personal care to people in their own homes. At the time of the inspection there were 580 people using the service ranging from people who received one visit per week to people who received visits four times a day. London Care (South London) provides care and support to people in Greenwich, Lewisham and Southwark.

At the time of the inspection there was a manager in place who had undertaken the Registered Manager interview with the commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

The service was registered on 4 September 2014 and had not previously been inspected.

People were at significant risk of harm from poor medicine management. Medicines were not always recorded correctly, for example people's names, known allergies, name of medicine, date, dosage, route and frequency were not always documented to ensure safe medicine management.

Medicine audits were not always completed for people. Audits that were completed were inaccurate and did not take the necessary steps to rectify or mitigate against identified errors.

Staff did not receive ongoing comprehensive training in safe medicine management. The manager confirmed the training did not meet the training needs of care workers to safely manage medicine.

People were not always protected against known risks. Risk assessments were not always comprehensive and did not give clear guidance for staff to respond to known risks.

People were supported by staff who had been trained and had clear knowledge on how to identify signs of abuse and the organisation's safeguarding procedures.

People felt safe receiving care and support from staff. People told us staff were kind and compassionate when delivering care and treated them with dignity and respect at all times. People were actively encouraged to maintain their independence.

People were supported to access enough food and drink to meet their dietary needs, which were documented in their care plan.

Staff had sound knowledge on how to minimise the risk of social isolation to people and actively worked in conjunction with the manager and relatives.

People could raise concerns and complaints without fear. People and staff were aware of the correct procedures to follow to make a complaint and felt they would be listened to and action taken where appropriate. Records confirmed complaints were thoroughly investigated and action taken.

A new care plan system was being introduced to replace current care plans that were not always comprehensive and did not always record people's changing needs.

The manager questions the quality of the service regularly however did not always carry out audits to identify areas of improvement or areas they did well in.

During this inspection we identified three number of breaches of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe. People were at significant risk of harm from poor medicine management.

People were not protected against known risks as risk assessments were not comprehensive or robust.

Staff had a good understanding of Safeguarding and Whistleblowing and were aware of the correct procedures to follow if they suspected abuse.

The service had robust systems in place to recruit suitable staff.

Is the service effective?

Requires improvement

The service was not effective. Staff did not receive adequate training in safe medicine management.

Staff were not always provided with the skills and knowledge to provide

people the support they needed.

People were supported to access food and drink to maintain their health.

Is the service caring?

Good

The service was caring. People received care and support from care workers that treated them with dignity and respect, kindness and compassion.

Staff had clear knowledge of people and their needs and encouraged positive relationships with people.

Staff provided people with information and explanations throughout their visits.

People were actively encouraged to maintain their independence wherever appropriate.

Is the service responsive?

Requires improvement

The service was not always responsive. Care plans were not comprehensive and did not always contain sufficient information for staff to appropriate meet people's needs. New style care plans were being introduced which contained more information.

People were actively encouraged to make choices about the care and support they received.

People knew how to raise concerns and complaints through the appropriate channels and felt they could do so with the knowledge that they would be listened to.

Summary of findings

The manager carried out thorough investigations of all complaints and took appropriate action where required.

Is the service well-led?

Requires improvement

The service was not always well-led. Audits were not always carried out consistently and did not actively address areas of concern.

People and staff spoke highly of the manager and felt that she was compassionate and was supporting the service to improve.

The manager was open and transparent and accessible to both people and staff alike.

The manager actively encouraged partnership working with external health care professionals to drive the improvement of the service for people.

London Care (South London)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 and 4 November 2015 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care service and we needed to be sure they were available to give us information during the inspection. The inspection was carried out by one inspector and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we held about the service including statutory notifications the service had sent us. We also spoke with a health care professional to ascertain their views of the service and how it is manager. During the inspection we spoke with five care workers, one operations co-ordinator, the manager and the area manager. We reviewed 12 care plans, seven staff files, six MARS (medicine administration recording sheets) and policies and procedures relating to medicines, complaints and safeguarding. We also looked at records relating to the management of the service.

After the inspection we spoke with six people and their relatives.

Inadequate

Is the service safe?

Our findings

People were at significant risk of harm from poor medicine management. We carried out an audit of six medicine administration recording sheets (MARS) and found discrepancies relating to the recording and auditing of medicines on five people's MARS. We found over a three month period a minimum of 880 medicine errors, which meant people were placed at significant risk. There were three instances of medicine names not being recorded but being signed as administered. This meant that there was no clear indication what medicine had been administered. We found significant numbers of medicines not being signed for and no record in the daily log to concur that medicine had been administered. We found instances where people were receiving their medicines at the incorrect time and the incorrect dose. One person's MARS indicated that staff had signed the administration of their medicines twice daily when medicine was documented as requiring administration once daily.

One person was not given their medicine as the service had failed to ensure sufficient amounts were in stock. People's known/unknown allergies were not always recorded. The incorrect use of medicine key codes to indicate the reasons for people not receiving their medicines, making it unclear as to the reasons why people did not receive medicine that day. Medicine was not always clearly identified as to when it should be administered; there were unclear instructions as to whether the medicine was topical or in tablet form.

Staff did not always write the amount of medicine administered despite the MARS indicating that this was a requirement. We found incorrect spelling and illegible handwriting making it incredibly difficult for staff to know what medicine they were required to administer.

Two care workers said that it was the supervisor's responsibility to complete MARs but they asked care workers to do it, who usually refused because they did not feel confident in completing the task. One care worker said, "I don't know who's doing it [completing MARS]. We were asked to start filling in the name and dosage of the drugs and we're not trained to do that so we all said no. I don't think the forms get filled in very often because of this." Care workers we spoke with were able to tell us the procedure to follow if they made an error with medicines, including calling the pharmacy, the person's GP and the office.

A care worker also told us that they were concerned that a missing medication incident had not been followed up. In this incident, a person had reportedly missed a day of their diabetic medicine because it was unclear who should order or collect this. The care worker said that they had raised the issue with the office and had been told to wait until the next day to resolve it. They told us that they had logged this as an incident but had not received a follow-up.

Records indicated that audits were not carried out or when completed were inadequate and did not highlight errors.

On the second day of the inspection the manager had taken immediate action to minimise the risk of medicine errors. One care worker had been removed from administering medicines to people to ensure the person was no longer placed at risk of unsafe medicines management. 58 staff had been placed on medicine training the following week with additional dates being arranged for all other staff. The manager confirmed that the medicine policy was being sent to all staff to ensure they were aware of the correct procedures to safely manage medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). CQC is considering the appropriate regulatory response to resolve the problems we found.

People were not always protected against known risks. Risk assessments covered a wide range of areas for example we found risk assessments for, mobility, falls risk, environment, medicines, nutrition, skin integrity and major medical conditions. One person we spoke with told us, "I feel safe having them [staff] around". We looked at risk assessments and found these were not always comprehensive. For example on risk assessment did not have any information on how staff should best support someone who engaged in behaviours that others find challenging. This meant that the person was at risk of not being supported appropriately at times heightened risk.

People were protected against the risk of harm and abuse. Staff were knowledgeable on how to identify different types of abuse and the correct procedure to report suspected abuse. Staff demonstrated an acute understanding of the situations in which people could be at risk of abuse and had developed strategies to protect them. For example, staff had identified one person who was at risk of abuse or exploitation due to their dependency on alcohol To try and

Inadequate

Is the service safe?

reduce the risks of this, staff maintained frequent contact with social services and a local alcohol misuse and mental health team and ensured that they maintained a positive rapport with the person, which they used to discuss ways the person could keep themselves safe in the community.

People were supported by appropriate staff. The service carried out the necessary checks when recruiting staff. We looked at staff files which showed all staff had undertaken Disclosure and Barring Service (DBS) checks, two references, had a completed application form and photographic identification. Care workers had been employed using a robust interview process that included a test of their understanding of the principles of care, protecting vulnerable people, providing care inclusive of diversity and whistleblowing. Care workers also had to pass a numeracy and literacy exam before being offered employment. We spoke with an operations staff member who told us, the calibre of new care workers had improved significantly with the appointment of a new recruiting officer and that induction trainers were very good at making sure only staff who had demonstrated competence in care were approved to work for the company.

People were supported by safe numbers of staff. We received mixed feedback regarding staffing levels, for example one person told us, “They [staff] are usually very good and turn up on time, but there have been instances where we have been let down badly. We have to call the office to find out if staff are coming because they don’t always let us know”. Another person told us, “The staff always arrive when they’re meant to. If one of my regular staff are sick they do on the whole let me know in advance”. Staff told us that staffing levels were usually adequate although care workers said that there was extra pressure at weekends because a lot of people didn’t work then.

Requires improvement

Is the service effective?

Our findings

People were not always supported by staff who were adequately trained in safe medicines management. We received mixed feedback regarding medicine training for example; some staff told us they had not received the training whereas others told us they were happy with the standard of medicine training. Staff files indicated all staff had received training and held a medicine training certificate which contradicted what staff told us. Staff did not have adequate knowledge on how to correctly complete medicine records, for example indicate who the medicine was for, the name of the prescribed medicine, when it should be administered and signed to say it had been administered. MARS indicated clearly that the medicine training received by staff was not effective and place people at significant risk of harm. We spoke with the manager who told us all staff received on going medicine management training, however the training was inadequate and she was in the process of reviewing more robust training methods to ensure staff received high quality training to ensure staff could safely manage medicines in a manner.

Records relating to staff training were not always completed. Follow up training tests in infection control had not been signed or checked by a manager to indicate the staff's competency level. This meant that it was not always clear if staff training had been completed or if their understanding had been checked.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). CQC is considering the appropriate regulatory response to resolve the problems we found.

Care workers were in general positive about the quality and frequency of training. One care worker told us, "The trainers are fantastic. You can tell how experienced they are and the tests at the end really help us to prove what we've learned." Safeguarding was included in mandatory training and staff were able to tell us how they used this in practice to ensure vulnerable people were cared for appropriately. Staff told us that their dementia training included communication techniques to help them speak with people clearly as well as a collaboration session in which they could share good practice and experiences. Staff files showed that staff received training in the following areas, medicine management, health and safety, manual handling, safeguarding and mental capacity.

People received care and support from staff who had received company inductions. Records showed that staff had undergone an initial four-day induction programme. Following this, staff shadowed an experienced member of staff for up to eight shifts and was monitored in their performance. We saw that records relating to the shadowing period were not always robust or focused on development. For instance, we looked at four shadowing records for a member of staff and found that the supervising care worker had provided minimal feedback. One comment in relation to the new care worker's ability to support a person to dress or undress was, "[Care worker] is good and confident." This meant that it was not clear if new staff were properly supervised or supported during this period. We asked a care worker about this. They said, "The shadowing wasn't particularly useful for me because the carer I was with was very established with their own [people] and didn't want me there. I also saw them provide poor care that went against the training I'd just had, like walking into someone's home without speaking to them or saying hello."

People were supported by staff who received bi-monthly supervisions from a manager. Supervisions were themed by a topic so that staff understanding and competency could be checked along with general care knowledge. Themed topics were detailed and there was evidence that staff were required to demonstrate a minimum standard of knowledge in that area. For instance, a previous continence-themed supervision had included factors contributing to incontinence, methods to support people and make them feel at ease, checks of skin integrity and monitoring of nutrition and hydration. Additional supervision topics included the safety and security of peoples' homes, communication and the management of medicines. Staff we spoke with told us that supervisions were useful because they could talk about their development with a manager. One care worker said, "We can ask for extra training as part of our supervision and the new manager is really good at sorting this out. Some of us asked for stoma care training and this was provided."

People were supported by staff who did not always receive an annual appraisal. In the seven personnel files we looked

Requires improvement

Is the service effective?

at, one care worker had a documented annual appraisal. This was task-based and incomplete; with a number of tick-boxes indicating areas of understanding completed by the member of staff themselves. There was no management input in the appraisal record and the outcomes and development sections were not completed. We spoke with the manager who told us that they were implementing new systems to ensure staff received regular and comprehensive appraisals.

People's consent to care was sought at all times. People told us, "Staff ask me what I think and they do involve me". Another person told us, "They [staff] are respectful and take what I say into consideration". Care workers demonstrated knowledge of their responsibilities around obtaining consent to provide care to a person as well as mental capacity practices. Staff told us they asked for permission at each stage of care and where they felt that the person did not understand or did not have capacity, they would contact a more senior person and review daily notes to help them to understand the person's condition.

People were supported to have enough to eat and drink. Where agreed in people's care package, staff supported people to prepare meals. Staff were aware of the importance of ensuring people had enough to eat and drink and how to raise concerns should they believe someone was becoming malnourished or dehydrated.

Good

Is the service caring?

Our findings

People were supported by caring and compassionate staff who treated them with dignity and respect at all times. One person told us, “The staff are kind and caring; they let me know what they’re doing”. Another person told us, “My regular carer is very very kind”. Another person we spoke with told us, “They [staff] are perfect, they work very hard indeed, and they’re just perfect for me”.

Care workers we spoke with had a good understanding of person-centred care and were able to give us examples of how they maintained people’s privacy and dignity. One care worker said, “We acknowledge people as soon as we enter their home. We don’t just go in and take charge. This is all about them so we ask them what they want and we have a flexible approach to providing care. When we’re finished we ask if there’s anything else we can do to help and I always find time to have a chat as well, we need to make sure people aren’t lonely.”

People were supported by staff who knew their preferred communication methods. People told us, “Staff listen to me, they are incredibly polite, they always ask me how I’m doing and for an 80 year old woman that’s encouraging.” Staff told us that part of their dementia training included communication techniques to help them speak with people clearly as well as a collaboration session in which they could share good practice and experiences.

People were encouraged to maintain their independence wherever possible. One person told us, “I can do some things for myself, I like to do things. Staff do help me when I need it but I don’t need that much help, I try to stay active”. Another person told us, They [staff] help me to do things for myself if I can. They are very helpful”. Staff had a clear understanding of the importance of maintaining and encouraging people’s independence at all times.

Care workers were aware of how to maintain people’s wellbeing and who to contact should they have concerns. A care worker told us, “If we suspect something is wrong we contact the office to let them know and seek advice”. Another care worker told us, “I speak with their [people] family to let them know if I have concerns”. This meant that people’s wellbeing was monitored and any concerns were raised with the appropriate people.

Care workers spoke of the people they supported with respect and kindness. Staff gave us examples of how they supported people at times when they were anxious and that they would ensure people were not left in a state of distress. Staff told us they would contact the office to alert them to someone who is anxious or in need of immediate support and share the information with people on a need to know basis.

Requires improvement

Is the service responsive?

Our findings

People did not always receive care and support that was person centred. People received care and treatment as agreed in their care plans. Care plans did not always hold adequate information to ensure staff could effectively care and support people according to their needs. The manager told us she was implementing a new care plan style which would contain comprehensive information. We looked at the new style care plans and found these were much more detailed in terms of likes and dislikes. However did not contain sufficient information to ensure staff had clear guidelines on how to support people with medicine administration as it was at times confusing.

Care plans were reviewed regularly to reflect people's changing needs, however the manager told us, that everyone would be having the new style care plans and this work was being undertaken thus reviews would take slightly longer than before.

Preadmission assessments were carried out prior to someone receiving care and support from London Care. The manager told us, "A supervisor carries out a visit to complete an assessment following a referral. We do ensure that we can provide the level of care people require before agreeing to start delivering care. We will say no if we are unable to provide care". Assessments looked at care needs, known risks, medical needs, likes and dislikes, life history and relative contact details. The service also contacted the community support team.

People were supported to access the community by care workers as and when required. People told us, "My carer will take me out if I need her to. I don't often go out but I know I can if I choose to". Another person told us, "The staff take us out to conduct our business, there have been times when they have not been able to provide staff to do this and it has let us down. We have missed hospital appointments because of this and it is very frustrating. But on the whole staff do take us out". A relative told us, "Staff come and take [relative] out when he/she wants to, they do whatever it is he/she wants". Staff supported people to go shopping, access health care and collect their finances as agreed with in their care plan.

Staff had a good understanding of the importance of supporting people not to become socially isolated. Staff were aware of the benefits of people accessing the community and engaging with others and used techniques based on inclusion and encouragement to minimise the risks of this happening. Staff told us, "If someone appears unhappy or they are isolating themselves, I sit and talk with them to find out more. I let the office know and they will make their relatives aware". This meant people were protected against the risk of becoming socially isolated.

People were encouraged to raise concerns or complaints. People told us, "I haven't made a real complaint, I've mentioned things that I've not been happy with and these have been dealt with. When asked if they felt they could raise a complaint, they told us, "I would speak to my carer or the manager because I know they listen and would get things done". Another person we spoke with told us, "I haven't needed to make a complaint, I am happy with the care I receive so far". Another person we spoke with told us, "I'm very assertive and can make a complaint but I would go through the local authority if I were unhappy about something". Care workers had good knowledge of how to respond to people who raised concerns or complaints with them. One care worker told us, "I have been trained to make sure I listened to the person and try to resolve the issue on site if possible. In all cases I raise the issue with the manager to follow up with the person."

We saw evidence of good practice relating to the complaints. Complaints were recorded and action taken to address the concern in line with company policy. We looked at the complaints file and found since 01 April 2015 the service had received 19 complaints. All complaints had been appropriately investigated and records of outcomes, written explanations and follow up action logged. The complaints policy had relevant key contacts for escalating concerns for example, senior management, local authority and the commission. A time line for responses to the complaintive was clear and records reviewed indicated confirmed all complaints had been addressed within the time frame.

Requires improvement

Is the service well-led?

Our findings

People were placed at risk because the provider was not assessing, monitoring and mitigating against the risks relating to the health, safety and welfare of people. The service did not carry out regular or comprehensive medicine audits. The manager told us, "Medicine audits have not been carried out". We looked at six medicine audit charts and found five were not completed. The audit that had been completed was incomplete and appropriate action of findings were not taken or recorded. The manager told us, "We are looking to implement robust audits to ensure medicine audits are carried out monthly and action taken when needed".

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). CQC is considering the appropriate regulatory response to resolve the problems we found.

People, their relatives, staff and a health care professional told us they felt the service was well run and that positive changes had been made since the new manager had been in post. One person told us, "She's [manager] my number one person, a really lovely person. She's come to see me at home to meet with me. I know she listens to me and makes sure things I'm not happy with get changed." A staff member told us, "There have been many improvements since she [manager] came here. She is very accessible and will always find time to speak with you. She's much more involved and on our [care workers] level." Prior to the inspection we spoke with one health care professional who told us, "The new manager is making positive changes to the delivery of care, she is enthusiastic to promote and improve the service".

People were supported by staff that did not always feel appropriately supported by office staff. We received mixed views regarding office based staff, one care worker raised concerns about the lack of responsiveness from office-based coordinators. They said, "I had to call them recently because I'd noticed a person I look after wasn't eating properly. I was worried he was becoming malnourished so I called the office for advice. They told me to just leave him. That's not good enough – I need more help if someone is in this state." During the inspection we saw office staff respond to people and care workers in a timely manner offering advice and guidance and where appropriate escalating calls to senior staff and/or the manager.

People's views were gathered by the service questioning practice in the form of audits and questionnaires. People we spoke with told us, "They [office staff] ask me what I am happy with and if there is anything I'm displeased with. I can tell them and I know they will put things right". The manager told us and records confirmed that quality assurance monitoring phone calls and monthly home visit monitoring were carried out. The manager confirmed that Information that required action was not always addressed as quickly as they would like, however this was being addressed.

Managers conducted spot-checks on care workers to monitor their performance routinely or where concerns had been raised. It was not always clear if learning from spot-checks had taken place. For instance, we saw in one spot-check that the care worker had arrived late and was recorded as not providing all of the planned care but there was no record that a follow-up had taken place or what had been discussed with the member of staff. We spent time speaking with care workers about spot-checks. One individual said, "Spot-checks are useful because they help maintain standards, especially around time-keeping."

The manager promoted an open and inclusive environment where staff could raise concerns or have access to the manager at any time to talk about anything they wished. Staff told us the manager was very approachable and available to them to give advice and support. One staff member told us, "There have been many improvements since she [manager] came here. She is very accessible and will always find time to speak with you. She's much more involved and on our [care workers] level." The manager acknowledged that there had been a negative culture when she took post, however she has built a new office team which has built relationships based on a new approach towards staff. During the inspection we observed staff seeking advice and guidance from the manager via telephone and in person. The manager took time out from her schedule to directly engage with the staff to support them on a one to one basis.

The manager encouraged open communication with both office based and field care workers. Since taking post within the service the manager had implemented a monthly

Requires improvement

Is the service well-led?

newsletter, to remind staff of updates to policies and procedures and as a result had made staff feel more involved with each other and the company. One care worker said, "The new manager is fantastic. She has reinforced care standards and has an excellent understanding of what it's like on the front line. She has been out to visit a number of [people] in person and they're all very happy because of this. It's good to know you can have a professional relationship with your line manager who knows exactly what's going on."

We saw examples of the manager actively encouraging professional partnership working with other health care professionals. The manager told us, "It is vital that we involve ourselves with other people and organisations that can help to improve the quality of service. We are involved with a local hospice group who have agreed to supply training to ten additional care workers with end of life care skills. This means that we can share that knowledge with all care workers to ensure people are cared for in a compassionate and responsive way at the end of life stage".

The manager had clear visions and values for the service which were shared by the staff we spoke with. The manager told us, "I want to continue to grow and develop the service. Improve the quality of life for people and make every action of service delivery a positive one with a positive outcome. I want to instil in care workers the desire to provide people with a better life and I can do this through questioning practice".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not protected against the risk of poor medicine management. There were gaps in the medicine administration recording charts, people's names were not always recorded, and people did not receive the correct amount of prescribed medicine. Regulation 12(2)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People were placed at risk associated to the service not assessing, monitoring and mitigating against the risks relating to the health, safety and welfare of people. The service did not carry out regular or comprehensive medicine audits. Regulation 17(1), (2)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The manager did not deploy sufficient numbers of suitably qualified and competent staff to meet people's care and treatment needs in relation to safe medicine management. Regulation 18(1)(2)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not protected against the risk of poor medicine management. There were gaps in the medicine administration recording charts, people's names were not always recorded, and people did not receive the correct amount of prescribed medicine.

The enforcement action we took:
CQC is considering the appropriate regulatory response to resolve the problems we found.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People were placed at risk associated to the service not assessing, monitoring and mitigating against the risks relating to the health, safety and welfare of people. The service did not carry out regular or comprehensive medicine audits. Regulation 17(1), (2)(a)(b)

The enforcement action we took:
CQC is considering the appropriate regulatory response to resolve the problems we found.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The manager did not deploy sufficient numbers of suitably qualified and competent staff to meet people's care and treatment needs in relation to safe medicine management. Regulation 18(1)(2)(a)

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Enforcement actions

The enforcement action we took:
CQC is considering the appropriate regulatory response to resolve the problems we found.