Comfort Call Limited

Comfort Call Oldham

Inspection report

Able House, Trent Industrial Estate
Duchess Street, Shaw
Oldham
Greater Manchester
OL2 7UT

Tel: 01706880780
Website: www.comfortcall.co.uk

Date of inspection visit:
15 March 2016
16 March 2016
18 March 2016

Date of publication:
15 June 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 15, 16 and 18 March 2016. This was an announced inspection.

Comfort Call Oldham is a Domiciliary Care Agency, which provides personal care support to people living in their own homes in the Oldham and Rochdale area and two extra care housing schemes based in Oldham. Its office is based on the outskirts of Oldham in Shaw.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

At the time of our inspection the service were supporting 131 people. We spoke with 15 people who used the service and five relatives about their experiences using the agency. The majority of people we spoke with told us they were happy with the service provided, but a minority of people highlighted areas they felt could be improved, particularly regarding the timings of calls.

Systems were in place to make sure people received their medication. And audits of MAR charts were completed monthly. However we noted that five care staff were out of date in their medication training and had not been competency checked for over two years. This posed a risk to people as staff who are not competent or trained to give the correct medication may result in medication errors.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care staff told us that overall there were enough staff employed to meet the needs of the people being supported, and we saw additional staff were being recruited. However, care staff said sometimes calls were late due to last minute sickness or needing to stay with someone longer than planned to ensure people's needs were met.

People's needs had been assessed before their care package commenced and they told us they had been involved in formulating and updating their care plans. We found the information contained in the care records we sampled were person centred and clearly identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in.

People received a service that was based on their personal needs and wishes. Staff told us that changes in people's needs were quickly identified and their care plans amended to reflect these changes. Where people needed assistance taking their medication this was administered in a timely way by staff who had been trained to carry out this role.

The requirements of the Mental Capacity Act 2005 (MCA) were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

There was a recruitment system that helped the employer make safer recruitment decisions when employing new staff. We saw new staff had received a structured induction and essential training at the beginning of their employment. This had been followed by regular refresher training to update their knowledge and skills. Staff told us they felt well supported and received regular supervision and an annual appraisal of their work performance.

The company had a complaints policy which was provided to each person in the information pack provided at the start of their care package. When concerns had been raised we saw the correct procedure had been used to record, investigate and resolve issues.

The provider had a system in place to enable people to share their opinion of the service provided.

There were quality assurance systems in place to monitor the quality of service provided. Where improvements were needed the provider had put action plans in place to address these.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

We found recruitment processes were thorough, which helped the employer make safer recruitment decisions when employing new staff.

The service employed sufficient staff to meet people's needs, but some people raised concerns about staff being late for visits.

Systems were in place to make sure people received their medication and audits of MAR charts were completed monthly.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had completed training in the Mental Capacity Act and understood how to support people whilst considering their best interest. Records demonstrated people's capacity to make decisions had been considered as part of their care assessment.

Staff had completed a comprehensive induction and a varied training programme was available that helped them meet the needs of the people they supported. However five care workers did not have up to date training in medication administration.

Staff had received basic food hygiene training to help make sure food was prepared safely.

Is the service caring?

Good

The service was caring.

People told us staff respected their opinion and delivered care in an inclusive, caring manner.

People received a good quality of care from staff who understood the level.

Is the service responsive?

Good

The service was responsive.

People had been encouraged to be involved in planning their care. Care plans were individualised so they reflected each person's needs and preferences. Care records had been reviewed and updated in a timely manner.

There was a system in place to tell people how to make a complaint and how it would be managed. Where concerns had been raised the provider had taken action to resolve the issues.

Is the service well-led?

Good

The service was well led.

There was a quality assurance system in place to monitor and assess service provision and to determine if people were satisfied with the service provided. This included surveys, meetings and regular audits.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Comfort Call Oldham

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 was 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 15, 16 and 18 March 2018 in line with our current methodology for inspecting domiciliary care agencies. This inspection was announced to ensure that the registered manager or other responsible person would be available to assist with the inspection visit.

The inspection team consisted of one adult social care inspector. Following our visit to the office of Comfort Call Oldham, we spoke with eight people who used the service and four relatives by telephone, and visited three people in their homes to discuss the service the agency provided. When we visited people in their own homes we also spoke with two relatives. We spoke with twelve members of staff including the registered manager and the training officer.

To help us to plan and identify areas to focus on during the inspection we considered all the information we held about the service, such as notifications about safeguarding matters. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. We also obtained the views of local commissioners of the service and Healthwatch, no concerns were reported. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing fifteen people's care records, medication records, staff rotas, training and support records, eight staff recruitment files, audits, policies and procedures.

Good

Is the service safe?

Our findings

People who used the service felt their care and support was delivered in a safe way. All of the people we spoke with told us they felt safe with their regular care workers. One person told us " I feel really safe with the carers" A second person told us "They make me feel safe, I have no worries at all when they come, they wear their badges and uniform" People described the arrangements in place for staff to access their homes while maintaining their safety and security. One person told us "I have a key safe and care staff let themselves in." Another person told us "They will ring the bell and I will let the care staff in, but if I don't they call me on my mobile to see if I am at home".

Relatives of people using the service also said they felt safe leaving their relative with care staff. One relative told us "They are a bunch of lovely ladies, I wouldn't leave [person] if I knew he wasn't in safe hands".

Comments from people living in the extra care housing schemes included, "I like living here. I feel very safe living here and the carers are always here to help". Another person told us "I'm more than happy with the care staff at Comfort call, it's like one big happy family"

As part of the inspection, we looked at how the service managed risk. We saw care and support was planned and delivered in a way that ensured peoples safety and welfare. We looked at fifteen people's care plans and found a range of risk assessments had been undertaken to identify and monitor any specific areas where people were more at risk, such as how to move them safely manage falls, nutritional, and skin integrity. We found care staff were provided with clear guidance about the action they needed to take to protect people and risk assessments had been reviewed and updated in a timely manner to reflect any changes in people's needs.

Environmental safety risk assessment had also been completed. This helped senior staff to identify any potential risks in the person's home that might affect the person using the service, or care staff supporting the person. We saw staff had received guidance on keeping people's houses secure with the use of key safes. Care staff had been issued with an identity badge and told to carry them at all times so they could prove who they were and that they worked for the agency.

Care staff we spoke with demonstrated a good understanding of people's needs and how to keep them safe. They told us how potential risks were assessed before a care package was commenced, and described how they ensured risk assessments were adhered to.

All accidents and other significant incidents were recorded and reported to the provider's office for analysis and any necessary follow up actions were clearly documented, for example if a review of the risk assessment needed to be completed this was then arranged by the field care supervisor immediately and any changes were passed onto all care staff.

The provider had an appropriate safeguarding policy in place, which was in line with the guidance and expectations of the local authority safeguarding adult's team. The registered manager was aware of the

local authority's safeguarding adults procedures, which aimed to make sure incidents were reported and investigated appropriately. Records showed that safeguarding concerns had been reported to the local authority safeguarding team and the Care Quality Commission (CQC) in a timely manner. All the provider's staff had been trained in the principles and practice of safeguarding vulnerable people.

Care staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they would report any concerns to the registered manager or a member of the management team. We found care staff had received training in this subject during their induction period, followed by periodic refresher courses. We saw there was also a whistleblowing policy, which told staff how they could raise concerns about unsafe practice. One care staff member told us "I would always make sure service users are always safe, and if I felt they were not then I would report my concerns immediately to my supervisor or manager".

We saw the Comfort Call Oldham's office staff tried to make sure people were consistently supported by the same care staff. The majority of people we spoke with said they had the same team of care staff supporting them, who arrived on time and stayed the correct length of time. However, a few people told us care staff were sometimes rushed or arrived late. One person who used the service described the times care staff should arrive, but said this did not always happen adding "Care staff don't always inform you if they are running late."

Care staff we spoke with said they felt that overall there was enough staff to meet people's needs, but said this had been difficult in the past. They told us new staff had been recruited in the Oldham area, which had helped, but more staff were needed. One care staff member said, "There has been a lot of new staff" Another care staff member commented, "There is plenty of staff but if staff ring in sick on a weekend or if its bad weather then this can have an impact on your rota." We raised these concerns with the registered manager who told us this can be an issue but to relieve pressures there was an on-going recruitment campaign to recruit new staff to fill any shortfalls.

We checked eight staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

As part of the inspection we looked at how the service managed people's medicines safely. We found care staff either administered people's medications or prompted them to take them from a monitored dose system [MDS]. The service had a medication policy which outlined the safe handling of medicines. Where people needed assistance to take their medication we saw care plans outlined staff's role in supporting them to take them safely. A Medication Administration Record [MAR] was also in place, which care staff used to record the medicines they had either administered or prompted people to take. The people we spoke with were happy with how care staff supported them to take their medication. One person said, "They [care staff] are checking to see if I have had my medicines".

We looked at a sample of ten medication administration records, which recorded when medication had been administered to a person supported by the service and by whom. These records showed us people received their medicines at the times they needed them and in line with the prescriber's instructions. We found that the registered manager audited all MAR charts and any gaps in signatures or omissions in these

records had been identified and followed up by the registered manager to ensure improvements were made.

Care staff were aware of the protocols to follow in response to medical emergencies or changes to people's health and well-being. Care staff also explained that the service had contingency plans for dealing with extreme weather conditions and provided examples of where this had been applied in the past to manage the risks associated with any potential disruption to the service.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us staff know what they are doing and were competent in providing care and support. One person using the service said, "I would like to say the carers are likeable and social people, they know what needs doing when they get here". A relative told us, "The quality of care varies from carers, generally it is good care and far better than previous carers from their previous agency." Another relative commented, "I feel safe with them [care workers] in the house, they are polite and respectful." Another relative said, "The carer who usually comes is lovely, she is very respectful to my wife and me." A third relative commented, "They [care workers] all seem well trained they know how to use the equipment."

Care staff we spoke with told us they had undertaken a structured induction when they joined the agency. This had included completing the company's mandatory five day in house training, which was facilitated by a training manager, and included sessions on essential training topics such moving and handling, safeguarding children and adults, health and safety, food hygiene, medication and person centred care training such as how to appropriately bathe people in a dignified manner. One member of care staff told us they had spent a week at the office going through paperwork and completing the company induction training. They said, "The training is outstanding, you get a lot of support from the manager and the training manager I had never done caring before but I felt it prepared me well for the job. I also shadowed different carers for two days, going to different people at different times of the day." Care staff spoken with told us they had found the shadowing shifts very useful. Another member of care staff told us "The best part is the training you have with the trainer; its practical training so they teach you how to use a hoist or a slide sheet".

We spoke with the training manager who said they were responsible for delivering the induction training, as well as refresher courses. They were aware of the new Care Certificate introduced by Skills for Care and described how they had introduced it at the organisation. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. We saw each training session included completion of a workbook and an assessment of staff's knowledge. The training manager said staff also received a copy of the staff handbook and the code of practice for care workers.

We saw the provider used a computerised training matrix which identified any shortfalls in essential staff training, or when update sessions were due. This helped to make sure staff updated their skills in a timely manner. However we noted that five care staff were out of date in their medication training and had not been competency checked for over two years. This posed a risk to people as staff who are not competent or trained to give the correct medication may result in medication errors.
This was a breach of Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
All the staff we spoke with felt they had received the correct level of training they needed for their job roles, this included any additional specific training. Care staff were also supported to undertake a nationally recognised qualification in care. The provider's policy for supervision and appraisal of staff stated that each care staff member should receive supervision at a minimum of three monthly intervals. There was a system in place to provide staff with regular support sessions and an annual appraisal of their work. Staff files, and

comments, showed regular supervision sessions in line with the supervision policy had been provided. Care staff we spoke with felt they were well trained and supported, saying they found the support sessions valuable. One member of care staff told us, "The trainer is very good" and "I get a supervision session about every few months, but if I have a problem I can ring the office or speak to the manager any time."

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 interest and as least restrictive as possible.

We checked whether people had consented to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process.

We asked care staff what they did to make sure people were in agreement with any care and treatment they provided. They were able to demonstrate a basic understanding of their responsibilities under the Mental Capacity Act 2005 (MCA). Care staff described how they always asked people for their consent to carry out care on every visit. They were clear they did not rely on the fact people had provided consent in the past to imply consent and ensured they obtained people's consent on each occasion they provided support. People who used the service we spoke with confirmed this. We spoke with care staff about people's capacity to agree to their care arrangements. They had a good knowledge of the people they supported and their capacity to make decisions.

We found that where care staff were involved in preparing and serving food people were happy with how this took place. We also saw care staff had completed basic food hygiene training as part of their induction and this had been updated periodically. Our review of daily activity records showed care staff ensured people were left with access to food and drink. The people we spoke with confirmed this. Care staff were able to describe the actions they would take should someone not be eating or drinking sufficient. This included recording people's intake and reporting any concerns promptly to the registered manager or their line manager.

People told us most health care appointments were co-ordinated by themselves or their relatives. However, we saw evidence that care staff made referrals to healthcare services where they felt this was appropriate and worked with other health and social care professionals to ensure joined up care. For example, we saw care staff had noted a decline in one person's skin condition so had contacted their GP to arrange an appointment for them.

Good

Is the service caring?

Our findings

People we spoke with who used the service praised staff and told us the quality of care was good and staff understood the level of support they needed. One person who used the service told us they had "No concerns, they [care staff] are absolutely brilliant, never had issues, they complete all tasks when they come and show respect" Another person said "They make me laugh when they come, it's really nice. They show privacy and are really good indeed, I am very satisfied with the service, carers are lovely and caring". One person told us, "They [staff] visit daily and are really good". A relative commented, "They have been absolutely excellent carers, very empathetic holding them at a high esteem". Other comments included, "Happy now with the service, carers are very polite, everything gets done for me that's in the care plan" and "They need more staff even though there's a lot more new faces, I have no concerns".

People we spoke with, who lived at the extra care scheme told us staff were kind and caring. They described them as friendly, always smiling, never hurried and patient. We saw this to be the case from our observations of interactions between all staff, people who used the service and relatives. The atmosphere was calm and relaxed. We saw that staff always spoke to people in a quiet manner, making eye contact and where appropriate were tactile and offered reassurance.
Relatives were also complimentary about the way care staff supported their family members. One relative said "I'm very happy with the service, they look after my daughter, they chat and joke with her and always tidy up after themselves." Another relative commented "lovely bunch of girls, very happy with the service".

People who use the service we spoke with told us they could express their views and were involved in making decisions about their care and treatment and had been involved in developing their care plans. They also told us that care staff worked to the plans. Care files contained detailed information about people's needs and preferences, so care staff had clear guidance about what was important to the people they were supporting and how to support them.

The care staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and wishes. When we asked care staff how they knew what was important to the people they supported they told us they read the care plans, which provided good information. One member of care staff said, "It's how you speak to people." Other care staff described how they offered people choice, such as meal options. Another member of care staff told us, "I always give service users a choice by asking them what they fancy for tea, I see what option they have in the fridge and they then tell me what they want me to cook for them, all my service users are happy, it feels great working here"

Care staff responses to our questions showed they understood the importance of respecting people's dignity, privacy and independence. For example they were able to explain clearly how they would preserve people's dignity and privacy. One member of care staff told us, "You have to make sure curtains and doors are shut and you talk to the person so that they are comfortable when doing personal care." Another member of care staff commented, "I look at it if it was my mum or dad, how would I want them to be treated, so I treat all service users with respect and dignity."

We saw information within people's care records to prompt care staff about how they could help people to retain their independence. One member of care staff told us, "You try and get service users to be as independent as possible, I don't think it's' fair to take their independence away". Another care worker explained how they supported someone to shower, "I waited outside until they call me then I help them to get dried and dressed."

Good

Is the service responsive?

Our findings

We found people who used the service, and their relatives, where appropriate, had been involved in planning the care provided and were happy with how staff delivered care. One relative said "Yes they [care staff] follow the care plans". People described how a pre-assessment of their needs were documented and then a detailed plan of their care needs were developed. One person told us, "Yes I was involved in my care plan and they have recently reviewed my care as there were some changes".

The registered manager confirmed that before a person received a service, they carried out an assessment of the person's abilities and needs. We were told this was used to develop individualised care plans for each person using the service. The provider was in the process of updating all care records for all people. We reviewed fifteen care records. We found care files contained detailed information about all aspects of the person's needs and preferences, including clear guidance for care staff on how to meet the person's needs. Records were in place to monitor any specific areas where people were more at risk, for example pressure areas, dietary intake and explained what action care staff needed to take to protect the person. Care staff told us this information was available on their first visit to a new person and they could also contact the office for clarification if they needed it. They felt the assessments and plans provided good information that was easy to access and understand.

We saw care staff completed a report book and a daily record of each visit they made, the latter reported on care provided and any changes in the person's condition. The report book included monitoring forms for the administration of medication, what the person had eaten and drunk, skin integrity and any financial transactions were also recorded. Not everyone needed monitoring in these areas, but where required they had been completed appropriately. There was evidence of the report books being checked by the field supervisors and registered manager to make sure care staff had completed them correctly and there were no changes needed to the care plan.

The registered manager told us all care reviews were carried out annually or sooner when needs had changed to make sure people were happy with the care provided and the care plan was still correct. We saw evidence of completed care reviews in peoples care records we reviewed. One person who used the service told us, "I have had a review visit, no problems really."

People told us that they were given choices about everyday things and that care staff respected their choices. A person told us "[Care staff] always asks me what I want to wear in the morning, and she knows I have the same breakfast each day but sometimes I may want something else and she will prepare it for me"

The provider had a complaints and compliments procedure, which was included in the information pack given to people at the start of their care package. We saw a system was in place to record all concerns and compliments received. Information received from the registered manager showed the service had received four complaints in 2015 relating to inconsistency in times of calls and staff not following care plans. The details of each complaint had been recorded along with actions taken and the outcome. We saw where possible these had been resolved to people's satisfaction and changes to care packages had been made if

required.

People told us they would feel comfortable raising concerns with their care staff or the office staff. The people we contacted said they were happy with the service they received and felt any concerns raised had been addressed appropriately.

Information we received from the provider showed that 6 compliments had also been received about specific care staff and the care provision.

When we visited the office we saw an analysis of the service quality survey 2015 had taken place and an action plan developed to address areas identified in the survey to improve the service provided.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post that was registered with the Care Quality Commission. The registered manager was supported by a service manager at each extra care scheme and a care manager and senior care staff for the running of the domiciliary branch. There were also identified additional roles for coordinators and administration staff. The registered manager told us that they promoted a whole team approach.

Other people we spoke with raised concerns about lack of communication from the office when care staff were going to be late and the timings of visits "If carers are late then I sometimes have to go to bed late". We asked the person if they had raised this with the manager and they told us "The communication was bad at first but now if they are running late the on-call manager will contact me".

The care files we reviewed showed that quality assurance processes such as on-site spot monitoring, telephone checks with people who used the service, and home visits by the registered manager to check on people's views of the service were being carried out and that reviews were undertaken sooner if requested. The summary of the service quality survey completed in 2015 indicated that overall people were happy with the service provided. Comments included: "Happy with the service. Everyone is pleasant and helpful" and "Look forward to [care staff] company every day, she actually puts in the effort to be friendly. I trust her completely. She does her best for me." There were also a number of negative responses about people not having a consistent staff team caring for them, staff being late for calls and not being told when staff were going to be late for a visit. The registered manager told us an action plan had been formulated to address the concerns people had and an on-going recruitment campaign was in place.

The provider gained staff feedback through periodic meetings. We reviewed staff meeting notes which demonstrated that overall care staff were happy with how the service operated. However, they also highlighted a few things that could be improved, such as travel time and communication, we saw evidence that some action had been taken to address these areas.

On the whole care staff felt well-led and that management were approachable and listened to their concerns. Care staff told us they enjoyed working for the organisation and were happy with how it operated. One member of care staff told us, "It's a really good place to work for." Another member of care staff said, "The manager is really supportive, I am pregnant and one service user I visit always smokes so I raised this with the manager and now I work in a smoke free environment". Care staff we spoke with felt they could voice their opinion openly to the registered manager or another member of the management team if they needed to discuss anything. They said this could be done at staff meetings, in supervision sessions or informally at any time.

The provider had policies and procedures in place, which covered all aspects of service delivery. The policies and procedures included safeguarding, support with medication, whistleblowing, recruitment and selection and staff competence. These policies were reviewed centrally and updated regularly with any changes communicated to care staff during staff meetings. These policies were developed to protect not

only employees who work for Comfort Call but all the people that use the service too.

We saw regular checks and audits had been carried out to make sure the service was operating to expected standards in relation to health and safety, care records and medication administration. Where shortfalls had been found action plans had been completed which highlighted areas to be addressed by the registered manager or service manager and completed within a given timescale.

We found quality assurance tools had been used to monitor how the service was operating and to learn from things that had happened in the past. We also saw the registered manager utilised the organisation's computer system to produce a 30 day report on medication errors, complaints, incidents and missed visits. Such reports supported the registered manager in monitoring how the service was operating and highlighted any action that needed to be taken for the following month. We saw that any records of care that needed to be reviewed were highlighted and this was then allocated to the appropriate field care supervisor.

The statement of purpose and a service user guide were on display in the office area with the complaints procedure. This information was also contained within the care records we looked at in people's homes, ensuring that people who use the service, relatives and care staff were able to access the information easily when needed. .

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

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 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 18 HSCA RA Regulations 2014 Staffing Five care workers did not have up to date training in medication administration.