Maria Care Limited

Maria Care Services

Inspection report

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Date of inspection visit:
09 February 2017

Date of publication:
30 March 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 3, 7 and 9 February 2017 and was announced. We told the manager and registered manager two days before our visit that we would be coming. This was the first inspection for this service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to adults over the age of 18 year old. We only looked at the service for people receiving personal care during this inspection as this is the service that is registered with the Care Quality Commission. Personal care included; assistance with bathing, dressing, meals and medicines. At the time of the inspection the agency was supporting approximately 55 people who received personal care in their own home.

There was a registered manager in post at the time of this 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 2008 and associated Regulations about how the service is run.

The service was not always taking action when care workers identified a concern relating to people's safety. Care workers knew how to identify abuse and knew who to go to should they suspect abuse. People felt safe and knew their care worker well. People were supported by staff who had pre-employment checks in place but one member of staff had no current check on their suitability to work with vulnerable adults.

People were happy with how staff administered their medicines and staff had received training to enable them to administer medicines safely. The service provided good support to people when their needs changed or when they required medical attention. There were suitable staffing arrangements in place to ensure people's needs were met.

The service identified risks to people's safety and had risk assessments in place to reduce the risk. Incidents and accidents were well managed to prevent similar incidents from occurring again.

People and relatives felt there was a good standard of care and all were happy with the service. Staff felt the managers were approachable and accessible. There was a positive culture that was person-centred and that aimed to provide people with good care. People had their feedback sought and all were complimentary about the care workers and service provided. The service had a complaints procedure in place.

People's care and support was planned in partnership with them. The service took action when people wished to have a different care worker. Care workers had a consistent rota that provided people with continuity of care staff. People were made aware when there were changes to care workers rotas.

People and relatives felt positive about the caring attitudes of the care staff. All confirmed they were happy

and that staff treated them with kindness and respect.

People were supported by staff who received training in order that they could carry out their roles although some training had expired. The provider was in the process of identifying and ensuring staff undertook the training that had expired. Staff had supervisions and spot checks on their work and all staff felt well supported and happy in their roles.

Quality assurance systems were not always identifying shortfalls found during the inspection. We found incomplete records relating to one person's medicines administered by staff. One staff member did not have a satisfactory check in place prior to starting with the agency and action had not been taken when a concern had been raised. We also found the provider was not ensuring they were reporting when an incident or injury occurred. The registered manager took action during the inspection to address these shortfalls and they provided notifications following the inspection process.

We found one breach of regulation 18 of The Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People felt safe and staff were able to identify abuse, but action was not taken at the time when a concern was raised.

People were supported by staff who had pre-employment checks in place but one member of staff had no current check on their suitability to work with vulnerable adults.

People were happy with how staff administered their medicines and staff had received training to enable them to administer medicines safely.

There were suitable staffing arrangements in place to ensure people's needs were met.

Is the service effective?

Good

The service was effective.

People were supported by staff who received regular supervision and appraisals.

Staff had received training but some training had expired. The service was in the process of identifying this shortfall and asking staff to attend refresher training.

People made decisions about their care in accordance with current legislation.

People were supported to see health care professionals according to their individual needs and people and relatives felt their experience was positive.

Is the service caring?

Good

The service was caring.

People received care that was kind and caring. Positive relationships had developed with staff.

People were positive about the caring attitude of all staff.

People had their dignity and privacy respected by staff who promoted a positive approach.

Is the service responsive?

Good

The service was responsive.

People were positive and complementary about the experience of the care they received.

People were involved in planning their support, which was personal to them.

People knew how to complain should they need to.

People felt positive about the support they received when there was a transition from another service.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service monitored the quality of the service although not all shortfalls had been identified through the provider's quality assurance systems.

Notifications were not always being made as required by law when people fell and injured themselves.

People felt the service was good and that office staff were approachable.

People's feedback was sought so that improvements could be made to people's care experience.

Maria Care Services

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 3, 7 and 9 February 2017 and was announced. The compliance manager and registered manager were given 48 hours' notice of the inspection. This is because the location provides a domiciliary care service. The registered manager can sometimes be out of the office supporting care givers or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the days of our inspection. The inspection was carried out by one inspector over the three days.

This inspection used the standard CQC assessment and ratings framework for community adult social care services, but included testing some new and improved methods for inspecting adult social care community services. The new and improved methods are designed to involve people more in the inspection, and to better reflect their experiences of the service.

During the inspection we spent time at the service's office and visiting people who used the service. We spoke with the registered manager, the compliance manager, the director, the care co-ordinator', the office apprentice, one senior carer and three care staff. We also visited four people and spoke with four relatives. We reviewed care records for four people who used the service, and looked at the records of three staff and other records relating to the management of the service. Prior to the inspection we contacted two social services staff to gain their views about the service.

We reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe.

People felt safe and they had no concerns about how staff supported them. They told us, "Oh yes I feel safe" and "Yes I am safe". People and their relatives said they always knew who was coming to care for them and staff wore an identification badge. People and relatives all felt if they had any concerns they would call the office staff who were very helpful. One relative told us, "We get [Name of care worker] Monday to Friday, we get continuity. They wear their uniform and ID badge and I feel safe, yes."

Care workers were able to demonstrate their understanding of abuse. One care worker told us, "Any concerns for the clients there is a whistleblowing number and a number on the back of my badge. Different types of abuse are financial, neglect, physical any type of concern I would go to my senior or manager." Another care worker told us, "I would report anything to the office staff, there is also a number on the back of my badge." Staff had received training in safeguarding adults although some staff were due refresher training which was being booked at the time of the inspection by the compliance manager. Records confirmed this.

We found whilst reviewing documentation a record where one care worker had raised a concern of unexplained bruising to a person they supported. We discussed this with the registered manager and compliance manager. They were unaware of the bruising and were also unable to say if the concern had been raised outside of the service. The office member of staff who had written the record no longer worked for the agency. The registered manager took immediate action and raised the concern with the local authority. Raising safeguarding concerns to external agency's such as the local authority is important as they ensure any safeguarding concerns are investigated if required. This meant that care workers were familiar with different types of abuse but that when a concern had been raised with a senior office member of staff no action had been taken. Following the inspection the registered manager confirmed that the safeguarding team were not taking forward the concerns for further investigation. They also confirmed advanced safeguarding training would be sought for managers of the service.

People were supported by staff who had pre-employment checks but we found one staff member did not have a current DBS prior to starting employment. A DBS is a check that is undertaken to ensure the candidate's suitability to work with vulnerable people. One new staff member had a DBS obtained from the staff member's previous employer which was four months old. It is important that a new DBS check is undertaken to ensure the candidate is still suitability to work with vulnerable people. We raised this with the registered manager who confirmed that all staff sign a disclaimer through the interview process to disclose any concerns relating to their suitability to work with vulnerable people. The member of staff had done this before they started working for the agency two months prior to our inspection. We found no new DBS had been obtained and no adult first check had been undertaken. A DBS adult first check is a service provided by the Disclosure and Barring Service that can be used in some instances prior to a full DBS being undertaken. The registered manager took immediate action to apply for a DBS. They also undertook a risk assessment which the staff member signed as there were no changes to their suitability to work with vulnerable people

following their last DBS check.

People had personalised risk assessments that gave staff guidance on how to support people in a way that minimised any risks. For example, risk assessments included environment risks and any assistance the person required with their mobility. The senior care workers were responsible for undertaking and reviewing risk assessments within people's care plans. People's care plans identified if their home had a smoke alarm, if the person wore a pendant alarm, and any other equipment that they used within the home. One person had a detailed print out of them using their equipment this enabled staff to see how the equipment should be used whilst supporting them with their care. This meant people's risks were identified and staff had clear guidelines to follow to reduce those risks.

Incidents and accidents were logged onto the provider's electronic incident reporting system. Two incidents had been logged in the last two months. We found both records noted the actions taken to prevent similar incidents from occurring. This meant the service reported incidents and took action to prevent similar incidents from occurring again.

Some people were supported with their medicines by their care workers. People were happy with the support they received from staff in relation to their medicines. One person when we asked them if they were happy with how staff supported and administered their medicines replied, "Yes." Care workers had received training in how to safely administer people their medicines. Records confirmed care workers had received three levels of training in safe administration of medicines, before being signed off as competent. People's medication administration records (MAR) were completed accurately with no unexplained gaps. However we found one person's MARs chart had recorded 'dossett box'. Staff were signing they had administered the various medicines against the record 'dossett box'. We found no record of the exact medicines that staff had administered the person either in their care plan or on their MARs chart. Accurate records relating to what medicines staff have administered and when are important as it gives a clear audit trail should any issues or concerns arise. The person's dossett box had been delivered by a pharmacy where it has been pre filled with the person's prescribed medicines. We raised this with the registered manager and compliance manager who following the inspection confirmed records were now in place for medicines administered from people's dossett box.

People and relatives were aware of what times their calls were scheduled and who they could expect as the service sent weekly schedules. The schedule had pictures of staff so that people could identify them when they arrived. People told us, "The rota comes through. I always know each week who is coming. The office ring if there are changes" and "We get regular carers. We get a schedule of who's coming." One relative told us, "We get a schedule every Saturday. They have never missed a call and they ring up about any changes." This meant people and relatives knew who to expect and at what time. They were also informed of any changes.

People's care was monitored through an electronic care system called, "Care planner". This supported the agency to provide people with care and support that was safe. The system showed staff availability, rosters and contact details of staff and those receiving a service. The 'Care planner' system could be updated by care staff who could send notes and messages whilst at the person's home to update the office. Office staff could also send messages to care workers for their next call so that there was good communication between the office and care workers. The system kept an audit trail of any changes should there be any queries. This was important as any changes could be reviewed and confirmed with why the changes occurred. Staff had access to the 'care planner' system by an application on their phone. They logged in and

out when they arrived and when they left the person's home. There was also a Global Positioning System (GPS) which was used to allocate travel time and check that staff had logged in at the correct address. The office staff said this worked well as they were always able to see where staff were or if there were any problems relating to travel and the time allocated.

The office operated within normal office hours. Any out of hours calls went through to an out of hours phone number answered by a senior care worker. Care workers felt this worked well and there was good communication. One staff member told us, "If we have any problems we just go through to the out of hours number, the seniors are very good."

Good

Is the service effective?

Our findings

The service was effective.

People were cared for by care workers who felt supported and happy in their role. Staff also felt able to discuss any issues with the registered manager or their senior. Staff told us, "The seniors are supportive. It is very much a team and I can always speak to someone" and "It is very supportive and friendly. It is one of the best jobs I have had."

Staff felt they received enough training to enable them to undertake their role. Staff told us, "I have had training in medication, and three other courses online". Another member of staff said, "Training is good. I have had medication training and moving and handling." Staff had received training in safeguarding adults and moving and handling however some records that we reviewed identified staff required an update as the training had expired. The compliance manager confirmed they were in the process of putting all staff records onto a computerised system. They said this would enable them to manage when staff required an update in their training. Some staff records had already been added, their training had been identified and they had started to undertake the training which had expired. This meant although staff had received training the service was taking action to ensure staff were receiving refresher training. It is important staff receive up to date training as it will ensure staff have the competency and knowledge to undertake their role. The provider and compliance manager were at the time of this inspection undertaking this action.

Senior staff had received additional training to enable them to undertake spot checks and competencies relating to medication training and moving and handling. For example, the senior care worker had undertaken medication training and the registered manager was due to attend an advanced moving and handling training course. This meant senior staff received additional training to enable them to provide guidance and support to care staff.

Staff who were new to care completed the Care Certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. New staff worked alongside experienced staff to observe how people had their care and support delivered. Staff felt well supported and confirmed there was regular supervision. One staff member told us, "I have a regular one to one to see how I am feeling and any concerns we might have for clients." Supervision included one to one sessions and on the job spot checks whilst care staff were at people's home. This was undertaken by a senior carer. Spot checks included how the member of staff supported the person, how they talked to them, if they were wearing uniform and carrying their identification badge. It also covered any areas for improvement or training required. This meant the service was able to demonstrate they were reviewing care staff practice and the support people received from the care staff.

Staff received an annual appraisal; a review of the member of staff's performance over the last 12 months. Staff were given the opportunity at their appraisal to reflect on achievements over the last year, what was working well and any additional support they might require. The member of staff was then rated and had goals set that they wished to achieve in the coming year. Records confirmed these discussions and

decisions. This meant staff were receiving an annual appraisal and were being given the opportunity for professional development.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The provider was following the principles of the Mental Capacity Act 2005 (MCA) and care plans reflected people's capacity. People felt in control of their care and treatment and staff demonstrated examples of how they gained consent before giving care and support. People told us, "I decide my care, no one else" and "I have full choice and control." Staff told us, "I always give [Name] choice. She can make her own choices around clothes and breakfast." Another member of staff said, "I always give a choice of a hot or cold meal. It is about what they want." Written consent had been sought from people in relation to staff assisting people with their medicines. This meant people's consent to care and treatment was sought in line with legislation and records confirmed this.

Some people were being supported to ensure that they had a regular meals and drinks of their choice. People and relatives we spoke with were happy with their meal arrangements. One person told us, "I eat what I want. I can do this myself." One relative told us, "I do all the meals and drinks." We observed one member of staff gave the person they were supporting full choice and control around what they wanted to drink. The member of staff confirmed the person's chosen drink then made it for them. On the person trying the drink they wished to have it cooler. The staff member responded as requested by the person. This meant people were support by staff who offered people choice and control with their dietary requirements.

People, relatives and friends were complimentary about how staff worked with other professionals to ensure that they received the care and support they required. One person told us, "Staff always support me with taking me to the appointments, but I am able to call the GP or make the appointment myself." Other feedback included, how the carer had gone the extra mile when the person looked unwell one morning. They explained how the staff member had undertaken the first visit of the day and then returned later in the morning to find the person requiring medical assistance. The care worker sought the medical advice and kept the friend informed all the time. Other feedback included, when one person was discharged back home from hospital how quickly the agency was able to respond supporting the person and their relative at what they felt was a stressful time. This meant staff supported people to obtain medical assistance should their health deteriorate.

Good

Is the service caring?

Our findings

The service was caring.

People and their relatives all felt they received great care from care workers who had developed positive, caring and kind relationships with them and their families. Comments included, "We have a lot of fun and laughs. They would do anything I ask them, they are really good." Another person told us, "Carers are good." Relatives told us, "They are just lovely" and "They are fantastic. I appreciate the carers they are like friends." Another relative told us, "They are always friendly, they always say hello. They are just so kind and caring, we have never had anyone that isn't."

Staff went the extra mile for people and families they supported. One friend explained how recently one member of staff, due to being so worried about their friend, had gone back to visit the person after their call. When the staff member arrived the person had required personal care and medical assistance. The staff member provided the support required and updated the friend. This friend described this as going beyond and above what is expected of the member of staff. They said, "They are just very very caring." The friend gave another recent example where a different member of staff had taken time out of their day to go to the nursing home where the person had been admitted as an emergency. Due to the friend not being able to stay to settle the person in they felt so relieved that the staff member was happy to stay for a while. The friend described how they felt as, "The care staff really do care. Someone was with [Name] all day. I am only so grateful for what they have done, I can't speak highly enough of the dear girls."

People's privacy and dignity was respected. People and their relatives all felt care workers provided care in a respectful manner. One person told us, "Oh yes, the staff member puts a towel around me they only help with what I can't do." Relatives told us, "Yes, I do feel that staff provide dignity and respect. They always hold a towel up and cover [Name]" and "They have always given [Name] respect, they treat him as a person." Another relative told us, "The dignity and respect is very good. They use bed sheets to cover [Name] up as well as blankets and towels." They described how the staff washed, dried and covered their relative getting only washing and dressing one part of their body before moving on to the next. Staff were able to give examples of how they provided people with privacy and respect. One care worker told us, "I introduce myself. I respect that I am going into their home. I put a towel over the person if I am providing personal care as well as close any curtains." Another care worker told us, "I make sure I shut doors, get a lovely big towel ready and make sure blinds and curtains are shut." This meant staff were able to demonstrate how they gave people privacy and respect and people and their relatives' confirmed care was received in this way.

People felt involved in making decisions about their care and support needs. One person told us, "I choose what I want or if I don't want a bath. I have one every other day along with my hair washing. I could have one every day if I want it." Relatives told us, "Carers always give [Name] choice" and "They give [Name] plenty of choice, staying in bed if he wants." Staff confirmed it was people's choice to decide on their care and support. One staff member described how they offer verbal choice to one person, asking if they want to get up and washed and what to wear. They told us, "I give verbal choice to [Name], do they want to get up and washed sometimes they go back to bed. [Name] can make their own choices around clothes." We observed

one staff member respect the person with their decision regarding the hot drink that had been made and that they wanted more milk in it. This meant staff were able to demonstrate how they respected people's decisions and people made decisions about the care and support they received.

People were given their care file at the start of the service. This provided the person with contact numbers and information about the service. This included the 'service user guide and statement of purpose.' This gave people details about the service and who to contact should they need to call the office for any reason. Within the care file was also a compliments and complaints policy and accident form. This meant people were given the information so that they had an opportunity to express their views about the service should they be unhappy for any reason.

Good

Is the service responsive?

Our findings

The service was responsive.

People received care that was responsive to their needs and personalised to their preferences. People felt that they were able to make decisions about who supported them with their care. They told us, "I have once had to contact the office and say that I didn't want that staff member back. They never did come back." Another person said, "If I was unhappy with someone they would send someone else. They are all good though."

People's care needs were assessed at the beginning of the service. Care plans were developed with each person and were kept in people's homes. Care plans included people's preferred routine and step by step guidance about how to meet the person's needs. Some care plans had pictures which enabled staff to see how the person liked their care provided. For example, one person had pictures of how they liked their dining table to be laid. This was important as the person was unable to verbally tell staff how they wanted their table laid and what items to include. Another example was how the person was to be supported with their equipment and moving and handling. Staff could use the pictures to see how to use the equipment and how they should support the person with their re-positioning. This meant that care plans were personal and had details for staff to follow relating to specific support needs.

Care workers knew people well and were able to tell us how they supported people. Staff recorded the care they provided at each visit and records were detailed and clearly written. Records showed care plans had been reviewed as people's needs changed although one person's care plan required additional information. Staff and the registered manager were able to confirm the information that was missing although the person's care plan did not have the information recorded. The registered manager confirmed they would update the person's care plan with this information.

People received consistent and planned care and support when they moved between different services. For example, the care co-ordinator confirmed that when people went into hospital their calls were put on hold until they returned. When a person was admitted to hospital the service kept in contact with the hospital and with the person's family. This was so they could track the person's progress and ensure any changes to the person's care and support was in place prior to them coming home and care visits resuming.

People had access to an up to date complaints and compliments leaflet which was available in their care plan. All people and their relatives felt able to complain should they need to. All people confirmed they were happy with the care provided and had no complaints. One person told us, "I have never had any reason to complain." Relatives told us, "I would be happy to raise any problem if I needed to, No complaints" and "No reason to complain, if I did I would ring the boss." Five complaints about the service had been received in the last six months. The complaints had been logged with any actions taken to resolve the complaint. Compliments and thank-you cards had been received. Compliments included, "Thank-you so much for your kindness to me this last fortnight it helped me a lot to you. It made me realise that someone cared." Another compliment included, "Dear Maria and all your wonderful staff. I cannot thank-you all enough for the

support you have given my family. You have all made such a huge difference during a difficult time."

Requires Improvement

Is the service well-led?

Our findings

The service was not always well-led.

The registered manager was also the provider. They were supported by a care co-ordinator, compliance manager, trainee business apprentice and a team of care staff.

The provider had a quality assurance system in place which monitored the quality and safety of the service. The compliance manager was responsible for checking and maintaining the quality assurance systems. This included checking people's care plans, risk assessments, reviews of care and staff training, supervision and appraisals. We found however during the inspection the provider's quality assurance systems had not always identified areas that required action. For example, we found three areas that had shortfalls. These were relating to one person's medication charts with no record of what medicines staff were administering. One member of staff had started working for the service with an old disclosure and barring service check and no new check in place. One care worker had raised unexplained bruising in a supervision session but no action had been taken. During the inspection we raised these shortfalls with the compliance manager and registered manager. They took immediate action relating to these shortfalls and provided prompt actions they had taken following our inspection. This meant that although the provider had quality assurance systems in place not all shortfalls were being identified.

Prior to this inspection the provider had only submitted notifications relating to one type of event that had occurred at the service. Notifications' cover incidents and accidents, events, including safeguarding, which have affected people who use services or the service's ability to provide their regulatory activities. During the inspection we found not all notifications were being made when required. For example, we found one safeguarding incident, two incidents where a person had fallen and fractured a bone and required surgery and another person who had an ongoing pressure ulceration. We spoke with the registered manager and compliance manager both were unaware notifications should have been made. Following the inspection we received the notifications as required. This meant the service was not submitting notifications when required but took the necessary action following the inspection.

This is a breach of regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

People and relatives were positive about the care and support provided by Maria Care Service. All people that we spoke with felt that the management and office staff were approachable. They also felt that the registered manager was accessible and that they were always ready to help. Comments included, "The office staff are great. They ring if there are any changes" and "Office staff and I speak. They are all very pleasant and helpful." Other comments included, "[Registered manager], is actually very very good)" and "We see [Name] about twice a year. They are very good. [Name] in the office is also very good. Any problems they are always there. I feel the quality of the service is very good".

Staff loved working for the agency and were positive about the management. Staff told us, "They are a good

team" and "I like working here. It is one of the best jobs I have had. It is friendly, supportive and a good family feel. I don't think I would ever leave." This meant staff were happy and felt well supported.

People and staff were encouraged to provide feedback on their care and service experience. Feedback was mostly positive; where areas could be improved the provider had taken action to make improvements for people. For example, some people preferred care workers not to wear a uniform whilst they support them in the community. The provider had taken action to ask people what their wishes were regarding their staff and wearing uniform. Questionnaires were sent each year. This meant the provider sought feedback from people and staff so that they could improve their service.

The provider had clear aims and objectives for the service, this was confirmed in the provider's 'Statement of purpose.' A statement of purpose confirms what service the provider plans to offer and what people can expect. The copy provided at the inspection confirmed the service, 'aims to provide, 'the highest standard of care in your own home'. To, 'encourage the independence of all service user and ensure privacy, dignity, independence, choice and respect for our service users at all times and to make a difference to your lives.' Staff demonstrated they were working in line with the aims of the service and people were happy with the care they received.

Staff had meetings that were held over different days. These were an opportunity for staff to discuss any changes to people's care needs, changes to the service or incidents. Records confirmed these meetings enabled them to monitor the service and identify where improvements might need to be made.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider was not ensuring notifications were being sent when required.