Cambridge Care Company Limited

Cambridge Care Company - Haverhill

Inspection report

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07 March 2017
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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place over several dates. On the 7 March 2017 we visited the office. On the 8 and 9 March 2017 we visited people in their own homes and on 19, 20 & 28 April 2017 we telephoned people who used the service to get their feedback about their experience of the service.

Cambridge Care Company is located in Haverhill and provides personal care and support to people living in their own homes and supported living accommodation. There were 92 people using the service at the time of our inspection.

Cambridge Care Company Limited has three separately registered locations with main offices in Newmarket, Bury St Edmunds and Haverhill, all in Suffolk. They provide support across the three locations to just over three hundred people. Since the last inspection in December 2013 the agency were awarded the Support to Live at Home contract by Suffolk County Council. They have been working closely with the Council to implement the contract. The contract supports a move away from task focused care to more holistic care which can be measured in terms of outcomes for people using the service.

The service had a newly appointed manager in post who was in the process of applying to become registered with the CQC as the registered manager of the Haverhill location.

People told us they were generally happy with the service, although the times of the calls varied and did not always reflect people's preferred choices for when their care was provided. Some people reported poor communication from the office with regard to concerns about the times of their calls.

The provider recognised that during recent months the service was not always responsive due to several care staff leaving the service. We were told that existing staff had been required to work additional hours to cover these vacancies. This meant that people did not always receive consistent care from people that they knew. However the service had recruited several new care staff in recent months and continues to advertise for additional care staff, in order to reach their full complement of staff.

Staff we spoke with were knowledgeable about people`s needs and the risks involved in people`s daily living. Although staff were trained in safe administration of medicines they were not always following best practice guidance when administering or recording people`s medicines. We also found that medicines were not managed effectively or safely and the monitoring system in place had failed to resolve a serious medicine error discovered during this inspection.

People were asked to provide consent before staff supported them and this had been recorded in their care plans. Staff had some understanding of MCA requirements and the provider told us that MCA/DOLs training was being arranged for all staff.

Staff felt that the support from the management team had not always been consistent during recent months

due to some internal changes within the management structure of the service. However they told us things had slightly improved recently and that staffing was better; however last minute sickness or absence still caused stress and put pressure on them to cover for these instances.

There were some systems in place to monitor the quality of the service and additional systems were being developed to help ensure the support provided was consistent. However the current system for monitoring call times was not efficient or effective in alerting or identifying calls that were late or missed. The provider told us that they were in the process of purchasing and implementing an electronic monitoring system to help improve the recording of calls times and alerting office staff about late or missed visits.

People told us they felt safe and trusted the staff who offered them care and support. Staff were knowledgeable about safeguarding procedures and how to report their concerns. Staff knew people well and treated them with dignity and respect.

People told us that they were supported to make their own decisions and choices which staff respected. They told us they had discussions with their key worker about their care plans and their needs. The provider organised meetings with people to gather their views on what they liked and disliked about the service and how to improve.

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.

Staff had not always followed best practice guidelines when administering people`s medicines.

People told us they were not always informed of which staff would support them and at what time.

Risks involved in people`s daily living were recognised and supported by staff.

People were protected from the risk of abuse as staff knew how to recognise and respond to concerns.

Is the service effective?

Good

The service was effective.

Staff received training in order to carry out their role

People were supported to make their own decisions and staff respected their choices and asked for their consent before assisting them.

People were supported to eat healthy foods.

People were supported to attend appointments with health care professionals as needed.

Is the service caring?

Good

The service was caring.

People told us staff were caring and they were treated with dignity and respect.

People were involved in planning their support.

Confidentiality was promoted.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always received care and support in a personalised way.

Care plans were reflective of people`s current needs and included people`s preferences, likes and dislikes.

People we spoke with told us they were mostly independent in regards to their hobbies and interests, and if needed staff supported them to attend events.

People were knowledgeable about how to raise complaints if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Visit times, late and missed calls were not managed effectively to ensure that people received the care and support at the required times.

The provider had systems in place to monitor the service but these systems had failed to identify shortfalls in the service with regard to the management of medicines. This is an area that required improvement in order to manage the quality and safety of the service effectively.

People, their relatives and staff were positive about the overall management of the service and felt the registered manager worked in an open and transparent way.

Cambridge Care Company - Haverhill

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 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a comprehensive inspection of Cambridge Care Company on 07 March 2017. We gave the provider 48 hours notice to make sure that key staff would be available to assist us with our inspection and was carried out by one inspector. On 08 and 09 March 2017 we visited people who used the service in their own homes to ask if the care and support they received met their needs. On 19 April, 20 April and 28 April 2017 we telephoned people who used the service. As part of this inspection we also visited Teasel Close, a supported living scheme based in Haverhill to ask if the support and care provided met their needs.

Before our inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with fifteen people who used the service. We also talked to five care and support staff, the manager and the provider. We viewed seven people's support plans. We also reviewed records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe when staff provided them with care and support. They told us they trusted staff. One person told us "I generally feel safe, although there have been lots of staff changes recently which is a bit unsettling." Another person told us "I always feel that the carer they send will know what they are doing, although of late this has not been the case." One relative we spoke with confirmed that staff always wore their name badges and knocked and announced themselves before they entered the person's home.

People we spoke with told us staff did turn up to offer them the care and support they needed, however they also told us that staff were often late and they were not always informed about times of their visits and on occasions the staff member who supported them was changed without their knowledge. One person told us, "They do come in the morning but I never know when exactly. I have to sit and wait for them to come which makes it hard to plan my day." Another person said, "They come in to give me a wash and organise my breakfast. I don't always know when they are coming or who it will be but they will turn up eventually." A staff member told us, "We are short staffed. We make do and get by, but we're always one or two staff down." Staff told us that on some occasions they had to work more hours than they wanted to due to staff shortages.

We were told that although staffing had improved there was still a shortage of staff and in addition when existing staff reported sick or short term absence this impacted on their rotas and the number of visits they had to do. One staff member told us, "There are more staff now than at the beginning of the year." We were told that people are given a welcome letter which stated their care worker can arrive half an hour either side of an agreed time, although not everyone we spoke with was aware or had a copy of this letter in their care plan. Staff told us that "Sickness and absence still causes disruption and if our rota is changed at short notice we do not get the information in a timely way to enable us to attend the visit at the planned time" At times this caused confusion about who supports who and we don't get to people in time to support them with their personal care. For example we saw from the daily record for one person where the staff member arrived at 10.30 a.m. to provide the person's morning call but then two hours later returned to provide the lunchtime call. There was no information available that confirmed if the care staff had consulted or discussed this issue with the person or asked if they were ready for their lunchtime meal so soon after being provided with their breakfast. The record seen stated that this person liked to be assisted to get up at 8.30 a.m. The daily notes for another person seen recorded their morning visit had taken place at 9.45 a.m. when the rota stated that this person's visit should have been at 8 a.m. This could place the person at risk of not having both their incontinence and nutritional needs met due to the delay in the morning call.

The provider told us they had a shortage of staff members. The provider also informed us that at the time the registered manager left at short notice the service employed 39 staff. However five care workers then left in a short space of time leaving the service unable to cover 200 of the 700 contracted hours. However we were told that there was a actively recruiting new care staff.

People told us that they were not always notified when the times of the visits were changed. The service did not currently have an effective visit call monitoring system in place. The system used to monitor calls relied

on the care co-coordinators reviewing the daily care records to see which carers had provided each person's visits. However these records were only reviewed on a weekly basis and therefore placed people at risk of not receiving their visits at the required times and late or missed visits. This posed a risk of people being left without care.

The provider had produced a 'Call times action plan' to address the issue of late and missed calls. However this process had not been fully implemented at the time of the inspection, as the timeframe to complete this action was dated May 2017. The provider told us they were planning to invest in a system which would enable carers visit arrival and departure times to be captured using their mobile phone. This tracking system would mean staff could be monitored remotely and give assurances to the provider and registered manager that staff were arriving when they were expected. The monitoring system would also enable them to take action should they become aware of issues where for example staff were running late.

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

The service had an out of hours/ on-call system for people who used the service and staff to access in situations where additional advice or support was required.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as mobilising independently, eating and drinking, skin integrity and risks associated with the person's home environment. These assessments were detailed and had identified potential risks to people's safety and the controls in place to mitigate risk. We looked at the individual risk assessments for four people which we found had all been updated within the past six months. For example we saw a risk assessment for a person who was at risk of choking. This document detailed the risks and the control measures in place to help protect them from harm.

People's medicines were not always managed safely. We reviewed one person's medicine administration record (MAR) which showed that they had not received one of their prescribed medicines for a period of eight days. There was only one record within the persons' care plan that stated 'Not available' but no reason given and no information with regard to any actions taken to resolve the situation. We also noted that this person's medicine administration record stated that their medicines should be taken half an hour before breakfast. However we observed the care staff member gave this person their medicines at the same time as their breakfast and signed the MAR sheet before the person had taken their medicines. The information regarding the missed medicines was handed onto the area manager for their immediate attention. We were informed that the care coordinator and the carers were aware of this issue and had been trying to ensure that the medications were delivered but we found that this error had not been managed or resolved effectively prior to the inspection taking place. This medicine error placed the person at risk of unnecessary risk of harm.

We looked at the medicine administration record (MAR) for another person who was required to receive regular pain relief medicines. These medicines were 'time critical'. However we saw this person did not receive their first dose of pain relief until 10 a.m. due to the carer being late for their morning call. This meant that people could be placed at unnecessary discomfort due to their medicines not being administered at the correct times.

We looked at the medicine administration records (MAR) for the same person and found that there were gaps identified with regard to the application of their creams and medicines for the relief of constipation. We

were informed that medicine audits were completed on a monthly basis however audits had failed to identify these gaps.

The failure to manage people's medicines safely and the inadequate risk management was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with five staff about how they ensured people were kept safe. We found that all five staff were knowledgeable about the risks of potential abuse and knew how to report any concerns they had to the relevant local safeguarding authority, which included by way of 'Whistleblowing' if necessary. One staff member told us "The training here is very good and there is always opportunities to update and refresh your knowledge if you need to." We spoke with the provider who was able to demonstrate that they were pro-active in managing people's concerns and monitoring staffs performance. A safeguarding policy was available and care workers were required to read it and when we spoke with care staff they were familiar with the policy and actions they should take to safeguard people from potential harm .

Staff received initial safeguarding training as part of their induction. Care workers were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Information was displayed within the main office and information was shared with people who used the service to give them details of who they could call if they needed to.

Staff were recruited through a robust process. All the appropriate pre-employment checks were carried out prior to the staff member being able to work with people the service supported. These included written and verified references, criminal records checks and proof of identity.

Good

Is the service effective?

Our findings

People and relatives we spoke with told us they considered that staff were well trained and competent in their roles. However when we spoke with staff they told us they would like to receive training about specific conditions that related to the people they supported. One staff member told us, "I found the training is good here, however I would like to receive some further training in areas such as like diabetes, autism and Parkinson's so I can help and support people in the best way possible." Another staff member said, "I don't really know much about people's conditions." I think we could all do with some more training in the Mental Capacity Act and Deprivation of Liberty (DOLs). We saw from the training records provided that additional training in relation to Mental Capacity Act and best interest decisions was being arranged. Staff completed a mix of face to face training both provided internally and externally, and utilised training provided by the Local Authority.

Staff told us that they had not always felt supported by the senior managers at the service over recent months. This was due to several changes within the management structure of the service, which included the registered manager leaving, at short notice. However one staff member told us "We have regular supervision now and I feel supported, things have improved over the past month."

We saw that newly employed staff went through an induction period. This included training as well as shadowing more experienced staff members for a period of one week before they were able to work unsupervised. Induction periods varied depending on the staff member's previous experience. All new staff worked towards the nationally recognised Care Certificate within the first six months of employment and learned in more detail about professional conduct whilst at work.

People told us that staff always asked permission before they provided their care and support and they also told us they were supported by staff to make informed decisions about their care and support. One person we visited confirmed that staff always ask permission before they provide their care. They told us "All the staff who come to help me are respectful, polite and honest. They always ask permission before they help me with my shower." This demonstrated that staff were knowledgeable with regard to ensuring that they obtained people's consent before they supported them and that they also respected people choices and informed decisions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We found that staff were knowledgeable about the importance of giving people choice and ask for their consent before they supported them. Staff were clear on people's individual rights. We found that independent advocacy services were available and these had been used by people who needed support to

make decisions. We also found that where people showed signs that they may have lacked capacity to understand and make an informed decision staff involved the right professionals and a mental capacity assessment was carried out. Best interest decisions were taken following a process where the health and social care professionals involved made sure that the care and support the person received was in their best interests.

People were supported to eat a healthy balanced diet. One person said, "They [staff] help me with shopping." We noted that individual plans included information with regard to healthy eating and how staff should support people with buying the healthier option foods when shopping. Staff provided assistance to some people and helped them to prepare meals and drinks. During our visits we observed a number of people who had drinks and snacks within easy reach. One person told us "They will make me a drink of my choice, tea, coffee, hot chocolate or a beer from the fridge." Where people had been assessed at risk of not eating or drinking enough, there was a recording system in place to monitor this. We also saw that a person who lacked capacity to understand that their diet had an undesirable effect on their health, staff and professionals established a menu which the person followed to ensure they stayed healthy.

In addition people told us that care staff had assisted them with making appointments with other professionals such as the dentist and chiropodists. We saw from the care plans we reviewed that these also contained relevant information needed in an emergency or if people were admitted into hospital. For example, medicines the person was taking, next of kin details, known medical conditions and any allergies they may have had. One person said, "My [relative] lives too far away to come along to my appointments so arrangements' are made for a carer to accompany me, which is nice of them."

Records showed that staff liaised with other healthcare professionals when it was appropriate to do so. This helped to ensure that there was good communication and sharing of information about the person's care needs when it was appropriate to do so, and with the persons consent.

Good

Is the service caring?

Our findings

People told us they were happy with the service, care and support they received. They told us staff were kind, caring and compassionate. They also spoke positively about the manager and said how helpful they were whenever they had any dealings with them. One person said, "I could not wish for nicer care staff, they are all so lovely and kind." One person we visited told us "The calls have started to become more regular now." However two people who used the service told us that care staff are often rushed and they had very little time to spend chatting after they have provided their care. One person explained that "They always seem quite stressed and appear rushed and preoccupied when they arrive, but they are always kind and caring when they are here."

Care staff demonstrated that they knew people well and when they told us about people they described in detail how they offered support. Staff spoke in a kind and sensitive way and one member of staff told us, "We are a friendly team and I know that every [staff member] who is employed to care for people does it to the best of their ability and nothing is too much trouble."

People and where appropriate their relatives, were involved in the development, planning and reviews of the care and support they received. Care records were detailed about people`s wishes and views about what they expected from the service and staff demonstrated an in-depth knowledge about everyone they supported. For example there was a profile about the person which gave staff some very useful information about the person's life, family and details that enabled care staff to understand more about the person's life before they reached the point at which they needed care and support. This information helped staff to see people in a positive light.

Staff were able to tell us what was important to each person they supported which demonstrated they were able to offer care and support to people in a way that promoted people`s wishes. For example one person's care plan described, in detail how they liked their bath prepared and run, using a particular type of bubble bath and sponge.

People and their relatives told us staff were respectful and protected and maintained people`s privacy and dignity when offering care and support. One person told us "The (staff) make sure my dignity is respected when they support me with washing me". One staff member told us, "We always make sure we close curtains and bedroom doors closed when we offer people personal care. We maintain and promote people's dignity whilst we provide them with intimate support, just as we would like the same respect offered to us." This approach from staff demonstrated that staff were mindful of people's dignity and privacy.

We saw that care plans reflected people's choices and were written in a respectful way which incorporated people's wishes and helped staff to care for people in a dignifying manner. People were cared for and supported by staff who were trained and understood the standards set by the manager with regard to how to support people and their family carers.

Requires Improvement

Is the service responsive?

Our findings

People told us that their general support needs were met. However they told us they wanted to know in advance the exact times when staff were going to attend to offer them care and support. One person told us, "I would like to know who is coming and when so I can plan for my day in advance." Everyone we spoke with told us that staff helped them in a way in which they wished and liked. For example, support with personal care, either physical or emotional support and when dealing with appointment correspondence . One person said, "They make my breakfast how I like it." Another person described the care they received as, "It is good support. I just don't know when they [staff] are coming."

Staff were able to describe in detail all the important things about the people they supported. For example, one staff member told us a person liked to have a cup of tea before being assisted with personal care. While another person liked to wash themselves as much as they were able to manage and then call the care staff to assist them with parts they could not manage. This helped people to retain their independence.

Five people we spoke with all complained that the care staff were often late for their visits and two people told us that they had to wait for periods of over an hour past their visit times for their carer to arrive. One [relative] told us "They come anywhere in between 7:45 a.m. and 10:00 a.m. and we are not given a set time which doesn't help as I do not know when to wake [family member] up and give them their breakfast!. We used to have a regular carer but they left and in the past 11 days there have been 10 different carers!" Another person told us "I had to cancel my doctor's appointment as the carer turned up too late for my morning call, which upset me for the rest of the day and I couldn't get another appointment until Friday."

When people joined the service the provider stated that they consulted the person about their preferred times of visits. However we found that the recent staff shortages had impacted on the service being able to provide the care and support to people within the agreed visit times. This meant that people had been inconvenienced with both social arrangements and appointments that had to be cancelled. This is an area the requires Improvement.

We saw evidence within people' care plans that people's needs were assessed before the service commenced. However we found that although people were consulted with regard to the times they wanted their care to be provided, irregular and inconsistent visit times meant that people did not always receive the care and support at the time they needed it.

One person told us "The care staff are all knowledgeable about the care I need. The attention I get is what the care staff are expected to do." For example one person told us how one staff member takes the trouble to warm their towel on the radiator before they get out of the shower. They told us "This makes them special and not just care staff who come in and do the basics." Staff demonstrated that the support was provided was specific to what people wanted and not just the availability of staff. One relative told us "We chose this agency because they had a good reputation. They get to understand the (person) but also they get to understand and support the family as well, we look forward to them coming as have a chat."

People's care plans were personalised and paid attention to detail. They gave clear guidance to staff on how to support people and what was important to people. The provider told us, "When we first meet and assess the person we always ask what their expectations are so we are clear what they expect us to deliver, what is important to them and also to make sure we can deliver and meet their individual care needs." The care plans we reviewed were written in a personalised person centred way which gave a clear and detailed insight of what people needed from the service and about how they would like that to be provided.

Staff told us they recorded the support that people had received within the daily logs and they told us they always read the notes from previous shifts which ensured they kept up to date with what care and support had been provided to each person. We were told by the provider that these daily logs were then sent to the office and collated on a monthly basis in order to review the care and support that had been provided. However this system meant that there was a significant delay in ensuring that people's needs were met and that the service was not necessarily aware of any emerging or significant risk to people. .

Part of the support people needed was to help them to attend social events, support forums such as Age UK and to pursue their hobbies and interests. People told us that staff could where possible, accompany them to these events. One person told us, "Staff offers to help me with my shopping if I need it." Another person told us, "Staff help me deal with letters about my pension." However we also found that due to the inconsistency in respect of people's visit times, on occasions people told us that they had to cancel or re-arrange planned trips out. For example one person told us that they had to cancel a hairdressing appointment due to their carer turning up two hours late for their morning call. They told us " I look forward to going to the hairdressers so I was a bit disappointed."

A bi-monthly newsletter is produced as a way of keeping people up to date with the services provided and also to inform people of up and coming events within the local area. We saw the latest edition dated March 2017 included information about the new staff, photographs from the Christmas Party and a list of forthcoming trips and useful information about opening times for the local library and facilities offered.

We saw the service had an up to date complaints procedure in place with all the relevant and current contact details, which included the details on how to contact The Care Quality Commission (CQC). We found that people we spoke with and visited were aware of how to raise a concern or make a complaint if they needed to. We saw evidence of both a service user guide and a copy of the complaints procedure in each person's folder, within their home.

Quality monitoring visits were carried out by the manager and care coordinator to people supported by the service and as part of these visits people were asked if they were happy with the service and whether it was meeting their needs. This also gave people the opportunity to raise any concerns or issues and try to resolve these before they become formal complaints.

Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well.

Requires Improvement

Is the service well-led?

Our findings

Although the majority of people and staff spoke positively about the management of the service, we were also told that the recent changes within the management team had created a period that was both unsettling and stressful. One staff member told us, "Things are getting better now, but it's been tough trying to complete all our visits with not enough staff to cover leave and sickness and we had a lot of staff leave all together at the end of last year which left us short." We discussed this issue with the provider and they were both honest and open with regard to how difficult it had been to manage staff vacancies. The provider recognised that during recent months the service was not always responsive due to several care staff leaving the service. However we saw evidence that three new staff had been recently recruited and all were in the process of being inducted. The provider also had an staff incentive scheme in place called 'Refer a friend' where existing staff were offered a bonus for referring new carers to the company.

We saw that the provider had an action in place to address the key issues that required improvement. These included areas that we had identified as part of this inspection. For example the monitoring of call times and late visits.

The new manager and provider were both committed to providing an effective and efficient service and were involved in all aspects of the day to day running of the service. However we found that audits had not always been effective in identifying medicine errors and the current system to monitor call times, late and missed visits was not effective in identifying where people had been left for significant periods of time without the care and support they required. This was a particular concern where 'time critical' medicines were required to people and also when people were looked after in bed and their continence needs were not met in a timely manner. This was an area that required improvement.

The service sent out feedback forms to people asking them about their experiences. Everyone we spoke with was aware of these and said they had been asked to complete one annually. Surveys were also circulated to staff for their feedback. The main area for improvement received from relatives and carers related to irregular call times and not knowing which staff member was going to provide their care. The introduction of an electronic monitoring system was planned as it was felt this would be more cost effective. This system would work by staff using their phones to transmit information including when staff arrive and leave a person's address and able to report any changes which would result in records being electronically updated without the need for staff to come into the office and manually update records.

The provider demonstrated an open and inclusive approach and ensured they gave consistent messages and strived to ensure good quality care was delivered. The also told us "I have an open door policy here and staff know they can always pop in and see me if they have any concerns or issues about their work." We saw this approach first hand during our visit to the office where we saw care staff call in for a social chat or to discuss specific issues that related to the people they supported.

The provider worked closely with local authority to review people`s needs which ensured the service was safe and responsive to people`s changing needs.

We saw that the service had supported people to take part in a variety of local social events which included, monthly Age UK luncheons and 'keep active' sessions held at the local leisure centre.

The provider was fully aware of their responsibilities to the CQC and has continued to submit timely notifications to the CQC regarding any events affecting the well-being and, or safety of people using the service. We saw that safeguarding concerns, incidents/accidents had been investigated to ensure actions taken to keep people safe were appropriate and risks had been responded to appropriately.

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 12 HSCA RA Regulations 2014 Safe care and treatment The failure to manage people's medicines safely and the inadequate risk management placed people at risk of harm

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not always enough staff being deployed to meet people's individual needs in a timely manner.