

Ash Tree Homecare Limited

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Inspection report

Lingley House
Commissioners Road
Rochester
Kent
ME2 4EE

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Tel: 01634716625

Website: www.ashtreehomecarelimited.co.uk

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 26 September 2017, and was an announced inspection. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us. This was Ash Tree Homecare Ltd.'s first rated inspection.

Ash Tree Homecare Ltd is a small domiciliary care agency which provides personal care and support for people living in their own homes. At the time we visited the agency's office in Rochester area of Medway for our inspection, the service was providing personal care to 20 people with many varied needs, such as dementia care, medication administration, learning disabilities, physical disabilities, focuses on supporting people to use their local community, take part in social activities and develop independent living skills.

There was a registered manager at the service. The registered manager was also the provider. 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.

All staff received induction training at start of their employment. However, not all staff had been trained in key areas related to their roles.

The provider needs to improve their training records to evidence the training staff have undertaken. We have made a recommendation about this.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider understood their responsibilities under the Mental Capacity Act 2005. However, not all staff had been trained on the awareness of Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We have made a recommendation about this.

The agency had processes in place to monitor the delivery of the service. However, the audit system had not been effective in some areas because it was not robust. We have made a recommendation about this.

The agency had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the agency's whistleblowing policy. They were confident that they could raise any matters of concern with the registered manager, or the local authority safeguarding team.

The agency provided sufficient numbers of staff to meet people's needs and provide a flexible service.

The provider carried out risk assessments when they visited people for the first time. Other assessments identified people's specific health and care needs, their mental health needs, medicines management, and any equipment needed. Care was planned and agreed between the agency and the individual person

concerned. Some people were supported by their family members to discuss their care needs, if this was their choice to do so.

They had robust recruitment practices in place. Applicants were assessed as suitable for their job roles.

People were supported with meal planning, preparation and eating and drinking. Staff supported people's health and wellbeing by contacting the office to alert the provider to any identified health needs so that their doctor or nurse could be informed.

People said that they knew they could contact the provider at any time, and they felt confident about raising any concerns or other issues. The provider carried out spot checks to assess care staff's work and procedures, with people's prior agreement. This enabled people to get to know the provider.

People spoke positively about the way the agency was run. The management team and staff understood their respective roles and responsibilities. Staff told us that the registered manager was very approachable and understanding.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the registered 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?

Good ●

The service was safe.

Agency staff were informed about safeguarding adult procedures, and took appropriate action to keep people safe.

The agency carried out individual risk assessments to protect people from harm or injury.

Accidents and incidents were monitored to identify any specific risks, and how to minimise these.

Staff were recruited safely, and there were enough staff to provide the support people needed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not received specific training in areas identified by the provider as key areas.

People's human and legal rights were respected by staff. However not all staff had been trained and had the knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

One to one staff supervisions took place as planned.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

Is the service caring?

Good ●

The service was caring.

People felt that staff provided them with good quality care. The agency staff kept people informed of any changes relevant to

their support.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Staff were aware of people's preferences, likes and dislikes.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their care needs and were updated after care reviews.

Visit times were discussed and agreed with people. Staff adhered to visiting times.

People felt comfortable in raising any concerns or complaints and knew these would be taken seriously.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider maintained quality assurance and monitoring procedures in order to provide an on-going assessment of how the agency was functioning. However, the audit system had not been effective in some areas because it was not robust.

There was an open and positive culture which focused on people. The registered manager sought people and staff's feedback and welcomed their suggestions for improvement.

The provider led the way in encouraging staff to take part in decision-making and continual improvements of the agency.

Ash Tree Homecare Limited

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.

The inspection took place on 26 September 2017 and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us. This was Ash Tree Homecare Ltd.'s first rated inspection.

The inspection was carried out by one inspector who visited the agency office and an expert by experience who contacted people and families for their views over the telephone. The expert by experience had personal experience of using similar services, such as older people who use regulated services.

Before the inspection, we asked the provider to complete 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 looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We visited the agency's office in Rochester area of Medway. We spoke with the registered manager. The registered manager have many years of experience working within Health and Social care sectors. We also spoke with two care workers, five people who used the service and six relatives. We also requested information via email from healthcare professionals involved in the service. These included professionals from the community mental health team, local authority care managers, continuing healthcare professionals, NHS and the GP.

During the inspection visit, we reviewed a variety of documents. These included four people's care records, which included care plans, health care notes, risk assessments and daily records. We also looked at three staff recruitment files, records relating to the management of the service, such as staff training programmes, audits, satisfaction surveys, staff rotas, policies and procedures.

Is the service safe?

Our findings

One person said, "Yes, absolutely I feel safe. I have faith in the Care Company". Others said, "There are two medicine calls a day, they come to administer pills. It has all gone smoothly to date and I'm happy with the reliability" and "Oh yes, I feel safe and feel that they are all trained up and know what they're doing".

A relative said, "They're competent and I have no problems leaving (Mum) unattended with them".

A healthcare professional commented, 'This service provider has been supporting my client in the community and there are no concerns to the service they provide to their clients'.

Staff were aware of how to safeguard people from abuse and the action to take if they had any suspicion of abuse. Staff were able to tell us the different types of abuse and how to recognise potential signs of abuse. A member of staff said, "Safeguarding is protecting vulnerable adults. It is at the heart of what we do. Minimising risks to people". Staff training in protecting people from abuse commenced at induction, and there was on-going refresher training for safeguarding people from abuse. Staff spoken with said they would usually contact the registered manager immediately if abuse was suspected, but knew they could also contact the Social Services safeguarding team directly. One member of staff said, "I would report any suspicion of abuse to my supervisor or manager, I would document the information too". Staff spoken with understood what whistle blowing is about. They were confident about raising any concerns with the provider or outside agencies if this was needed. Staff also had access to the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "I will tell the manager if I observe bad practice". This showed that the provider had up to date systems and processes in place that ensured the protection of people from abuse.

Before any care package commenced, the registered manager told us they carried out risk assessments. We were shown a risk assessment form just implemented, which confirmed this. People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring them in and out of their bed or to a wheelchair. We saw risks assessments had been reviewed regularly and also when circumstances had changed. These made sure people with identified risks could be cared for in a way that maintained the safety of the person and the staff assisting them.

Care staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. The registered manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. Accident and incident records showed that the registered manager completed forms following reports from staff working in the community. The forms detailed what action had been taken as a result of the incidents to minimise the risk of them happening again.

Staffing levels were provided in line with the support hours agreed with social services and the person receiving the service. The registered manager said that staffing levels were determined by the assessed needs when they accepted to provide the service and also whenever a review took place. Currently there were enough staff to cover all calls and numbers are planned in accordance with people's needs. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased if required. The registered manager told us that they carried out visits to people whenever required to ensure their staffing needs were met.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Staff we spoke with and the staff files that we viewed confirmed this. The provider also had effective system in place to check that staff's own car used for the business were appropriately insured and had ministry of transport (MOT) test certificate as they used them as part of their day to day work. We found up to date records of staff car insurance and driving licence were in place. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment.

Care staff were trained to assist people with their medicines where this was needed. Checks were carried out to ensure that medicines were stored appropriately, and care staff signed medicines administration records for any item they assisted people to take. Recording in the care plan when they had prompted someone to take their medicines. Care staff were informed about action to take if people refused to take their medicines. For example, staff told us they will contact the office immediately and they were confident that the registered manager would contact the GP or appropriate healthcare professional.

Is the service effective?

Our findings

One person said, "They [staff] are all good and professional carers". Others said, "They're really good" and "They [staff] are excellent and always ask if there is anything else that I want".

A relative said, "The carers are all competent and skilled". Others said, "They're competent and I have no problems leaving (Mum) unattended with them" and "They're 100% in all they do for him. Furthermore, we have every faith in them".

A healthcare professional commented, 'The management communicate with my department effectively. The service is reliable and they the carers maintain their time if there is a delay from the previous visit they ring the client in advance to inform them of this and also alert my department. Hence they have good communication loop with both clients they support and my department'.

Staff had received induction training, which provided them with essential information about their duties and job roles. The registered manager told us that staff completed their in house induction before starting. The induction and refresher training included privacy and dignity, confidentiality and data protection. The registered manager told us that any new staff would normally shadow experienced staff, and not work on their own until assessed as competent to do so.

Staff were aware of their roles and responsibilities. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard. The provider had also implemented the Care Certificate. The Care Certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care.

However, training records evidenced that all staff had not attended training in safeguarding, equal opportunities and basic food hygiene. Two out of 10 staff had completed catheter care training. Two out of the four people's care files we looked at required catheter care. A urinary catheter is a hollow tube inserted into the bladder to allow drainage of urine. This therefore requires all staff to be trained in the management of catheter bags, in order to reduce the risk of an infection, which all staff were not. Only two staff out of 10 staff had completed infection prevention and control training. The training would have helped ensure that all staff were working to the expected standards and caring for people effectively. We spoke with the registered manager after the inspection about this. They assured us that staff had undertaken these training courses as part of their induction period. The training had not been delivered by a trained healthcare professional or someone that had been assessed as competent to deliver that training course (such as a trained trainer). This meant that staff may not have all the information they need to deliver care safely. Only two out of 10 staff had completed moving and handling training, which meant that they were at risk of causing themselves and/or people harm when assisting people with their moving and handling needs.

The provider failed to deploy suitably qualified, competent and skilled staff skilled staff to meet people's needs. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The training records evidenced that some staff were undergoing some online training and further courses were planned for staff in October 2017 to meet people's needs.'

We recommend that you improve your training records to evidence the training staff have undertaken so that you can evidence that staff have been trained in relation to people's needs.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. However, as at our inspection, six out of ten staff had not received training on the application and awareness of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Two planned for October 2017 and others stated 'online course in progress'. Completion of this course would have enabled staff to understand issues around MCA and consent issues. Further, knowledge and awareness about DoLS would enable care staff to identify and report any forms of infringements on people's rights and freedom. People's care plans contained a section about consent, which they agreed with. The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision making.

We recommend that the registered manager seeks advice on the implementation of MCA/DoLS within the domiciliary care sector.

Staff sought and obtained people's consent before they helped them. One person told us "The staff always ask me what support I want that day, some days I am more able than others. They give me choices, like they ask me what I want for dinner I usually say well tell me what is in the kitchen". Staff checked with people whether they had changed their mind and respected their wishes.

Staff were supported through individual one to one supervision. Spot checks of care staff were carried out in people's homes. A spot check is an observation of staff performance carried out at random. These were discussed with people receiving support at the commencement of their care package. At this time, people expressed their agreement to occasional spot checks being carried while they were receiving care and support. People thought it was good to see that the care staff had regular checks, as this gave them confidence that care staff were doing things properly. Staff told us that the provider would occasionally arrive unannounced to carry out a spot check. This included personal appearance of staff, politeness and consideration, respect for the person and the member of staffs' knowledge and skills. Spot checks were recorded and discussed, so that care staff could learn from any mistakes, and receive encouragement and feedback about their work. Yearly appraisals were not due to be carried out because the agency registered with CQC in September 2016, however these had been planned for by the registered manager.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other. The registered manager introduced care staff to people, and explained how many staff were allocated to them. People got to know the same care staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness. One person said, "I do have the same girls visiting me. They turn up on time and I have absolutely no problem".

When staff prepared meals for people, they consulted people's care plans and were aware of people's allergies, preferences and likes and dislikes. People were involved in decisions about what to eat and drink

as staff offered options. The people we spoke with confirmed that staff ensured they had sufficient amount to eat and drink. Staff were aware of people's nutrition, hydration and special diet needs. One person said, "I provide the food and they heat it up for me. They are all good and professional carers".

People were involved in the regular monitoring of their health. Care staff identified any concerns about people's health to the registered manager, who then contacted their GP, community nurse, mental health team or other health professionals. Each person had a record of their medical history in their care plan, and details of their health needs. Records showed that the care staff worked closely with health professionals such as district nurses in regards to people's health needs. This included applying skin creams, recognising breathing difficulties, pain relief, care and mental health concerns. A healthcare professional commented, 'The staff are very proactive in sharing information and informing of any potential changes or needs which may arise'.

Is the service caring?

Our findings

One person said, "The girls are lovely and very sympathetic". Others said, "They [staff] are always very helpful", "They turn up on time and I have absolutely no problem" and "I'm really happy with the carers and what they do for me".

A relative said, "Quite nice carers. Perfectly adequate and a lot better than the Company we used to use". Other said, "The carers are all different and they go further and above what they need to do" and "They are certainly patient oriented and they go out of their way to do anything".

All the care staff we spoke with were enthusiastic about their jobs with several saying "I love my job".

People were involved in their care planning and their care was flexible. People's care plans detailed what type of care and support they needed in order to maintain their independence and reach goals to improve their lives. For example, one person's care plan detailed they needed support to apply cream daily. Daily records evidenced that people had received their care and support as detailed on the care plan. The daily records showed staff had delivered the care in their care plan but had been flexible and staff had actively encouraged independence and choices. Staff were aware of the need to respect choices and involve people in making decisions where possible.

People were informed of agency processes during the assessment visit. The registered manager provided people with information about the services of the agency. They told people they could contact the agency at any time; there was always a person on call out of hours to deal with any issues of concern.

The agency had reliable procedures in place to keep people informed of any changes. The registered manager told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. The registered manager told us that people were informed if their regular carer was off sick, and which care staff would replace them. People confirmed to us that if staff were running late, they do inform them. The staff do come on time, if they did not I would tell them off, no they are all lovely we have a laugh. One person said, "The office will ring if they know someone is going to be late. They go out of their way to help".

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in people's homes were stored securely in the registered manager's office. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Is the service responsive?

Our findings

One person said, "They are so good, they are exceptional, really excellent and they go further, above and beyond what they need to do". Others said, "They have really been helpful" and "If I want anything extra they will respond to my needs".

A relative said, "I would complain if something was not right, I will pick up the phone if there was a problem and we are all involved in the care plan".

A healthcare professional said, "I find them very cooperative and respond promptly to any changes to our client's needs".

The registered manager carried out people's needs and risk assessments before the care began. They discussed the length of the visits that people required, and this was recorded in their care plans. Clear details were in place for exactly what care staff should carry out whilst they were supporting people. Such tasks includes care tasks such as washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks, changing incontinence pad, provide pressure area care, emptying catheter bag, detach night bag and turning people in bed. Domestic tasks are also sometimes included such as doing the shopping, changing bed linen, putting laundry in the washing machine and cleaning. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

Staff were informed about the people they supported as the care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans included details of people's religious and cultural needs. The registered manager matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for care staff assisting new people, or for care staff covering for others while on leave, when they knew the person less well than other people they supported, although they had been introduced.

The registered manager carried out care reviews monthly with people and was in touch with them to make sure people's needs were being met. Any changes were agreed together, and the care plans were updated to reflect the changes. Care staff who provided care for the person were informed immediately of any changes. Care plans were also reviewed and amended if care staff raised concerns about people's care needs, such as changes in their mobility, or in their health needs. The concerns were forwarded to the appropriate health professionals for re-assessment, so that care plans always reflected the care that people required.

The agency's questionnaire responses from March 2017 supported what people told us. People had been asked to confirm their views about the service by answering questions. Completed feedback form asked people 'I receive good quality care and support?' Example we took answered 'Mostly and always'. One person commented in the survey, 'I am very happy with Ash Tree Homecare Ltd, you have made me so comfortable and have helped me not to worry so much'. This showed that people were positive about the

services the care staff at the agency provided.

People were given a copy of the agency's complaints procedure, which was included in the service users' guide. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). People told us they would have no hesitation in contacting the registered manager if they had any concerns, or would speak to their care staff. Staff were aware of the complaint procedure and one member of staff said, "If someone wanted to complain I would suggest they speak to the manager. If they are forgetful I would suggest they write things down so they don't forget what they want to say". The agency had not received any complaint since registration with CQC.

The registered manager dealt with any issues as soon as possible, so that people felt secure in knowing they were listened to, and action was taken in response to their concerns. The registered manager visited people in their homes to discuss any issues that they could not easily deal with by phone. They said face to face contact with people was really important to obtain the full details of their concerns.

Is the service well-led?

Our findings

There was unanimity in people's comments and all those that had an opinion thought that the fledgling and small company was well led. One person said, "The service is well managed, they are so reliable, they brilliant" and "They manage my care well, very reliable, such lovely staff".

A relative said, "The management are always keeping in touch and they are always very flexible". Another said, "I have met the Manager, they set up the arrangements".

Our discussions with people, their relatives, the registered manager and staff, including our observation when we inspected showed us that there was an open and positive culture that focused on people. The agency had a culture of fairness and openness, and staff were listened to and encouraged to share their ideas.

The management team included the registered manager and the administrator. The registered manager was familiar with their responsibilities and conditions of registration. The registered manager kept CQC informed of formal notifications and other changes. The registered manager recently started the agency after working in the healthcare industry for a number of years as a care worker. They had set targets for staff supervisions, spot checks, risk assessments and care reviews, and this work was on going. It was clear that the registered manager showed a passion to ensure that people were looked after to the best of their ability. The registered manager was involved in the direct delivery of care, which meant that they were in contact with people who used the service regularly.

Staff felt that they had input into how the agency was running, and expressed their confidence in the leadership. Members of staff commented, "The manager is very supportive and considerate. I can always approach her and talk to her as a person" and "I do get support from my manager. Management is outstanding, brilliant. If we have a problem, they respond immediately. They are very approachable".

Communication within the agency was facilitated through weekly meetings. This provided a forum where staff shared information and reviewed events across the agency. Record of staff meeting we saw was dated September 2017. Areas discussed included, care delivery, staff trainings and explained out of hours procedure to staff. This showed that there had been a consistent system of communication in place that provided for staff voices to be heard and promoted knowledge.

Audit systems were in place to monitor the quality of care and support. Spot checks were undertaken to check that staff were providing care and support to an appropriate standard. Care plans were reviewed monthly. The registered manager had checks in place to ensure that people received the care they were supposed to by carrying out spot checks and checked records written by care staff in people's homes about the care provided. We saw that these records had been checked and signed by the reviewer each time they were returned to the office each month. There was a process in place to identify whether people were getting their calls at the times that had been agreed. This was achieved by checking off timesheets completed by staff and the daily records sheets against care plans. Other areas of audits carried out were

human resources and recruitment audits, quality management and care plan. The registered manager explained and told us that the audits are carried out at random every month. However, the audit system had not been effective in some areas because it was not robust. For example, the provider had not addressed other quality concerns within the service as the registered manager had not identified the lack of training in key areas such as infection control, management of catheter bags, health and safety that we found during the inspection. Robust audit system in place would have improved the quality of the service provided by the provider.

We recommend that the agency seeks advice and guidance from a reputable source, about the implementation of a robust audit system.

There were a range of policies and procedures governing how the service needed to be run. The registered manager followed these in reporting incidents and events internally and to outside agencies. The registered manager kept staff up to date with new developments in social care. All staff had been given an up to date handbook, which gave staff instant access to information they may need including policies and procedures.

Staff knew they were accountable to the provider and the registered manager. They said they would report any concerns to them. The provider had regular contact with all care staff, and staff confirmed they were able to voice opinions. We asked staff if they felt comfortable in doing so and they replied that they could contribute and 'be heard', acknowledged and supported. The provider had consistently taken account of people's and staff's views in order to take actions to improve the care people received.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

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 HSCA RA Regulations 2014 Staffing The provider failed to deploy suitably qualified, competent and skilled staff to meet people's needs.