Axe Valley Home Care Limited

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Inspection report

9 Fore Street
Seaton
Devon EX12 2LE
Tel: 01297 24753
Website: www.axevalleyhomecare.co.uk/home

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Ratings

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

Overall summary

This inspection took place on 24 June and 21 July 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses domiciliary care services. Inspectors also visited people in their homes by prior arrangement on 26 June and 2 July 2015

The expert by experience spoke by telephone with people and their relatives following the first day of inspection.

Axe Valley Home Care Limited provides personal care and support to people living in their own homes in towns and villages in East Devon, including Seaton, Honiton, Exmouth, Sidmouth and Axminster. At the time of our inspection there were 262 people receiving a service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers and nominated individuals, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People said they felt safe and cared for by staff.

Staff did not always record the care they provided. Staff also did not always record the medicines they administered accurately and completely. People's needs and risks were assessed and care plans developed to meet these, when the service commenced, although we found some evidence that care plans were not always updated to reflect changes in people's needs.. However the registered manager said they would take action to audit records and make improvements where needed.

Axe Valley Home Care had quality assurance systems in place, although these did not always identify all the concerns. The registered manager provided assurance that they would act on this.

Axe Valley Home Care employs people from the local area and people from overseas with English as a second language. Some people commented that they had some difficulty understanding some of the staff at times. They also said some of the care workers did not understand how to prepare food in a way people expected and were accustomed to.

People described how care workers were kind and often offered to do additional tasks if time permitted. We also found evidence of some care workers showing compassion and kindness to people and their families at difficult times, for example during a bereavement. There were isolated examples of times when care workers did not show consideration to people, for example when they conversed in the language of their country of origin rather than in English when in a person's home. However, the registered manager took actions to address these concerns as soon as they were made aware of them.

The provider had recognised the need to introduce more robust supervision and appraisal systems for staff and was recruiting additional senior staff to ensure this happened.

The registered manager responded to all complaints and concerns raised in a timely way, and there was an action plan to improve the delivery of care following an annual survey.

The provider took steps to ensure the staff they recruited were fit to work with vulnerable people by undertaking effective checks including interviews, references and other checks before they started work. There was an induction into working with Axe Valley Home Care which followed nationally recognised standards. The induction comprised training as well as work shadowing so staff were introduced to people they were going to be working with by an experienced member of staff.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

There was some evidence the medicines administered by staff were not always recorded accurately and completely. However people said they had received the medicines they should have. Some daily care records had not been completed, although people said staff had visited them when expected.

People and their relatives said they felt safe with staff and felt confident that staff were knowledgeable and skilled in delivering the care they needed.

There were effective recruitment systems to ensure staff were suitable to work with people.

The registered manager and staff were able to describe types of abuse and were able to explain the actions they would take to safeguard vulnerable adults.

There were plans to ensure in an emergency, such as extreme weather conditions, people would be protected.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the knowledge and skills to deliver the care they needed. However we found some care workers did not fully understand the customs and practices of this country, so at times did not provide meals which were to people's liking.

Staff understood the requirements of the Mental Capacity Act 2005 and how it related to people they provided care to.

People said staff treated them with respect and asked for their consent before carrying out any care.

Is the service caring?

Good

The service was caring, although we found evidence of isolated incidents where staff did not show respect to people in their own home.

People described the care workers as caring, saying they often offered to do additional tasks to support people. People said the care workers were friendly and always happy to have a chat.

Staff described examples of how they worked with people to help them remain positive and optimistic.

People were able to express their views about the service and they or their family had been involved in decisions about their care.

Summary of findings

People's dignity and privacy was respected.

Is the service responsive?

Requires improvement

The service was not always responsive.

Although people received personalised care, not all care plans were up to date. The risks to individuals had been assessed and care plans put in place to address the risks and their needs. However some care plans had not been updated when changes to a person's needs occurred.

People said they knew how to make a complaint and would contact the office if they had any concerns.

There were also systems to gather people's views about the service they received.

Is the service well-led?

Good

The service was well-led.

Although there were some quality assurance and audit systems in place, these did not always identify areas requiring improvement or result in actions to address shortfalls. However the registered manager said they would take action to address these.

There was a clear vision and values for the service which staff were able to describe.

There was a registered manager in post who understood their role.

The registered manager was involved with other senior staff in introducing improvements to the service.

There were effective communication systems to ensure staff were kept up to date with policies and procedures.

Axe Valley Home Care 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.

This inspection took place on 24 June and 21 July 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses domiciliary care services. Inspectors also visited people in their homes by prior arrangement on 26 June and 2 July 2015

The expert by experience spoke by telephone with people and their relatives following the first day of inspection.

Before the inspection, the provider completed a Provider Information Return (PIR), which was received by the Care Quality Commission in March 2015. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care.

We spoke with 27 people receiving a service. We also spoke with 12 relatives of people who received a service from Axe Valley. We met and spoke with eight members of staff. We reviewed six people's care files including four sets of medicine administration records, four staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. Following our visit we sought feedback from four health and social care professionals to obtain their views of the service provided to people.

Good

Is the service safe?

Our findings

Some people had their medicines administered by staff. Medicines were on the whole managed well apart from some medicine administration record sheets (MARS) which had not always been completed accurately. There were missing entries on one person's MARS. Their relative said they always had the medicine administered by staff. Another person's MARS had missing entries and other entries which were just ticked rather than initialled, although the person said they always received their medicines. This meant that other health professionals who might need to look at the information could not have assurance about the medicines people had received.

The registered manager said that they would audit the MARS sheets and would ensure, where necessary, staff were reminded of the importance of completing these fully and accurately.

One relative said staff gave only one of the person's medicines whilst the relative administered the other medicines. Staff had signed the MARS daily for the medicine they administered and a skin cream. The relative said staff gave it appropriately. The person was prescribed a pain-relief skin patch which staff also monitored to check it was in place. The relative said there had been one occasion, when it was missing and she had informed the provider who had taken action to reduce the risk of this happening again.

Another person said their medicines were supplied by the pharmacist in blister packs and staff supported them to take these.Their MARS had been filled out accurately with initials on each of the days.

Records showed that all staff had received medicine administration training; 53 of the 100 staff had received this training in the last 12 months. The registered manager also said that they have held staff meetings at which recording keeping including MARS have been discussed to support staff completing records accurately.

People said they felt safe and supported by staff in their homes. Comments included: "I feel safe", "They know what they're doing…I've never felt unsafe", "They're very good, as far as I'm concerned." and "A friendly face who comes. They're all very polite and if you feel comfortable, they're doing a good job"

Vulnerable people were protected from the risk of abuse as the registered manager and senior staff demonstrated an understanding of their safeguarding roles and responsibilities. Records showed appropriate actions had taken place to investigate concerns and implement new procedures, when appropriate, to reduce the risk of a similar incident occurring. The registered manager was able to describe how they had worked with other agencies, including commissioners, the local authority and relevant health and social care professionals to ensure people were safeguarded from abuse. We discussed with the registered manager some safeguarding concerns that had been raised by other health and social care professionals. The registered manager said they had not perceived these to be safeguarding issues but more about the quality of care provided. She agreed that in future she would report similar concerns to both the local authority and the CQC.

There were clear safeguarding policies for staff to follow. Staff confirmed they knew about the safeguarding adults' policy and procedure and where to locate them if needed. Staff were able to explain what might constitute abuse and knew how to report any concerns they might have. They described how, if they had a concern, they would report it to their manager in the first instance and were sure the manager would act on it. Staff said they had received safeguarding training to ensure they knew how to protect vulnerable people. Staff records confirmed this information.

People's individual risks were identified and care plans were developed to keep people safe. For example, risk assessments for falls management, moving and handling, personal care and skin integrity were completed and care plans described how to deliver care to ensure risks were minimised.

There were sufficient staff to meet people's needs. People said staff regularly turned up when they were supposed to. One person who required two care workers for each of their four daily visits said "two staff always turn up for every visit and arrive together". Two other people said staff usually turned up on time and would let them know if they were going to be late. The registered manager said although there were some staff vacancies, they were able to manage this through offering overtime to existing staff. They described how people would usually get the same care workers for their visits each week. This meant people were getting staff who were familiar with their needs.

Good

Is the service safe?

One person said “Generally it is regular carers but new ones are introduced when someone is ill or on holiday.” People were allocated a key worker who tended to do most visits for a person, with other workers doing regular visits to cover times when the key worker was not available. In addition, there were support workers who were not on a regular rota but were able to cover staff in the event of sickness or emergency. There were systems in place to ensure that where there were time critical visits, these visits could not be moved beyond a 30 minute window. For example where a person required medication at a given time, the time allocated for their visit had to be within 30 minutes of the given time.

People said that staff did not rush them and would provide care for the allocated time. A relative said “staff do all they should and then ask ‘Is there anything else I can do?’ if they have not used up the half-hour allocated.” One person commented they were told if staff were going to be late. They also commented that staff did not hurry them.

Another person added “They always ask if there’s something else they can do for me.”

Where a person’s needs increased, staffing was adjusted accordingly and was agreed with health and social care professionals and the local authority. If a person required additional support on a particular visit, staff notified the office they were running late. The office staff took appropriate action to ensure other people, who were due to be visited by the worker, were informed or alternative arrangements were made.

The provider had a computerised system which logged the times a member of staff arrived and left a visit through a phone call.Senior staff were able to review the information in the system to ensure people were receiving the time allocated for their visits.

The provider had systems in place to ensure people were protected in the event of an unexpected emergency, for example extreme weather conditions. This included identifying people who were at high risk because they lived alone, had conditions such as dementia or required medicine administration. Measures to reduce the risk included information about family or relatives who would be able to support the person if needed.

There were effective recruitment and selection processes in place to ensure staff were recruited safely. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The computer system used to produce rotas for staff would not allow new staff to be allocated to a rota until it was confirmed all pre-employment checks have been completed.

The provider had disciplinary procedures in pace to address issues where staff did not follow the policies and procedures.There was evidence that where concerns were identified with a member of staff, the provider had taken action to deal with these.

Good

Is the service effective?

Our findings

People using the service said their needs were met by staff with the knowledge, skills, experience and the right attitude. A relative commented "Complex needs, but they take their time – my mother gets the required care." A person using the service said "New staff come round with one of the regulars". This person described the absence of their usual carers as an "upset", but added "They all know what they've got to do." Another person commented they felt their care plan was sufficiently detailed, if staff needed to refer to it.

People thought the staff were generally well trained and competent in their jobs. One person described how a particular member of staff was really good and knew how they liked certain things done. For example they said the care worker would "leave notes for other care workers" explaining how the person liked their porridge cooked and served.

Before they received any care and treatment people said they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered. One person said "Yes, they ask for consent – and offer choices - Always."

Staff were supported to have the skills and knowledge they needed to undertake their role effectively.

New staff undertook induction training which consisted of face to face courses, on line training and work shadowing an experienced colleague before they were allowed to undertake care for people. Staff said, as part of the work shadowing, they had been introduced to people who they were going to provide regular care to. The induction followed the national standards outlined by Skills for Care.

Staff said they had received training in the Mental Capacity Act (MCA) 2005.Training records confirmed staff had received this training. They were able to describe what was meant by a person having capacity and what they would do if they thought someone did not have capacity. This included reporting their concerns to the office, who would then take action to get a person's mental capacity assessed.

Staff had been supported to undertake training in courses to support particular people's health needs including nutrition and hydration, advanced inhaler training and stoma care. One member of staff described a recent course they had attended as really useful in supporting them in their role.

Staff received supervision to support them in their role although the registered manager said they were not up-to-date with staff appraisals. However, the registered manager explained they were making changes to the senior care worker team. They said they were increasing the number of senior care workers and changing their roles and responsibilities. They explained they had recognised the need to strengthen the senior team to ensure that staff received regular supervision and appraisal to support them in their role. They described the new structure and said staff would receive a combination of face to face supervision, regular spot checks when working in people's homes as well as an annual appraisal. Additionally staff received weekly electronic newsletters which provided them with information about changes to policies, opportunities for training and other information which they needed to be aware of.

Staff said they felt supported by senior workers and felt able to contact them if they had a concern about their work or about a person they supported.

We had received concerns from health and social care professionals about food preparation by some staff, who did not understand the customs and practices of this country. We found some evidence to support this. Although people were supported to have sufficient food and drink, there were occasions when some care workers had not prepared food appropriately. For example, one person said they asked a care worker to make a sandwich, which they said they "thought would be a basic food known in other countries, but it came with no butter." They also said they asked for baked beans on toast without specifying 'hot' beans and cold beans on toast was given to them. The person said they now had ready meals delivered so there were fewer problems, "with most staff able to use the microwave."

Another person described how staff supported them to their living room each day and ensured they had a thermos flask of tea and a cake close by, so they could help themselves to refreshments between visits as they were unable to stand without help.

Good

Is the service effective?

People were supported by staff who worked with other health and social care professionals to maintain a person's health and well-being. Staff described occasions where they had had a concern about a person and had contacted the office who in turn had contacted health professionals, including the person's GP and district nurses. There was evidence in one person's care record that where their needs had increased, the provider had contacted social care professionals who had reviewed the person's care package and increased the number of visits they received each day.

Good

Is the service caring?

Our findings

People said they felt cared for by most staff; although there was one person who felt staff did not always show a caring attitude.

One person said that they had had a visit the previous day from a senior care worker, who had arrived when the person was receiving personal care. The person said when they re-entered their sitting room, the senior worker did not acknowledge or greet them which the person thought showed a lack of care and respect.

The registered manager said they would take action to address this complaint with the care worker.

The same person also described how they regularly had two workers whose first language was not English. They said at times, these staff would converse with each other in their native tongue rather than talk to the person, which they felt was both rude and disrespectful. They also said that, as they lived alone, they looked forward to seeing and talking with the care workers, which was more difficult on these occasions. They added a number of the care workers were from overseas and this behaviour was not common to them all. The registered manager contacted the person after the inspection and the person said that the incident had only happened on one occasion and the staff had apologised to them afterwards.

One person commented "It's nice to get to know who your carers are, particularly with the foreign girls as it takes a bit of time to understand what they are saying." The person added that currently the care workers spoke reasonable English but they thought "the service needed to be mindful of this issue so the situation didn't revert/worsen again."

We discussed this with the registered manager who said they would take action to ensure staff were aware of the importance of only conversing in English when in a person's home. We also discussed the issues of some people finding it difficult to understand some workers whose first language was not English. However the registered manager said although they did recruit foreign workers, they did check they had a reasonable level of English. We spoke to five care workers where English was not their first language and found we were able understand them and for them to understand us, although at times, it required some repetition for both the inspector and the care worker.

Other people were positive about the way care workers acted with them. Comments included: "They care for me with respect and dignity"; "The carers are all very good" and ""I think they're very kind". A relative said the person experienced pain and staff were mindful of this, adding "They're gentle with her."

One care worker said she had stayed longer than the allocated time with a person recently as the person had been going to a funeral and appeared depressed. The care worker described how she had tried to talk to her and encourage her to be positive. Another care worker described the people she worked with as "almost friends as I have worked with them for so many years". She went on to describe how she would always attend a funeral of a person who she had cared for.

A relative said about one of their care workers: "She's very helpful to me. We get on very well. And there's a bit of fun and joking." Another relative said staff were flexible and "would do things different to usual" if they asked.

One person commented most staff would do tasks to be helpful even if it was not part of the normal care plan. For example the person said if they were running out of milk, staff would fetch milk for them rather than doing another allocated task because that was what the person wanted to happen.

Staff treated people with dignity and respect when helping them with daily living tasks. Comments included: "I have a large bath towel she wraps round me as soon as I step out."; "staff ask if I would like to undress in the shower while they wait nearby". And "They're all very discreet and kind. They ask you first if you mind." One relative said they had requested no male staff came to support their mother and only female staff visited their mother as a result. People were supported to maintain their independence as much as possible. One person described "I wash where I can" but then said staff understood the towels were too heavy for them to lift so they dried the person.

Requires improvement

Is the service responsive?

Our findings

The service did not always respond to changes in people's needs as not all care plans were up to date. One person's care plan had not been updated when their needs changed so staff were delivering different care to that described in the care plan. The care plan was dated June 2014 and documented the person needing a walking frame, catheter care and having washes undertaken downstairs. However at the time of inspection, the person said they used a stick, had no catheter, had a shower upstairs and then needed to be supported to go downstairs. Their relative commented that a newer staff member did not realise she had to help the person get downstairs, leaving them upstairs. This meant that staff were not always delivering the care the person needed at a particular time.

Another relative said the care plan for their family member was not updated when the person came out of hospital, although there were changes made to the care delivered including the time of visit.

Another relative said the care plan had not been updated. This meant they had to show new staff where the person's dentures & hearing aids were, as well as how and where to dispose of clinical waste. They said staff may need to use the wheelchair for them at times when the person was unable to walk and how to help the person in particular ways to use the commode. They said staff learned quickly, however this information was not in the person's care plan.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager said personal care plans were developed with the person when they first started using the service and these plans are further reviewed with the person (and representatives) annually or sooner if required.

Some people said they received personalised care and support specific to their needs and preferences. They said care plans had been developed to reflect their health and social care needs. Care plans were stored at the person's home and people were able to show us their folder.

There were examples of staff responding to specific needs, including recognising changes in a person's physical health. One relative said staff had reported the occurrence of skin soreness, which had then been managed appropriately.

There was some evidence of people being involved in making decisions about their care and treatment through their discussions with staff.

A family member reported they were involved in the last review of the person's care. There were consent forms for medicines administration by staff in one person's file that the person had signed although the care plans didn't have people's signature to show their involvement.

Another person said their care plan was up to date and had been reviewed recently as there had been a change needed.

Care files included personal information and identified the relevant people involved in people's care, such as their GP and community nurse. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate.

Staff commented that they referred to the information contained in people's care files to support them appropriately in line with their likes, dislikes and preferences. One care worker said that, as they worked part-time, they always checked the care record when visiting a person to see whether there were any changes. They also said they would review the daily notes for the last few days to see what other care workers had written.

There were opportunities for people and people that matter to them to raise issues, concerns and compliments. This included follow up phone calls by staff from the provider's office who would check to see whether people were happy with the service they were receiving.

People said they knew how to make a complaint and would contact the office if they had any concerns. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and how to escalate a complaint if it was not resolved. The service had received 65 concerns and complaints over the previous year. The management team had responded to each of these and was able to show what actions had taken place to address them. The registered manager explained that they were now using a new method of classifying issues in their computer system so that they would be able to analyse whether any patterns or themes were emerging over time. They described how they would use this information to ensure they improved the service.

Good

Is the service well-led?

Our findings

There were quality assurance systems, although these did not always identify problems which needed to be addressed. Some audits had been completed, but there was not a consistent approach to provide complete assurance. For example, we found evidence of care plans which were not up to date and medication administration records not being completed correctly. These issues had not been identified as part of the quality assurance systems. However the registered manager said the concerns would be addressed.

The registered manager said they were increasing the number of team leaders from three to six staff to ensure that there was improved staff supervision and appraisals.

They described how they were implementing a system of follow up visits and calls for all clients to ensure that they were receiving the care they needed and were happy with the service. This system would also ensure that staff were given feedback about their work and, where necessary, additional support to help them improve.

The registered manager described how they ensured that new staff were monitored and supported during their probationary period. They said after staff had completed their induction and work shadowing, senior staff would do spot checks on their visits to ensure they were providing care that met the provider's standards.

In addition senior staff would do follow up phone calls to people and ensure that they fed back the information they had gathered to staff who had provided care.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, the company has employed two further office staff: a second full time receptionist and a further person dedicated to dealing with the tele-monitoring system in real time. This helped to ensure when a care worker raised a concern about someone not being in when they visited, there was a follow up procedure to check on the person's well-being. The registered manager said that they used their analysis of incidents and accidents to identify additional training requirements and commission training provision.

People's views and suggestions were taken into account to improve the service. An annual survey had been completed by people using the service. The provider had developed an action plan to address concerns raised by the survey to help the service improve. People also received follow up phone calls when they first started using the service to check the care they were receiving was as they expected. A newsletter was sent out to people using the service each month to keep them informed of changes and improvements to the service.

The registered manager had submitted some statutory notifications to the Care Quality Commission to inform us of any significant events that had occurred. Notifications are forms completed by the organisation about certain events which affect people in their care. However, the provider had not notified us of all safeguarding concerns that had been raised. We discussed this with the registered manager who said they had not perceived the issues to be safeguarding but had considered them to be complaints and therefore they had not reported them. The registered manager agreed that in future, they would submit a statutory notification about a concern even if it later was identified as not a safeguarding issue. Since the inspection, we have received statutory notifications about safeguarding issues from the provider.

Staff were kept informed about the service through a weekly newsletter which was emailed electronically to them at home. However we raised concerns about the content of the newsletter as there was person identifiable information contained in them. The registered manager agreed that in future they would ensure that people could not be identified by a casual reader of the newsletter and would also consider sending the newsletter in an encrypted format.

The service worked with other health and social care professionals in line with people's specific needs. Some health and social care professionals said that on occasions staff did not consider who it was best to report an issue to, which meant that there could be delays in sorting a resolution. The registered manager explained that the company followed the practice advised by senior managers at the Local Authority. This advice was to contact the main Helpdesk rather than individual care managers to ensure concerns were passed to duty workers promptly to avoid delays.

Staff spoke positively about the registered manager and the management team. Staff described how if they had any concerns they would always ring the office and get a

Good

Is the service well-led?

response quickly. One member of staff commented how they currently did not support any people who needed a hoist to move safely. They added that if this changed, they knew they would be able to contact managers and arrange to get additional training quickly.

The service's vision and values centred on people being supported by personal care packages delivered by highly trained staff. The organisation's website described how the organisation was "committed to helping you to improve your quality of life by ensuring that you maintain your independence." This was confirmed by people's comments which included "They let me do what I can do and don't query when I can't do it. I've got [a long term condition] and sometimes I can do things and sometimes can't." and "staff ask if I would like to undress in the shower while they wait near-by. They're all very discreet and kind." Another person described how they were supported to be as independent as possible when washing themselves.

The majority of people said they knew the names of staff based in the office and said they would feel comfortable contacting them if they had a concern.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Risk assessments and care plans were not always updated when people's needs changed.