RV Care Limited

RV Care Limited Surrey

Inspection report

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Tel: 01483772711

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

RV Care Limited Surrey provides a domiciliary care service to people who lived in the Woking Retirement Village and for people who lived in the Rugby Retirement Village. Retirement Villages offer independent housing options for people over a certain age. The support people received is for tasks such as meal preparation and cooking, managing personal correspondence, house work and laundry. There are 15 people currently who receive support with their personal care across Woking and Rugby. The registered office is based in Woking and there is a satellite office in Rugby. Each office is managed by a care co-ordinater.

The service was run by a registered manager, who was present on the day of the inspection visit. 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.

The registered manager had not always ensured that there were robust procedures in place to monitor, evaluate and improve the quality of care provided. There were systems in place to obtain feedback from people; however they were not always used within the providers stated timeframe.

Some people's human rights were not always protected. Where people may have lacked capacity to make some decisions about their care, their next of kin had made decisions without the legal right to do so. Staff were heard to ask peoples consent before they provided care.

Risks to people were not always managed. There were inconsistencies in the recording and management of risks. The registered manager had a system in place for reviewing incidents and accidents that happened but actions taken were not always recorded. The regional manager had identified this in their quality assurance checks.

Most people self-administered, obtained and stored their own medicine. However the registered manager on the day was to begin supporting three people with prompting and administering medicines. The registered manager had not ensured that the staff were competent to administer these medicines.

People were not always protected from avoidable harm. The registered manager did not always recognise when there maybe potential safeguarding concerns for people. We have made a recommendation. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

Staff were not always recruited safely. They had a DBS check in place, however there were some gaps in the recruitment records of staff, for example some files lacked a photograph, other gaps in employment history.

The service did not always support people to maintain their health and well-being. There were

inconsistencies as to how staff supported people to access relevant health and social professionals. We have made a recommendation.

People told us that they thought that staff had the right training and skills to support people. However, there were inconsistencies with staff being supervised, as some staff received regular supervision whilst for others it was infrequent.

People received personalised care. However there were inconsistencies in how this was recorded in people's care plans. Some care plans contained sufficient information to guide staff in what support was needed, whilst others lacked detail and personalisation. We have made a recommendation.

People told us that they know how to make a complaint. One complaint had been received in the last year, and this had been dealt with in line with the service policy.

People told us that staff were kind and caring. Staff knew people's likes and preferences and told us about the individual needs of people. Staff respected people's privacy and dignity.

People were involved in their care and had signed their care plans.

There were sufficient staff in place to keep people staff. People told us that late calls were rare. When calls were late people said staff always called them to explain why and that they would be there soon.

Staff knew how to respond in an emergency. The service had a business continuity plan in place which told staff how to support people if there was an emergency.

People did not always know who the registered manager was. The regional manager told us that people had details of how to contact the registered manager in their handbook. People told us that the thought the co-ordinators were approachable. Staff told us that they felt supported by the registered manager.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what we told the provider to do at the back of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people were not always identified and managed. Staff did not always have guidance in place to know how to reduce and manage risks to people.

Medicines were not always managed safely. Not all staff were not competent to administer or manage medicines.

There were some gaps in people's recruitment records. Staff were not always recruited safely; DBS checks were completed prior to employment. There were sufficient staff numbers to keep people safe.

People were not always safe from avoidable harm. There were potential safe guarding's that had not been recognised by the registered manager. Despite this staff understood and recognised what abuse was and knew how to report it if this was required.

Is the service effective?

Requires Improvement

The service was not always effective.

People's rights were not always respected. Mental Capacity assessments were not always completed for some care decision for some people where they lacked capacity.

Staff had the knowledge and skills to support people. Staff did not always receive regular supervision or support required to fulfil their roles.

There were inconsistencies in how staff supported people to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were well cared for. They were treated with care, dignity and respect and had their privacy protected.

Staff interacted with people in a respectful, caring and positive way.

People and their relatives were involved in their plan of care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People received a personalised service; this was not always reflected in people's care plans. There were inconsistencies in people's care plans; some did not contain enough detail.

Staff knew people's preferences and their needs.

People told us that they had enough activities to do on site.

People told us that they knew how to make a complaint if they needed to.

Is the service well-led?

Requires Improvement

The service was not always well led.

People did not know who the registered manager was. People and their relatives thought that the co-ordinators were approachable and supportive.

There were not robust systems in place to monitor the quality of care provided. There was a system in place to obtain feedback from people, however they were not always used within providers the stated timeframe.

Record keeping was inconsistent, there were gaps in some people's records and care plans.

Staff said that they felt supported by the registered manager.

RV Care Limited Surrey

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 28 September 2016 and was conducted by two inspectors.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law.

On this occasion we did not ask 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 used a number of different methods to help us understand the experiences of people who used the service. We spoke with eight people, two relatives, the registered manager, the regional manager and four care staff.

We spent time observing care and support staff interacting with people throughout the day of inspection, in the communal areas and in people's own homes.

We reviewed a variety of documents which included four people's support plans, risk assessments, four weeks of duty rotas, quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

The last CQC inspection was 30 April 2014 when no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us that they felt safe. One person said "I've always felt completely safe." A relative said "It's a great relief, no qualms about leaving my good lady with them."

Despite what people told us, people were not always protected from potential risks to their health or wellbeing. There were inconsistencies in the recording of risk management plans for people. Some people had risk management plans that were reviewed regularly and some people did not.

The service care planning policy stated that re-assessments of people's needs should occur when there are changes in the requirements or 'changes in their accommodation or physical, psychological or social well being.' Re-assessments were not being completed when people's needs had changed. Re-assessments had not always occurred when there had been a change in need or new risk identified. For example, one person's initial assessment and care plan identified the person as having a pressure sore, there was no risk management plan in place as to how this would be managed or to reduce the risks of more occurring. The same person had swallowing difficulties and self neglect. Staff were aware of these risks. However there was no risk management plan in place to reduce or manage these risks to the person. We asked the registered manager about this, they had not made a referral to the Speech and Language Therapist (SaLT). However, they told us that they had spoken with the GP about it. The registered manager told us that the person no longer had a pressure area. The regional manager told us that the person had seen a SaLT whilst in hospital during the inspection.

Another person required staff support to be hoisted. There was no detailed risk assessment in place that told staff how to secure and move the person safely. There is a risk that without staff knowing this information, they could place the person in a poor and uncomfortable position. However, there was another person who required staff and a hoist to support them to move. There was a thorough risk assessment in place, which gave staff details on how to support the person safely and how to use the equipment. This meant that staff did not always have the information they needed to support people to manage and reduce the risks to people. Despite this, no harm had actually occurred to people.

Each person had an environmental risk assessment in place to manage and reduce the risks to people and staff in their homes. One co-ordinator told us that they should be reviewed annually; however this was not always the case as some had not been reviewed for two years.

People were not always protected from avoidable harm as accidents and incidents had not always been reviewed and acted upon. The registered manager had a system in place for reviewing incidents and accidents that happened but actions taken were not always recorded to minimise the risks of the incident occurring again. The regional manager had identified this in their quality assurance checks.

As risks to people were not always managed to keep people safe, this is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us how they would respond to incidents and accidents. Staff told us that if a person had a fall they would make sure the person was safe, first aid would be given and or call the paramedics.

We identified two potential safeguarding concerns, which the registered manager had not identified or looked into in sufficient detail and had not managed the risks. We asked that regional manager to review the incidents and report as necessary to the safeguarding team, which they did. After the incidents were reviewed the regional manager confirmed that they were not reportable safeguarding concerns.

We recommend that the registered manager is aware of their responsibilities under the provider's safe guarding policies.

Staff knew there was a whistleblowing and safe guarding policy in place. The safe guarding policy and staff handbook contained details of the local authority safe guarding team and CQC.

Staff had a good understanding of what types of abuse there was, how to identify it and who to report it to. One staff member told us "We do have safe guarding training; we have a refresher next week. I would report concerns to the co-ordinator, the manager or to CQC." The training records evidenced that staff were due a refresher, half of the staff had completed this, the other half were booked in prior to inspection.

Staff were not always recruited safely. There were some gaps in the recruitment records of staff. Three recruitment files did not have a photograph; there was no evidence of an interview for one staff member. There were gaps on application forms, such as no supporting information on one. Improvements were needed to ensure that safe recruitment practices and processes were in place. All staff had a Disclosure and Barring Service (DBS) check in place. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

There were enough staff to meet people's needs. People and staff told us that there were enough staff. The registered manager told us that there were eight staff supporting people in Surrey and six staff supporting people in Rugby. Care times were between 8am-11.45 am and from 5pm-10.15pm. We saw from the rotas that these staffing levels were consistently maintained. People and their relatives told us that carers were rarely late as they were 'on site'. One relative said "If a carer is running late, they always 'phone me."

There was the potential for medicines to be managed unsafely. The registered manager told us that most people self-administered their medicines and that medicines were stored in people's homes. The registered manager told us that they were due to start actively prompting and administering medicine for one person that morning and then a further two people a week later. We asked the registered manager if the staff were trained and competent to administer medicines to people. They told us that staff were trained, but they had not had their competencies assessed. We asked the registered manager to not administer the medicines until such a time that staff had had their competencies assessed. The registered manager agreed to do this.

We looked at the service's medicine administration policy and it stated that "care plans are needed for those people who require help with medicines." There were no care plans in place that told staff what support people needed with their medicines and what the medicines were. This meant that there is a risk that staff would not know how a person liked and needed to have their medicine administered.

People would be kept safe and the service could be continued in the event of an emergency to ensure people's care needs were met. The registered manager told us the service had an emergency plan in place should events stop the running of the service. We saw a copy of this plan which detailed what staff should do if an emergency occurred. Staff were aware of that to do in an emergency and how to use the contingency

plans.

Requires Improvement

Is the service effective?

Our findings

Some people's rights were not always protected because the registered manager did not always act in accordance with the Mental Capacity Act 2005 (MCA). The 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.

Where people were unable to give consent in relation to their care we found that on some occasions those decisions had been made by peoples next of kin without legal authority to do so.

Two people's next of kin had signed forms consenting to a person's care who lacked capacity to their care. Where this occurred there were no mental capacity assessments or best interest decisions recorded. The registered manager said that they thought that the two relatives had Power of Attorney (PoA). We asked to see evidence of these; however the registered manager told us that they did not have the documentation or evidence to prove this.

The registered manager was not aware of who had a legal right to make decisions about people's care. This information was requested in the initial assessment for people; however it was left blank in five people's plans. This meant that the registered manager and staff could not always be sure who had the legal right to make decisions on people's behalf.

There were inconsistencies in staff's knowledge and understanding of the MCA. One staff member said "It's being aware of their illness, protect them from other people and ensure that they are in a safe environment." However, another staff member said "People have the right to decide what they want to do, what to eat, clothes to wear. However they may not always be able to make big decisions, like their finances."

Consent had not always been obtained in line with the Mental Capacity Act 2005 and capacity assessments and best interest meetings were not always completed. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us that staff asked for people's consent prior to giving people care. Care staff confirmed that they always asked peoples consent prior to providing care.

There were inconsistencies as to how people were supported to maintain their health and wellbeing. Concerns regarding one person's health had been identified and reported to the GP, but staff had not followed this up until one month later. This meant that the person may not have received medical intervention in a timely manner to prevent their health from deteriorating.

There was information and guidance for staff in one person's file regarding some equipment prescribed by a health professional to support the person to move. However another person had similar equipment and

required staff to use this but there was no information from the health professional. We asked the registered manager if there was any, they said that there should be, but she could not find any. There was not always a clear record of GP or district nurse input for people when this was occurring. This meant that staff may not have always had the most up to date information on how to care for that person.

It is recommended that the registered manager ensures that appropriate referrals are made to health and social care professionals when required and this is documented in people's care plans.

One staff member told us that they made referrals to occupational therapy or physiotherapy if people needed this and we saw this documented in a person's care plan. One relative told us that they have been advised by staff that their loved one may have a urine infection and they should contact the GP for a test, which they did.

Staff supported people to prepare food and drink. People told us that staff always made what they had asked them to make. Staff told us that people choose what they wish to eat at each meal time.

People and staff told us that they thought that the staff had the right training and skills to support people. Training consisted of mental capacity, infection control and moving and handling amongst others. However, one staff member had started work three months prior; they told us that they had an induction where they shadowed existing staff. They told us that they had not had any one to one supervision since starting and did not know when their probation finished. The registered manager told us that new starters had not begun to complete the Care Certificate. The Care Certificate sets of standards for all new workers starting in the field of health and social care.

Another staff member told us that they had informal training from the registered manager to do their role, but they had no formal training. Since the inspection the regional manager has implemented a development programme for this staff member.

Staff did not always receive regular supervision. One staff member told us that they had supervision about four times a year and the appraisals were currently being completed. Another staff member told us that they had supervision every three to six months. The staff member said "We discuss how I am getting on, any problems and anything I need."

The service's supervision policy states that formal supervision should occur at least four times a year. There were inconsistencies as to when staff had supervision, half of the staff had supervision quarterly and the other half had no had supervision for five months. Since the inspection the regional manager has implemented dates for all staff to receive formal supervision.

Good

Is the service caring?

Our findings

One relative told us "Very pleasant carers." One person said "I am very well looked after, I can't fault them, they are all lovely." Another relative said "[They are] extremely pleasant and companionable bunch."

People and their relatives told us that the times of the care calls were often quite varied and did not always suit their routine. One person said "I get the care I need when I want it". We saw that people were given a weekly timetable, with the times of the care calls on them. One person said "They are the time that I want, but it varies between 8.15am-9.15am." Another relative said "We don't always have the same time." We looked at their weekly timetable and could see that the times of the calls varied by 15 minutes for one week.

People and relatives told us that they felt involved in their care. We could see from people's care plans that people's wishes had been documented in their care, for example a need had been identified by a staff member, but the person said that they did not want any support from staff with this. This had been respected by staff.

Staff told us that they offered choice to people and this was confirmed by people and their relatives. Staff gave examples of how they offered choice to people, one staff member told us that they offer a person choice with what they wish to wear, choice of drinks and food.

Staff had developed positive and caring relationships with people. A relative said "The carers are lovely, I get on exceptionally well with them." Staff knew people well and told us about people's likes, dislikes and preferences. One person told us that they liked their hot drink a specific way and their carers did this for them. Another person told us that they knew them well as they still had some carers since the service started.

Staff knew people well. Staff could tell us about people's likes and preferences. One staff member told us "They all have individual routines of how they like things to be done. We talk to them about how they want things done, their preferences." They want on to tell us how one person liked to have their breakfast

People's privacy and dignity was respected. One relative said "Carers are discreet with my loved one they respect their dignity." Staff told us how they respected people's privacy and dignity when they were supporting them. One staff member told us that they support someone to the toilet, they leave the room and say to the person "Shout for me when you have finished", and then the staff will assist them.

Staff knocked on people's doors and introduced us to people and their relatives. They waited until they were asked to enter the person's home. Staff called people by their preferred names. People were well dressed and clean with appropriate clothes that fitted and tidy hair which demonstrated staff had taken time to assist people with their personal care needs.

We observed staff and the management interact with people politely and respectfully. Staff asked people and their relatives how they were, chatting to them about their plans for the day. Staff spoke with people in

a kind and caring manner. People looked relaxed and comfortable with the care provided and the support received from staff. One person told us "They are very kind to me and all very professional."

Staff promoted people's independence. One person told us that they needed staff to help them shower, but they could dress themselves, just need help with shoes and socks. The person went out to say that staff respects this and staff only help with what they need. Another person said "They help me to do the things I can't do and let me do the things I can do."

People and relatives told us that they felt involved in their care. One relative told us that the 'red book' (people's care plan) tells staff what help and support their loved one needed. One relative said "Nice carers, they are all good at listening, they know there stuff and have enough time."

Requires Improvement

Is the service responsive?

Our findings

People told us that they received a responsive service. One person told us, "I had a hospital appointment one day which was very early; one of the staff came in at 6am to help me." Another told us that on occasion the staff have supported them to a hospital appointment. They went on to say that when they had come out of hospital, the care staff bought over food from the on-site restaurant for two weeks as they were unable to cook a meal.

Care plans were in place to guide staff as to what care and support people needed. There were inconsistencies in what information was available to staff about people's needs and preferences. Some care plans detailed the persons routine and told staff exactly what support the person required, including what items the person needed next to them after the carer left. However some care plans lacked personalisation, they lacked detail about people's history, who people were and their life story.

Information in people's care plans was not always up to date. One care plan stated that the person walked to the village three times a week. This no longer occurred as they required the use of a wheelchair. Another person had a pressure area recorded in their plan; however this was not the case as it had healed.

We recommend that the registered manager reviews all care plans to ensure that they are personalised, they contained sufficient detail and are up to date.

The care plan's that were detailed and completed included information on social inclusion, nutrition, personal safety and planned care needs. This gave staff a while view of the person and not just focused on their support needs.

People told us that they contributed to their care. We could see from their care plans that people or their next of kin had signed them. One person said, "Very efficient, it's up to me if I want to increase it." Another person said, "I think they would accommodate me if my needs changed."

Care plans promoted people's independence and told carers what the person could do; one care plan stated, 'I will give instructions to staff depending on what my needs are.' Another care plan detailed what the person could do themselves, such as 'they can put their socks, trousers and jumpers on.'

People had an initial assessment prior to care provision starting. The registered manager told us "We put an assessment and plan in place prior to the person starting care with us." People and their relatives told us that they were involved in the assessments. There were inconsistencies in the amount of detail recorded in the initial assessments. Some initial assessments there were gaps and no information was recorded. For example, one assessment stated that the person required staff to assist with a shower or wash, but the planned care and support was incomplete.

We recommend that the registered manager reviews initial and on going assessments of people's needs to ensure that they are completed in line with the service policy.

People had an 'agreed service delivery' which outlined the care that people wanted to receive and the length of time the carers would need to provide that care. This was signed by the person receiving the care. The agreement stated the objective for staff to support the person with, for example 'To assist X to shower, dry and dress.' Staff confirmed that they were clear about what support people needed.

Care plans were reviewed on a six monthly basis. Some care plans were reviewed when people's needs had changed. One relative told us, "The manager comes in from time to time, they know what is going on and to see if anything needs changing." However, another person's care plan had not been updated since there had been a change in the person's health. It detailed a health condition that would have impacted on the care that they were receiving.

People told us that they had plenty to do. On site there was a cinema room and a dining room. A harvest festival was being taken place during the day and a steak night in the evening. There was also a small shop on site which sold basic foods and house hold goods.

People told us that they felt able to make a complaint and that they would be listened to. One relative said "I would be able to say if I was not happy with a carer, but I have not been in this position."

Each person had a copy of the complaints and whistleblowing policy in their care plan kept in their homes. Staff knew what to do when a complaint was raised. One staff member told us, "I would talk it over with the, see what needs to be dealt with and follow the complaints policy."

There has only been one complaint received in the service since April 2016. The registered manager had responded to the complaint following the service's complaints policy. The person told us that they were not happy with the response of the complaint. The regional manager agreed to review the complaint.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well led. Six people told us they did not know who the registered manager was. People told us that the co-ordinators were the managers of the service. The registered manager told us that she was surprised by this and that she had visited people previously. The regional manager told us that people had a handbook which has the registered manager's details in. She told us that she was on site in Surrey and in Rugby once a week and was covering other services. The registered manager has legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People and their relatives told us that the co ordinators were approachable and supportive. People told us that the co-ordinators sometimes provided them with care. One co-ordinator told us told us "I like to keep my hand in. I try to do twice a week with one client." A person told us that the co-ordinator and a manager had just visited them at home to complete a review of their needs.

There were some systems in place to monitor and review the quality of care. However they were not always effective or robust. The regional manager completed an audit every two months, which covered aspects including care plans, training, and feedback from people. The regional manager had identified areas for improvement such as the frequency of supervisions, care plans missing information and infrequent staff meetings. The registered manager had not taken action to improve these areas. We asked the registered manager why this was, she told us she had only received one this week and had not had time to read it.

The registered manager lacked oversight of the whole service; they did not have their own quality assurance systems in place to review the quality of care. There were inconsistencies with the frequency of staff supervision. There were gaps in some care plans and initial assessments. Care plans did not indicate if people had a relative who had a legal right to make decisions about people's care, even though staff thought that they had. Some information in care records was out of date and risk assessments were not always in place for an identified risk.

There were also gaps in people's daily records. For example, for one person had three care calls were not recorded over a period of three days. This mean that the registered manager had not always ensured that there was a legal record documenting what care and support that took place that day.

There were some systems in place to obtain the views of people and their relatives about their care. Six people completed a feedback from in March. Everyone agreed that the staff knew people's needs, that the carers attitude was good and that the tasks were completed to a good standard. Although the feedback was quarterly, a survey had not been completed since March.

As the registered manager had not ensured that there were robust, effective procedures in place to monitor, review and obtain feedback to improve the quality of care provided also to ensure accurate records were maintained. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the inspection, the regional manager has provided us with an action plan with actions on how to improve the service with areas identified from our inspection. Weekly updates on what has improved are also being sent in.

The provider had undertaken a staff survey in September 2015. Results were positive for leadership and personal development, but staff felt strongly that communication was not effective. There was no action plan in place of follow up to improve this for staff. Two staff told us that they did not always feel supported by the provider. One staff member told us, "There are no staff initiatives and we are not always informed as to what in going on in the company."

Staff told us that they felt supported by the registered manager. One staff member said, "I am able to raise concerns with the Co-ordinator and the registered manager." Staff told us that they enjoyed working at the service; one staff member said "We work well as a team." Another said "I like working here, it's a small client base, and it's more individual, get to know people and their families."

A compliment from a relative read, "All of [Co-ordinators name] team are reliable and kind. " It went on to say that under the Co-ordinators leadership, the care had improved.

The regional manager told us that the provider was intending to register Rugby as a separate location. The regional manager went on further to say that they had appointed the new manager for Rugby who had just started and would be applying to CQC to register as a manager.

The management team interacted appropriately with people with kindness and care and knew people and staff well. The regional manager had a good understanding of the requirements of CQC and ensured consistently that the appropriate and timely notifications had been submitted when required.

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 11 HSCA RA Regulations 2014 Need for consent The registered manager had not always followed the requirements of the Mental Capacity Act 2005.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered manager had not always ensured that risks to people were managed to keep people safe.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager had not ensured that there were effective and robust systems in place to monitor, review and improve the quality of care.