Enthuse Care Ltd

Enthuse Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 03, 09 and 13 March 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

This service is a domiciliary care agency. It provides personal care to people living in their own homes and flats in the community. At the time of our inspection the service was providing personal care to 105 older people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age.

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

People and their families told us they felt safe and secure when receiving care. However, we found that the risks assessments relating to people's health and wellbeing were not always in place. These did not include information about people's health conditions such as diabetes and were not always adequate to support people appropriately.

Relevant recruitment checks were conducted before staff started working at Enthuse Care to make sure staff were of good character and had the necessary skills. However, there were unexplained gaps in staff employment histories.

People's medicines records were not always completed appropriately and information on where to apply medicated creams was not always clear.

People and their relatives expressed mixed views about the leadership of the service. They raised concerns over not being able to speak to management at the office and not being provided with a weekly rota to inform them which staff would be visiting their home to provide care.

People felt the service did not always respect people's preferences in respect of the gender of staff who supported them with personal care.

Staff received training in safeguarding adults. They completed a wide range of training and felt it supported them in their job role. New staff completed an induction designed to ensure staff understood their new role before being permitted to work unsupervised. Staff told us they felt supported and received regular supervision and support to discuss areas of development. There were sufficient numbers of staff to maintain the schedule of care visits to meet people's needs.

People who used the service felt they were treated with kindness and said their privacy was respected. Staff had an understanding of legislation designed to protect people's rights and were clear that people had the right to make their own choices.

Staff knew what was important to people and encouraged them to be as independent as possible.

Staff were responsive to people's needs which were detailed in people's care plans. Care plans were regularly reviewed to ensure people received personalised care. A complaints procedure was in place.

Staff felt supported by the manager and could visit the office to discuss any concerns. Procedures were in place to investigate complaints and learn from any accidents or incidents.

We identified one breach of regulations. You can see what action we have told the provider to take at the back of this 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's welfare were not always identified and plans were not in place to minimise those risks.

Staff were trained to support people with medicines. However medicine administration records were not always completed correctly and there was no clear guidance on where creams should be applied.

Recruiting practices were not always safe; there were gaps on staff's employment history.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Staffing levels were sufficient to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People received support with meals and drinks and could choose what they wanted to eat.

Is the service caring?

Requires Improvement

The service was not always caring.

People felt the service did not always respect people's preferences in respect of the gender of staff who supported them with personal care.

People felt staff treated them with kindness and compassion.

People were encouraged to remain as independent as possible. They were involved in planning the care and support they received. Their privacy was respected at all times.

Is the service responsive?

Good

The service was responsive.

People told us the care they received was personalised, and their needs were reviewed regularly.

Quality reviews sought feedback from people.

An effective complaints procedure was in place.

Is the service well-led?

Requires Improvement

The service was not always well led.

People and their relatives expressed mixed views about how well they felt the service was led and the communication from the office.

There were systems in place to monitor the quality and safety of the service provided, however these were not always effective.

Staff spoke highly of the management team who were described as approachable and supportive.

Regular staff meetings were held and staff were also updated by monthly newsletters.

Enthuse Care

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 03, 09 and 13 March 2017. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure someone would be in. The inspection was carried out by one inspector and two experts by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

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 reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke with 18 people who used the service and four family members by telephone. We spoke with the owner, the registered manager, business manager, staff trainer and ten staff members. We looked at care records for nine people. We also reviewed records about how the service was managed, including five staff training and recruitment records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person told us, "No issues whatsoever with safety." Another person said, "Yes perfectly safe – very happy." Other comments included, "I trust my carers" and "Absolutely safe." A family member told us, "We have no issues at all for safety for our relative." Another family member said, "I feel my husband is safe, in the main if new ones [care staff] come I normally stay about."

Risk assessments did not always cover every aspect of a person's health and wellbeing. Risk assessments had been completed by senior members of staff and covered risks related to people's homes. However, not all of the risks relating to people's health and wellbeing were recorded in the care plans kept in their homes, so staff weren't always aware of all the risks to keep people safe. For example, one person was unable to weight bear and was at risk of falls. Staff were required to ensure their lifeline was worn by them and within reach in case of an emergency. However this information was only available in the office and not in the person's home for care staff to read and be reminded of concerns. The risk assessment for another person, who was diabetic, did not cover this risk to their health and no information was provided to staff on what action to take should the person present with symptoms of illness in relation to their diabetes.

For people who had equipment in their home such as a stand aid, no details were available of who is responsible for the equipment in use and when its service is due. Whilst staff were aware of some of these risks to people's wellbeing, they did not have specific information on how to support the person. One staff member told us, "Emergency information is not in the care plan or risk assessment, I would have to use my common sense."

The failure to assess and manage risks to some people's health and welfare was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We identified some areas for improvement around medicines. There were medication administration systems in place and people received their medicines when required. People were happy with the support they received with their medicines. They told us their independence was respected and that they managed their own medicines where possible. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. All staff received medicine management training, which was refreshed regularly and their competence was assessed to make sure they were safe to administer people's medicines. However, on some medicine administration records (MAR) there were missing signatures. The MAR chart provides a record of which medicines are prescribed to a person and when they are given. Staff administering medicines are required to initial the MAR chart to confirm the person has received their medicine. We spoke to the registered manager about our concerns, who explained the actions they had taken as a result of recent audits. They told us all staff had been retrained in medicines and spoken to regarding their recording practices. They added they should see a big improvement on the next audit.

There were not effective arrangements in place for the management of topical creams. There were no topical cream body maps or care plans to support staff in understanding where and how much cream

should be applied. The registered manager acknowledged that this was an area for development and informed us they will start using body maps to guide staff on where to apply creams.

We recommend the provider seeks advice and guidance on adopting the latest best practice in respect of the completion of medicine administration records and the administration of topical creams.

Recruitment processes were followed that meant staff were checked for suitability before being employed by the agency. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, records we looked at identified that the provider had not met the recruitment requirements with regard obtaining satisfactory evidence in respect of new staff's conduct at previous employments. All of the staff recruit files we looked at contained gaps in staff employment history, which had not been explored by the provider. We spoke to the business manager and the registered manager who informed us they would take action immediately to address our concerns. Following our inspection a member of staff confirmed that the registered manager had taken action to explore with them the gaps in their employment history.

There were sufficient numbers of care workers available to meet people's needs. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service. Staff said they had sufficient time to support everyone and were able to provide additional support if someone needed it; for example, if the person was unwell. The registered manager and care coordinators were also available on call 'out of hours' for emergencies or advice. One staff member told us, "I feel there are enough staff. I cover on call and I wouldn't let people go without care. I would go out myself if I couldn't get it covered." Another staff member said, "Enough staff to cover calls, when I'm on call we help each other out."

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to their manager, and if no action was taken would take it higher up. One care staff member said, "I would report it to a social worker or specialist team. Record conversation and report it to my manager." Another staff member said, "If I had safeguarding concerns I would contact the office or on call and record it all down on an incident form."

We saw records of accidents and incidents which were given to the office staff to monitor. These records enabled the manager to investigate, take the appropriate action and debrief the staff involved.

The service had a business continuity plan in case of emergencies. This covered eventualities where staff could not get to people's homes. For example, if there are any difficulties covering calls due to events, such as the weather conditions or sickness. This contained a set of procedures to follow and the main contact numbers for emergency services.

Good

Is the service effective?

Our findings

People we spoke with felt staff were well trained and supported them in a way they liked. One person told us, "Yes they are certainly trained." Other comments included, "Yes they do know" and "Oh yes I'm very happy." A family member told us, "Yes no problem at all."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us that their training included moving and handling, safeguarding, health and safety, medicines administration and first aid. This ensured that staff were competent and had the skills and knowledge to safely deliver care. They also confirmed that the agency were currently supporting them to achieve a recognised qualification in Health and Social Care. One staff member said, "Training really good and good communication no problem about going to [trainer's name] about anything. I'm in the middle of the care certificate and I'm getting a lot of support." Another staff member said "Can ask for any extra training."

People told us new staff members were accompanied by a regular staff member and shown how people like things done. There was a comprehensive induction training programme which covered all necessary areas either via e learning or practical sessions. One staff member told us how they had shadowed with an experienced member of staff for their first week of visiting people to get to know their routines. Arrangements were in place for staff who were new to care to complete, the Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people. The registered manager told us, "Staff can have more shadowing training if needed." A staff member said, "I had three days shadowing with different staff members. I then felt confident about going out on my own."

The service had introduced a buddy service by the in house trainer who acted as a buddy to all new staff in their first twelve weeks of employment. The trainer told us this was so all new staff had a point of contact they could go to with any questions or concerns who they would of already met through training. The registered manager told us, "It has helped us retain staff."

People were supported by staff who had supervisions (one to one meetings) and yearly appraisals with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Records of supervisions were kept by the agency. This showed the process used was formalised and covered all relevant areas. Where necessary, actions for improvement were identified and followed up. One staff member told us, "Supervisions are every three months and an annual appraisal. They are useful if I want any extra training I can request it and I have done before." Another staff member said, "I had an appraisal which went well and we talked about further training."

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in

relation to people with mental health needs. Before providing care, they sought verbal consent care from people and gave them time to respond. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People and their families told us they had been involved in discussions about care planning and we saw people had signed their care plans agreeing to the care the agency intended to provide.

People were supported at mealtimes to access food and drink of their choice. One person told us, "They know where everything is, they will cut the food up tiny so I can swallow it'. A staff member told us, "I ask people what they want to eat, see what's in the fridge and offer choice." The support people received, varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members reheated meals and ensured they were accessible to people who received a service from the agency. Where people were identified as being at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake. Care plans contained information about any special diets people required and about some specific food preferences. However, additional information, about people's likes and dislikes, would help staff support people who had difficulty making a decision. We spoke to the manager who agreed to speak to staff and to add more information on people's food preferences.

People were supported to access healthcare services. Staff told us they would always inform the office to keep them updated about any changes in people's health. If any health professional had visited, staff told us they would call the office to let them know. This meant the next staff member was aware of the person's current health needs and any action needed. One staff member said, "If I had any health concerns I would contact the district nurse, GP or call 111."

Requires Improvement

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. One person told us, "Very good carers, we are very happy." Another person said, "Yes greatest respect and dignity given and very caring & considerate." Other comments included, "Absolutely caring!" as well as, "We have a real good chat." A family member described staff as "lovely" and being polite and respectful.

The provider did not always respect people's preferences in respect of the gender of staff who supported them with personal care. Some people had requested not to have male carers and for most people this had been respected. However one person told us, that they don't like male carers assisting them with personal care and have informed the agency and said, "One [male member of staff] came on Sunday, I should complain." A family member of a different person told us, "We were not happy with two male carers coming to see my relative and we did raise this concern to the office, and the office still sent the male workers." They told us as a relative they did not feel comfortable and nor did their relative and found it very upsetting. Staff told us if people had gender preferences this was recorded on the computer system, and they would check the computer system.

We recommend that the provider seeks advice and guidance on adopting the latest best practice in respect of person centred care and respecting people's personal preferences.

People experienced care from staff who understood the importance of respecting people's privacy, particularly when supporting them with personal care. One family member told us, staff, "Always knock on his door, they are very polite and say Good Morning." Staff ensured doors were closed and people were covered when they were delivering personal care. One staff member said, "Privacy and dignity ask permission first. Close the curtains and close the doors and keep covered if providing personal care." Another staff member said, "Keep covered with towels if providing personal care and close the doors."

A family member informed us about a caring and positive caring experience and told us, "The carers were brilliant. Carers were very loving with my relative and treated her like their own mother. Even the younger carers are excellent. My relative is a very proud person; when they would have an accident, the carers would say, do not worry that is their job. They really made my relative comfortable."

People were encouraged to be as independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. One care staff member said they encouraged people to be as independent as possible, encouraging them to undertake aspects of their own care where they were able to. Another staff member said, "I love my job. I love helping people to remain as independent as possible."

People said care staff consulted them about their care and how it was provided. Care plans were detailed and showed people were involved in the planning and reviews of their care as they had signed these. Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. Care plans

also included information about people's wishes and any worries they may have. Care staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why. This enabled the care staff to communicate effectively with the person and to understand what was most important to them.

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, was kept securely within the registered manager's office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected. Daily records were collected monthly and stored securely in the relevant care files.

Good

Is the service responsive?

Our findings

People received individualised care from staff who understood and met their needs. One person told us, "The carers are fine, good people." Another person said, "I'm not frightened to complain they encourage me to do things." A family member told us, "They do listen to us and they do act upon our concerns." Another family member told us, "In the past we had a carer who would only speak to my relative and did not even acknowledge me. The office were told and this was immediately changed. The carer we have now is amazing."

People confirmed they had been involved in planning their care and in reviews of their care plans. There was a system that care plans could be reviewed and updated as needs changed or on a monthly basis. However records showed that care plans were not always up to date. For example for one person their care plan stated staff should support them to have a shower twice a week. However, due to the lack of the correct equipment staff were unable to do this safely. The plan does not contain any information regarding how to support this person until they were able to have a shower safely or when the equipment was requested. For another person, in their review carried out in January 2017 they stated they would like staff to feed their cat and empty the cat litter tray. However there is no mention of this in their care plan, which meant staff would not be aware and may not provide care for the person's cat as the person's request. A staff member said, "care plan can get confusing at times. They need to be more specific on what's going on." Although care plans were not always updated staff members were able to describe the care and support provided by people. We spoke to the registered manager who told us they would check all care plans and update plans in result of their findings.

Copies of care plans were available in people's homes allowing staff to check any information whilst providing care. Care plans gave instructions about how people liked to receive care and had an assessment of needs. These identified key areas of needs, such as, personal care, daily living activities, and meal preparation. The care plan overview is 'to promote independence not to deskill'.

The daily records of care visits we reviewed encompassed all areas of care and support, including getting in and out of bed, personal care, administration of medication, mobility and meal preparation; these records were consistent in their level of detail.

The service provided a retainer service. The service was designed to support people for up to two weeks with emergency care to assist people out of hospital while support was then sought by other providers of care by care management. The registered manager told us the service continued to provide support after two weeks until the new service started, such as a new care agency. Staff told us they met up weekly to make sure we are up to date with the service and any concerns with people, as the retainer service changed daily with people leaving and accessing the service.

Quality reviews were carried out monthly, which looks at people's needs, personal care, medicines, and satisfaction of the service, office staff and procedures. If any concerns were raised staff had to follow up by saying if a complaint needs to be made as a result of the review or a care plan or MAR chart to be updated. A

staff member told us, "I carry out quality care reviews every month if any concerns will send a supervisor round."

People told us they knew how to make a complaint. A family member told us, "We have the number should we need to make a complaint. At the moment we have had no reason to complain." Staff knew how to deal with any complaints or concerns according to the service's policy. Information about how to make a complaint was included in information about the service provided to each person. The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. There had been a few complaints about the service over the last year which had been investigated thoroughly and people and their families were satisfied with their response.

Requires Improvement

Is the service well-led?

Our findings

People and their family members expressed mixed views regarding how well they felt the service was led. Several people raised concerns about the difficulty they had had at contacting the office. One person told us, "You never get to speak to anyone in the office usually on answer phone." Another person said, "Last week I wanted to speak to the boss, they always say boss is in meetings." A family member told us, "I can speak highly of the care workers; it's the office that need to deal with issues."

However, other people told us how supportive the office were. One person told us, "Best company I am likely to have, care is fine. Another person said, "Yes definitely happy with the service." A family member told us, "I am happy with the service so far." Another family member said, "The workers used to be sometimes early, sometimes late. My relative needed specific times. The office have worked with us. We now have the times close to what my relative needs, my relative takes medication so it is important to get times right."

People we spoke to told us that the majority of time, care workers were on time, and they remained for the whole time for the visit once they were there and there were no issues with care workers not completing the required tasks. However there were concerns raised about the rotas. One person told us, "Majority of the time they are on time. However as we do not have a rota, it can be a problem when I have my dinner, sometimes as late as 6.15pm. I have in the past asked for a rota and even sent them a book of stamps to send me the rota. The company have failed to give me the rota." Another person said, "It would be good to know when carers come, some sort of rota." A family member said, "There are serious issues with the rotas. It would be nice if the company told us when people come." We spoke to the registered manager about our concerns about people not knowing which staff member would be visiting them to provide care. They informed us, they send a copy of the rota to people who request it, but agreed they needed to look into sending to everyone due to the concerns we raised.

The registered manager sought feedback from people or their families through the use of a quality assurance survey questionnaire. We saw the results from the latest questionnaire, which had been sent out in May 2016. The results we looked at were mainly positive, a couple of people were not happy with times and staff being late. However the results had not been analysed or an action plan produced on how to improve the quality of the service. The registered manager told us, that if issues were identified these would be responded to but they didn't record their actions.

There was a clear management structure, which consisted of the owner, registered manager, business manager, two care coordinators, and six senior staff, who supported the staff. Staff understood the role each person played within this structure. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. The registered manager told us, "Good team here and I get a lot of support." They also said, "Owner very supportive; on valentine's day brought all the staff roses and sweets."

The management team promoted a positive culture and had an 'open door' policy. Staff said the registered manager was approachable and they were always made welcome at the office. One staff member told us,

"Management really good always listen to you and really helpful." Another staff member said "Can go to management for support." Other comments included, "Management very good if I have any issues I can talk to anyone." As well as, "I love my job it's nice to have trust and confidence from management."

The service operated a 'Carer of the month award'. People and staff could nominate a staff member they believed had gone above and beyond. Staff were them presented with a small token gift as a reward for their hard work and dedication. Staff told us the service also operated an employee of the year and the prize this year was a holiday for two people. Staff also received a loyalty bonus for staying with the service for a year as well as a staffing benefits book, which the provider had sourced from local companies. A staff member told us, "Best company I have worked for so far. Staff are really friendly and lots of rewards for staff. We have prize draws and employee of the month and year. Newsletters, benefits and discounts available for staff and days out."

The service also sent out a monthly newsletter to all staff. The monthly newsletter in February 2017 showed a recruitment incentive to staff to introduce a member of staff to the service. If the staff member stayed working for the service the staff member who introduced them would be rewarded with a cash incentive. Newsletters also included the values of the company and details of staff raising funds for charity as well as upcoming social events for staff to attend. The registered manager told us, "[The cash] incentive to recommend a friend to the company which has worked well and brought in some good staff."

Senior staff meetings were held every week, but could happen more frequently if something needed to be discussed with staff. Management meetings were also held weekly. Care staff told us they had no formal staff meetings but have weekly chats with their line manager and a private message group on social media. One staff member told us, "No staff meetings but I feel supported by weekly group chats with staff on a private group chat." Another staff member said, "Seniors will send us out a weekly text to make sure we are okay." However one staff member told us, "We don't have any staff meetings and I would like to have them. Senior staff have meetings and I ask for feedback but they don't always pass on and I would like to be more involved." We spoke to the manager about staff concerns, who told us, "Instead of formal meetings staff are placed within six teams with a senior managing the team, they all get together monthly to have training refresher in the office and discuss any concerns or issues afterwards. Senior staff also phone their team once a week to make sure they are okay."

The manager used a system of audits to monitor and assess the quality of the service provided. These included auditing medicines, care plans, staff files, record of care sheets, training and health and safety. Where most issues were identified and any remedial action was taken. However we found some care plan assessments did not include information on people with diabetes and they did not contain specific information on how to support the person. We spoke to the manager who informed us that they would audit all the care plans so that any missing information will be identified and rectified in a timely way.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The manager informed us they kept up to date by attending training and were in the process of completing a level 5 Health and Social Care qualification. They told us they also kept updated by reading publications on line and support from provider forums arranged through the local council where other organisations got together to share best practice.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate polices in place as well as a policy on Duty of Candour to ensure staff acted in an open way when people came to harm. The provider had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's needs were not risk assessed adequately.