

The Personal Support Network (Teesside) Limited

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Inspection report

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13 February 2018

15 February 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 7, 13 and 15 February 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection.

The service was last inspected in September 2016. At that time we identified a breach of our regulations in relation to good governance processes. There were gaps in care plans and risk assessments. Supervision and appraisal records contained limited information. Staff recruitment records did not always show if post-recruitment reviews had been carried out. There were also gaps in meeting minutes and action plans where issues were identified. Quality assurance procedures had not highlighted the concerns we had during that inspection. We took action by requiring the provider to send us action plans setting out how they would improve in these areas.

When we returned for this latest inspection we saw that improvements had been made in relation to supervisions and appraisals and post-recruitment reviews. However, we found that risk assessments were still limited or not in place for people with specific health conditions. The provider's quality assurance processes had not identified these issues. This was a continuing breach of our regulations. We also found that medicine records were not always completed accurately.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, people with learning disabilities or autistic spectrum disorders and people with mental health conditions. At the time of our inspection 57 people were receiving personal care from the service.

There was a registered manager in place. 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. The registered manager was also one of the owners and registered providers of the service.

Accidents and incidents were monitored to see if lessons could be learned to improve the service. The provider had a business continuity plan in place to provide guidance to staff on supporting people in emergency situations that might disrupt the service. Policies and procedures were in place to safeguard people from abuse. People and their relatives said people were supported by stable staffing teams. The provider's recruitment processes minimised the risk of unsuitable staff being employed. Policies and procedures were in place to support staff to maintain good infection control practice.

Supervisions and appraisals were taking place regularly. Staff received a range of mandatory training in order to support people effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service

supported this. People were supported to manage their food and nutrition and to access external professionals to maintain and promote their health.

People and their relatives spoke positively about the support they received at the service, describing staff as kind and caring. People and their relatives said staff treated them with dignity and respect. Staff promoted people's independence and encouraged them to do as much as possible for themselves. Policies were in place to support people to access advocacy services where this might be needed.

People received personalised care based on their support needs and preferences. Some people received support with accessing activities and the wider community as part of their support plan. Policies and procedures were in place to respond to and learn from complaints. At the time of our inspection no one at the service was receiving end of life care. Policies and procedures were in place to arrange this if necessary.

Feedback was sought from people, relatives and staff. Staff spoke positively about the culture and values of the service and the leadership provided by the registered manager and provider. Staff said they felt supported in their roles and valued as members of a team. The registered manager and provider had worked to create and sustain a number of links with community groups and other agencies to help enhance the quality of life for the people they supported. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

We found two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014, in relation to safe care and treatment and good governance. You can see what action we took at the back of the full version of this report.

This is the second time the service has been rated Requires Improvement.

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.

Health condition specific risk assessments were not always in place.

Medicine records were not always completed consistently or accurately.

Policies and procedures were in place to safeguard people from abuse.

Effective infection control policies and practice were in place.

Recruitment procedures were in place to minimise the risk of unsuitable staff being employed.

Is the service effective?

Good ●

The service was effective.

Staff were supported through regular training, supervisions and appraisals.

People's rights under the Mental Capacity Act 2005 were protected.

People were supported to maintain a healthy diet and to access external professionals to maintain and promote their health.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the care and support they received.

Staff treated people with dignity and respect and promoted their independence.

Procedures were in place to support people to access advocacy services where appropriate.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care based on their support needs and preferences.

People were supported to access activities they enjoyed.

Policies and procedures were in place to respond to and learn from complaints.

Policies and procedures were in place to arrange end of life care if needed.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Action plans submitted to CQC following our September 2016 inspection had not been completed.

The provider's quality assurances processes had not identified the issues we found at this latest inspection.

Feedback was sought from people, relatives and staff.

Staff said they felt supported in their roles and valued as members of a team.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications.

The Personal Support Network (Teesside) 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 7, 13 and 15 February 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection.

Inspection site visit activity started on 7 February and ended on 15 November 2017. It included telephone calls to people and their relatives. We visited the office location on 7 and 15 February to see the registered manager and office staff, and to review care records and policies and procedures.

The inspection team consisted of one adult social care inspector, a specialist advisor nurse and two experts by experience.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team, other professionals who worked with the service to gain their views of the care provided by The Personal

Support Network (Teesside) Limited.

We spoke with four people who used the service and 11 relatives of people using the service. We looked at five care plans, six medicine administration records (MARs) and handover sheets. We spoke with eight members of staff, including the registered manager (who was also a provider), the other registered provider, five support workers and two office staff. We spoke with one external professional who works with the service. We looked at seven staff files, which included recruitment records. We also looked at records concerned with the day to day running of the service.

Is the service safe?

Our findings

At our last inspection in September 2016 we found that risk assessments were in place for people but some risk assessment summaries were incomplete. We found that identified risks such as slips in the shower had been recorded, but health condition specific risks such as diabetes, COPD and dementia had not always been included into risk assessments. At that time we found that staff had a good understanding of risk to people, and our judgment was that the issue related to records and good governance issues. The provider was in breach of regulation in relation to good governance and we took action requiring the provider to send us plans setting out how they would address these issues. The provider sent us plans committing to addressing these issues by 'October 2016.'

When we returned for our latest inspection we found that health condition specific risk assessments were still not always in place. Health condition specific risks such as those relating to diabetes, suprapubic catheter, urinary catheter and Percutaneous Endoscopic Gastrostomy (PEG) use had not always been included into risk assessments. PEG is a system used where people having difficulty swallowing foods and fluids.

We found care records contained limited information about these health conditions and how best to support the people with them. For example, one person who used PEG was supported to use a swimming pool by staff. Their care records did not have a risk assessment in place on how this could be done safely. Another person who had diabetes received support from staff with their meals. There was no risk assessment in place or information on how their diabetes might impact on their dietary intake, or vice versa. Staff we spoke with were knowledgeable about how to support people safely but care records did not always reflect people's needs and risks to them could be managed.

We discussed this with the registered manager and provider, who said they would undertake risk assessments and update the care plans accordingly. We were sent a schedule of care plan and risk assessment reviews before we concluded our inspection. However, this issue had been identified at our September 2016 inspection and had not been addressed by the time we visited for our latest inspection. This meant the system for assessing the risks to the health and safety of people using the service were ineffective.

Medicines were not managed safely, as medicine records were not always completed consistently or accurately. We looked at people's medicine administration records (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. One person had a handwritten MAR in place. We saw that a second member of staff had not countersigned these to confirm that the record was accurate. The medication profile for one person contained crossings out, which had not been initialled so it was not clear who had made changes to it. We saw gaps in recording on three people's MARs, which meant it was unclear whether they had received their medicines. Where people had refused their medication we did not consistently see the reasons for non-administration documented on the MAR.

Some people were prescribed PRN (as required medicines). However, the administration of PRN medicines

was not clearly documented on MAR charts along with this, the reasons why they had or had not been administered. Some people received support with medicinal creams. For one person we saw there was no completed body map in place to show where the cream should be applied, and the medicine listed on the body map was different to that named on the MAR. For another person we saw a medicinal cream had been discontinued but was still recorded on the person's body map as to be applied. The same person had another topical cream listed on their MAR but this was not recorded on their body map.

Before we returned for the final day of the inspection the registered manager sent us plans setting out how risk assessments and medicine records and practice would be reviewed and remedial action taken where needed. When we attended for the final day of the inspection we were shown examples of care plans where health specific risk assessments had been produced. The provider and registered manager said every person's care plan would be reviewed to see if improvements were needed. However, these measures had not been in place when we started the inspection and action was taken as a result of us identifying the issues.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accidents and incidents were monitored to see if lessons could be learned to improve the service. For example, following an incident involving one person's medicines the service designed a MAR individually for them to record when staff were assisting with medicines and when the person's relatives were doing this. The provider used a computer system that allowed them to monitor accidents and incidents to see if any trends were emerging that might need remedial action.

The provider had a business continuity plan in place to provide guidance to staff on supporting people in emergency situations that might disrupt the service. Backup copies of people's care plans were maintained electronically to ensure staff had access to information on people's needs in emergency situations.

Policies and procedures were in place to safeguard people from abuse. Staff had access to the provider's safeguarding policy, which contained guidance on reporting any concerns they had. Records confirmed that where issues had been raised they were appropriately investigated and referred to relevant agencies. Staff told us they would not hesitate to report any concerns they had. One member of staff we spoke with said, "I've always said if my own relatives worked here and did something wrong I'd report it. I support people as if they were my own family. I know what to look out for."

People and their relatives said people were supported by stable staffing teams and that staff usually arrived on time. Where staff were running late people and their relatives said they were notified by office staff. One person told us, "They tend to turn up on time. The agency calls me if no one turns up." Another person said, "I feel absolutely safe most of the time. No missed visits. They've never missed a visit. They ring if they're late so I'm never left without one." An external professional told us, "They turn up on time." The registered manager based staffing numbers on the level of support people needed, and regularly reviewed. They told us, "Care co-ordinators don't have to take packages of care, there is no pressure to keep taking calls in. Unless they can confidently take it we wouldn't accept the package. That's why we have such good routines with people." Staff we spoke with said there were enough staff at the service to support people safely. One member of staff told us, "There are enough staff to cover everything. We have a big team, it's good. Sickness and holiday get covered."

The provider's recruitment processes minimised the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their employment history, including any gaps.

Written references and proof of identity was sought and Disclose and Barring Service (DBS) checks carried out. A DBS check allows employers to check whether the applicant has any past convictions or matters recorded that may prevent them from working in a care setting.

Policies and procedures were in place to support staff to maintain good infection control practice. This included policies on effective hand washing and managing infections. A log was kept of when staff had collected personal protective equipment (PPE) such as gloves and aprons, to ensure all staff had the equipment they needed. One person we spoke with said, "They wear gloves and aprons". A member of staff told us, "I often pop into the office for gloves. We get everything we need."

Is the service effective?

Our findings

At our last inspection in September 2016 we found gaps in supervision and appraisal records for staff. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. There was little evidence of what was said during these meetings or of actions taken as a result. Probationary reviews of new staff had not always been completed consistently. The provider was in breach of regulation in relation to good governance and we took action requiring the provider to send us plans setting out how they would address these issues. When we returned for this latest inspection we found that improvements had been made.

Supervisions and appraisals were taking place regularly. Newly recruited staff were receiving probationary reviews. Records of these meetings showed they were used to discuss the staff member's role, training needs, knowledge gaps and whether they had any support needs. Where staff raised issues at meetings action plans were drawn up showing how they would be addressed. For example, one member of staff had expressed an interest in some training and there was a record of how the provider had arranged this for them.

Staff spoke positively about supervisions and appraisals. One member of staff told us, "You can talk about any issues you've got, and also get feedback from them. Very helpful." Another member of staff said, "Supervisions are really useful as we can raise and discuss any problems and can easily bring things up. They're always asking what your goals are and how can they get you there."

People and their relatives told us staff had the knowledge and skills needed to provide effective support. One person told us, "They do a good job." A relative we spoke with said, "(Staff) really know what they are doing." An external professional told us, "I find that always very willing to adapt to any situation that arises the staff definitely know what they are doing."

Staff received a range of mandatory training in order to support people effectively. Mandatory training is the training and updates the provider deems necessary to support people safely. Mandatory training included food hygiene, health and safety, moving and assisting, first aid and safeguarding. Where staff supported people with specific health needs such as stoma care or mental health conditions they received additional training in those areas. Training was provided by an external training agency and was refreshed annually to ensure staff had access to the latest knowledge and guidance. The registered manager monitored training on a chart. This showed training was either up-to-date or planned. The provider also sent out emails and had discussion with staff on updates and changes to policy to help ensure they worked to best practice. Staff spoke positively about training at the service. One member of staff said, "I enjoy the training. They made it enjoyable."

As part of the provider's induction process newly recruited staff were required to complete mandatory training and observe more experienced members before they could support people without supervisions. One member of staff told us, "The shadowing we did was excellent. It puts you – your induction – on the right path."

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

We checked whether the service was working within the principles of the MCA. At the time of the inspection no one who used the service was supported by Lasting Powers of Attorney (LPAs) or had Court of Protection orders in place. Procedures were in place to assess this and verify the powers other people had to make decisions on behalf of people. Care records contained signed consent forms where people agreed to their support. Where people were unable to sign themselves best interest meetings had taken place with people, staff and other professionals involved in their care.

Some people using the service received support with managing food and nutrition. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. For one person we saw that they had been assessed by the Speech and Language Therapist (SALT) and an appropriate diet and fluid regimen had been recommended. We saw that a food diary had been put in place to ensure that person was offered a varied nutritious diet, as they were often repetitive with the food they ate. For another person we saw that staff were directed to encourage the person to have a varied diet including one hot meal a day, the plan outlined their meal times, together with their likes and dislikes. One person we spoke with said, "They will leave me a jug a fruit juice ready and they give a hot drink with my meal. They know what I like to eat."

People were supported to access external professionals to maintain and promote their health. Care plans contained information on the involvement of professionals such as district nurses, the SALT team and dieticians. One external professional told us, "In the past I had one particular client who was very volatile but they worked out very cleverly how best to help him without stressing him too much. They listen to suggestions and adapt willingly."

Is the service caring?

Our findings

People and their relatives spoke positively about the support they received at the service, describing staff as kind and caring. One person we spoke with said, "They are caring." Another person told us, "They are brilliant" and "To be honest all of the carers are really good." A third person we spoke with said, "The carers are normally quite caring and they engage in conversation with me. In the morning when they come they always make my breakfast and offer tea or coffee. They do appear to be dedicated to their work." A fourth person we spoke with said, "Caring? Very much so. The chat and talk. They treat me with dignity and respect."

A relative told us, "The staff are very efficient. They try their best they are extremely caring, and I am really pleased." Another relative we spoke with said, "The staff are always very caring and seem very capable in caring for my [named person's] needs." An external professional we spoke with said, "Staff are very good and I highly appreciate what they do. Knowing that they are doing a good job helps me in my line of work."

People and their relatives said staff treated them with dignity and respect. One relative we spoke with said, "The staff are very respectful. When they come they help [named person] get washed, and this is never a problem." Another relative told us, "[Named person] gets on really well with his carers, they are caring and respectful." A third relative said, "[Named member of staff] is very respectful, polite and caring. [Named member of staff] chats with my [named person] and makes him feel very at ease."

Staff promoted people's independence and encouraged them to do as much as possible for themselves, while always being available to provide support where needed. Staff spoke passionately about the care and support they provided, and gave specific examples of how they enjoyed helping people to enhance their quality of life. For example, one member of staff told us about a person they supported with meals who they had been encouraging to assist with food preparation. They were clearly proud when describing how the person had recently made their own lunch. People and their relatives told us staff supported them to maintain their independence. One relative we spoke with said, "Yes, they're caring. He tends to do things himself if he can. They listen to him and what he needs."

At the time of our inspection nobody at the service was supported by an advocate. Advocates help to ensure that people's views and preferences are heard. The service had listened to family members as natural advocates for people to learn about people who used the service. Relatives had been actively involved in the service to ensure people received the appropriate care and treatment. Policies were in place to support people to access advocacy services where this might be needed

Is the service responsive?

Our findings

At our last inspection in September 2016 we found that care plans did not always reflect people's support needs were not always reflected in their care plans, and care plans were inconsistently reviewed. The provider was in breach of regulation in relation to good governance and we took action requiring the provider to send us plans setting out how they would address these issues. When we returned for this latest inspection we found that improvements had been made.

Before people started using the service their support needs were assessed across a number of areas, including medicines, nutrition, communication, personal care and mobility. Where a support need was identified a brief care plan was developed setting out how it could be met. This ensured that staff could meet people's needs and that the service had the necessary equipment to ensure the person's safety and comfort. Care plans we looked at contained person-centred information on people's support needs. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. An example for one person outlined that they would like to go shopping with their support worker and we saw that this had been facilitated. Another person's care plan contained detailed guidance on how they could be supported by staff to mobilise and to sit safely in their chair.

Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences. People, their relatives and staff attended review meetings. Records of these meetings showed that people were able to raise any issues they had about their care and that action was taken to address. For example, following one person's review we saw that action had been taken to change their bathroom routine so it reflected their preferences. We did see that not all care plan reviews had taken the form of a formal meeting in line with the provider's policy. We spoke with the registered manager and provider about this, who looked at all outstanding reviews and planned them to take place as soon as possible.

People and their relatives told us staff provided the support they wanted and needed. One person we spoke with said, "The service are really helpful" and "honestly, they are brilliant in what they do." Another person told us, "I am very happy with the service." A third person told us, "They read my chart and everything is filed properly." A relative we spoke with said, "I am happy with this service, yes, very good indeed."

Some people received support with accessing activities and the wider community as part of their support plan. The provider had located their office in premises that had a large activity room and onsite café, which people who received support were encouraged to use. The provider employed a community outreach development coordinator to organise the activities. On a daily basis the coordinator ran a series of workshops, which aimed to help people maintain and enhance their skills and knowledge. The sessions included basic cooking, interview skills, identifying hazards at home, gardening and visiting nearby attractions. People who wanted to learn more about cooking were supported to access the café's kitchen and develop new skills with the help and support of staff. Sessions were based on people's assessed interests and hobbies. For example, one person had expressed an interest in Captain Cook so a session was held looking at the history of his voyages. Another person liked to knit so the coordinator was in the process of setting up a knitting group.

When we arrived for the final day of our inspection we saw some people who had attended a workshop leaving. They were happy and joking and had clearly enjoyed it. The coordinator told us, "It's about helping people with their life and social skills and building up their confidence." One person we spoke with said, "They help me get out in the community I wouldn't get out if I didn't get this help."

Policies and procedures were in place to respond to and learn from complaints. The provider had a complaints policy, setting out how issues could be raised and explaining how they would be dealt with. This was given to people when they started using the service. One person we spoke with said, "If I had a complaint I'd speak to the office." Where complaints had been raised we saw they had been dealt with in line with the provider's policy. We did see that where concerns had not proceeded to formal investigation there was no detail recorded of what the initial concern was about. This meant it was not possible to see if those had been handled in line with the provider's policy. We spoke with the registered manager about this, who said that in future all concerns would be recorded fully.

At the time of our inspection no one at the service was receiving end of life care. Policies and procedures were in place to arrange this if necessary, including ensuring that staff had received appropriate training.

Is the service well-led?

Our findings

At our last inspection in September 2016 we found gaps in good governance processes. Quality assurance procedures had not highlighted the concerns we had during that inspection. Audits were carried out but remedial action had not been recorded. The provider was in breach of regulation in relation to good governance and we took action requiring the provider to send us plans setting out how they would address these issues. The provider sent us plans committing to addressing these issues by 'October 2016.'

When we returned for this latest inspection we found that not all of the issues identified at the September 2016 inspection had been addressed in accordance with the action plans submitted by the provider. For example, risk assessments for people with specific health conditions were not always in place and action to address this was not taken until we identified this during our latest inspection. In addition, the provider's governance processes had not identified that the action plan submitted to us had not been completed.

The registered manager and provider carried out a number of quality assurance checks. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. These included audits of personnel files, care plans and medicines. However, these checks had not identified the new issues we found at this latest inspection in relation to medicine management. Staff at the service carried out a random sample check of 10% of medicine records a month. This meant there was no assurance that everyone's medicine records would be checked at some stage. We spoke with the provider and registered manager about this, who said they would immediately change auditing practice to ensure all medicine and care records were reviewed. We were sent action plans by the provider following the inspection setting out how this would be done.

However, this issue had been identified at our September 2016 inspection and had not been addressed by the time we visited for our latest inspection. This meant systems for ensuring good governance at the service were ineffective.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Feedback was sought from people, relatives and staff in an annual survey. This had last been carried out in October 2017, when 22 people, eight relatives and 56 staff responded. We reviewed the results of these surveys and saw that they contained positive feedback about the service. For example, one person had responded, 'My carer is extremely efficient and very caring.' Where issues were raised action plans were produced to plan and record remedial action. For example, the staff survey had identified an issue with travel time between calls and the provider had taken action on this.

Staff spoke positively about the culture and values of the service and the leadership provided by the registered manager and provider. One member of staff told us, "The manager is lovely, and so are the directors. Very approachable and they will do anything they can to help you." Another member of staff said,

"It makes me smile coming in the door. I enjoy it more and more each day, and can't praise them (the registered manager and provider) enough." Another member of staff told us, "It's probably the only job I've had in my life where I look forward to coming to work." The registered manager and providers spoke passionately about their vision for the service and their desire to provide people with high quality care.

Staff said they felt supported in their roles and valued as members of a team. The registered manager and providers had recognised that staff working in the community did not always have an opportunity to spend time with colleagues. They established an informal weekly 'drop in' session at their onsite café, where staff were invited to come in and spend time with one another. Staff said this was useful in developing a team spirit. One member of staff told us, "We have a chance to meet up at the weekly drop in, and can go into the office for anything." Staff meetings were also held regularly to give staff an opportunity to raise any issues they had.

The registered manager and provider had worked to create and sustain a number of links with community groups and other agencies to help enhance the quality of life for the people they supported. These included drop in sessions for the LGBT community and accreditation as 'Dementia Friends'. 'Dementia Friends' is an Alzheimer's Society initiative designed to help people learn more about dementia and the small ways they can help.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Health condition specific risk assessments were not always in place. Medicines were not managed safely as medicine records were not always completed consistently or accurately. Regulation 12(1).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Action plans submitted to CQC following our September 2016 inspection had not been completed. The provider's quality assurances processes had not identified the issues we found at this latest inspection. Regulation 17(2)(a).</p>