

# SMS Health Care Services Limited

# Everycare Romford

## Inspection report

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## Ratings

### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Everycare Romford is a domiciliary care agency that was providing personal care to 13 people at the time of the inspection. The service provides personal care to adults in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The service supported people with dementia, physical disabilities, older people and younger adults.

### People's experience of using this service

People's medicines were not managed safely. There were recording issues with medicine administration and medicine administration was not audited for quality or safety purposes. Employees were not recruited in a safe manner. Incidents and accidents were not always recorded. Safeguarding alerts were not completed when they should have been.

Staff were not being supervised regularly, we have made a recommendation about this. Staff did not always share important information with each other.

Quality assurance processes were ineffective or not being completed regularly. Care plan reviews and spot checks were not always being completed. Quality checks did not pick up on issues with care plans, staff files or issues with medicines. The service user guide held incorrect information.

Risks to people were recorded and instructions were provided to staff to mitigate risks. Staff understood infection prevention.

People's needs were assessed so the service could meet their needs. People were supported to eat and drink well. People were supported with their health care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind and caring. People were able to express their views and stated how they wanted to be cared for. People's dignity and privacy were respected, and their independence encouraged.

Care plans were instructive, and people told us staff were responsive to their needs. The service assessed people's communication needs. The service supported people with activities and to avoid social isolation. People knew how to make complaints.

Spot checks and reviews when completed were positive, as were surveys for people's feedback. The service

worked in partnership with others to improve the service they provided to people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 02 February 2019) and there was one breach of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to medicines management, recruitment, learning lessons when things go wrong and good governance at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Everycare Romford

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Everycare Romford is a domiciliary care agency that provides personal care to people in their own homes. CQC only regulates the personal care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three members of management, including the administration manager, the compliance manager and the sole director for the provider. At the time of the inspection the registered manager was on leave, we spoke with them following the inspection when they returned from leave.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We also spoke with three staff, all of whom were care workers.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At the previous inspection the provider did not manage medicines appropriately. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Medicines were not always managed appropriately. We found numerous concerns with medicine administration recording. For example, in one person's care plan we found gaps on their Medicines Administration Record (MAR) sheets. We were able to confirm medicine had been administered in their daily notes, but the MAR chart was not being completed correctly. Similarly, we found gaps in another person's MAR chart but were not able to confirm whether they took their medicines in their daily notes. This meant people were potentially put at risk of harm as it was unclear whether people were administered medicines or not.
- Medicines being administered were not always recorded in people's care plans. We saw people had been administered medicines but there was no mention of these medicines other than on the MAR sheets. For example, we saw a MAR sheet which had anti-biotics on it. We could not find information on why these were prescribed as it was not recorded in the care plan. This meant there were no instructions or guidance for staff on how to administer this medicine or what warning signs to look out for should people have an adverse reaction. This potentially put people at risk of harm.
- MAR sheets were difficult to understand. MAR sheets contained abbreviated codes to indicate why a person had not been administered medicines, with different letters meaning different reasons for non-administration. It was easy to confuse these codes with staff initials which they used to indicate they had administered medicines as there were no signing sheet to indicate what staff initials were. Whilst codes are standard practice, it is also usual to have staff initials. Lacking these meant it would have been difficult to audit MAR sheets, although the management team told us they were not auditing MAR sheets. This meant they had no process to check whether there were issues with medicine administration and if people had taken their medicines. This put people at risk of harm.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were being managed safely. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008

Following our inspection the registered manager provided us evidence that MAR chart coding would improve, staff initials would be evident and all care plans and risks to people regarding their medicines would be reviewed and updated. They also stated they began auditing medicine administration records.

#### Staffing levels

- Recruitment practices were not robust. We looked at four staff files. There were gaps in people's employment history, references missing from staff who had been employed and blank documentation on staff consent to fulfil certain activities such as moving and handling people. One employee did not have a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services. We were told the employee without a DBS was a training assistant though his contract, interview form, application form all stated he was a health and social care assistant.

The provider had not always made sure persons employed were of good character or had the competence, skills and experience necessary for the work to be performed by them. This was a breach of Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were mixed views about the staffing levels. One relative said, "Variation of staff is problematic." One person told us, "I take [time sensitive medicine] and they are always here on time." We spoke to the management team about staffing and they told us whilst recruitment was difficult, there were sufficient staff numbers to meet demand and people were not without care workers. We saw the system used to plan calls to people and staff rota and saw staff were provided with sufficient time to make calls and travel between them. Staff were recorded as arriving on time in most calls. Any concerns people or relatives raised with us were brought to the attention of the registered manager who stated they would investigate them.

#### Learning lessons when things go wrong

- Similarly it was not clear whether the service acted appropriately when things went wrong. We asked about incidents and accidents that had occurred in the previous year. We were told there had only been one time where a person had been hospitalised. The service had not recorded this as an accident or an incident though it clearly was. Staff at the time had acted appropriately by calling an ambulance.
- Similarly, whilst reading through daily logs we noted a comment from a care worker, "There is a big mark on right thigh. A doc should have a look at." We asked the management team supporting the inspection about this comment and they were unaware of the injury, how it had occurred or whether a GP or other medical professional had a look at it. They were able to tell us the person was in relatively good health having recently completed a review with them.
- There was little opportunity for learning from incidents or accidents to be shared with staff. Aside from accidents and incidents not being recorded, supervisions and staff meetings did not occur regularly.

The provider was not doing all that is reasonably practicable to mitigate risks to the health and safety of service users. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

#### Systems and processes to safeguard people from the risk of abuse

- Since the previous inspection the service had not sent any safeguarding alerts to the host local authority. However, as noted elsewhere we found daily log notes highlighting an instance where a person using the



service had unexplained bruising which a staff member felt a doctor should look at. This example highlighted potential abuse and the local authority should have been alerted and CQC notified.

- However, staff we spoke with understood their role in safeguarding. One staff member gave us an example and told us, "If client falls, I make them safe, then I inform my manager then I speak to family and I write in the book." There was a safeguarding policy in place and staff received training in safeguarding. People told us they felt safe receiving care. One person said, "Yes, absolutely [I feel safe with the care workers]."

#### Assessing risk, safety monitoring and management

At the previous inspection the provider hadn't taken steps to fully assess and mitigate risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 with respect to risk assessments, however other breaches of regulation 12 were identified as noted elsewhere in this report.

- At the previous inspection we saw risks to people were not always recorded correctly. At this inspection we found the provider was not using specific documents called risk assessments but was highlighting risk in people's initial assessments and providing mitigating actions for staff within the same document. We saw risks to people identified such as asthma, risk of falls and risks in the community. We saw mitigating actions cited for staff. For example, one person needed support with their safety in the community. The assessment provided guidance which said, "Staff to be vigilant, assess situations as they rise, neutralise and diffuse situations effectively in a calm manner."

#### Preventing and controlling infection

- Staff understood the importance of infection control. One staff member said, "I use my gloves and always wash my hands." The provider had an infection control policy and we saw ample supplies of personal protective equipment for staff.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- It was initially difficult to ascertain the training staff had completed. The registered manager was unavailable for the inspection and the two managers and director of the service who supported the inspection were unable to provide us with correct training information. Following the inspection, the registered manager provided us with a both a list of the provider's mandatory training and confirmation staff had completed all their training. This included but was not limited to, safeguarding, infection control and food hygiene.
- Staff did not receive supervision regularly. We looked at four staff files. Only one staff member had received supervision and that had been seven months before the inspection. The provider's policy stated supervision should be completed no sooner than the fourth week of employment, should occur at least twice a year and should be recorded on the provider's documentation. However, one staff member told us, "Yes I got supervision with [compliance manager] when I went to care for someone. They went there and watched me." Whilst this was a spot check rather than a supervision, staff told us they were supported by management. The manager responsible for supervising staff told us it was difficult to meet up with staff and did not have set times or dates to meet up with them.

We recommend the service seek established guidance and review their practice on supervisions.

- Staff received inductions before starting work. Induction consisted of training, shadowing experienced staff and reading policies and procedures.

Staff providing consistent, effective, timely care within and across organisations;

- Systems were in place for staff to share information with each other, however these were not always functional. Staff recorded the care they provided in people's daily logs. One relative, whose comments we shared with the provider with their consent, told us they found these hard to read. We noted some difficulties when trying to read them also. The provider told us they would look to remedy this by asking staff to write more clearly.
- We also had concerns that whilst this information was being recorded it wasn't always being read by office-based staff. For example, we found a person's daily log where staff had stated a person should see a doctor, but no action had been taken to follow this up. However, we did see correspondence between the service and social care professionals where the service was supporting people to have their needs met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started receiving care. These assessments followed legal

requirements and recorded information about people's protected characteristics, as well as their health and care needs and preferences. This meant the service could ensure they could meet people's needs before providing care to them. Assessments recorded information about people's physical and mental health needs, their medicines, their mental capacity and capability to carry out daily tasks.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink. One person told us, "They do my breakfast but always ask what I want." People's care plans recorded people's needs and preferences about foods and fluids and whether they had special dietary requirements. All staff had completed training on fluids and nutrition. This meant that where necessary people received support with their diet and eating and drinking.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their health care needs. One relative told us the service contacted them about an incident and recommended them to speak with a doctor. They told us, "[The service] asked that I refer him to the GP." Records showed they had done this as the relative had power of attorney for the person's health. People's care plans recorded their health care needs and details of relevant health professionals. Care plans contained instructions for staff to report health care concerns when they arose. For example, we saw instructions about when and how to support a person use an inhaler. This meant that people's healthcare care needs could be met with the support of staff.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff sought consent before providing care. One person said, "They do ask [my permission]. I can say yes or no." Care plans contained consent forms that had been signed by people or their representatives. Staff had received training on the MCA and consent. There was a policy in place that outlined the law and what was expected of staff with respect to the MCA. One staff member "Always ask permission from people."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were treated well by staff. People and their relatives told us that staff were caring. One person said, "Definitely 100%. When they come in, they ring the doorbell and they are polite, and they speak to me like I'm a person." One relative stated, "They are very caring." Staff were trained on how to work in a person-centred way and on equality and diversity. Care plans focused on supporting people in a person-centred way. For example, one care plan we read instructed staff to work in a manner that was caring and empathetic. It stated, "Care staff must at all times recognise [person] requires significant understanding and kindness. Care staff must never react or judge." This meant people received support from staff who sought to treat them well.
- The service promoted equality and diversity. The service trained staff in equality and diversity and had policies supporting people's human rights. Text from one such policy stated, "We aim to provide services to which all clients are entitled regardless of race, religion, belief, gender, marital status, sexual orientation, disability, offending past, caring responsibilities, social class or age." Staff told us they sought to ensure people's culture and diversity was respected. One staff member said, "I work with people of different colours and religion, no problem."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved in the planning of their care and treatment. One person told us, "Yes I was [involved]. [Compliance manager] came out and we did a care plan together and what I needed help with. And the care plan is now in my kitchen." People's views were captured at assessment and care plan review and assessments were signed for by the relative or by the person. People also had the opportunity to provide feedback and express their views when spot checks occurred. This meant that people were able to express views about their own care.

Respecting and promoting people's privacy, dignity and independence

- People were afforded privacy with their personal care and treated with dignity by the staff who cared for them. People and their relatives told us their dignity and privacy were respected. One relative told us, "Yes, definitely [they respect my privacy and dignity]." Another person said, "Yes they do [respect my privacy and dignity]." Staff received training in privacy and dignity. One staff member said, "Respectfully, I tell my clients what I need to do and ask them first." People's private information was stored securely either in locked cabinets or on password protected computers.
- People's independence was encouraged. One person told us, "They encourage me to do my exercises during the week." One staff member told us, "I am always trying to motivate [person] and tell them to do

exercises." People's care plans recorded information about people's independence and whether they needed support to remain independent.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised and looked to maximise their choice and control. People told us the service was responsive to their needs. One person told us, "I needed a later bed call and they sorted it out for me." Care plans recorded people's needs and preferences as well as instructions for staff to follow in different situations. For example, one care plan stated care staff may be required to attend a place of worship if the person wanted to go, what to do if a person suffered an asthma attack in the community and what to do if they ate something whilst out in the community which could be a risk to them.
- Care plans recorded people's needs and preferences. These covered areas such medicines, skin integrity, their mental health as well as numerous other areas identifying people's ongoing needs and preferences. This meant staff knew people's areas of concern and how to work with them in ways they liked.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans recorded people's communication needs. For example, one care plan stated, "[Person] finds it hard to communicate with others especially if unknown to them. They will sometimes not understand facial expressions and body language and will find keeping up a conversation very hard." This demonstrated the service sought to identify and prepare staff how to work with people who had differing communication needs. The provider told us they were able to print care plans in large print should people need it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by the service to take part in activities. One person told us, "They are going to start supporting me go to the YMCA." Care plans recorded what activities people liked and where possible how to support them in the community. For example, one person with mobility issues was supported to access the community. Their care plan recorded how staff should be mindful of the person's experience and it said, "Care staff must rest periodically when walking as this will impact the pain experienced." Similarly care plans recorded how people liked to socialise. This meant people were supported to avoid isolation and do things they liked to do.

Improving care quality in response to complaints or concerns

- People were supported to make complaints should they wish. People told us they were able to complain

should they want to. One person said, "I would talk to [registered manager] but I've not had to speak to them about anything." Another person said, "I would ring their boss." The provider us told there had been no complaints since the previous inspection. There was a policy for making complaints which was replicated in the service user guide provided to all people using the service. .

#### End of life care and support

- The service was not working with any people who were at the end of their life. The provider had policies to support people at end of life should they need. They also said staff could access training to support people at end of life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance processes were not being completed regularly. We found two care plans which were overdue for review, both by three months. The compliance manager told us these were supposed to occur quarterly. We noted three of the four staff files we looked at contained no spot checks, neither did they contain supervisions. The compliance manager told us these were supposed to be done every three to four months. There was a lack of oversight of newer staff to ensure they were receiving appropriate support.
- There were four staff with management roles at the service. Three of them supported the inspection. They were unable to provide us with all the information we required at the time of the inspection. For example, they could not provide us with accurate training information and did not know whether medicines administration records were audited or not. This meant the service was not being managed safely or effectively when the registered manager was not at work.
- The service user guide was out of date. It had not been updated since the previous registered manager had left the service shortly after our previous inspection.
- There were no audits or quality checks of care plans or staff files. We found a lack of audits and checks in our previous inspection report. Whilst the service had since began completing spot checks and care plans reviews, these were being completed irregularly. There were no other quality assurance systems or processes which may have identified the issues we found on inspection. These issues included poor medicines management and poor recruitment practices. Safeguarding alerts were not completed, incident forms were not completed when things went wrong and staff were not being supervised regularly. Care plan reviews and spot checks were overdue and the service user guide contained incorrect information.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate quality was assured or safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There had been no complaints since our previous inspection and only one incident. Therefore, there was little opportunity for us to see whether the provider was able to act on duties of candour. However, documentation and conversations with people and relatives showed the provider communicated when



necessary and was honest when things were going wrong, such as when staff were going to be late.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service completed spot checks and care plan reviews to check and improve the care they provided. Although these were not always being done as regularly as required, the spot checks and reviews we read were favourable of the service and painted staff in a positive light.
- The service sought to engage people and relatives with the service through surveys. People and relatives had the opportunity to complete quality control surveys every six months and annual review surveys annually. Surveys recorded opinions on care provided and happiness with staff asking questions such as "Do you feel encouraged to retain independence?" and "Would you recommend the service to others?" Responses we saw were positive. For example, one response stated, "We feel the service provided by Everycare is well organised and the carer is very good."
- The service did not hold regular meetings with staff though staff told us they felt they could discuss any matter with the registered manager. One staff member said, "They are good and they always help me when I need it." The management team held meetings to discuss the business needs of the service.

Working in partnership with others

- The provider worked in partnership with others to benefit people using the service. The provider was part of a franchise group where registered managers and owners could meet with peers to discuss improvements to services and innovation in the care sector. Similarly, the registered manager attended conferences hosted by the local host authority where they could meet with peers and look at the future of care.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The service lacked good governance; care plan reviews, supervisions, spot checks had either not been completed or were overdue. Quality assurance processes were lacking or ineffective.</p> <p>Regulation 17 (1)(2)(a)(b)(c)(d)(3)(a)(b)(c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Staff were not being recruited safely; There were gaps in staff employment histories, staff files were incomplete or contained incorrect documentation, not all staff had references from previous employers</p> <p>Regulation 19 (1)(a)(b)(c)(2)</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who used the service were not kept safe; medicines were not managed safely. Safeguarding alerts were not sent to the local authority. Incidents were not recorded.</p> <p>Regulation 12 (1)(2)(a)(b)(c)(g)(i)</p>

### **The enforcement action we took:**

We issued a warning notice. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good.