Creative Support Limited

Creative Support – Oaktree House and Cedar Court

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

Summary of findings

Overall summary

About the service
Creative Support Oaktree House and Cedar Court is a is a domiciliary care agency (DCA) providing personal care to people in specialist 'extra care' care house. At the time of the inspection 29 people at Oaktree House and 23 people at Cedar Court were being supported by the service with personal care.

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.

People's experience of using this service and what we found
We found that medicines were not always managed safely. In Oaktree House, where people had been administered medicines, staff had not always signed the associated medicine administration record (MAR) to evidence people had been administered their medicines. People were at risk of receiving too much medicine or not receiving their medicines at all.

Risks to people were not always managed in a safe way. Risk assessments were not always adhered to following an incident or accident.

The management team could not evidence they used quality assurance systems at all times to identify any trends and oversee and improve the quality of the service, where necessary. However, the management team had a 'managers self-assessment tool' completed for both Oaktree House and Cedar Lodge in June 2018. This was a tool the management team used to support the delivery in the service.
The registered manager undertook the required staff recruitment checks including criminal checks with the Disclosure and Barring Service, however, the registered manager could not always evidence they had taken a full employment history of staff.

We made a recommendation that the service consider current legislation.

People and those important to them were encouraged and involved in making sure people received the care and support they wanted. Care plans were drawn up with people, using input from their relatives. Staff respected people's choices about how and where they wanted to spend their time. People's care plans clearly highlighted how they like to receive care

People were supported to develop and maintain relationships with people that mattered to them and avoid social isolation. The service had a range of activities where people would actively get involved.
Safeguarding processes were however in place to protect people.

MCA all reports–People were supported to have maximum choice and control of their lives and staff supported /did not support them in the least restrictive way possible and in their best interests; the policies

and systems in the service supported/ did not support this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 23/04/2018 and this is the first inspection.

Why we inspected
This was a planned inspection based on our published timescales.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.
Enforcement
We have identified two breaches. Regulation 12 proper and safe management of medicines and the registered person failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed at this inspection. Regulation 17 The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 effective. Details are in our effective findings below.	**Good**
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**

Creative Support – Oaktree House and Cedar Court

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care.

Notice of inspection
This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection
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.

During the inspection
We spoke with the registered manager and operations manager. We will refer to them in this report as the management team. We also spoke with the team leader and three care staff. We spoke to four people about their experience of the care provided. We looked at eight people's care records and their associated medicine records for those that were administered medication. We looked at records of accidents, incidents, and complaints received by the service. We looked at medicines audits at Cedar House completed by the management team. We looked at, recruitment records, staff supervision and appraisal records.

After the inspection
We requested additional information. This included some of the providers policies and procedures and the training matrix. We received feedback from four care staff, nine relatives and three professionals.

Requires Improvement

Is the service safe?

Our findings

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

As this was the first inspection of the service they had not previously been rated. At this inspection the service was rated as Requires improvement. 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

- We found that medicines were not always managed safely by the service.
- Whilst people living at Cedar Court had their medicines managed safely we found in Oaktree House, where people had been administered medicines, staff had not always signed the associated medicine administration record (MAR) to evidence that people had received their medicine as prescribed.
- When reviewing one person's MAR over a three-month period, it was found there were 14 missed signatures where staff had failed to sign.
- Where a signature had been missed on the MAR, there was not always evidence detailed in the daily notes for the reason this was not administered. The management team could not confirm if the medicines had been administered.
- This meant that people were at risk of not having their medicines administered safely. For example, one person who required their medicines to be administered through a percutaneous endoscopic gastrostomy (PEG) tube, was given a double dose of medication. This was because staff had failed to sign the person's MAR chart following administering their medicine. A PEG tube is used where a person is fed and given medicines via a tube that goes into their stomach. Following the inspection, the management team informed us that this error had been fully investigated under the provider's disciplinary procedure and appropriate action taken to ensure that it did not happen again. This included the re-training of staff in relation to PEG feeding and medication administration.
- Although medicine audits were completed at Cedar Court, the management team stated they had not had time to implement these at Oaktree House.
- Although medicine audits were completed at Cedar Court, the management team stated they had not had time to implement these at Oaktree House. After the inspection the registered manager informed us that the same medicine audit form will now be used at Oaktree House and Cedar Court to ensure consistency across the service.
- At Cedar Court we found people had a medication assessment undertaken to identify what level of support they would need from staff. One person's assessment stated, "requires level two support." There was no guidance in the assessment for what level two support meant or what level of support the person required. The management team stated that this was an old document and had not been reviewed. This meant staff were not provided with up to date guidance on what level of support the person required.
- Relatives told us they had had concerns regarding how the provider was managing their family members medication. For example, common themes in the feedback we received included; tablets found on the floor, tablets given twice, and tablets left in the bottom of a cup. One relative told us they had to put a sign up in their family member's home to ask all carer staff to check that their family member had actually swallowed all the tablets.

The registered person failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

● People were not always protected from risks associated with their care provision.

● People had risk assessments in place which provided guidance to staff on what to do following an accident. However, these had not always been followed. For example, one person who had fallen in the past 12 months had a risk assessment undertaken. It stated, "Where a person has fallen, the manager must produce a falls management plan. This may involve a multi-disciplinary team review or referral to the local falls team." There had been no review following this person's fall. The management team stated that they just reviewed the services combined 'risk assessment and plan'. The management team failed to follow the risk assessment guidance to mitigate the risk to the person.

● We looked at one person's care plan who had a medical device in place. Their care plan stated, regarding the device, "To be changed every other Thursday". There was no recording system in place to evidence this had been done. We reviewed the person's daily notes and found these did not always evidence that this action had taken place. A second person's care plan stated, "Staff are to monitor [Name's] weight". There was no recording tool in place to monitor the person weight. We could not be assured that people's risks were being managed and monitored appropriately.

The registered person failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Clear risk assessments were evident in files for people who required support with moving and handling. This meant staff had accurate guidance in place to support people to mobilise safely.

● There was a communications book at both Oaktree House and Cedar Court that highlighted if a person went into hospital, and written handover from the previous care staff. This handover ensured people's continued whereabouts was monitored and support reinstated when they returned home.

● The registered manager stated the service had a pull cord system in place that people could use to notify staff that people needed assistance and would go through to a call centre if not attended. The registered manager said staff are on call at all times.

● However, not all relatives felt that care staff responded to the pull cord in a timely way. One relative told us, "My biggest concern is mum often has to wait over an hour from pressing her buzzer for carers to come and help her use the commode toilet."

●Not all relatives thought care staff stayed to make sure they had done everything to meet people's needs. "I don't think they [care staff] give as much time as they should. Sometimes I have visited [person] and had noticed they have just pulled the bedclothes over a messy bed."

Systems and processes to safeguard people from the risk of abuse

● Effective systems were in place to safeguard people from harm and abuse. All recorded safeguarding incidents had been reported to the appropriate authorities.

● People were supported by staff who had a good understanding of safeguarding. All staff had received training in safeguarding and knew the process of raising a concern. One staff member stated, "I learnt how to protect vulnerable people from various dangers and abuse, how to react when I suspect, for example abuse, how to recognise abuse and different dangers".

Staffing and recruitment

● Required staff recruitment checks including criminal checks with the Disclosure and Barring Service were

carried out to ensure people were protected from being supported by unsuitable staff. However, the registered manager could not always evidence they had taken a full employment history of staff.

We recommend the provider consider refer to current legislation related to the employment of people and act to update their practice accordingly

● The service could evidence staff application forms and interview records were in place and completed.
● The registered manager told us, they completed a "self-assessment tool" which ensured there were enough staff deployed for the scheduled calls each day, evening and night time. However, care staff did not always feel there were enough staff to meet the needs of people. For example, one care staff told us, "We could have extra something (staff member). We use less agency now than previously. One staff member extra would be perfect".
● Not all relatives we spoke with felt there was enough staff to meet people's needs. One relative told us, "My biggest concern is [person] often has to wait over an hour from pressing their buzzer for carers [staff] to come and help them use commode [toilet]."
● People spoken with felt staff were available when they needed them.

Preventing and controlling infection
● Staff received training in food safety, nutrition and infection control.
● Staff were provided with personal protective equipment when going into people's homes.
● However, relatives generally did not know whether carers washed their hands or wore personal protective equipment for food or personal care. One relative told us, "It's poor hygiene. Two of [persons] relatives have been visiting and saw carers have not washed their hands when they came in and straight away started preparing food

Learning lessons when things go wrong
● The management team recorded accidents and incidents and identified learning from this.
● The management team stated, "We were previously firefighting with medication from different pharmacies and this was causing medicines errors because of medicines coming to the services on different days. We have changed over to one pharmacy where all medicines are delivered on the same day." The management team stated this has help to minimise medicines errors.

Good

Is the service effective?

Our findings

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

As this was the first inspection of the service they had not previously been rated. At this inspection the service was rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's risk assessments and care plans were person-centred but did not always consider all aspects of their lives. Not all sections of people's 'care and support plan outcomes' were completed.
- For example, one person's risk assessment highlighted the support a person received from their son. However, in their care plan section 'families and relationships', this section was not completed. This was raised with the management team who were putting actions into place for this to be completed.
- People's needs were assessed and planned to ensure they received support that met their changing needs. These detailed the support people needed, for example with personal care, nutrition and hydration and pain management.
- Care plans clearly demonstrated the way people liked to receive care.

Staff support: induction, training, skills and experience

- The provider had an effective system to ensure that staff received appropriate training. The care certificate modules formed part of the induction training. The Care Certificate sets out national outcomes, competences and standards of care that care workers are expected to achieve.

- The management team had a list of training they deemed mandatory for staff members. All training the provider considered to be mandatory was up to date. This included moving and positioning, fire safety, Infection control, safeguarding, dementia and mental health awareness
- Staff confirmed they received an induction and sufficient training to undertake their roles.
- However, one person told us they didn't feel staff were confident with (PEG) feeding. This was raised with the management team who told us they would ensure all staff and agency staff were retrained.
- Some relatives felt that staff would benefit from dementia training. The training matrix showed that three out of 26 members of staff had received dementia awareness training.
- The management team stated that staff received six supervisions per year, inclusive of one to ones and observed practice. Areas of improvement/development were fed back.
- Staff confirmed they received supervision. One staff member told us, "Yes I receive supervision regularly. I feel they [management team] are supportive."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with from health and social care professionals to meet people's needs.

● Peoples care records contained evidence of referrals made to health and social care professionals such as GP's, district nurses, commissioners and housing agencies.
● The management told us they regularly communicate with district nurses for people who had pressure ulcers. For example, one person's care records, following an emergency incident, showed evidence that referrals were made to the crisis and mental health team. The service then attended a professionals meeting to ensure they the safety measures were put into place.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to have a healthy diet.
● All staff received training in food hygiene.
● People's care and support plan outcomes highlighted what people's preferences were for food at meal times. For example, one person's care record stated, "[Person} likes to have breakfast with warm milk."

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.

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance.
●People's rights to make their own decisions, where possible, were protected.
● All staff stated that they had received training and had an understanding of the MCA. One staff member stated, "It's ensuring the service users who lack capacity are protected and they also involved in the decision that involve them."
● All people had a consent form that documented what they gave consent for. It was evident for people that could not give consent a best interest meeting took place.

Good

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.

As this was the first inspection of the service they had not previously been rated. At this inspection the service was rated as good. 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; respecting equality and diversity

- People were asked if carers understood their needs. One person told us, "90% of the time yes. Because they have their own thoughts and suggestions for us. If I was not content I wouldn't be in here."
- People were comfortable with staff who responded well to them. Most relatives told us the regular care staff who supported their family members were caring and knew how their loved ones liked things doing.
- We saw a lot of positive interactions between staff and people at meal times and throughout the day. For example, staff members sat down in the lounge area interacting with people before an event started.

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

- People and those important to them were encouraged and involved in making sure people received the care and support they wanted. People's views were sought through care reviews, residents' meetings, and questionnaires.
- Care plans were drawn up with people, using input from their relatives. The management team stated, "At assessments we gain feedback from relatives and also ask how they feel the care is going, through the time working with them. We have an open-door policy for them".
- Staff respected people's choices about how and where they wanted to spend their time. People's care plans clearly highlighted how they like to receive care. For example, care plans had a section in them called 'my preferences' which stated what people did and didn't need assistance with.

One relative told us, "I worked closely with the service, I phoned my [family member] and the office most days and ironed any issues out. If [person] is unwell, staff call me immediately and ask me what I want them to do. Initially there were problems with staff not being able to deal with [persons] medication condition situation, but staff had had training now and its improved."

- Staff understood how people liked things done. One staff member told us, "I know most of the clients well. I will ask them to offer a choice. I will look at their care plans."

Respecting and promoting people's privacy, dignity and independence

- Staff received training in privacy and dignity.
- People's right to confidentiality was protected. All personal records were kept locked away in the office and in a place of their choice within people's own homes.
- Relatives confirmed staff treated people with privacy, dignity and respect. Relatives told us, "Carers [staff] come in, knock on the bathroom door, ask if [person] needs help in the shower" and "The carers are very friendly. They have respect, for example they don't open [persons] curtains until they are washed, dressed and had breakfast, as that's how they like it."

- Relatives also felt care staff treated people with dignity and encouraged people to be independent.

Good

Is the service responsive?

Our findings

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

As this was the first inspection of the service they had not previously been rated. At this inspection the service was rated as good. 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 plans were personalised and placed people's views and needs at the centre. Care plans were reviewed annually, unless there were any changing needs. However, not all sections on peoples care plans had been completed. For example, sections on mental health, family and relationships and advocacy had not been completed.
- Peoples needs and preferences were identified in their care and support plans, which were personalised to contain information about the person's preferences around their personal care routines, goals and what the person needs help with.
- People and relatives were involved in the care planning process. The service was flexible to adjust to people's needs when necessary.

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.

- The management team stated they were aware of the specific requirements of the AIS. We discussed the five steps of AIS with the registered manager to ensure all information presented was in a format people would be able to receive and understand.
- They told us, "We have easy read policies. For example, if a person has learning disabilities, we would talk to them slowly to make sure they understood the information."

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 to develop and maintain relationships with people that mattered to them and avoid social isolation. The service provided a range of activities that people could get involved with.
- The provider worked in partnership with the National Citizen Service (NCS). The activities coordinator told us they recently did a consultation event with people and following this a dance event took place with residents and the young people.
- The activity coordinator had a weekly planner where people would actively get involved with singing for fun, bingo and seated movement and music groups.
- The management team told us that they recently had a barbeque for people that used the service where there was a steel band playing.
- One person told us, "I come to all of the activities with the people here. I may as well come, other than

sitting in my flat on my own." Another person told us, "Yes I come to the activities, they have singing which I come to."

Improving care quality in response to complaints or concerns

● The service had received eight complaints in the past year.

● Where a complaint had been made, there was clear evidence that an investigation had taken place, with areas that were upheld, However, we did not see evidence for how these drove improvements in the service.

● People told us they knew how to raise a complaint or concern.

● Relatives confirmed they knew how to raise a complaint and knew the names of office staff to report concerns to. One relative told us they complained about the timing of medication that was given, which was then dealt with effectively by office staff.

End of life care and support

● At the time of inspection, the service was not supporting any one with end of life care.

● The management team stated staff could receive optional online training on end of life care to help prepare them and support following any end of life. Staff spoken to hadn't received training, however some staff did have experience of palliative care.

● People with end of life care preferences were recorded in their individual care plans.

Requires Improvement

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.

As this was the first inspection of the service they had not previously been rated. At this inspection the service was rated as Requires improvement. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- It is a condition of the providers registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service.
- The management team did not always have effective quality assurance systems in place to ensure and evidence that they had reviewed the service provision to identify any issues. For example, there were medicines audits in Cedar House, but none in Oaktree Lodge, where there was a high amount of medicines recording and administration errors.
- At factual accuracy stage the management team provided evidence of medicines audits for Oaktree House. These contained evidence of medicines in stock, if any had been returned to the pharmacy, and if there were signatures on MARs charts. There had been three signatures that had been identified as missed. However, we found these audits were not always effective. On the days of inspection, we found there to be 30 missed signatures from the period of April 2019 to July 2019.
- There was a clearly defined management structure within the service, however Oaktree House and Cedar Lodge did not have the same quality performance and risk assurance processes in place. Which meant there was a risk staff would be unsure of the correct process and put people at unnecessary risk, as care staff could work across both sites.
- The management team could not evidence they used the quality assurance systems at all times to identify any trends and oversee and improve the quality of the service where necessary. However, the management team had a 'managers self-assessment tool' completed for both Oaktree Lodge and Cedar House in June 2018. This tool looked at areas including 'support and delivery' and 'safe/health and safety'. This tool did not cover quality assurance audits for areas such as care plans, common trends from incidents or service improvement plans. The management team told us they had not updated the assessment tool for 2019 as they were waiting for the CQC inspection to take place.
- We found that where an accident had occurred the correct quality and compliance systems, as set out in the provider guidance were not always followed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective

system to enable them to assess, monitor and improve the quality and safety of the service provided.

●We asked to see evidence of any other audits undertaken. The management team told us they would complete spot checks with staff around their competency when staff were engaging with people and report this back to them in supervision.
● At factual accuracy stage the management team provided evidence of a quality checks document they used for safeguarding, incidents and complaints. This focused on the outcomes, any actions completed andf lessons learnt.
● The management team were aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken
● Records were easily accessible and care plan documents had been signed by? and reviewed.
● A professional told us, regarding the leadership of the service, "Yes, management demonstrate effective proactive leadership."
● Staff told us they felt supported by the management team,. One staff member told us, "Yes the manager and the staff are very supportive."

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
● The management team understood their Duty of Candour. People and relatives told us the management team were open and honest when things had gone wrong. For example, one person had fallen and injured their ankle. The next of kin were informed at the earliest opportunity.
● Staff felt the management team was approachable and they could raise any concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The service actively gained feedback from people via questionnaires on an annual basis. They had not gained feedback from relatives or professionals through this way.
● The provider produced a newsletter for different events throughout the year. For example, a newsletter for June 2019 looked at events from Easter 2019 and intergenerational groups that had taken place.
● Professionals spoken to told us the service had good management and leadership.

Continuous learning and improving care
● The management team they are looking to improve their staffing tool and rotas. They are having regular discussions this with the staff team and looking at hours needed to ensure they can fulfil all requirements
● The management team told us one area they are looking to improve on is the recruitment of care staff. They are planning to go to recruitment fairs to help reduce their reliance on agency staff.
● All staff spoken with said they would recommend the service to a member of their family.

Working in partnership with others
● The management team told us the service had close working relationships with GPs, social workers, district nurses the local council and housing providers. We saw evidence where the service had liaised with professionals during the inspection.

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 The registered person failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.