Firstpoint Homecare Limited

Firstpoint Homecare - Leeds

Inspection report

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Date of inspection visit:
18 May 2017
19 May 2017
22 May 2017
24 May 2017

Date of publication:
12 July 2017

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 was an announced inspection carried out on the 18, 19, 22 and 24 May 2017. Our last inspection took place in March 2016 where we found four breaches of the legal requirements relating to the safe management of medicines, good governance, the need for consent and person centred care. At this inspection we found on-going concerns with the safe management of medicines and governance arrangements around medicines.

Firstpoint Homecare-Leeds is registered to provide personal care to people in their own home.

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

Medicines were not managed safely. Records of people's medications were not accurate or up to date and it was not therefore possible to see if people had received their medications as prescribed. This put people's health at risk. As and when necessary medication and creams were not administered as prescribed. Medication audits had not identified the concerns found during our inspection.

There were systems in place to monitor and improve the quality of the service provided. However, our concerns regarding the management of people's medicines had not been identified through the audits in place. We therefore concluded these audits on medication were not effective.

Overall, people who used the service and their relatives told us they were happy with the support they or their family member received from the service. People told us they felt safe with their care workers and the care they were provided with. They said they received a good standard of care. One person told us; "We get the same people coming. It's what we requested and it's what happens." People told us the service was reliable and staff were kind and caring. One person said, "They are very polite, nothing is too much trouble."

There were systems and procedures in place to protect people from the risk of harm. Staff were aware of the different types of abuse and what would constitute poor practice. They said they would have no hesitation in reporting any concerns. Recruitment was managed safely.

Overall, care and support was provided by appropriately trained staff. Training records showed staff had completed a range of training; however evidence of some training completed was not available. We recommend that copies of all staff's training certificates are kept on staff's files to show evidence of training completed. Staff said they received support and supervision to help them understand how to deliver good care.

Where needed, people who used the service received support from staff to ensure their nutritional and health needs were met. Staff were trained to respond to emergencies and said they felt confident to do so.

Staff knew to offer people choice and what to do in the event they refused care. The registered manager and staff we spoke with had an understanding of the principles and their responsibilities in accordance with the Mental Capacity Act (MCA) 2005.

People who used the service and their relatives were involved in planning the care and support received. Care plans now contained sufficient information for staff to follow and provide the care people wanted. Regular reviews were taking place to make sure people's current needs were responded to.

There were procedures in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident the agency would respond and take action to support them.

People who used the service, relatives and staff all spoke positively of the registered manager and their commitment to the service and people who used it. People said they were frequently asked to comment on the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see some of the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

People's medicines were not managed safely.

Most people told us staff were reliable and flexible and they knew the staff who supported them.

Safe recruitment procedures were in place.

Risks were appropriately assessed, monitored and reviewed.

Is the service effective?

Good

The service was not consistently effective.

Staff training records showed staff had completed a range of training; however evidence of some training completed was not available.

Staff knew to offer people choice and what to do in the event they refused care.

The service provided people with support with meals and healthcare when required.

Is the service caring?

Good

The service was caring

People and their relatives spoke positively about the care received from staff. Staff were familiar with people's care preferences.

Privacy and dignity was respected and people's equality, diversity and human rights were met.

People told us they were well cared for. People were treated in a kind and compassionate way and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

There was evidence that individual choices and preferences were discussed and identified with people who used the service.

Care plans contained sufficient information to guide staff on people's care needs.

The service had systems in place to manage complaints.

Is the service well-led?

Requires Improvement

The service was not always well- led.

Concerns identified during our previous inspection had not resulted in the necessary improvements relating to safe management of medicines.

Staff and people who used the service were complimentary about the registered manager.

People who used the service and their relatives were asked for their views about the care and support the service offered.

Firstpoint Homecare - Leeds

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 18, 19, 22 and 24 May 2017 and was announced. We visited the registered provider's office on two of these days and on the other two days we made telephone calls to people who used the service, relatives and staff. The provider was given short notice of the inspection as we needed to be sure key members of the management team would be available at the office.

The inspection was carried out by two adult social care inspectors and an expert-by-experience who had experience of domiciliary care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the service. We contacted the local authority, other stakeholders and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of the inspection, there were 14 people receiving the regulated activity of personal care from the provider. During our inspection we spoke with two people who used the service, four relatives, four staff, the registered manager and the nurse consultant.

We spent time looking at documents and records related to people's care and the management of the service. We looked at five people's care plans and four people's medication records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in March 2016 we found people were not safe because medicines were not managed safely and risks to people's safety were not appropriately managed. At this inspection we found the provider had made the required improvements to manage risk. However, they had not met the legal requirements to manage medicines safely.

Most medicines were administered via a monitored dosage system supplied in blister packs directly from a pharmacy. Medicines administration records (MARs) were used to record when people's medicines had been administered from the blister packs. However, we saw the corresponding lists of the contents of the blister packs did not cover the administration dates on the MAR. It was therefore not possible to determine an accurate record of the medicines administered.

When medicine was prescribed as an 'additional medication' and not in the blister pack, we found the name of the medicine had been added to the MAR. The instructions for how to give the medicine, the dose and frequency were not always documented or had been transcribed inaccurately. For example, one person's MAR stated 'Rivaroxaban 14 tablets (mornings only).' The record indicated one tablet had been given daily; however this meant there was a risk this instruction could have been misinterpreted. The registered manager told us staff had recorded 14 tablets, meaning that was how many were received but agreed there was a risk of overdose from the way the instructions had been documented. Staff told us they referred to the MARs to give them their instruction on what medicine people required. Poor records failed to provide evidence that medicines had been given as prescribed.

One person's notes stated they were to have 'senna at night' if they didn't have their bowels opened for three or four days. Bowel movement monitoring charts indicated there were times when they had not had their bowels opened for three or four days. However, the MAR did not have this 'as and when necessary' medicine listed and there was no evidence this medication had been administered as the care plan indicated.

One person's medication risk assessment stated they needed staff support to administer their prescribed eye drops. The name, dose and frequency of administration were not noted on the assessment. The person's MAR had no record of the eye drops to be administered. The person's daily notes indicated eye drops were administered daily but it was not possible to ascertain if the eye drops were administered as prescribed.

Two people's medication risk assessments identified they needed prescribed creams applied by staff. The details of the parts of the body the cream was to be applied to were included. One of the medication risk assessments stated 'soft paraffin cream to be applied to bottom after a shower.' However, this cream was not recorded on the person's MAR and daily notes did not state the cream had been applied. Another person's medication risk assessment stated, '50/50 cream applied to bottom x 2 a day.' The cream was not detailed on the person's MAR and daily notes did not state the cream had been applied. We could not be sure these creams had been administered as prescribed.

MAR charts were audited monthly but did not identify the concerns we found. One person's MARs were not audited by the service as the registered manager said their family did this as the role of medicine administration was shared between them and the care staff. The registered manager agreed this meant they were not aware if the staff who administered this person's medicines were doing so correctly and accurately.

We concluded there was a continued a breach of Regulation 12 (Safe care and treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had policies and procedures relating to the safe administration of medicines in people's own homes which gave guidance to staff on their roles and responsibilities. Staff were trained in medicines management and support and their competency was assessed. Staff showed a good knowledge of the importance of timing medicines safely and gave the example of ensuring visits were appropriately timed for people to ensure this.

People told us they received the support they needed with their medicines. One person said, "They give me my medication it's never a problem." People said they, or their family members felt safe when receiving the service. One person said, "Yes, I feel safe, they are fine with me, I'm very happy."

We reviewed risk assessments for four people who used the service. There were systems in place to keep people safe through risk assessment and management. We saw individual risk assessments were completed and included premises, skin care and falls. These now contained sufficient detail to enable staff to safely support people. Staff were aware of risk management plans and said these were updated regularly or whenever people's needs changed. Staff were aware of how to report changes in people's needs to avoid unnecessary harm or exposure to risk, for example, skin changes that could lead to pressure ulcers.

Any accidents and incidents were monitored by the registered manager and the provider to ensure any trends were identified and acted upon. There were systems in place to make sure any accidents or incidents were reported. Staff said they felt confident and trained to deal with emergencies. They said they would have no hesitation in calling a GP or an ambulance if they thought this was needed.

The registered manager told us staffing levels were determined by the number of people who used the service and their needs. They said they were always trying to recruit staff to ensure they had enough staff to meet the needs of people who used the service and provide consistent staff support for people. Overall, people told us they had regular staff who provided their care. One person said, "We have two carers, we get the same two." Another person said, "We get the same people coming. It's what we requested and it's what happens." One person told us they had one of their calls missed in the past but this had not occurred again. A relative told us they felt there was a high turnover of staff and this led to inconsistency of care staff. The registered manager completed rotas on a four weekly basis and these showed people had the same carer where possible.

Staff told us they had enough time allocated for their visits and were able to meet people's needs well in this time. They said they were able to spend sufficient time with people and did not feel rushed when providing care and support. The registered manager said an on call service was available for people who used the service and staff should they require support out of office hours.

People who used the service were safeguarded from abuse. The provider had a policy in place for safeguarding people from abuse and annual training was provided to staff. Staff showed they were aware of the action to take should they suspect someone was being abused and were aware of the provider's

whistleblowing policy. Staff felt confident any concerns they reported would be addressed by the registered manager.

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Written references had been obtained prior to staff commencing work and these were obtained from the staff member's last employer to show evidence of previous good conduct. In one staff file we noted a gap in employment which had not been looked into. The registered manager confirmed a new form had been added to identify reasons for gaps in employment. We saw evidence of this in other staff records.

Good

Is the service effective?

Our findings

At the last inspection in March 2016 we found the registered provider was not providing care with the consent of the relevant person. At this inspection we found the provider had made the required improvements.

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. Staff we spoke with said they had received training on the MCA and understood their obligations with respect to people's choices and the need to ask for consent prior to carrying out any care tasks. The provider had comprehensive policies on consent procedures, the MCA and best interest meeting procedures. In the PIR, the registered manager stated, 'All our carers are trained in regards to the basic provisions of the Mental Capacity Act (2005).'

Staff we spoke with were able to give us an overview of the MCA; its meaning and they could talk about how they assisted people to make choices and decisions to enhance their capacity. Staff also showed a good understanding of protecting people's rights to refuse care and support. Relatives of people who used the service said staff always asked for people's consent when providing care. One told us; "They never make [family member] do anything he doesn't want to do, sometimes he will say no and they will do something else like have a wash instead of a shower." Another relative said, "They ask [family member] what he wants, for example they will tell him or show him which cereals we have and let him choose."

Mental capacity assessment and best interest decisions records we looked at provided evidence that where necessary, assessment had been undertaken of people's capacity to make particular decisions. We saw this assessment had been completed in accordance with the principles of the MCA. This meant people's rights had been protected as unnecessary restrictions had not been placed on them. However, we saw for one person a decision made in their best interests had not been reviewed within the timescale identified in the best interest meeting. The registered manager agreed to make sure this was done.

People who used the service and their relatives told us staff were competent in their roles. One person said, "We have a wonderful carer called [name] we get the same two carers and they work as a team to get things done."

Staff were provided with a three to four day classroom based induction training and a 12 week observations programme, which allowed new staff to shadow members of the team to gain knowledge of the care people needed. The training included areas such as medication awareness, risk, moving and handling, infection prevention and control, basic life support and safeguarding. Staff were provided with work books which included questionnaires and quizzes to complete on the training subjects.

The registered manager told us that following the induction staff completed annual refresher training. We

saw a training records matrix which confirmed all staff were up to date with their annual learning. However, we noted nursing staff did not have a certificate of their training and competence in the management of percutaneous endoscopic gastrostomy (PEG) feeding tubes. The registered manager said the nursing staff had received this training and the staff we spoke with confirmed this. One certificate was supplied after the inspection and the registered manager said they would ensure updates were completed as needed. We recommend that copies of all staff's training certificates are kept on staff's files to show evidence of training completed.

In the PIR, the registered manager recorded, 'All our care workers attend a compulsory three day induction training which covers all mandatory subjects including: safeguarding, personal care, mental capacity, and whistle blowing; providing the care workers with the knowledge to be able to provide safe and effective care. A clinical lead is employed and will offer specific condition related training/materials as required.'

Staff we spoke with told us they were well supported by the registered manager. They said they received induction and training that equipped them to carry out their work effectively. Staff said their induction had prepared them well for their role. Staff confirmed they undertook shadow shifts as part of their induction, which meant they worked alongside more experienced staff and were introduced to people who used the service so they could get to know their needs.

Regular supervisions and appraisals were completed in line with the provider's policy. This gave staff the chance to discuss their role, concerns and opportunities for development. However, we saw when staff raised development learning opportunities these were not always met. For example, training on a specific medical condition. The clinical nurse lead was aware of the need to ensure the availability of this training. Another staff member had requested information on revalidation; a document required by the Nursing and Midwifery Council (for nursing staff) to show that a nurse has continued professional development and completed practice hours. Records did not show any evidence that this had been provided to the staff member. However, when we spoke with them they confirmed they had received the support they needed.

Spot checks were carried out every three months for each staff member; this ensured staff's practice was observed by the registered manager when in people's homes. Some observations included medication management and communications with people who used the service. Each spot check form had been signed by the registered manager to confirm staff were competent in all areas of care provided.

People where appropriate, were assisted to maintain their nutritional and fluid intake. Staff told us they would prepare meals for people and ensure people had a choice of what they wanted. Staff showed a good awareness of people's likes and dislikes and how they liked their meals to be presented. They told us they always left people with a drink in reach when they finished their visit.

The registered manager told us they provided support to enable people to manage their health care needs. They said visit times could be altered to fit in with attendance of appointments or support could be provided to attend appointments with people if this was needed. They also told us they liaised with families and professionals to ensure people received the healthcare support they needed. Records we looked at confirmed this.

Good

Is the service caring?

Our findings

People who used the service and their relatives we spoke with were, in the main, positive about the service they received; they spoke highly of their experience. Comments we received included; "We have a wonderful carer he's like one of the family", "They are very polite, nothing is too much trouble", "What I like is that they include [family member] in conversations, they talk to [relative] not just to [family member], he really appreciates that" and "I'm very satisfied and have no major issues, have built a very good rapport and relationship with my [family member]." One relative said they had not been totally satisfied with the service. They said, staff spent time complaining about their terms and conditions and did the minimum needed as they said they were too busy.

People who used the service and their relatives said they or their family member were assisted to maintain their independence. One relative said, "They do their best to help [family member] do things for himself, for example they will put food on his fork but encourage him to use the fork himself to eat." Staff spoke of the importance of maintaining independence for people who used the service. One staff member said, "It's good for people to keep going, makes them proud and feel good."

Staff told us they always treated people with dignity and respect and were confident people received good care. They told us they provided person centred care based on the needs of people as individuals. Staff demonstrated they knew people's likes, dislikes and care preferences. It was clear they had developed good relationships with people. They spoke warmly and with fondness about the people they supported.

Staff were trained in privacy, dignity and respect during their induction and we were told this was monitored through spot checks and supervision of staff. Staff gave examples of how they ensured people's privacy and dignity were respected. One staff member said, "I am always respectful that I am in someone's home; it's important to ask if you can use the toilet etc. and tidy up after yourself." Another staff member said, "Keeping people as covered up as possible ……...makes things as dignified as possible."

In the PIR, the registered manager stated; 'In order to maintain the high calibre care offered to clients we also undertake spot checks all of our care workers to ensure that they are providing the care as per the clients care plan and wishes.'

Care plans contained personalised information about peoples' past lives and current preferences. There was evidence that people who used the service had been involved in planning their care and support needs. A person who used the service said, "One of the managers comes around regularly and asks if we have any needs, we are all involved in the care planning." Another person said, "[Name of manager] comes around regularly, she listens to what we need and adjusts things. She told us if we need anything just to ask."

In the PIR, the registered manager recorded, 'All clients have a personalised care plan which specifies the individual client's care needs. The care plan extends beyond the mandatory requirements, although it does include medications, nutrition and moving and handling but it's also a holistic assessment which considers the biographical/psychological/social needs of the client.'

The registered manager told us that no one who used the service currently had an advocate. They were however, aware of how to assist people to use this service and spoke of how they had done so in the past.

Good

Is the service responsive?

Our findings

At the last inspection in March 2016 we found the registered person was not carrying out, collaboratively, an assessment of the needs and preferences for care and support of people who used the service. At this inspection we found the provider had made the required improvements.

Records showed people had their needs assessed with their involvement, relatives, and health and social care professionals before they began to use the service. This ensured the service was able to meet their needs. Care plans were developed once assessments had taken place. The care plans we looked at were detailed and personalised to ensure support was provided according to the person's preferences. For example, one person's care plan stated they preferred a shower every other day and may choose not to wear day clothes.

A copy of the person's care plan was kept in the person's home and a paper copy was available in the office. This was so all the staff had access to information about the care and support provided for people who used the service. In the PIR, the registered manager stated; 'Leading on from the assessment a detailed care plan is developed and approved by the client or their representative. In order to ensure we respond to client's needs on an on-going basis, clients have a personalised care plan which specifies the individual client's care needs.'

Staff demonstrated a good knowledge and understanding of the care and support needs and routines of people who used the service. It was clear they knew people well. They were able to describe the individual, person centred way in which they met people's care needs. For example, one person did not like staff to wear uniform as this caused them anxiety; staff were aware of this. Staff told us the care plans were reviewed on a regular basis to reflect any changes in people's needs and said they found the care pans informative and clear.

We looked at daily records made by staff when attending to people's care and support. These showed people's needs were being appropriately met. Call times were recorded which showed staff were staying for the required duration of calls. If two staff were in attendance for the call this was also recorded.

People who used the service and their relatives told us that they knew how to raise concerns or make a complaint about the service. One person said, "I've got the office number, if I want anything I can just ring." A relative said they had recently expressed concerns at the attitude of a staff member and requested they were no longer sent to provide care to their family member. They said their wishes had been respected and we saw the concerns with the staff member had been addressed by the registered manager.

There was a complaints file with all information and documents available should any complaints be made. All complaints were recorded and responded to appropriately. The provider had a complaints policy and procedure which outlined how complaints would be handled. We looked at the complaint's log which contained details of complaints and the outcome, including lessons learnt and actions taken to prevent re-occurrence of concerns. In the PIR, the registered manager detailed, 'All complaints are managed following

the appropriate procedure and as soon as possible in order to offer a resolution in a caring and responsive manner.' Staff we spoke with confirmed they received information on important issues that affected the service provision in order to minimise re-occurrence of issues. Staff records we looked at confirmed this.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in March 2016 we found the registered provider's systems and processes to monitor the quality and safety of the service were not established or operated effectively. At this inspection we found the provider had made some improvements although our concerns about the safe management of medicines had not been sufficiently responded to and our concerns were similar to what we found at the last inspection.

We looked at the audits in place for the checking of medication. Audits on medication consisted of a monthly check of medication administration records (MARs). The sample we looked at did not show how an overview of the medicines systems was gained as the only checks taking place were of the completed MARs. There were no other checks on other aspects of medication management where quality and safety were being compromised. We found incorrect lists of contents of medication in blister packs, poor record keeping on handwritten entries on the MARs, lack of instructions on how to administer medications and omissions of prescribed medications from the MARs. We concluded the audits of medication were ineffective and this had put people's safety at risk.

This was a continued breach of regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post who was supported by a clinical nurse lead and a team of care staff. People who used the service described the registered manager as helpful. They knew the registered manager by name and said they had regular contact with them. Staff were complimentary of the registered manager and told us how much they enjoyed their job. They said there was a positive culture in the service, good teamwork and this led to job satisfaction. Comments we received from staff included; "The manager is very good; follows things up and communicates well", "The service is well managed; [name of registered manager] does her absolute best to make sure it is" and "I find it a good agency to work for and would recommend." Staff told us they felt valued, listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions. One staff member said, "[Name of registered manager] is fair and approachable."

One staff member told us they had not found the national on-call service helpful when they had needed them. They said, "To be honest, they are useless and don't get back to you." They said they always contacted the registered manager on these occasions and had received "instant support." We discussed this with the registered manager who told us the provider was looking at providing on call support at a local level rather than the distance support currently provided. They said this would lead to improved response times.

The registered manager said the quality of the service was monitored by quality audits, spot checks, surveys and telephone surveys with people who used the service and their relatives. We saw there was a new audit in place for checking recruitment records, this was last completed in January 2017 and two staff folders had been checked. We found audits on care records had now been completed. These included checks on how

people consented to their care. Any actions identified were followed up with a completed action plan to ensure improvements.

Telephone surveys were completed by the registered manager on a quarterly basis. From March 2017 to May 2017, ten people had completed a survey with positive outcomes. The survey included ratings from excellent to unsatisfied. Overall, seven people rated the service as good, two as excellent and one as satisfied. Within the survey it asked people to identify any concerns which they may want addressing. For example, a person requested regular carer's specific to gender. The registered manager took action when any concerns were raised and followed this up at the next survey. One included a person who asked for their rota to be provided weekly. This was facilitated and the feedback from the person was 'happy that I now receive a rota every week.'

The registered manager maintained a 'branch tracker' report where information on accidents, incidents, safeguarding and complaints were collected to identify any patterns or trends and show actions taken to prevent future re-occurrence. This report was submitted to the senior management team within the organisation to keep them informed of important events in the service.

The provider had a number of policies and procedures in place to govern activity within the service and guide staff on good practice. Staff could access these at the provider's office and were also sent copies from the registered manager. Policies and procedures we looked at had been updated annually. Some of these included, fire prevention, record keeping, manual handling, hydration and nutrition (including PEG feeding), medication, prevention of pressure sores, complaints, infection prevention and control, equality and diversity.

We saw staff and management meetings took place with evidence of discussion relating to policies and procedures, staff practice, care planning and person centred care. Staff said they found the meetings useful; they helped them improve their practice and be kept up to date on issues that affected the service. Staff told us they had recently received information on the need to improve on MAR charts. Records we looked at confirmed this.

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 17 HSCA RA Regulations 2014 Good governance Systems in place to manage, monitor and improve the quality of the service provided were not always effective.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not have systems for the proper and safe management of medicines.

The enforcement action we took:

Warning notice