

Aquaflo Care Ltd

Aquaflo Care Bexley

Inspection report

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06 October 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 5 and 6 October 2017 and was unannounced. Aquaflo Care Bexley is a domiciliary care agency that provides care and support for people living in the London Borough of Bexley. At the time of this inspection 85 people were using the service. At our last inspection of the service on 6 January 2017 we found the service was meeting the legal requirements.

The inspection was prompted in part by a notification of an incident relating to a person using the service. This incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management and reporting of safeguarding concerns.

The service had 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 2008 and associated Regulations about how the service is run. The registered manager had been supporting the acting manager the week prior to our inspection and was available during this inspection. However the registered manager had not managed the service on a day to day basis since April 2017.

At this inspection we found breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, safeguarding people from abuse, person centred care and good governance.

We found that action had not always been taken to support people where risks to them had been identified. Staff did not assess risks to people using the service in a timely way following falls. The provider's procedures for reporting safeguarding concerns to the local authority were not always being followed appropriately.

The provider was failing to operate effective systems to assess, monitor and improve the quality and safety of care to people using the service. Not all staff used the out of hours on call system to report incidents and the system in place to monitor missed and late calls was not working effectively. Monthly medicines audits were not being carried out which meant that the provider could not be assured people received their medicines.

There were sufficient staff employed to safely meet people's needs. Appropriate recruitment checks took place before staff started work. Staff received mandatory training to help meet people's care and support needs which included training in dementia awareness. Staff had completed an induction when they started work and received regular supervision to ensure they were competent to fulfil the role. Staff said they enjoyed working for the agency and they received good support from the manager and office staff.

People who used the service had capacity to consent to their care and treatment. The registered manager demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

People's care files included assessments relating to their dietary needs and preferences. People had access to a GP and other healthcare professionals when they needed them.

People said their privacy and dignity was respected by staff when they visited. People were provided with appropriate information about the service when they first started to use the service. This ensured they were aware of the standard of care they should expect. People and their relatives, where appropriate, had been involved in planning for their care needs. The provider took into account the views of people using the service and their relatives about the quality of care provided through spot checks, surveys and telephone monitoring calls.

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.

Where risks to people's health and safety had been identified action was not always taken to reduce the likelihood of these reoccurring. Risk assessments were not always updated following falls.

Accidents and incidents were not recorded, managed and responded to appropriately.

The provider's procedures for reporting safeguarding concerns to the local authority were not always being followed appropriately.

People and their relatives told us they were taking or receiving support from staff to take their medicines at the required times.

There were enough staff to meet people's needs. Appropriate recruitment checks took place before staff started work.

Requires Improvement 

Is the service effective?

The service was not always effective

Staff had received training to meet people's care and support needs. However improvement was required in this area as some staff did not have a clear understanding of safeguarding adult's procedures.

Staff had completed an induction when they started work and staff were receiving regular supervision.

The registered manager demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

Peoples care files included assessments relating to their dietary needs and preferences.

People had access to a GP and other healthcare professionals when they needed them.

Requires Improvement 

Is the service caring?

Good ●

The service was caring.

People said their privacy and dignity was respected.

People and their relatives, where appropriate, had been involved in planning for their care needs.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

People's needs were assessed and care and treatment was planned, however care plans were not always updated when required.

People and their relatives knew about the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Inadequate ●

The service was not well led

The providers systems for monitoring the quality and safety of the service were not operating effectively.

There was an out of hours on call system that ensured management support and advice was available for staff when needed. However not all staff used the out of hours on call system to report incidents

The service had a registered manager in post. However the provider failed to notify CQC about the management arrangements after the registered manager left the service.

Important notifications were not always made to the Care Quality Commission.

Staff said they enjoyed working for the agency and the received good support from the manager and office staff.

The provider took into account the views of people and their relatives about the quality of care provided. This was done through spot checks, surveys and telephone monitoring calls.

Aquaflo Care Bexley

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 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.'

The inspection was prompted in part by a notification of an incident relating to a person using the service. This incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of the service and reporting of safeguarding concerns.

This inspection took place on 5 and 6 October 2017 and was unannounced. The inspection team consisted of two inspectors.

We looked at how the provider submitted statutory notifications required by law about important events which occur within the service to the CQC. As this inspection had been brought forward due to concerns we did not ask the provider to complete a Provider Information Return.

We spoke with seven people using the service and four relatives and asked them for their views about the service. We also spoke with the registered manager, the acting manager, the operations manager, two Risk Assessors and five care staff.

We looked at the provider's procedures for reporting safeguarding concerns to the local authority. We looked at records relating to the management of the service such as quality monitoring reports and audits, incident and accidents, staff training, supervision and recruitment records and the care records of nine people who used the service.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel I am safe with the staff and I know I can trust them." Another person said, "The staff always wear their uniforms and their identification cards when they come so I feel safe." Despite these positive comments we found that the service was not always safe.

The registered manager told us that risk assessments were carried out by staff in people's homes in relation to mobility, falls, nutrition, medicines and personal care. Risk assessments were then completed in detail by staff on a computer system that was implemented by the service in July 2017. However, we found that since the implementation of the computer system risks to people had not been completed, identified or appropriately assessed. Where risks to people had been identified, people's care plans had not been updated to provide guidance for staff on how to manage individual risks. For example we saw that one person who had been identified as being at risk of falls had their care needs reviewed on 13 July 2017; however we noted that they had a fall on 14 July 2017 but no further risk assessment had been carried out to take account of any changes in the person's care needs.

Another person's care records showed they had three falls in 12 months. However no risk assessment had been carried out following the last fall in May 2017 and the person's care plan had not been updated to reflect the level of need and risk. We noted that a care needs review took place on 21 July 2017 and although the fall in May 2017 had been noted, no risk assessment was carried out and no information and guidance was provided to staff in the care plan on how to manage these risks.

The operations manager told us that the computer system introduced by the service in July 2017 had not yet been used by staff. The registered manager told us that the risk assessor's (Staff) held some information on handheld tablets that had not yet been transferred to the care planning system. This meant that not all staff would be aware of the risks posed to people or their changing needs.

We checked the providers accidents and incidents file and found there had been no accidents and incidents recorded since August 2016. The acting manager advised that one person had been admitted to hospital following a fall at home in September 2017. We also found that where other people had falls in May, July, September and October 2017 that no incident and accident reports had been completed. The acting manager completed incident and accident reports for these occurrences retrospectively during the inspection.

These issues were a breach of regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

Following the inspection the operations manager confirmed that staff were working to complete care records for all of the people using the service to ensure their needs and risks were met.

Training records detailed that the staff team had received training on safeguarding adults from abuse; however the providers safeguarding procedure was not fully understood by some staff. The provider's

procedures for reporting safeguarding concerns to the local authority were not always being followed appropriately. For example the CQC was alerted to a safeguarding concern prior to this inspection. We contacted the acting manager who told us the concern had been reported to the local authority safeguarding team. However the safeguarding team advised us that the concern had not been reported to them by the provider. We found that the acting manager had notified a health professional of the concern.

Five of the staff we spoke with demonstrated the types of abuse that could occur and the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the office and the operations manager. If they felt that nothing had been done or the abuse continued they would report their concerns to the local authority safeguarding team or the CQC. However two members of staff told us they were not sure what they would do if the manager or the head office had not done anything about the concern they had reported to them.

These issues were a breach of regulation 13 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

Staff told us they were aware of the provider's whistle-blowing procedure and they would use it if they needed to.

We looked at how medicines were managed at the service. All of the people using the service and their relatives told us they were taking their own medicines or they were receiving support from staff to take their medicines at the required times. One person told us, "I do my own medicines; they [staff] don't need to do anything for me." Another person said, "My relatives do all of that, so I don't need any help from my carer." A third person told us, "The staff just reminds me to take my tablets and I see they write it up in the book when I do." A relative told us, "I look after my loved ones medicines."

The registered manager told us that most people or their family members looked after their own medicines. However some people needed to be prompted or supported by staff to take their medicines. Where people required prompting or were supported to take their medicines we saw this was recorded in their care plans. We saw records in care files of the medicines they had been prescribed by health care professionals. All of the staff we spoke with told us they had received training on the safe handling of medicines and training records confirmed this. We saw records confirming that Risk Assessors had assessed individual staff's competence in the safe handling of medicines. Risk Assessors told us they checked medicines administration records (MAR's) to confirm that people had taken their medicines when they carried out spot checks on staff at people's homes. If there were any concerns relating to the administration of medicines these were reported to the acting manager.

We reviewed staff rotas and saw there were sufficient staff available to meet people's care and support needs. People and their relatives told us staff always turned up on time and carried out the tasks recorded in their care plans. One person said, "My carer is great, they're never late. They do what it says on the tin. It's all good." A relative told us, "The carer is rarely late, maybe a few minutes but that's reasonable I think." People could access support in an emergency. One person told us, "I can call the office if I have a problem. All of the details are in the folder." A relative said, "Anytime I need anything I call the office. They always take my call. It's the same at weekends there is an out of office number to call."

Appropriate recruitment checks took place before staff started work. We looked at the personnel files of six members of staff. Files contained completed application forms that included reference to staff's previous health and social care experience, their full employment history and a health declaration. Each file contained evidence of criminal record checks that had been carried out, two employment references and

proof of identity. The registered manager told us they worked with the United Kingdom Border Agency to ensure that right to work and identity documents obtained from staff during the recruitment process were valid.

Is the service effective?

Our findings

People told us staff understood their care and support needs. One person said, "My carer knows me very well and everything they need to do for me." Another person said, "My carer is definitely well trained. They are able to help me with everything I need." A relative said, "The agency is meeting all of my loved ones needs. I don't know what I would do without them." Although comments from people and their relatives were positive and they felt staff were appropriately trained we found that improvement was required with staff training.

Staff told us they completed an induction when they started work and initial shadowing visits with experienced members of staff had helped them to understand people's needs. The registered manager told us that staff had completed an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We saw records confirming that all staff had completed an induction and training that the provider considered mandatory. Mandatory training included safeguarding adults, safe handling of medicines, moving and handling, food hygiene, diet and nutrition, health and safety, equality and diversity, infection control and the Mental Capacity Act 2005 (MCA). Staff had also completed other training relevant to the needs of people using the service for example dementia awareness. However we found that improvement was required in this area as the training delivered to staff was not always effective. For example the acting manager and some staff we spoke with did not have a clear understanding of the providers safeguarding adult's procedures.

Staff told us they received regular supervision and felt supported. One member of staff said, "I get regular supervision from the acting manager. I can talk to them about anything anytime I want to." We saw records confirming that staff received regular supervision and, where appropriate, an annual appraisal of their work performance.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager told us that people currently using the service had capacity to make decisions about their own care and treatment. If they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Staff were aware of the importance of seeking consent from people when offering them support. A member of staff told us, "I would not do something for someone unless it was okay with them. I wouldn't force anyone to do anything if they didn't want to."

People had access to sufficient amounts of food and drink to meet their needs. Where people required support with cooking meals this was recorded in their care plans. One person said, "I get my food delivered to me at home. The carers heat it up for me in the microwave. My carer sometimes makes me a nice fry up too if I want one." Another person told us, "My relative does all the cooking for me so I don't need any help from staff. I sometimes ask them to make me a cup of tea and they are always happy to oblige." A member of staff told us, "I support people with meals where it is recorded in their care plans. Most people's relatives cook for them or they have meals delivered and I just heat them up. If people ask me for a drink or a snack I am happy to do that for them."

People had access to health care professionals when they needed them. Staff monitored people's health and wellbeing, when there were concerns people were referred to appropriate healthcare professionals. One person told us, "I can call my GP or dentist myself if I need to see them. If I wasn't well and wasn't able to I'm sure they would get help for me." A relative told us, "We don't need that kind of support from the agency. We can do that for our loved one ourselves." A member of staff told us, "If someone was ill I would call the GP or an ambulance if need be. I would record what I had done in their care record and let the office staff know what I had done."

Is the service caring?

Our findings

People said staff were caring and helpful. One person said, "I have had the same carer for two years. She's brilliant. I cannot fault her at all." Another person said, "My carer makes me laugh. I wouldn't want anyone else." A relative told us, "The carers that come here are nice people and they have very engaging personalities. I would say they are definitely kind and caring and we are very happy with them." Another relative said, "The carer we have is very helpful. When I needed some information for my loved one they found it for me on the internet. They didn't have to do that but they went out of their way which was nice."

People said they had been consulted about their care and support needs. One person told us, "I came out of hospital and I needed help. Someone from the agency came to see me and we spent ages talking about all of the things I needed help with. They made up a care plan and the staff do what we agreed." Another person said, "My needs have changed recently so I spoke with the agency staff. They are updating things for me now so that the staff will know what to do for me."

Relatives told us they had been consulted about their loved ones care needs. One relative said, "The agency spent an hour with me talking about what my loved one needed and what kind of support they required. There is a care plan in a big book and the staff are always checking with us if everything is okay or if anything has changed."

People were treated with dignity and respect. One person said, "The staff are very polite and respectful towards me at all times." Another person said, "When my carer helps me to get washed or to get ready for bed they always make sure it's all done in private." A relative told us, "The staff go about things without a fuss and they do all of the personal care tasks in private. They always make sure our loved ones privacy and dignity is maintained."

Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. One member of staff told us, "I always ask people how they want to be supported with personal care. I always take my time and explain what I am doing for them. I offer them choices of clothes they might want to wear. If a family member was around I would ask them to leave the room before I started providing personal care." Another member of staff said, "I always keep information about the people I support confidential and only speak with people who need to know about them such as my manager or GP's."

People were provided with appropriate information about the agency in the form of a 'Statement of purpose'. The registered manager told us this was given to people when they started using the service. This included information on the complaints procedure and the services provided by the agency and ensured people were aware of the standard of care they should expect.

Is the service responsive?

Our findings

People told us the service met their care and support needs. One person said, "The staff have been supporting me with what I need." Another person commented, "If my circumstances change or I need anything else doing I can tell the staff and they will speak with the office and we get things changed." A relative said, "I think my relative is very well looked after. They would soon tell me if they weren't." However we found that the service was not always responsive.

We saw that needs assessments had been carried out by Risk Assessors with people and their relatives, where appropriate, when people started using the service and plans of care had been drawn up and agreed. Some people were referred to the service by the local authority re-ablement team. Re-ablement is a short-term programme delivered in people's homes, lasting usually between two and six weeks to promote people's independence and rehabilitation following an illness or discharge from hospital. Care files also included information about peoples' nutrition, medicines, mental capacity, and medical care needs.

However, care files were not always well organised, easy to read and complete. In addition, they did not always accurately reflect people's current needs and the support they required from staff. For example, one person's care file did not contain information about the equipment the person required to mobilise safely. Another person had a fall in September in 2017. The person's care plan was not updated to show the injury they had incurred and if there had been in a change in their care needs. Therefore, the care plan contained no further information or guidance for staff on how to meet the change in the persons care needs.

This issue was a breach of regulation 9 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

We saw that people's needs had been assessed with regards to their disabilities, race, culture and religion. The registered manager told us that none of the current people using the service had any specific cultural or religious requirements, for example needing support to visit a place of worship. They told us that should peoples need change or they supported people in the future this would readily be provided by the service.

The acting manager told us there was a matching process in place that ensured people were supported by staff with the experience, skills and training to meet their needs. For example where people using the service required the use of a hoist staff received training on using that particular hoist from an occupational therapist (OT). A member of staff confirmed they received training on using hoists from an OT. They said, "We get trained by the OT and there are written guidelines from the OT in place in the persons care files so that we all know that we are doing things the same way."

People and their relatives were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary. One person said, "I would complain to the office if I needed to but I haven't had to. Their details are in the book." A relative told us, "I would let the manager know if I needed to complain. I am sure they would sort any problems we had out."

The service had a complaints procedure in place. The acting manager showed us a complaints file which included a copy of the provider's complaints procedure and forms for recording and responding to complaints. They showed a record from a complaint made by a person using the service about a late call. We saw that the complaint had been investigated and responded to appropriately.

Is the service well-led?

Our findings

People spoke positively about how the service was run. One person told us, "Anytime I have a problem I can call the office. I think the agency is well run." Another person said, "I don't have a problem with the way things are run. The staff are good and they make sure I get what I need." A relative told us, "I am very happy with the service my loved one receives. We never have anything to call the office about; everything seems to run very well." Despite positive comments we found that the service was not well led.

There were ineffective quality assurance processes in place. The operations manager carried out an audit in August 2017 and had identified some of the same issues we found during this inspection. We saw a copy of an audit report dated 4 August 2017. The report covered the following areas: staff files, service user's files, leadership of the service and CQC notifications, complaints and missed visit files. Under service users files an action required was recorded, 'field assessor to be provided with additional support on the electronic care planning system with senior risk assessor'. Under leadership of the service it was recorded that quality assurance such as audits and team meetings were not in place. Records of concerns were not recorded and kept in a complaint file/accident and incident file. Responding to complaints and notifications were not being properly recorded and filed.

The report also identified concerns around how complaints were being reported to the local authority. There was no evidence of any safeguarding notifications to the CQC on file. No notifications had been made since December 2016. Complaints, safeguarding and missed visit logs were not in place in the service which was not in line with the providers own policy. A recommendation was made following the audit that all notifications including accident and incidents were to be reported to CQC and the local authority however this had not been happening. The local authority advised us of three on-going safeguarding concerns. One of these had not been reported to the CQC despite it occurring in April 2017.

The service had a registered manager in post however they had not managed the service since April 2017 and were now working at a different location. They told us they had been supporting the acting manager the week prior to our inspection and were available during this inspection. The registered provider is required by law to notify the CQC of important events such as this. The registered manager said they had expected the provider to submit a statutory notification to the CQC relating to management arrangement's at the service during their period of absence however the provider had not done so.

The operations manager told us they expected that people's medication administration records (MAR's) were returned to the office on a monthly basis and audited by the manager to ensure that medicines were being managed appropriately. Copies of the MAR's held at the office were requested however none were made available. A member of staff brought the MAR's for two people on the second day of the inspection. These had been completed in full and confirmed that these people were receiving their medicines as prescribed by health care professionals. The acting manager confirmed that monthly medicines audits were not being carried out. This meant that the provider could not be assured that people using the service were receiving their medicines as prescribed by health care professionals where required.

The service failed to effectively operate the Electronic Call Monitoring (ECM) system or carry out audits on the system to monitor the quality and safety of the service and identify shortfalls. The provider failed to identify calls that were late, missed, early or shortened. The service did not take appropriate actions to log on a daily basis why care staff had either arrived late or had not attended calls at scheduled times.

For example, on the day of our inspection we observed a staff member taking a call from a care worker who was reporting that they would be late to their next scheduled visit. We found that there were no notes recorded on the ECM system to explain why the staff member was going to be late in attending their call at the scheduled time. People who may have been affected were not contacted to advise of the delay. We raised this with the acting manager and office staff who were unable to give a response as to why this information had not been recorded.

Staff told us there was an out of hours on call system in operation that ensured management support and advice was always available when needed. However not all staff used the on call system to report incidents. For example a person had been admitted to hospital following a fall at home. The out of hours call log showed the member of care staff who attended the person's home failed to report the incident appropriately.

A lack of effective quality assurance systems is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The operations manager advised us they were in the process of recruiting a new registered manager to run the service. A registered manager from another of the provider's locations would be supporting Aquaflo Bexley until one was appointed. The operations manager told us they would also be working to add additional support to the office.

The provider took into account the views of people using the service through satisfaction surveys, telephone monitoring calls and unannounced spot checks. During our inspection in January 2017 we saw an analysis report from the last survey and evidence confirming that action had been taken to address any issues people had. The provider had recently begun the satisfaction survey for 2017 by sending out questionnaire's some of which had been completed and returned. The operations manager told us they used feedback from the surveys, telephone calls and spot checks to constantly evaluate and make improvements at the service.

We saw records of unannounced spot checks carried out by Risk Assessors on care staff to make sure they turned up on time, wore their uniforms and identification cards and supported people in line with their care plans. A Risk Assessor told us they checked people's care records during spot checks to make sure all of the necessary documents including medication sheets were completed appropriately. They said they fed back any concerns they had about staff to the manager and action was taken, for example when a member of staff turned up to work without their uniform this was discussed with them in supervision.

A member of staff told us, "The Risk Assessors check that we are doing things right. For example they check peoples care plans are up to date and that we are completing medicines records properly. They ask the people we support if they are having any problems with the care they are receiving. A relative told us, "Senior staff come here sometimes to check that the carer is doing things right. They check all the paperwork too."

Staff said they enjoyed working at the service and they received good support from the manager and office staff. One member of staff said, "I like working for this agency. They understand people's needs and they make sure I get plenty of training. I get good support from the office staff and the manager when I need it." Another member of staff told us, "I love my job and I get good support from the managers."

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Care plans were not kept up to date. There was no clear guidance or information provided to staff on how people's care needs had changed and how they needed to be supported.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Appropriate action had not always been taken to support people where risks to them had been identified. Risk assessments were not updated therefore not all staff would be aware of the risks posed to people or their changing needs.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider's procedures for reporting safeguarding concerns to the local authority were not always being followed appropriately.</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	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor the quality and safety of the service were not robust nor operated effectively.

The enforcement action we took:

We served a warning notice on the provider because their systems in place to monitor the quality and safety of the service were not robust nor operated effectively.