Mercury Care Services Limited

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Inspection report

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Thornton Heath
CR7 6AW

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25 April 2018

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

Summary of findings

Overall summary

We conducted an inspection of Mercury Care Services Limited on 24 and 25 April 2018. At our previous inspection on 13 September 2017 we found the service was meeting the regulations inspected.

This service is a domiciliary care agency. It provides personal care for people living in their own houses and flats in the community. At the time of the inspection the service was supporting eight people. Not everyone using Mercury Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager at the service. 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.

Incidents were not always appropriately followed up to ensure that people were protected from avoidable harm. We identified two examples relating to one person receiving care that had not been properly followed up to ensure there was an effective risk management plan in place. Risk assessments were not always conducted to manage identified risks. We found two examples of identified risks that had not been properly explored through conducting risk assessments and having written risk management plans in place.

People's medicines were not always managed safely. Care records did not include sufficient information about the medicines people were taking, the correct dose and other details care workers needed to assist people to take their medicines safely.

Quality monitoring systems did not ensure that issues were identified and remedied when needed.

People's care records did not always contain sufficient information about their healthcare needs. We identified two examples within care records where people's catheter care needs were not sufficiently explained. People's nutritional needs were met.

Staff had a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA). Care workers obtained consent before providing care and care records were signed by people using the service or their assigned Lasting Power of Attorney to demonstrate that they consented to their care.

People gave good feedback about their care workers and care workers demonstrated they understood people's individual needs. People were supported to be as independent as they wanted to be and the provider supported people to access advocacy services when needed.

People were provided with dignified care and people told us they were treated with respect.

People told us they were involved in planning their care and care staff had a good understanding about people's individual needs, but their care records sometimes lacked specific detail in what people's requirements were.

Care records included information about people's hobbies and past times and care workers were aware of these.

Care workers had received training in safeguarding people they supported from abuse and had a good understanding of the procedures in place.

The provider used safer recruitment procedures which helped ensure care workers were suitable to work with people. There were a sufficient number of suitable staff sent to assist people with their needs.

The provider had an appropriate complaints procedure in place and this was operated effectively.

Care staff were appropriately trained and received ongoing support to conduct their roles.

Care workers had a good understanding about infection control and had received appropriate training.

We found a breach of regulation in relation to safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

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.

Risks were not always managed appropriately. Risks to people's health and well-being were identified. However, risk management plans were not always in place. Workers had a good understanding of how to mitigate the risks to people they were supporting.

Incidents were not always appropriately followed up. We identified two examples of incidents that had not been appropriately followed up. There was an appropriate policy and procedure in place for investigating concerns and care workers were aware of these.

The provider had effective safeguarding policies and procedures in place. Care workers had a good understanding of their responsibility to safeguard people they supported.

The provider ensured there was an appropriate number of suitable staff providing care to people.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's care records did not always contain sufficient information about people's health care needs.

People's dietary needs were appropriately assessed, planned and delivered.

The provider was working in line with the Mental Capacity Act 2005 (MCA).

Staff received an induction, training and ongoing supervision of their performance.

Is the service caring?

Good

The service was caring.

People gave good feedback about their care workers and told us they treated them with kindness and respect.

Care workers had a good understanding of the people they were supporting and demonstrated that they knew people well.

The provider monitored people to ensure they had someone to advocate for them when needed and was able to refer them to advocacy services when required.

Is the service responsive?

Good

The service was responsive.

People told us they were involved in planning their care. People's care records covered different areas of people's needs, but sometimes lacked specific detail in what care workers were required to do.

Care records included details of people's recreational interests and care workers also had a good understanding of these.

The provider had an effective complaints policy and procedure in place. Complaints were investigated and responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality monitoring systems did not prompt the registered manager to appropriately identify and manage the issues we found.

Care workers gave good feedback about the registered manager and morale amongst staff was good. Care staff demonstrated they had a good understanding of their responsibilities.

People's views were sought and acted on where needed.

Mercury Care Services Ltd

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.

The inspection was prompted in part by information received from one local authority that had commissioned care. The information received identified concerns in relation to timekeeping of care workers, missed visits and one concern about catheter care. The provider is no longer providing a service to people from this local authority. This inspection examined these areas.

We visited the office location on 24 and 25 April 2018 to see the registered manager, office staff and to review care records and policies and procedures. The provider was given 48 hours' notice as we needed to be sure that the registered manager was available. After the site visit was complete we then made calls to people who used the service and care workers who were not present at the site visit.

Prior to the inspection we reviewed the information we held about the service which included notifications that the provider is required to send to the Care Quality Commission (CQC) as well as the previous CQC report.

At the time of our inspection there were eight people using the service. We spoke with two of them, two of their relatives and two care workers after our visit over the telephone. We spoke with the registered manager during our visit. We also looked at a sample of five people's care records, three staff records and records related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe using the service. People's comments included "I feel safe" and "They take care of me."

However, despite these positive comments we identified some concerns in relation to the safety. The provider did not always respond appropriately to incidents to ensure that these were followed up, accurate records maintained and appropriate action taken to protect people from avoidable harm. For example, we identified two incidents relating to one person which had not been responded to appropriately. In relation to the first incident care workers had recorded in their daily notes that the ambulance service was in attendance at the time of their visit. They completed the person's care visit and left her in the presence of paramedics after being told by the person that she was feeling fine. The registered manager stated that she was not made aware of the incident that had necessitated the attendance of the ambulance crew and had not followed this up.

The registered manager provided details of a further incident involving the same person where care workers had requested an ambulance because the person had experienced the same issue as on the previous occasion. The registered manager showed us a copy of her investigation into this incident, but this did not list the actions taken or the conclusion. It stated that the registered manager intended to speak to the district nurse about the issues the person had experienced. However, the registered manager had not spoken to any healthcare professionals about this person's needs. She told us the care worker had spoken with the district nurse who gave verbal advice but this discussion had not been recorded or followed up. On the second day of our inspection, the registered manager informed us that the person had experienced the same issue for a third time. In this instance they contacted the GP, pharmacist and social worker to discuss the matter. The registered manager demonstrated that appropriate actions had been taken to keep the person safe after our inspection. However, they had failed to take appropriate action in a timely manner to ensure that the person was protected from avoidable harm.

The above issues constitute a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not consistently ensure the proper and safe management of medicines. The provider had a medicines administration policy which stipulated the procedure to be followed when administering medicines to people. The policy stated that assistance given by care workers, whether supervising people to take their medicines or administering their medicines, needed to be recorded within medicines administration record charts (MARs).

We found there was a lack of consistent recording to demonstrate that people were receiving their medicines as prescribed. We found there were insufficient instructions in place for care staff as care records did not contain a written record of what medicines people were supposed to be taking, the method of administration and the dosage, frequency and times people needed to be taking them. For example, we saw one person's care record stated they required supervision to take their medicines but contained no further

information about the support they required. The person's referral information document from the local authority also stated that when in severe pain the person was not always able to ask for painkillers, so the need had to be anticipated by care staff. However, there were no written instructions for care workers about how they were supposed to recognise that the person was in pain, what painkillers the person was taking and what would be an appropriate dose. Another person's MAR chart did not contain correct information about the dosage of their blister packed medicine. The record stated they were supposed to be given this 'daily' when in fact these were administered these medicines twice daily. The record did not stipulate what medicines were included in the blister pack that was provided by the pharmacy. Another person's care record also stated care workers were required to 'prompt self-administered with supervision' without any further information about what this involved. The registered manager told us this was not correct and they did not have any responsibilities to assist this person to take their medicine.

The provider had appropriate risk management processes in place, but these were not always followed. Care records contained a health assessment which included an assessment of people's physical needs in areas such as moving and handling, their sight, hearing, communication needs and whether they had any pressure area needs. There was also a mental health risk assessment in place which determined whether anybody had any behaviours that challenged or mental health conditions that required further attention. Some risk assessments contained a good level of detail about the issues as well as clear risk management guidelines for care staff about how to manage these. However, we saw two examples in care records where identified risks were not explored through a risk assessment with appropriate, recorded advice for care workers about how they were expected to mitigate these. We saw two people were identified as being at risk of developing a pressure ulcer, however there were no risk assessments in place.

The above issues constitute a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had appropriate safeguarding processes in place to help prevent abuse. There was a safeguarding policy in place that was communicated to staff through annual safeguarding training, supervisions and team meetings and care staff were aware of their responsibilities in relation to this. Care workers had a good understanding of the different types of abuse and knew what they were supposed to do to stop this from happening. One care worker told us, "If I thought a client was being abused in any way, I would report this." Another care worker said "We know about the different types of abuse. There's not just physical abuse, but it could be financial or mental."

The registered manager was aware of her responsibility to report any safeguarding incidents to the local authority. At the time of our inspection, one safeguarding incident had occurred and this had been appropriately reported and investigated.

The registered manager told us people were protected from discrimination as care workers had completed equality and diversity training. Whilst none of the people using the service had protected characteristics under the Equality Act, the registered manager was clear about the need to ensure people were treated fairly. She told us, "We have all had training and know we should treat people properly and respect their wishes." Care workers agreed with this. One care worker told us, "We don't judge people or tell them how to live their lives. We are here to help people."

People's care records were legible and stored securely. All records were stored in the provider's office in a locked cabinet and further information was stored on the office computer and was password protected. The registered manager told us information was initially shared with care workers verbally either in person or over the telephone. Care workers were also required to read people's care plans either at the office or upon

arrival within their homes before providing care. Care workers agreed with this and confirmed they had time to read people's care plans and to ask the registered manager questions before providing people with care.

Care staff received effective training in safety systems and practices. We checked the provider's training records which indicated care staff had training in fire safety and basic life support. The provider had an accident and incident policy which stated how care workers were expected to respond in the event of an emergency situation. This stipulated that care workers were expected to contact the emergency services where needed and were required to report matters to family members and the registered manager who was supposed to conduct an investigation and report the matter to other interested parties. We spoke with care workers and found they were clear about the procedure.

Care workers we spoke with demonstrated they were aware of their responsibilities to report concerns where needed. Their comments included, "We report when things go wrong" and "I would tell the manager if there was an incident."

The provider checked people's living environments to ensure they could safely provide care within the premises. We saw copies of environmental risk assessments which looked into various matters including the condition of both inside and outside the person's property, whether there were any trip hazards or issues with the person's heating or gas fixtures. Where people used equipment, for example slings or hoists for moving, the registered manager told us the company loaning the equipment conducted checks every three months and put a sticker on the equipment indicating the date of the last check. The registered manager told us she checked the equipment at regular spot checks to ensure equipment was safe to use and had been checked. Care workers confirmed the registered manager checked equipment and told us they checked this too. If there were any issues with the safety of the equipment, they told us they would report this. One care worker told us "I check the equipment before I use it every time. If there was an issue, I would report this right away."

Prior to our inspection we were notified of concerns in relation to missed and late visits. At this inspection we found care workers were attending to people when they were supposed to and were doing so on time. People told us care workers attended to them when required. One person said, "They show up when they're supposed to." The registered manager explained that she monitored the timeliness of visits by reviewing time sheets and speaking to people during her monitoring of the service, but also stated that she was also considering the implementation of an electronic logging in system for care workers in the future.

The provider ensured there were sufficient numbers of suitable staff providing care for people. The registered manager told us when people were referred from the local authority, she checked whether the service had available care staff with the training required to complete the tasks requested. We saw the results of these checks recorded in a 'service user compatibility assessment' which documented whether care workers were trained and available to provide the necessary care. The registered manager told us if care workers needed more training to conduct their work, this would be provided to ensure they were suitable to work with particular people. The registered manager explained they had six care staff to provide care for eight people which resulted in consistent availability of care. We saw the rotas for the week of our inspection and this confirmed what the registered manager told us, that there were enough staff to meet the needs of people using the service.

The provider practiced safer recruitment practices to ensure care staff were safe to work with people. We checked three staff files and found these included evidence of criminal record checks, identification checks, including a check that staff had the right to work in the UK and two references from previous employers which confirmed they had experienced no issues in their previous employment.

Care workers received infection control and food hygiene training on an annual basis. Care workers had a good understanding of their roles in relation to infection control and gave us examples of how they ensured their practice was hygienic and safe. One care worker told us, "I wash my hands before I do anything" and another care worker said, "I keep everything tidy and clean." The registered manager also confirmed that she conducted regular spot checks during which she assessed care worker's practice to ensure they provided hygienic care and she gave us an example of when she had taken action to re-educate someone in appropriate infection control techniques.

The provider had an effective infection control policy which care workers were aware of. This referred to national guidance including the Health Protection (Notification) Regulations 2010 among others. The registered manager confirmed that the policy was updated on an annual basis to ensure it was relevant and compliant with up to date guidance and legislation.

Requires Improvement

Is the service effective?

Our findings

People's day to day healthcare needs were not always fully met. Prior to our inspection we were alerted that one person's catheter care needs were not fully met. At our inspection we found information in relation to two people's catheter care needs was not included in their care records. Whilst we found these people's care records contained details about their medical histories, there were no specific instructions for how care workers were expected to meet their catheter care needs. For example, one person's care record stated they needed help changing or emptying their catheter bag, however, there were no instructions included within their record as to how they should do this. We spoke with care workers about their understanding in relation to people's catheter care and they demonstrated a good level of understanding about what they were required to do. One care worker described the process they were supposed to follow in order to properly flush the tube as required. However, it is important that people's care records accurately detail their needs and how these should be met to ensure that this is managed safely.

People were involved in decisions about their nutritional intake and care workers respected their wishes. People told us "I tell them what food to cook" and another person said, "They ask me what I want and I tell them." We saw people's likes and dislikes in relation to food recorded in their care records. However, the registered manager explained that care workers were expected to ask people what they wanted to eat at each visit. Care workers agreed with this and told us, "I always ask what people want to eat" and "One client usually eats the same thing, but I always ask anyway, just in case."

People's care records included a section for detailing people's dietary requirements and whether they had any allergies. If people had any specific requirements or nutritional needs, these were listed. For example, we saw a record for one person who was encouraged to follow some dietary guidelines for their own health and wellbeing. We saw the details within this section of their care record clearly specified what the guidelines were.

The provider ensured that people's needs were delivered in line with current guidance. The registered manager told us she ensured care staff were aware of current standards by ensuring they received initial and ongoing annual mandatory training in various subjects. She also confirmed that she ensured policies and procedures were up to date through membership with an organisation that provided compliance management services for adult social care providers. This organisation provided up to date guidance and assistance with policies and procedures as well as offering training courses. The registered manager further confirmed that she was a member of the United Kingdom Homecare Association (UKHCA), a member-led professional association which also provided up to date information, guidance and training. We checked the provider's policies and procedures and found these referred to up to date legislation and guidance. For example, the provider's whistle blowing policy referred to the Public Interest and Disclosure Act 1998.

People were supported to make their own decisions in line with relevant legislation. The 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. At the time of our inspection there were no people using the service with fluctuating capacity, however, some people had taken the decision to appoint Lasting Powers of Attorney (LPAs) in relation to health and welfare matters. We saw these people's records were signed by their appointed LPAs. People's care records also included separate consent forms which documented that they consented to their care and the sharing of their information when needed to provide care. Care workers had a good understanding of the need to provide care to people in accordance with their valid consent. One care worker told us "I always ask the person before I do anything" and another care worker said, "I ask for consent first."

Staff received effective training, inductions and supervisions of their performance. Inductions were conducted with new staff members. This involved a mixture of both classroom training and online training which involved the completion of the Care Certificate. The Care Certificate is a set of minimum standards that social care and health workers meet in their daily working life. Inductions also included a period of shadowing for one week. Records confirmed inductions were taking place and care workers told us they found these useful to their roles. One care worker told us, "I thought the induction was good… I felt ready to start working afterwards."

Care workers received ongoing support from the registered manager through supervision sessions and spot checks which took place every two months. Supervision sessions were private discussions the registered manager held with care workers at the office and spot checks were unannounced visits where the registered manager supervised care workers as they provided care and checked records within people's homes. Records confirmed supervision sessions and spot checks were taking place and care workers told us they found these useful. One care worker told us "The supervisions and spot checks are different, but they're both really useful. I think the spot check is a good thing, because [the registered manager] comes and checks what we're doing and tells us if we're doing anything wrong… and the supervision is a chance to have a chat away from work and reflect." The care worker confirmed that spot checks were unannounced and another care worker confirmed that the registered manager "doesn't tell you when she's coming, so you don't prepare for it."

Care workers were also supposed to received appraisals of their performance where they had worked for the provider for one year. The appraisals were supposed to involve a discussion of care workers performance over the year and their learning and development needs among other matters. However, at the time of our inspection, no care workers had worked at the service for this period of time and therefore no appraisals had been completed.

Good

Is the service caring?

Our findings

People gave good feedback about the care workers and told us they treated them with kindness and respect. People told us, "They are very good..very nice" and "The girls are very caring."

Care staff had a good understanding of the people they were supporting and this included their preferences about how they wanted their care delivered and their personal histories. Care staff gave us examples of people's preferences which included the way they liked their food and drinks prepared and where they liked to keep items within their home. One care worker told us, "I try to remember things like, how people like to have their tea or where people want me to leave the [television] remote control. Those sorts of things are important. You don't want to spend an hour looking for the remote especially if you have mobility problems."

Care records included limited details about people's personal histories. We did not see any recorded examples of people's previous occupations or lives. However, there were details recorded about family members currently involved in their lives as well as pertinent details to do with people's current personal circumstances. This included matters such as who people lived with and whether they were married or had children.

The provider ensured they gave information to people about external bodies, including advocacy services where needed. Spot checks included a check that people had families or advocates involved when needed. The registered manager told us that all people currently using the service had active family members involved with their care. Where people did not have family members who involved in their care, the provider had links with advocacy services to ensure people's voices were heard. For example, the registered manager told us that one person who had previously used the service was referred to an advocacy service to help advocate for them. She was able to give us the details of the service and explained that if needed, she would refer people to this service again.

People's privacy and dignity was understood and respected by care workers especially when providing personal care. One care worker told us, "I always make sure I close the doors and curtains when I give personal care" and another told us "I help people to look their best. I think this is important." People agreed that care workers treated them with respect. One person told us "They are very respectful."

Continuity of care was maintained because people saw the same care workers who were trained and understood their needs. People told us, "I get the same carers" and another person said, "The same girls come here."

We saw a copy of the provider's rota and this showed the registered manager appropriately planned for people to see their regular care workers. The registered manager explained that where care workers were not working for any reason, she would send alternative care workers to attend to people, but she ensured these people had attended to the person before.

People were encouraged to be as independent as they wanted to be. The registered manager told us she completed assessments of people's dependency needs to ensure they were receiving the right level of support. The assessments were a checklist of tasks with a column for indicating the level of assistance required in completing the task. Care workers also gave us examples of the types of tasks people were able to do for themselves and how they encouraged people to do this. For example, one care worker told us that one person was able to make their own hot drinks and they supported the person to do this by supervising them to ensure they were safe. The care worker told us, "You want people to be more independent, you don't want to take their independence away."

Care records included a section for detailing people's ethnicity and whether they had any cultural or religious needs. At the time of our inspection no person using the service had expressed a need to be supported in this area, but people's ethnicities were recorded.

Good

Is the service responsive?

Our findings

People were involved in planning their care. People's comments included, "Somebody senior came and asked me questions before I had any carers coming round" and "The carers do what I ask them."

Initial assessments were conducted prior to the delivery of care. These covered areas relating to people's physical and mental health and social needs. There was also a schedule of care which included details of the specific tasks care workers were required to complete at each visit. However, there was limited detail within care records about how people wanted their care delivered. For example, we saw in two people's care records that they needed assistance in maintaining their personal hygiene and required assistance toileting. However, there was no specific information recorded about what care workers were required to do in assisting the person in this area of their lives. This meant people were at risk of not having their needs met if seen by care workers who were new to them.

When we spoke with care workers they were clear about what support people needed and gave us examples of some people's specific needs. For example, one care worker told us "I supervise [one person] especially when they are in the kitchen."

People's care records included some information about their recreational interests. People's records included a 'social history support plan'. This included details of the person's current lifestyle and whether they were involved in any particular activities. For example, one person's record stated they were involved in a social club and had an active social life with their family. However, at the time of our inspection the provider was not assisting people to attend any outdoor activities.

Care workers had a good understanding about what people's hobbies were and how they liked to spend their time. They provided us with examples of what television shows people liked to watch, whether they regularly read a newspaper or if they had any favourite cafés or restaurants.

People told us they were aware of the complaints policy and that they would raise a complaint with the registered manager if needed. People's comments included, "I don't have any complaints, but I would tell the manager if I had one" and "I would tell staff if there was a problem. I'm sure they'd sort it out."

Complaints records demonstrated that investigations were conducted in respect of complaints received. We saw the results of investigations were analysed and used to make changes to the service delivery. For example, the provider had made a major change to their service after analysing some complaints received and investigating these. The changes made were an appropriate response to the complaints.

Requires Improvement

Is the service well-led?

Our findings

The provider audited areas of service provision, but these audits did not identify the issues we found. Audits included the monthly daily log audit, quality evaluations, support plan reviews and spot checks. The monthly daily log audit involved the registered manager reviewing the daily notes care workers had kept of service delivery. We found these daily logs included the details of incidents that had occurred in relation to one person using the service. The registered manager had reviewed the notes that related to these incidents and had signed and dated the log audit to demonstrate that she had done this. However, the audit did not prompt the registered manager to fully investigate the matters referred to. We also found that the support plan review conducted did not prompt the registered manager to address the issues we found in relation to the medicines section of their support plans.

The registered manager was aware of and reviewed the attitudes, behaviour and morale of care workers. She explained that she assessed how care workers were feeling in supervision meetings, team meetings and on an ad hoc basis to ensure they were satisfied with the conditions of their work. Care workers confirmed the registered manager made these enquiries. One care worker told us "She asks me how I am and if there's anything she can do to help" and another care worker said, "She is a good manager, she cares about us."

Care workers were aware of their responsibilities within the organisation and towards the people they cared for. The registered manager explained that care workers were given training in 'Understanding your role' as part of their induction and that this was supposed to facilitate their understanding of their responsibilities. The registered manager told us the training involved matters such as working in a person-centred way, effectively communicating with people using the service and promoting equality and diversity. Care workers confirmed they found this training useful. One care worker told us, "The training helped us to understand what our responsibilities are" and another care worker said, "The training was good." Care workers also confirmed they were given copies of job descriptions. We saw copies of these and found they accurately reflected care workers understanding of their roles.

The provider ensured people using the service were engaged and involved in their care. The registered manager told us and records confirmed spot checks were conducted every two-four months. Where particular issues had been identified, the registered manager told us she would increase the regularity of spot checks and put an action plan in place for securing improvements. Records demonstrated that people's care was reviewed every three months and the registered manager told us she would conduct 'working visitations' whereby she would attend to people personally to deliver their care as she was also a fully trained care worker. She told us that when she did so, she would use the opportunity to speak to people to obtain their feedback and assess the quality of the paperwork that had been completed by their usual care worker.

The provider worked with members of the multidisciplinary team when needed, to obtain appropriate advice in relation to people's care. This included people's social worker and their GP. The registered manager gave us examples of communications she had with various professionals in the course of providing care for people.

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 provider did not always ensure the proper and safe management of medicines. Regulation 12 (1) and (2) (g). The provider did not always assess the risks to the health and safety of service users and do all that is reasonably practicable to mitigate such risks. Regulation 12 (1) and (2) (a) and (2) (b).