

VISION CARE SERVICES(UK) LIMITED

Vision Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This was an announced inspection carried out on 14 June 2017. The visit was made at short notice to make sure the registered manager would be available. At the time of our inspection there were 98 people using the service who received personal care.

Vision Care Services is a domiciliary care service regulated to provide personal care in people's own homes.

At the time of our inspection 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 2008 and associated Regulations about how the service is run.

The management of medicines was not safe as the systems for recording the administration of medicines were not sufficiently robust. Gaps and inconsistencies in the recording meant the registered provider could not evidence people received their medicines as prescribed. Protocols for the use of 'as and when required' medicines and body charts for the use of topical creams and lotions were not used.

The registered provider did not have systems in place to regularly and routinely review staff arrival and departure times. We saw evidence of staff not staying for the full duration of their scheduled visit.

The nominated individual carried out monthly audits which looked at medication, complaints and safeguarding. However, some of the concerns we found during this inspection, particularly concerning the safe management of medicines and visit times had not been identified.

Staff told us their routes were well planned and they had sufficient travel time between visits. People gave mixed feedback regarding the consistency of staff who carried out their visits as it was not always the same staff who provided their care.

People and their relatives felt safe receiving this service. Staff had received safeguarding training and knew how to recognise and report abuse. The recruitment procedures used by the registered provider meant steps were taken to reduce the risk of unsuitable individuals working with vulnerable adults. Risks to people had been identified and assessed in order that levels of risk could be minimised. Staff knew how to respond to emergencies and an out of hour's service was found to be effective.

People and their relatives shared positive feedback regarding the caring attitudes and values demonstrated by staff who carried out their visits. People told us staff respected their privacy and dignity. The registered provider demonstrated people's equality; diversity and human rights were upheld.

Care plans were individualised and contained relevant and up-to-date information in order for staff to provide effective care. We saw evidence of regular reviews, including where this was not planned and in

response to specific events. People's mental capacity had been assessed. Staff gave people choices in their daily routines and consent to care had been recorded. Care records showed people were supported to access healthcare services. People's food and drink needs were met, although one relative shared a concern with us that a staff member had offered a sausage which they had attempted to cook using the microwave.

Staff received an appropriate induction which adequately prepared them for their role. Ongoing support was provided through a programme of supervision. Staff appraisals had commenced before our inspection. Training records showed staff received training in areas considered mandatory by the provider on an annual basis.

Staff felt well supported by the management team as they were able to phone or visit the office to pick up equipment or ask for advice. Monthly team meetings were held and the management team had a system to ensure staff attended these as often as possible. Monthly satisfaction checks with people receiving this service and staff were found to be very effective. Staff spot checks were taking place to help assess the quality of the service provided.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this 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.

Medicines were not managed safely as systems to record the administration were not robust.

Risks to people had been assessed, monitored and reviewed.

Recruitment procedures were safe. People felt safe receiving this service and staff knew how to report abuse.

Is the service effective?

Good 

The service was effective.

People's capacity had been assessed. Consent forms were documented in people's care records.

Staff responded to concerns about people's health and ensured they had access to healthcare. The service worked with other professionals involved in people's care.

People's food and drink needs were met.

Is the service caring?

Good 

The service was caring.

People and relatives were complimentary about the staff who provided their care. Staff knew people and their care preferences.

People's privacy and dignity was maintained. The equality; diversity and human rights of people were upheld.

Is the service responsive?

Good 

The service was responsive.

Care plans were person-centred and regular reviews took place.

People knew how to complain and where they had reason to do

this, they were satisfied with the action taken.

Is the service well-led?

The service was not always well-led.

A system of audits had not identified the concerns we found during this inspection.

The registered provider was using a form of social media and could not assure itself that sensitive information was sufficiently protected.

A track record of quality checks to people who received this service and staff members was very effective. Staff felt supported by the management team.

Requires Improvement 

Vision Care Services

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.'

This inspection took place on 14 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available at their offices on the day of our inspection.

The inspection team consisted of two adult social care inspectors who visited the provider's premises and an expert by experience who spoke by telephone to people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke on the telephone with five people who used the service and nine relatives of people who used the service. We also spoke with five members of staff, the registered manager, human resources manager and the nominated individual. We spent time looking at documents and records that related to people's care and the management of the service. We looked at six people's care and support plans.

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.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports. We contacted the local authority 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. The local authority told us they had no concerns.

Is the service safe?

Our findings

We looked at the management of medicines and found this was not safe.

Medicine administration records (MARs) were hand written and stated the name of the medicine and the quantity to be given. Details of the prescribers instructions were not recorded, which meant important guidance for staff to follow regarding how medicines should be administered was not available. One staff member told us, "The boxes are easy enough to read. I've always done a check to make sure one tablet isn't going to clash with another."

MARs did not indicate where medicines were prescribed as and when required (PRN) and the dose which should be offered. We saw there were no completed PRN protocols in place to inform staff when and how these should be offered. This meant staff may not have been giving these medicines consistently and safely. MARs did not record any allergies people had, although such details were recorded in people's care plans.

We looked at a total of 12 MARs and found a number of unexplained gaps in the recording of medicines. Staff were required to use specific codes to indicate why a particular medicine had not been administered. These codes indicate, for example, where people have refused their medicines. We saw staff consistently recorded 'O' on MARs which meant 'other reason.' However, there was no record kept to specifically indicate the exact reason the medicine was not administered. We saw one entry on the reverse of a MAR which identified a medicine had run out. This was the only example we saw where a specific reason was recorded. It was not clear on MARs when a new course of medicine started or when a medicine had been discontinued.

We looked at one person's MAR dated 1 February to 3 March 2017 which showed one calcium and vitamin tablet was to be given at lunchtime and one at teatime. The MAR was signed to say these had been administered at lunchtime, but there was no signature recorded for the teatime tablets. We saw this was the same for the March and April 2017 MAR's. Therefore, we could not be sure people were receiving medicines as prescribed.

We found body maps were not used to show where prescribed creams or lotions should be applied. The nominated individual told us, "We don't specify on body charts where to apply them." They added this information was recorded in people's care plans. We looked at one person's care plan and saw this stated for the morning call 'apply creams as required' This meant the information was not specified as we had been told.

The nominated individual told us, "With medicines, if there's any concerns, I'll do my follow ups." However, we found medication audits had started in February 2016 and although some areas for improvement had been highlighted, this did not cover the range of concerns we identified.

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

The registered manager told us they would contact the pharmacy to ask for printed MARs to ensure all prescriber information was recorded. The nominated individual told us they would review MARs more frequently to ensure people received their medicines as prescribed.

We looked at the records for one person who had been prescribed time specific medicine and found they routinely received this as prescribed. Training records we looked at showed staff had received medication training and staff we spoke with confirmed this happened.

The nominated individual and registered manager told us they classed a missed call as entirely missed and not carried out by the time of the next scheduled call. They defined a late call as any visit carried out 30 minutes after the scheduled call time. We saw this was also stated in the service user guide. People and relatives were satisfied there were enough staff to carry out the visits they expected to receive, although they gave mixed views about the numbers of different staff who carried out their visits which meant they were not always familiar with their care needs. The registered manager told us they would create a one page overview for each person which staff would use to help them familiarise with people's needs. They said, "We don't want staff going in blind."

Staff told us their rotas were well planned as travel time had been minimised. One staff member said, "They put you in a round that's close enough to the next person." Staff told us they were routinely informed of any changes to their rota, even where these were short notice changes. One staff member who we asked about communication within the service said of the office based staff, "I would give them 99% for that." One relative told us, "My mum knows who coming next they tell her everything."

People and relatives felt they were safe using this service. One person told us, "Safe, yes. Very friendly and they make you feel comfortable. Most of the time; terrific." One relative said, "Very safe I trust them with my mum they handle her well." Another relative commented, "Safe always, they are trustworthy." The registered provider had an up to date safeguarding policy dated March 2017. Staff we spoke with had received safeguarding training and knew how to identify and report abuse.

One staff member said, "There's so many tell-tale signs [of abuse]. Acting different in character, bruises. I'd report someone if any patient was neglected. The registered provider's PIR stated; 'Staff are fully aware of the whistle blowing procedure and policy which is also discussed in every staff meeting which are held regularly'. A staff member told us, "They have a whistleblowing policy. At every meeting it's talked about." 'Whistleblowing' is when a worker reports suspected wrongdoing at work.

We saw records which showed the management team had responded appropriately to safeguarding concerns. They communicated with the local safeguarding authority and other relevant professionals regarding one allegation of abuse. This meant staff understood and followed the correct processes to keep people safe.

The registered manager and nominated individual took it in turns to take responsibility for responding to out of hours enquiries. Staff we spoke with confirmed when they had to use the out of hours telephone number this had been answered, even if this meant they received a call back shortly after leaving a message. We asked staff how they would respond to emergencies, for example, if they arrived at a scheduled visit and found a person unresponsive. Staff gave appropriate responses which included contacting the emergency services, providing first aid and recording their findings.

Risk assessments which covered people's living environment were in place. These covered lighting, heating, security, food hygiene, smoking and fire safety. We saw examples of risk assessments for moving and handling which covered methods to use, number of staff needed. We also saw risk assessments for personal

care.

One relative we spoke with told us not all staff were carrying out a specific personal care task recorded in their family member's care plan. When this had not happened the relative noted this had an impact on the person's health and wellbeing. We discussed this with the registered manager who told us they would take action to ensure all staff carried out this task.

On the day of our inspection, we saw a member of staff coming in to the office to collect personal protective equipment (PPE). Staff we spoke with confirmed they had an adequate supply of PPE which meant they were able to manage infection control.

We looked at recruitment records for three members of staff and found the process followed was safe. Application form and interview records were kept on file. We saw evidence of identity checks and relevant background checks including references as well as the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about criminal records. We shared with the registered manager and nominated individual that one staff member's application form listed previous employers, but did not have dates of employment recorded. They told us they would take steps to ensure this was fully recorded.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care applications must be made to the Court of Protection.

We saw evidence which showed people's capacity had been assessed. Consent to care and consent for the administration of medicines forms had been signed by people where they were able to do this. In other cases, people's representatives had signed these forms. Training records we looked at showed staff had received MCA training. Staff we spoke with were able to describe how they gave people choices as part of their day to day routines. Staff also knew to ask people for their consent before providing care. One relative commented, "They always keep her covered and ask her permission to do things. The care is individualised." Staff told us they would respect people's decision if they refused care. One staff member said, "I wouldn't pressure them. I'd probably ring management." Another member of staff said they would re-offer the care after a break and if the person still refused they would record details of this in the communication book.

The registered provider's supervision policy dated March 2017 referred to the National Institute for Health and Care Excellence guidance which recommends staff supervision should take place every three months. The nominated individual told us about supervision, "Everyone that's due one, has had one." We saw records of supervisions in staff files which demonstrated this support was provided as stated. This was delivered through a mix of one to one and group supervision sessions as well as 'supervision at work'. The nominated individual told us some staff appraisals were overdue. During our discussion with one staff member they said, "We have appraisals. They've only just started this. They send you a form out." Staff we spoke with were satisfied with the support they received through supervision meetings.

When we asked people and relatives whether staff were suitably qualified to carry out their role, we received mixed feedback. Comments included; "Some could do with a bit more training", "Well trained. The new ones are a bit slower it varies" and "Think they are well trained to a very high standard." Training records we looked at showed staff were up to date with their training programme. One staff member said, "We have to do online training every year. They have offered to put me on other courses." Staff completed training in, for example, moving and handling, first aid, food hygiene and infection control.

Staff we spoke with were satisfied with the quality of their induction which provided them with sufficient training and experience. New staff were able to shadow established staff to gain experience. One staff member said, "They put me with one of the best carers I've met. I learnt a lot." Training records showed new staff had completed the Care Certificate. This is a government recognised scheme which provides the necessary training to equip people new to care with the necessary skills to provide effective care and support.

Some people who received this service required assistance from staff to prepare food and drink. One relative commented, "One tried to cook sausages in the microwave and they were raw." One person told us, "They cook for me. The regulars are really good. They really accommodate my needs." A second person said, "They get my food. There's a girl who does my shopping. My daughter does it too. I have balanced meals and snacks." Another relative we spoke with said, "Meals are in for them to warm up. I couldn't do it without them."

We looked at how the service supported people to access healthcare services. We asked staff how they would respond where people's healthcare needs changed. One staff member said, "I'd inform the district nurse or GP straightaway and the office." Staff were able to describe how they assisted people to access healthcare services and gave us relevant examples. We saw records which showed the management team had taken steps to effectively respond to concerns regarding people's health and welfare. We saw examples in one person's care plan which showed the management team had been in contact with the person's GP, district nurse and social worker for additional support.

Is the service caring?

Our findings

In their PIR we asked the registered provider how they ensured they were caring. They stated; 'Have a staff protocol in place which all carers have signed and read which details the expectations including staff behaviour, service delivery, manner, appearance. Service users dignity is maintained at all times whilst providing care, staff have regular unannounced spot checks where the service/care provided is fully monitored'

People provided favourable feedback regarding the quality of care provided by staff who visited them. One person said, "They're the best company I've ever had. They are caring kind and compassionate. They really accommodate my needs. Another person told us, "They come five times a day the company is brilliant. They are always on time. They cook for me the regulars are really good. They really accommodate my needs. When I have a new carer they shadow first for a few times. They encourage me to do things for myself." A third person said, "They do what I ask them to do. Absolutely very good my carers."

Relative comments included; "Brilliant. I feel blessed they are really good", "There's two lovely girls; they know what they are doing", "Some carers rush, but overall really good", "My dad is very pleased with them. I'm amazed by them the girls are only young" and "They were very supportive when my dad passed away."

Staff told us people they supported were well looked after and received a good standard of care. One staff member said, "I enjoy what I do and my clients." Staff we spoke with demonstrated they knew people well and were familiar with their care preferences.

We looked at people's support plans. These were person centred and contained information about what was important to the person, what outcomes they wanted to achieve, their background, interests, friends and family, and any other key facts.

Staff we spoke with were able to demonstrate how they ensured people's privacy and dignity was respected. Relatives we spoke with confirmed staff respected people's privacy and dignity. One relative told us, "They close the curtains when doing personal care. They know all about her and they are person centred. We've had others but these are exceptional." Another relative commented, "They respect her privacy and dignity."

We spoke with the registered manager who shared an example of one person who received a service who preferred staff not to knock at their door when they arrived. The registered manager explained this was a cultural belief relating to superstition. We looked at care records and saw one person's initial needs assessment dated January 2017 stated 'Other things I would like you to know about supporting me'. This had been answered 'Church of England' and a box was ticked against 'I would like this information in my care and support agreement'. These examples meant the service respected people's equality; diversity and human rights.

We saw an undated compliment the service had received which read 'Helping someone to die with peace and dignity is the greatest gift you can give another human being. Thank you for everything you did for my

aunt'. Another compliment dated December 2016 stated 'Thank you for all you have done. You are the most amazing carers and are greatly appreciated. Loving my care.'

Is the service responsive?

Our findings

The registered provider's PIR stated; 'Provide a tailor made service for each service user, who receives an initial pre assessment meeting with the service user and family to build up a care plan, which throughout promotes independence. Each service user has a person centred approach where their wellbeing is the priority and future goals and outcome of the care provided'.

We looked at care plans for a total of six people and found these were well written as they were easy to follow and contained sufficient information for staff which was up-to-date and relevant to people's needs. Staff we spoke with confirmed they were happy with the content of care plans.

Records showed that people had their needs assessed before they began to use the service. We saw these considered the number of staff required, the person's health needs, positional changes, personal care, nutrition and medication needs.

Care plans provided details about the person, including their care preferences. They covered; communication, personal care, eating and drinking, choice and control, keeping safe and medication. Where people needed assistance with their mobility, we saw care plans clearly stated how many staff were needed, whether mobility aids were required and how the assistance should be provided.

People and relatives we spoke with confirmed they had been consulted about their care and what they wanted. One relative told us, "My dad is totally involved." We spoke with one person who was happy that a change in their call time had helped them maintain their independence. They told us, "They really accommodate my needs. I'm disabled but still like a social life I'm only [age]. I asked if they could change my bed time call and they did." Another relative told us staff communicated effectively regarding any concerns. They told us, "He had a little bruise they let me know straight away."

People and relatives told us reviews of their care took place. One relative said, "Reviews are held once to twice a year." Another relative told us, "Reviews are annual and as and when required." Care records we looked at showed evidence of regular reviews, including the six week and thereafter six monthly reviews. We saw where changes were needed these had been reflected in care plans.

We looked at a review for one person which was dated May 2017. This identified the person had additional needs which the management team had reported to other professionals involved in this person's care. We saw a professionals meeting was arranged for shortly after our inspection and the person's care plan had been updated in readiness for the forthcoming review with other professionals.

We looked at the complaints records and saw there was a system in place to make sure any concerns or complaints would be recorded together with the action taken to resolve them and the outcome. This showed people's concerns were listened to, taken seriously and responded to promptly.

All but one person we spoke with felt the management team were responsive to people's needs. This

relative told us they had contacted a relevant professional to act on their behalf.

People who used the service were regularly asked if they had any concerns about the service through quality assurance questionnaires, spot checks and informal contact with the registered manager and office staff. This provided people with opportunities to report any concerns they had. One relative told us, "My dad is totally involved in his care he'd say something if he wasn't happy." Another relative commented, "Complaints they are very responsive to. We have complained in the past and it got sorted."

Is the service well-led?

Our findings

Governance was overseen by the nominated individual who informed us that formal recording of audits started the month before our inspection. The records we looked at covered the period since the service was registered in December 2016. However, these systems were not effective in identifying some of the areas of concern we found during this inspection as they had either not been recognised or not sufficiently responded to. Specifically, this related to the safe management of medicines and ensuring staff consistently stayed for the full duration of their scheduled visit. We discussed this with the nominated individual who told us, "Now I realise the importance of auditing."

The management team were using a social media service to communicate messages containing sensitive information. For example, a medicine label with one person's name and details of medicine had been sent. This meant the registered provider had no control of the data and had not complied with the Data Protection Act (1998). We checked whether anyone receiving a service from the registered provider had consented to having their information communicated this way and found this had not happened. The management team told us they would immediately cease sending sensitive information this way.

We looked at a sample of MARs and found these had been stamped to show an audit had been carried out by the registered provider. However, this system was not effective as the concerns we found during had not been identified prior to our inspection. The nominated individual told us they assessed staff to ensure they were competent in the medicine administration process. However, we had concerns about the registered provider's understanding of the safe management of medicines, which meant competency checks could not be relied on as an accurate check of the staff member's capability of safely managing medicines.

The Care Quality Commission requires registered providers to notify us in response to specific events, such as deaths, allegations of abuse and serious injury. Prior to inspection, we looked for records of notifications received from the registered provider and found none had been received since the service re-registered in December 2016. During our inspection, we asked the nominated individual and registered manager whether anyone had died whilst they were providing a service to them. They made us aware of nine deaths which were expected. The nominated individual said, "We've not reported them because they were expected deaths." This meant the registered provider did not have a clear understanding of their responsibilities for informing the Commission in response to notifiable events

We saw the staff meeting minutes for May 2017 which showed discussions included policies and procedures, medicines, personal protective equipment, staff rotas, employee of the month and time keeping ('if carers leave early document why' and 'times in and out must be logged' and 'carers are not documenting correct times and tasks completed. We all need to understand the seriousness of falsifying documentation'.)

We asked the management team how staff arrival and departure times at visits were monitored. We were told this information was recorded in daily notes which were held in people's homes. Periodically, these were returned to the office. Daily notes were recorded in hard back A4 notebooks, which was not an effective system as the notebook was only returned to the office once it was full. We looked at one record and saw it

contained seven months of information before it had been returned to the office. The management team said they looked at these records as part of spot checks and we saw some evidence of this happening. However, the management team acknowledged they needed to carry out additional spot checks. We found there was no system for routinely checking arrival and departure times in daily notes against staff time sheets to ensure they matched.

People and relatives commented on staff usually arriving on time, but also said staff did not always stay for the full duration of their scheduled visit. One relative told us, "One girl rushes [person] in the morning. She's supposed to be there 45 minutes to an hour." Another relative said, "Some rush. Not always staying long enough on an hour visit." We looked at the daily notes for four people and saw examples of staff routinely not staying for the full duration of the call. We saw examples of staff staying between 15 and 25 minutes for visits which were scheduled for 30 minutes. This meant people did not always receive the contracted amount of time which meant we could not be sure people's needs were met.

The registered manager told us they would purchase new daily note books which would contain perforated pages which would mean records could be torn out and returned to the office more regularly.

We concluded people were at risk of not receiving safe care and treatment as the registered provider did not have robust systems to monitor visit times.

We concluded there was a breach of regulation 17 (1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they wanted to recruit two quality assurance officers to improve the monitoring of service delivery. We saw evidence of a number of spot checks carried out by the management team who checked staff were providing appropriate care and support to people. One relative said, "They do spot checks to make sure everything's alright. They are on the ball." A staff member confirmed to us, "They've come out and done random checks to check patients are looked after properly. I had feedback."

We saw staff meetings were held on a monthly basis which gave opportunities for staff to contribute to the running of the service. The meeting minutes from April 2017 showed discussion around time and record keeping. Other discussions included safeguarding and spot checks. One staff member told us, "It's a two way conversation. We can have our say." Staff signed an attendance record for team meetings. The registered manager said they checked staff attendance and if a staff member missed more than two consecutive meetings, their visits would be covered and they would be expected to attend the staff meeting.

We saw evidence of monthly catch up conversations with staff in April and May 2017. One of the questions asked of staff was whether they wanted an extra supervision session. Where one staff member had indicated they did want this, we followed this up and found the supervision had taken place. This demonstrated the management team's commitment to supporting staff.

People who received this service were given a quality review six weeks after the service commenced to ensure they were satisfied. We saw telephone reviews with people were carried out during March 2017; however, not all the reviews had been dated. The registered manager told us they would continue to perform a sample of satisfaction checks every month. We saw positive responses from people. One person commented 'carers are very good'. We spoke with one person who told us, "I can ring up the office if I've got any concerns. They're all very nice and approachable."

Staff we spoke with were very satisfied with the support they received from the management team. Staff comments included, "They're always there when you've got a problem" and "I love it. It's the best company

I've worked for. They're there whenever you need them." Staff also said they felt welcome to visit the offices. One staff member commented, "If you want to go in anytime, they'll talk to you." Another member of staff said, "I really enjoy going in there." An experienced member of the staff team said, "There have been quite a few changes over the last couple of years, for the better."

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 systems used to record the safe administration of medicines were not robust.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the service were not sufficiently robust.