

Home Healthcare Ltd

Home Healthcare

Inspection report

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Date of inspection visit:
11 May 2017
12 May 2017

Date of publication:
31 July 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This announced inspection took place on 11 and 12 May 2017. We told the provider the day before our visit that we would be coming, as we wanted to make sure the registered manager and office staff would be available. The inspection was prompted in part by notifications of concern from local commissioning authorities. This inspection looked at the safety of people using the service in relation to missed or late calls. At the last inspection of the service in February 2016 the service was meeting regulatory requirements.

Home Healthcare is a small domiciliary care service that provides care and support to older people living within their own homes within the borough of Bromley. At the time of the inspection there were approximately 34 people using the service.

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.

At this inspection we found breaches of regulations. We served a Warning Notice against the provider for the breaches found and we will re-inspect the service to check they have complied with the notice. You can see information about action we have asked the provider to take at the back of the full version of this report.

Medicines were not always managed and administered safely. Risk assessments assessing the levels of risk to people's physical and mental health were not detailed and did not provide guidance for staff in order to promote people's health and safety. Staff recruitment systems were not consistently applied and followed to ensure potential staff were suitable to work in the health and social care sector. Care plans and records lacked detail, did not address people's lifestyle and cultural needs and did not contain guidance for staff on how to manage people's needs and risks. Systems and processes in place to assess, monitor and improve the quality of the service were not established and operated effectively to ensure the safety and welfare of people using the service.

There were arrangements in place to deal with foreseeable emergencies and there were safeguarding adult's policies and procedures in place. There were appropriate numbers of staff to meet people's needs. Staff new to the service were inducted appropriately and staff received training, supervision and appraisals. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs were met and people had access to health and social care professionals when required. People told us they were treated with respect and staff were kind and supportive. People were provided with information on how to make a complaint. People using the service and their relatives were asked for their views about the service.

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 consistently safe.

Medicines were not always managed and administered safely.

Risk assessments were not detailed and did not provide guidance for staff in order to promote people's health and safety.

Staff recruitment systems were not consistently applied and followed to ensure potential staff were suitable for their role.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

There were enough staff to support people's needs.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff were supported through supervision and appraisals of their practice and performance.

Staff received training that meet people's needs and the service offered new staff an appropriate induction into the service.

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

People's nutritional needs were met.

People had access to health and social care professionals when required.

Good ●

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and supportive.

Staff were knowledgeable about people's needs and wishes.

Staff respected people's privacy and dignity and promoted independence.

Is the service responsive?

The service was not consistently responsive.

Care plans and records lacked detail, did not address people's lifestyle and cultural needs and did not contain guidance for staff on how to manage people's needs and risks.

People's needs were reviewed on a regular basis.

People were provided with information on how to make a complaint and complaints were responded to appropriately.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Systems and processes in place to assess, monitor and improve the quality of the service were not established and operated effectively to ensure the safety and welfare of people using the service.

There was a registered manager in post and they were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014.

The provider asked people and their relatives for their views about the service.

Requires Improvement ●

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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 took place on 11 and 12 May 2017 and was announced. We told the provider the day before our visit that we would be coming. We did this because we needed to be sure that the registered manager and office staff would be in when we inspected. The inspection was prompted in part by notifications of concern in relation to missed or late calls. The inspection team consisted of two inspectors on the 11 May 2017 and one inspector returned to the service on the 12 May 2017.

Before our inspection we looked at the information we held about the service including information from any notifications they had sent us. A notification is information about important events which the provider is required by law to send us. We also spoke to a local authority commissioning team involved in monitoring the service and the local safeguarding team to request their feedback on the service. We used this information to help inform the planning of our inspection.

We visited the office for the service and spoke with the provider, registered manager, office staff and four care workers. We spoke with one person using the service in person and seven people using the service by telephone. We looked at nine people's care plans and nine staff files as well as records related to the running of the service such as audits and checks in place and policies and procedures.

Is the service safe?

Our findings

People told us staff supported them with their medicines where required. One person said, "When I was unwell the carers helped me to make sure I took my medicines when I needed them. I can do this myself now." Another person commented, "Yes they help me. They get my tablets for me and remind me to take them when I need them." Although people told us they received their medicines when required and as prescribed we found that the management and administration of medicines was not always consistently good or managed safely.

Medicines were not managed safely. We looked at the systems and arrangements in place for the safe management and administration of medicines which included looking at medicines records for people using the service who received support with medicines. We saw that Medicines Administration Records (MAR) were not always completed safely in line with best practice. For example one person's MAR had not been completed and signed by staff to confirm medicines were administered safely on the 24, 28, 29 and 30 March 2017 and on the 6, 7 and 9th April 2017. Another person's MAR was also not completed and signed by staff on the 27 March 2017. There was a risk that people had not received their medicines as prescribed by health care professionals when required.

We spoke with the registered manager about the systems in place to ensure the safe management and administration of medicines. They confirmed that there were no medicines audits carried out to check if the management of medicines was safe when staff returned people's MARs to the office. They told us that senior staff conducted spot checks on staff when working out in the community with people and medicines records were looked at as part of this process, however they confirmed that this system had not identified the issues we found with people's MARs and medicines records. We also saw that although staff had received medicines training there were no systems in place to confirm that individual staff had been assessed as being competent in the safe handling of medicines since their induction into the service to ensure continued safe practice.

We looked at the provider's medicines policy dated November 2015. We noted there was no information or reference to MAR charts audits and the frequency of medicines audits to identify any medicine errors and mitigate potential risks to people using the service. We also saw there was no information relating to staff responsible for the administration of medicines and staff competency assessments to assess and determine if they were suitable to administer medicines safely to people using the service.

These issues are in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the registered manager had developed and implemented a medicines audit tool which they told us would be completed on a monthly basis to check the safe management and administration of medicines. We also saw they had implemented a staff medicines competency assessment tool to ensure staff were suitable and safe to administer medicines. The registered manager told us they were in the process of reviewing their medicine policy which would refer to the changes made in the

management of medicines. We will check on the implementation and progress of these systems at our next inspection of the service.

People told us they felt safe with staff that supported them and that staff treated them well. Comments included; "I feel very safe, particularly with my usual carer", and "They are excellent, very kind", and "I feel safe with them. They always ring the bell and call out so I know who it is." Despite largely positive comments the service was not always safe as risks to people's safety were not always appropriately assessed, documented and detailed to ensure appropriate support and actions were taken to mitigate identified risks.

Risk assessments contained within people's care plans assessed the levels of risk to people's physical and mental health but failed to provide detailed information and guidance for staff in order to promote people's health and safety whilst ensuring known risks were minimised. For example, one care plan highlighted that the person required the support of two members of staff to ensure their safety whilst mobilising. However there was no manual handling risk assessment in place or details for staff on the use of the hoist and other equipment in place. We also noted that the person's 'assessment of care need', recorded that a hoist plan was required; however there was no hoist plan in place to ensure the person's safety when transferring.

Another person's skin integrity assessment tool recorded that the person was at very high risk of pressure sores, however there was no further risk assessment in place detailing how the risk should be managed or guidance for staff on how to minimise the risk. The person's assessment stated that a hoist was in place to support the person with transfers and two staff were required to support the person's safe movement; however no manual handling risk assessment or guidance for staff on how this should be safely done was in place. A third person's care plan recorded that the person had a history of falls, however there was no falls risk assessment in place or guidance for staff on how to support the person's safe mobility within their home. This meant there was a failure to appropriately assess risks to the health and safety of people using the service and in doing all that is reasonable to mitigate any such risks.

These issues are in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the registered manager confirmed they had developed and implemented for several people using the service a new care planning and risk assessment tools which provided detailed information on assessed and presenting risks and how staff managed and minimised these risks. We will check on the progress of the new care plans and risk assessments at our next inspection of the service.

There were staff recruitment systems in place to ensure that all new staff were appropriately screened before they started work. However these systems and processes were not consistently applied and followed in line with current CQC guidance. For example we looked at the staff records for nine members of staff and found that six staff Disclosure and Barring Service (DBS) checks were carried out by their previous employers and one was not carried out by a registered provider. There were no risk assessments carried out in line with CQC guidance to ensure staff new to the service were suitable for their roles. DBS checks assist employers in making safer recruitment decisions by checking that prospective staff are not barred from working with vulnerable people.

These issues are in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the registered manager took prompt appropriate action and sought new DBS

checks for all staff employed by the service to ensure they were suitable to work within the health and social care sector.

People told us they thought there were sufficient numbers of staff to meet their needs. One person said, "I usually have the same carer all the time and they are lovely. If they are away then the office sends me someone else who is also nice as well." People confirmed that they had regular care staff most of the time and that any staff absence was covered by the service without too much of a problem. Staff we spoke with also confirmed that there were enough staff to meet people's needs; however they told us some weekend shifts were more difficult to cover. The registered manager told us they organised staffing levels according to the needs of the people who used the service and if required extra cover could be arranged. However we also received concerns from people about missed and late calls which we have reported under the well-led section of this report.

Staff we spoke with were knowledgeable about safeguarding people using the service and how to raise alerts if they were concerned about abuse. Staff told us and training records confirmed that they had received training on adult safeguarding. There was a safeguarding policy in place and contact information for local safeguarding teams was available for staff reference. Staff were also aware of the provider's whistle blowing policy and knew who to contact if they needed to report a concern about the safety of people or quality of the service.

There were arrangements in place to manage foreseeable emergencies. People using the service had emergency on call numbers within their care records and people told us they were able to contact the office if they needed to. One person said, "If I have any issues I always contact the office. They are usually very good." Staff told us they felt supported and were able to contact the office in an emergency. One staff member said, "The office is very good and supportive. They are always there when I need them." Staff told us and we saw that they were provided with a uniform and identity badge so that they would be recognisable to people using the service and their relatives.

Is the service effective?

Our findings

People told us they thought staff were knowledgeable about their needs and staff were appropriately trained to do their job. One person said, "The carers are very good, even excellent. New carers I know are being trained which is good." Another person commented, "The carers are good, very helpful. They know what they are doing."

Staff we spoke with told us they received training appropriate to their needs and the needs of people who they supported to enable them to carry out their roles effectively. One member of staff told us, "There is lots of training provided. I have just recently completed medicines training which was good." Another member of staff commented, "The training we have is good. I have completed a 'train the trainer' course and now I train other staff including on site manual handling." Staff records we looked at demonstrated that training was provided and included topics such as personal care, privacy and dignity, food preparation, food choice and food monitoring, medication, record keeping, prevention of pressure sores, helping people make decisions, safe and enabling environment, dementia and safeguarding. Staff also told us training slots were arranged at weekly staff meetings on a range of topics and we saw teaching aids that were used covering areas such as medicines and catheter care.

Staff new to the service were provided with an induction which included a period of shadowing experienced members of staff and completing training the provider considered mandatory. Staff who had recently joined the service told us they had been supported to learn their new role through working with staff and completing training. One new member of staff said, "The induction has been very good. I am still working my way through the training and so far it's been very helpful." New staff undertook induction and training as part of the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Staff records confirmed that staff had completed an induction programme when they started work to ensure they could meet people's needs effectively. Staff were also supported through individual supervision meetings and appraisals of their practice and performance. One member of staff told us, "I get supervision on a regular basis and I have had an appraisal. I find them helpful but I can also speak with the manager at any time." Another member of staff commented, "I get supervision from the registered manager every month. I find them helpful, they make you do things better."

People told us staff sought their consent when offering support and they could decide how to be supported. One person told us, "Yes, staff always ask my permission before they do anything. They are very respectful of me and my home." Staff gained people's consent before undertaking care tasks and staff told us they asked people how they liked to be supported with their personal care to ensure they respected their choice. One member of staff said, "I always ask people how they want to be supported. I know my clients well and how they want things to be done." We saw that the service had obtained consent from people in relation to their personal care needs and other aspects of their daily life and these were recorded within their care plans.

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 using the service were able to make decisions about their day-to-day care needs but mental capacity assessments were completed for some people whose capacity was variable due to their conditions and care records we looked at confirmed this. They told us 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.

Where people required support in meeting their nutritional needs and preparing or cooking meals we saw this was recorded in their care plans. People told us staff supported them with their meals when required. Comments included, "They make me breakfast which I enjoy", and "I buy frozen meals and the carers heat them up for me in the microwave", and "Yes they make me a lunch and make sure I have plenty of drinks to hand."

Staff worked with a range of health and social care professionals to ensure people's needs were met. These included links with local GP's, district nurses and community pharmacists. People told us staff supported them to ensure their health needs were met. One person said, "If I feel unwell the carers will always call the doctor for me."

Is the service caring?

Our findings

People told us that their care workers were kind and caring. One person said, "They are very good and very caring. I am happy with the carers I have." Another person said, "The carers work hard and they are all so kind." A third person commented, "I can't fault the carers. They are very caring and helpful. I have no problems at all."

People told us staff knew them well and their needs because they had been visiting them for a significant amount of time. One person said, "I have a regular carer who is excellent. They have been coming to me for several years. It's a very good service." Another person commented, "I have the same carers visit me most of the time which is nice as they know what to do for me." A third person said, "I have the same carers that come. They are very caring and it's not just a job."

People were supported by staff who were knowledgeable about the care they required and the things and people that were important to them. Care staff provided us with examples of how they supported people to meet their desired outcomes. They were aware of people's lifestyles, preferences and interests and health and social care needs which enabled them to provide a personalised service. The registered manager told us that they tried to ensure staff were assigned to support the same people when possible to promote continuity and consistency of care whilst enabling relationships to form.

People told us they were consulted about their care and were involved in reviews of their plans of care. They told us that communication with the office was good and staff contacted them and consulted them about any changes made or required. One person said, "The manager calls me to make sure I am well and the care is good." Another person said, "Yes the office calls to make sure everything is working well. They call me often." Another person commented, "They visit me at home and call me. They always talk to me about my care."

People were provided with appropriate information about the service in the form of a 'service user's guide'. The registered manager told us this was given to people when they started using the service and included information about the service, useful contact details and the complaints procedure for people's reference. This ensured that people were aware of the standard of care they should expect.

People told us staff respected their privacy and maintained their dignity whilst supporting them with personal care. One person told us, "They are very respectful and thoughtful. I feel very comfortable with the carers." People told us staff also spoke with them politely and respectfully and addressed them by their preferred names. Staff told us they sought permission from people before carrying out personal care and explained what they were doing. They told us they ensured doors were closed and curtains were drawn before providing personal care to ensure people's privacy was maintained. Staff told us they received training in equality and diversity and we saw there was a policy to further guide staff to ensure people's wider needs were met.

Is the service responsive?

Our findings

People told us their health and social care needs were assessed when they joined the service and a plan of care was developed to meet their needs. One person said, "I needed some help so they came to visit me to discuss what I needed." Care plans contained assessments of people's health and care needs, however these lacked detail and did not contain guidance for staff on how to manage people's needs and minimise identified risks to people. For example, one person's assessment recorded that staff were to support and prepare meals to meet the person nutritional needs, however their care plan did not provide staff with details of the person's preferences, allergies or if they required support at meal times.

A member of care staff we spoke with told us how they supported another person to meet their religious and cultural needs, however we noted there was no reference to this in the person's assessment and care plan and the provider's assessment tools did not facilitate or enable people's needs to be assessed and documented in regards to their disability, race, religion, sexual orientation and gender to ensure their identified needs and wishes could be met if staff that were unfamiliar to them were involved in their care and support. This required improvement. We drew this to the attention of the registered manager who told us that staff received training in equality and diversity and worked well with people to meet their needs, however they confirmed that assessments and care plans in place did not enable a holistic approach to assessing and meeting people's needs. They informed us that they would review their tools and ensure detailed assessments and care plans were implemented. Following our inspection we saw that these issues had been addressed and the provider had revised their assessment and care planning tools.

Care plans were reviewed on a regular basis in line with the provider's policy to ensure they were accurate and up to date and daily records were kept by staff about people's day to day wellbeing and needs. People told us they were involved in reviews of their care plans and were contacted by telephone and visited at home by staff. One person said, "Yes the office staff call me from time to time to make sure everything is working well." Another person said, "They have visited me several times. It's to make sure I'm ok and the carer is doing what they should be doing." A third person commented, "The office has called on occasions and they ask me if the care is good or if there is anything I want to change."

People told us they knew how to make a complaint if they had any issues or concerns and one relative told us they had raised a complaint due to one member of staff not attending to them when and as required. They told us they had contacted the office as this problem had occurred on several occasions and the registered manager was in the process of dealing with their concern. We looked at the complaints folder and saw there was a complaints log in place to monitor complaints received and to ensure they were managed in accordance with the provider's policy. We noted that there had been two complaints this year and records of communication to investigate concerns and resolve highlighted issues were correctly kept. We spoke with the local authority who commissioned the service and they told us they were currently investigating some concerns that had been brought to their attention and had received communications from the provider in response to their requests.

Is the service well-led?

Our findings

People told us they thought the service was generally well run. One person said, "It's a very good service. I've had them for years and I don't have any problems." Another person commented, "The carers are excellent, I have no problems at all." However several people told us they had experienced issues with the service in relation to visit times and staff. One person said, "We don't always get two carers when we should and they run late quite often. The carers are nice but we don't always get the same ones and when new carers come I have to tell them what to do." Another person told us, "The carers are good but they don't always come on time. I've told the office and things have got a bit better." Another person commented, "The girls [carers] work very hard but I don't think there is enough of them as the timing is not always good, they get held up and then run late."

We spoke with the registered manager about these issues who told us they organised staffing levels according to the needs of the people who used the service. However, we found the rostering of people's home visits was not managed well in all cases. Staff home visit rostering records showed that office staff had not always allowed enough time for care staff to travel between calls when taking into consideration the distance between two home visits, the mode of transport, and any potential traffic delays. For example staff rotas demonstrated that one member of staff was scheduled to complete a call at 7.30am at one address and start another call with another person at 7.30am at a different address. Another member of staff was rostered to complete a call at 9.00am at one location and to start another call at 9.00am at a different address. This meant that systems and processes in place were not established and operated effectively to ensure the safety and welfare of people using the service.

We looked at the systems in place to assess, monitor and improve the quality of the service provided including systems in place to monitor visits to people in their homes. The registered manager told us there was currently no manual or electronic call monitoring (ECM) system in place and operational throughout the service to monitor visits to people homes to ensure they received visits when required and at the correct times. The registered manager told us there were time sheets in place which were signed by the care workers and the client after each home visit confirming they had visited, however they told us they experienced difficulties in obtaining these records and therefore had recently introduced an ECM system pilot project involving some people using the service to monitor home visits. They explained that currently when staff were running late for more than 15 minutes they would inform the office and office staff followed this up by calling people to ensure the visits had been made. However, there was no information regarding these calls that had been recorded or monitored on a regular basis and therefore we could not be assured that each call where staff were running late had been followed up effectively.

We looked at visit records for people using the service to check they received support in line with their care plan. We noted that one person had been assessed as requiring two staff to support them to meet their personal care and manual handling needs safely. However their visit records showed that there were two occasions in March 2017 when only one care staff signed the visit record to confirm they had attended the call. Therefore we cannot be assured that the person received appropriate care and treatment as required.

We looked at the services booking summary and staff rotas. We noted there was confusion with the name of one care worker and the registered manager in the booking summary and staff rotas. We saw the registered manager was at the office from 9.00am to 5.00pm and the rota also showed that a worker with a similar name was also booked to attend to someone using the service from 5.30pm to 6.00pm and from 6.00pm to 6.30pm for another person to provide personal care support. We asked the registered manager if they were the same member of staff or different staff as the staff rota reflected that they were different members of staff. The registered manager confirmed that it was them, referred to as two different people. Therefore we were unable to corroborate the staff rota with staff time sheets.

We looked at the systems in place to assess, monitor and improve the quality of the service. The registered manager told us that systems in place to monitor and audit the service included client telephone reviews, staff spot checks, quarterly client surveys and regular weekly staff team meetings. However these systems had not identified the significant failings and shortfalls that we found during the inspection. For example the failure to monitor the safe management and administration of medicines, the lack of systems in place to monitor care plans and risk assessments and to ensure these were detailed and provided guidance for staff, the lack of effective staff recruitment systems and the failure to monitor and improve the systems in place that monitored visits to people in their homes to ensure their safety, health and well-being.

These issues are in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the registered manager told us they had implemented monthly medicines audits, monthly visit record audits, annual medication competency assessments for staff, staff training audits, client reassessment and care file audits and once fully operational an ECM monthly audit to ensure people receive the care they have been assessed for. However we could not check this at the time of our inspection and will monitor the progress of the service and follow this up at our next inspection.

At the time of our inspection there was a registered manager in post. We saw that they knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team. Some of the staff we spoke with told us they had worked for the service for many years and the manager was supportive. One staff member told us, "I have worked here for a long time. I like my job very much. The support I get is very good and the service has allowed me to develop." We saw that regular weekly meetings with care staff were held that allowed staff to share good practice and discuss any issues. Minutes of the meeting held in April 2017 included items of discussion on medications, time keeping and confidentiality. One member of staff told us, "We are a small service with a small team so it's nice when we all meet at team meetings. I find them very useful and we have mini training sessions."

There were quarterly surveys carried out to ensure people and their relatives views were sought about the service. We looked at the feedback of some recently returned surveys that were conducted during the months of January, February and March 2017. We noted that two people responded saying that staff arrived either too early or too late. We saw that an action recorded that staff were reminded to notify the office when time keeping was difficult and that the service had introduced an ECM system which they hoped would be operational in June 2017. However at this inspection we found improvements were required to ensure new systems were effectively embedded and consistently operated.

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
Nursing care Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure the proper and safe management and administration of medicines. The provider failed to appropriately assess risks to the health and safety of people using the service and in doing all that is reasonable to mitigate any such risks.
Regulated activity	Regulation
Nursing care Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff recruitment systems and processes were not consistently applied and followed in line with current CQC guidance.

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
Nursing care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	The provider failed to establish and operate effective systems to assess, monitor and improve the quality of the service.

The enforcement action we took:

We served a warning notice on the provider and registered manager to ensure compliance by the 21 August 2017.