

UK Star Care Ltd

Vista Business Centre

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 6 November 2018. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

The last inspection of the service was 12 February 2018 when we rated the service inadequate for the key questions of 'is the service safe?' and 'is the service well-led?' The key questions of, 'is the service effective?', 'is the service caring?' and 'is the service responsive?' were rated as requires improvement. The overall rating of the service was inadequate. We identified breaches of six of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to person centred care, need for consent, safe care and treatment, good governance, staffing and fit and proper persons employed. The service was placed in special measures.

Vista Business Centre is the only location for the provider UK Star Care Ltd. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and some younger adults who have disabilities. Since the last inspection, the provider moved from a different office location to the Vista Business Centre. At the time of the inspection, 17 people were using the service. They lived in the county of Surrey and their care was commissioned by the local authority.

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

At this inspection, we found improvements had been made in all areas and we have rated the service requires improvement.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

However, we identified some areas where further improvements were needed.

The provider did not always manage medicines in a safe way, although improvements had been made, further improvements were required to make sure risks associated with medicines administration were mitigated.

Some of the care visits did not take place on time. The provider had spoken with the staff about this issue in team meetings, and some people were happy with the timing of the calls. However further improvements were needed to make sure everyone received visits at the right time.

Most people felt their needs were being met, but a small number of people felt that the staff did not always care for them to the level they expected. In particular, the relatives of one person felt that the staff did not have the information or knowledge to meet the specific care needs of their relative.

The provider's audits had not always been effective at identifying where improvements were needed. Although, there had been improvements in this area. The provider had increased their auditing, and in most cases, this had been effective at ensuring the service improved

People using the service were happy with their care workers. The care workers were kind and considerate. They were involved in the development and review of their care plans and were able to feed back their opinions of the service.

The staff were happy and felt supported. They had access to a range of training and regular support from the registered manager and other senior staff.

There was a positive and open culture at the service. People were able to make complaints and felt these were listened to. The provider had responded to information of concern and had learnt from accidents, incidents and complaints.

We found breaches of three of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment, person centred care and good governance. You can see what action we have asked the provider to take within our table of actions at the back of the full 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 

Some aspects of the service were not safe.

There had been improvements to the way medicines were managed, but further improvements were needed to mitigate the risks of medicines errors.

There had been improvements to the deployment of staff, however some people experienced care workers being late or not staying the allocated amount of time.

The provider had suitable procedures for recruiting new members of staff and these were followed.

The risks to people's safety and wellbeing had been assessed and planned for.

There were systems, processes and practices designed to safeguard people from abuse.

People were protected by the prevention and control of infection.

Lessons were learned when things went wrong to prevent reoccurrence.

Is the service effective?

Good 

The service was effective.

People's needs and choices were assessed and care was delivered to meet these needs.

The service made sure the staff had the skills, knowledge and experience to deliver effective care and support.

Consent to care and treatment was sought in line with legislation and guidance.

People were supported to access healthcare services.

People were supported to have enough to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, respect and compassion.

People were able to express their views and be involved in decisions around their care.

People's privacy, dignity and independence were respected.

Is the service responsive?

Requires Improvement ●

Some aspects of the service were not responsive.

People usually received personalised care but some people's needs were not always being met and there was not enough detailed information about these needs for the staff.

Most people were happy with the service and had regular care workers who responded to their requests and needs.

People were involved in planning their own care and this was regularly reviewed. Changes in people's needs were assessed and planned for.

People were able to raise concerns, and these were dealt with appropriately.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led.

Some of the provider's audits had not been effective at identifying where improvements were needed.

However, there was evidence of improvements at the service, including better quality monitoring and a reduction of adverse incidents.

People using the service and other stakeholders were happy with the service and had opportunities to give their feedback.

The culture of the service was open and inclusive.

Vista Business Centre

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 6 November 2018. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

This comprehensive inspection was conducted by two inspectors. Before the visit, we contacted people using the service, their relatives, staff and community professionals for their feedback. Telephone calls to people using the service and their families were made by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service

Before the inspection visit we looked at all the information we held about the service. This included the last inspection report, information received from the provider about the service, notifications from the provider and information from members of the public. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We spoke with the quality assurance manager for the commissioning authority.

We spoke with nine people who used the service and the relatives of four other people. We received feedback from two care workers.

During the visit we met the registered manager, nominated individual, deputy manager, governance lead and administrator. We looked at the care records for five people who use the service and the personnel files for five members of staff. We looked at other records used by the provider for managing the service. These included records of complaints, information around medicines management, staff training and quality assurance records.

Is the service safe?

Our findings

At the inspection of 12 February 2018, we found medicines were not always managed safely because the staff did not have the information they needed about the medicines people were prescribed.

At the inspection of 6 November 2018, we found improvements had been made. However, we found that further improvements were needed.

The template for recording the administration of medicines did not allow enough room for the details about these medicines. For example, some medicines administration records did not include information about the dose or frequency of specific medicines. Furthermore, the information about medicines was handwritten, and in some cases information was not clearly recorded. Therefore, there was a risk that the staff would not be able to read or know important information about the medicines and the dosage or frequency of these.

Some people were prescribed PRN (as required) medicines. The provider had created guides for the staff to know when these needed to be administered for some, but not all of these medicines. This meant there was a risk that the staff would not know when these needed to be administered.

The medicines administration records for September 2018 showed that one person had consistently refused two of their medicines which were prescribed to be taken daily. There was no evidence the provider had sought to discuss this with the person or the prescribing doctor to make sure there were no adverse effects of this, and to review whether the medicines should continue to be prescribed for a daily dose. Therefore, they had not mitigated the risks associated with this person regularly missing their medicines.

One person was prescribed a pain-relieving patch medicine which was applied each week. The medicines administration record and body chart for this medicine did not include the prescriber's instructions that the site of the patch should be rotated. There was no evidence from the records of administration that the site had been changed at each application.

This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the areas needing improvement with the registered manager and senior staff team. They told us that they would make the necessary improvements straight away, including updating the template and way medicines charts were created. They also told us that the staff did rotate the site of the pain relieving patch prescribed to one person, but that this had not always been recorded.

There was evidence of improvements in the way medicines were managed since the last inspection. People who were supported to take their medicines were happy with this support. The provider created a list of all prescribed medicines for each person and updated these monthly. In addition, they took photographs of medicines and tablet types to help the staff identify the medicines they were supporting people with. This

information was stored in the care files in people's houses so that the staff could use this when administering medicines.

The provider had created PRN protocols for most of the prescribed PRN medicines. They had also developed body charts to indicate for staff where prescribed creams should be applied.

The staff were trained in the administration of medicines and we saw that their competency had been assessed. The provider also carried out spot checks on all staff and made further observations of the administration of medicines. The senior staff collected administration records each month and audited these. Where they had identified concerns, they had recorded the action taken, such as discussing any discrepancies with the staff.

At the inspection of 12 February 2018, we found the provider had not always deployed enough staff and had not considered adequate travel time to enable care workers to arrive at the agreed time of visits and to stay the full length of the visit.

At the inspection of 6 November 2018, we found improvements had been made. However, the provider's own records showed that some care visits did not take place at the planned times.

People gave us mixed feedback about whether the staff arrived on time and whether they were informed if care workers were running late. Some people were not happy with this aspect of the service and some of their comments included, "It is hit and miss on time keeping, they usually let us know if they are running late and they do stay to make sure everything is done", "It is not always good with the timing, for example the morning call can be anywhere between 7am and 10am, lunch and tea time calls are fine", "I don't get a phone call if they are running late, my main carer is fine but it is not good at the weekend", "The arrival time and duration of calls is an ongoing issue, I have had regular meetings about this" and "They are always late."

However, some people commented, "They are always on time and stay the full amount of time, I can't praise them enough, they are brilliant", "They arrive as near on time as they can. Sometimes they're a bit late, because of the traffic" and "They are on time, we do not have any problems with that."

There was evidence that the issue of time keeping had been discussed at regular staff meetings. The registered manager told us they had increased spot checks for staff who had been consistently late for visits. However, we saw that some spot checks recorded the time the staff member had arrived as significantly later than the planned time, but the supervisor carrying out the spot check had not recorded this as an area for improvement on the record, therefore there was not a record to show this had been discussed with the particular care workers concerned.

The scheduling of visits had improved since the last inspection and the care workers were allocated sufficient time to travel between their assigned visits.

The provider did not have an electronic call monitoring system and relied on staff to complete handwritten records to show the time they arrived and left visits. The registered manager told us they were planning on purchasing a system which would provide live data to show them when visits took place.

At the inspection of 12 February 2018, we found that risk management plans were not in place to provide care workers with the information to enable them to mitigate these risks when providing care.

At the inspection of 6 November 2018, we found improvements had been made. The provider had identified individual risks relating to people's wellbeing, including risks associated with their mental and physical health, risks of falling, nutritional and hydration risks, risks of choking and risks associated with assisting people to move. The assessments were comprehensive and included clear guidelines for the staff about how they should support people to minimise the risks.

The provider had also assessed people's home environment and the equipment they used. There was evidence they had followed up where they felt people or staff were placed at risk in a specific situation, or if people's needs had changed and they required additional equipment or support.

Risk assessments were reviewed regularly. In addition, to the provider's own documentation, the provider had obtained information leaflets from the NHS or other agencies to help provide general information about specific conditions or pieces of equipment. These leaflets were available for staff and the person using the service to read in their homes.

The provider had a contingency plan which described how they would deal with different emergency situations.

At the inspection of 12 February 2018, we found that the recruitment procedure was not being followed and the provider had not carried out sufficient pre-employment checks on the staff.

At the inspection of 6 November 2018, we found improvements had been made. There was evidence the provider had sought references from previous employers, checked staff member's identity and eligibility to work in the United Kingdom, obtained information about any criminal records from the Disclosure and Barring Service and carried out formal interviews before they offered staff employment. The staff completed an application form which detailed their employment history. New members of staff took part in induction training and shadowed experienced workers before they started working unsupervised.

People using the service and their relatives told us they felt safe with the agency. One person commented that some of their papers had gone missing, but they thought this was because care workers had accidentally thrown them away, not realising the value to the person. They said that they had discussed this with the agency offices but did not feel this had been intentional.

The provider had systems and processes designed to safeguard people from abuse. Information about recognising and reporting abuse was shared with people using the service and the staff. Staff took part in training regarding this and the registered manager had discussed safeguarding and whistle blowing procedures at team meetings. There was evidence the provider had responded appropriately to allegations of abuse, working with the local authority to protect people from further harm and investigate the allegations.

People were protected by the prevention and control of infection. The staff were provided with protective clothing such as aprons and gloves. They had training about infection control and good hand hygiene. The provider checked this area of practice during spot checks and observations of staff. People using the service told us the staff always wore protective clothing and the staff told us they had access to new gloves and aprons whenever they needed. The provider had discussed the importance of the flu vaccination for staff and people using the service at meetings and through memos.

The provider had systems for learning and making improvements when things went wrong. They kept records of all accidents, incidents, complaints and any missed visits. These included an investigation into

what had happened and any changes they could make to improve the service. The management team had regular meetings to discuss any incidents.

Is the service effective?

Our findings

At the inspection of 12 February 2018, we found the provider did not always ensure new care workers received suitable support and supervision.

At the inspection of 6 November 2018, we found improvements had been made. The staff we spoke with told us they had the training and support they needed. All new members of staff undertook classroom-based training before they started work with people. They then took part in a range of other training courses, both on line and classroom based, in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

The provider arranged for the staff to have training updates annually or when needed. They kept a record of all staff training and this included a tracker which alerted them to any training which was due.

Whilst there was evidence of basic training in the key areas, the staff were not always given training about people's specific needs or health conditions. For example, one person whose file we looked at was diagnosed with epilepsy (a condition which can cause seizures). The staff supporting this person had not received specific training about this. The person was supported by family members who had the skills to deal with emergency situations, so the person was not at risk because of this. However, it would be good practice for the staff to also have a better understanding of this condition when supporting the person. One person used Makaton, a form of sign language for communication. The staff had not received training in this, and therefore their ability to communicate with the person was limited.

The provider made sure the staff had regular support from managers both when caring for people and through meetings. New staff shadowed experience workers as part of their induction. They were only able to work alone when they were assessed as competent to do so. Following this, the senior staff carried out regular spot checks and observations of them in the work place.

The staff were invited to regular supervision meetings and annual appraisals, where their individual needs could be discussed. The provider also held monthly team meetings where they discussed general practice and shared ideas and learning. Some of the recent discussions in team meetings included reminding staff about the importance of timekeeping, communication with people, discussion around the key lines of enquiry used by CQC to monitor services as well as reporting accidents and incidents. The staff were invited to contribute their ideas and the registered manager thanked them for their hard work. The provider sent regular written information to the staff about specific issues, recent memos had included, supporting people in adverse weather, hydration, the flu vaccination, stroke awareness, hand hygiene and prevention of pressure sores.

People's needs and choices were assessed so that care and treatment could be planned to meet these. Care files included detailed individual assessments which outlined how the person wanted to be cared for and included specific information about their health, communication and mobility needs. These assessments were reflected in the care plans.

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. We checked whether the service was working within the principles of the MCA and found that they were.

People who had been assessed as having the mental capacity to make decisions about their care had been involved in the development and review of care plans. They had signed their agreement to these or had given their verbal consent which had been recorded. For people who lacked the mental capacity to make decisions about their care, there was evidence that their representatives had been consulted to make decisions in people's best interests.

People's healthcare needs were recorded in their care plans. People told us that the staff had supported them to contact the GP or other healthcare professionals when needed. The staff recorded people's wellbeing in daily care notes and reported any changes in their health to the registered manager.

Most people were happy with the support they received at mealtimes. Although one person said the care workers did not prepare food the way they wanted. Other people's comments included, "We get on extremely well over food", "I have taught them a few things about cooking and they do it the way I like it" and "They ask me what I want to eat and make the right things."

There was information about people's nutrition and hydration needs as part of their care plans. The staff recorded one person's food and fluid intake and these records were checked by the senior staff to make sure the person was sufficiently hydrated and had enough food. The staff had been given written guidance reminding them of the importance of hydration for the people who they were caring for.

Is the service caring?

Our findings

At the inspection of 12 February 2018, we found some aspects of the service were not caring.

At the inspection of 6 November 2018, we found improvements had been made. Although one person told us that care workers "fly in and out" and did not spend time talking with them. Other people told us they had a more positive experience with the service.

Most people and their representatives told us their care workers were kind, respectful and caring. They had a choice of same gender care workers and they explained that the provider had changed care workers when they had said they were unhappy with a care worker. Some of the comments from people using the service and their relatives included, "They chat to [person] and do everything they need, it is really nice", "Some of them we have a laugh with. We chat sometimes but they are very busy" and "[Person] has built up a relationship with [their] main carer that has helped to improve [person's] wellbeing, for example the care worker has got [person] eating again, so [they are] getting stronger, we are very happy with the service."

People told us the care workers respected their privacy and dignity. They said that they closed doors and curtains, asked their permission to care for them and explained what they were doing. Some of their comments included, "They respect privacy very well, they always close the bedroom door", "They ask, 'can we do this?' they don't just do whatever it is" and "They always close the curtains."

People told us their choices were respected. They had been involved with planning their own care and they said the care workers always offered them choices and listened to what they wanted. They also told us they were supported to be independent where they wanted. For example, one person said, "They encourage me to do things for myself." Another person said, "They let me do what I want unless they feel it is unsafe and then they explain this."

People's cultural and religious needs and life style choices were recorded within their care plans so that the staff were aware of these and could offer the right support. The staff had training about equality and diversity and how to support people in a non-judgemental way.

Is the service responsive?

Our findings

At the inspection of 12 February 2018, we found care plans were not updated when a change to a person's support needs occurred. This meant care workers were not provided with accurate information in relation to how care should be provided.

At the inspection of 6 November 2018, we found improvements had been made. The registered manager and senior staff had reviewed all of the care plans with people using the service and had updated these. When there had been a change in someone's needs the provider had reassessed these and updated the care plan so that the staff had accurate information.

Care plans were personalised with information about how people wanted to be cared for. However, some care plans did not contain sufficient detail about people's needs. For example, one person was not able to communicate verbally and had a health condition which required monitoring. The information about these needs was basic and did not give the staff specific guidance.

The relative of this person told us they had concerns about the ability of the care workers to meet their relative's needs. The person used a type of sign language for communication. They explained that the care workers had not been trained in respect of this and showed limited awareness of how to communicate effectively. Therefore, they could not always understand what the person was telling them. They also told us that the care workers did not recognise the importance of routine for the person and sometimes carried out tasks in a different order which upset the person. They said that some care tasks were not carried out as planned. For example, the person was resistant to having their teeth cleaned. Their relative told us that some care workers did not know how to support the person in a way that they felt comfortable, therefore their teeth were not always being cleaned.

Some people felt that care workers did not always carry out tasks to the standard they expected. For example, one person told us, "They are not good at cleaning up the kitchen after they have used it, or putting things away. They sometimes just leave the cupboard doors open." Another person told us, "Sometimes occasional carers are not sure what they are expected to do." A third person explained, "The carers do not always think – they will not pick something up if it falls on the floor and I cannot bend so cannot do this."

This was a continuing breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most of the people we spoke with were happy with the standard of care they received. One person told us, "They do the jobs I cannot so that is very useful."

People told us they had the same familiar care workers and that this was important to them. Some of their comments included, "The same care workers visit [my relative], they know [person's] needs and if [person] is feeling tired or down, the care worker notices and can do something to make [person] feel better", "It's nice

that you have the same carers coming out. We get to know each other" and "I always know beforehand who is coming."

People told us their needs were reviewed and they had regular contact with the senior staff from the agency. Some of their comments included, "Someone from the office comes and talks to us every three months to make sure we are happy with the care plan" and "About a month back someone came to speak with me about my care plan."

People had information about the service and copies of their care plan kept at their homes. The care files also included a summary of the care plan, "at a glance" which outlined people's needs and any important pieces of information the staff needed to be aware of. The staff recorded the care they provided in log books, which were collected and audited each month.

People told us they felt able to raise concerns with the provider. One person was not happy with the time it took the provider to respond to concerns. However, everyone else we spoke with told us that the provider was prompt at investigating concerns and had taken action to make improvements. Their comments included, "I have the office number and can call them if I need", "I get on very well with the carers, sometimes there is a language issue, but we get on with it", "I can ring and talk to office if I have to, but I don't usually have to talk about anything", "Any problems I do phone the office... They sort it out quickly" and "When I had a complaint they acted on it and were prompt to iron out the issues."

The provider kept a record of complaints. We saw that these had been investigated and responded to within appropriate timescales.

At the time of our inspection, no one was receiving support at the end of their lives. The registered manager told us that they had provided end of life care for people in the past and had worked closely with the palliative healthcare teams to provide the right support.

Is the service well-led?

Our findings

At the inspection of 12 February 2018, we found the provider's audits did not identify where improvements were required.

At the inspection of 6 November 2018, we found improvements had been made. However, further improvements were needed.

The provider collected, and audited medicine administration records each month. The records for September 2018 had been audited and no errors had been found. However, we noted that two administration records included signatures for the 31st of the month. This had not been identified as an error. Also, one person had been prescribed a topical cream to be applied once a day. However, the medicines administration record showed that on 20 occasions in September 2018, this cream had been applied twice a day. The audit had not identified this error. Therefore, on a few occasions the audits had not been effective and there was a risk of people receiving care which was not appropriate or did not meet their needs.

The provider undertook spot checks of the staff providing care to people. The staff were not aware of these checks in advance and part of the monitoring was to identify if the staff arrived on time. However, we noted that for a number of visits the staff arrived over half an hour later than the planned start time, but the supervisor had recorded they were, 'punctual.' Some of the records of spot checks were inconsistent. For example, the spot checks on one day showed the same member of staff in two different places at the same time and the supervisor who was carrying out the checks also in more than one place at a time. Therefore, the records of these checks could not always be relied on as an accurate reflection of the monitoring.

This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's processes for monitoring the quality of the service had improved. They had increased the number of audits and checks. Whilst the example above showed that these were not always effective, the majority of audits had been effective and had identified where improvements were needed.

There was a clear and easy to follow tracking system which highlighted when staff training, supervisions and appraisals needed to take place. Complaints, accidents and incidents were monitored, and action taken as a result of these to make improvements. These improvements were measurable because there had been fewer adverse incidents and people using the service were generally happy with their needs being met. Care plans, risk assessments and staff records had improved.

Most people were happy with the service they received. Their comments included, "It's a very good service. The main carer is very thoughtful and thinks ahead which makes it run smoother as well.", "The service I receive is absolute perfection. I couldn't recommend them more highly", "I am very vulnerable and they are very sensitive and responsive to my needs" and "The carer got [my relative] eating again and stronger, we

are so happy with the service because the health and wellbeing of [person] has improved."

People using the service, their representatives and staff were able to give their feedback about the service through written surveys and regular contact with the provider. People confirmed they were asked for their opinions and felt listened to. One person told us, "Sometimes, someone from the office comes to do a feedback survey or in response to a complaint to explain what they have put in place." Another person commented, "A senior lady comes out regularly to see [person] and make sure everything is going right."

The service was commissioned by Surrey County Council and they had carried out their own monitoring of the service. They told us that the provider had made improvements and kept them updated with changes to the service. They said that the provider responded well to advice and worked well with them.

The provider had sourced a consultant who had carried out 'mock inspections.' These included information for the provider about where improvements were needed. We saw that the provider had responded to these and made the changes identified by the consultant.

The provider's quality satisfaction surveys indicated that people using the service were happy and felt safe. Records of telephone monitoring also showed this. Where people had raised a concern we saw that the provider had responded appropriately to this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not ensure that care provided to service users was always appropriate, met their needs or reflected their preferences.</p> <p>Regulation 9(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always ensure that care and treatment was provided in a safe way for service users because they did not ensure the safe and proper management of medicines,</p> <p>Regulation 12(1) and (2)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always operate systems and processes effectively to mitigate risks or to improve the quality of the service.</p> <p>Regulation 17(1) and (2)(a) and (b)</p>