

Roche Healthcare Limited

Roche Caring Solutions

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 17, 19 and 27 October 2017. Our last inspection took place in July/August 2016 where we found five breaches of the legal requirements relating to the safe management of medicines, risk, good governance, the need for consent, staffing and complaints. At this inspection we found on-going concerns with records of medicines and the governance arrangements around medicines.

Roche Caring Solutions provides both long term and short term personal care to people in their own homes within the Wakefield, Kirklees and Leeds areas.

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.

Robust records were not in place to assure us of the proper and safe management of medicines. Records of people's medications were not accurate, complete or up to date and it was not therefore possible to see if people had received their medications as prescribed. People's care plans did not contain accurate and complete records regarding the support they needed or received with medicines. This put people's health at risk. Medication audits had not identified the concerns found during our inspection and had not been used to drive improvements in the service. The arrangements for governance had not been effective to rectify the breaches found at our previous inspection of the service.

People told us they felt safe being supported by Roche Caring Solutions. Staff were able to tell us how they would report and recognise signs of abuse and had received training in safeguarding adults. Recruitment was managed safely. Overall, we saw risks were managed, and staff understood how to ensure these risks were minimised.

There were enough staff employed to provide support and ensure that people's needs were met. Staff received appropriate supervision, appraisal and training to enable them to carry out their role. Staff spoke highly of the support and training they received.

Staff knew to offer people choice and what to do in the event they refused care. The registered manager and staff we spoke with had an understanding of the principles and their responsibilities in accordance with the Mental Capacity Act (MCA) 2005.

Where needed, people who used the service received support from staff to ensure their nutritional and health needs were met. Staff were trained to respond to emergencies and said they felt confident to do so.

People told us staff were well trained, caring and kind. Staff showed a good knowledge of the people they

supported and understood how to maintain people's privacy and dignity. It was clear staff had developed positive relationships with people.

People who used the service and their relatives were involved in planning the care and support received. Care plans contained sufficient information for staff to follow and provide the care people wanted. Regular reviews had taken place to make sure people's current needs were responded to.

There were effective systems in place for responding to people's concerns and complaints. People told us they knew how to raise concerns if they had any.

There were systems in place to monitor and improve the quality of the service provided. However, our concerns regarding the management of people's medicines had not been identified through the audits in place. We therefore concluded these audits on medication were not effective.

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 consistently safe.

Records we looked at did not indicate medicines were managed safely or in line with the provider's policy.

There were sufficient staff, to meet people's assessed care and support needs. Staff were safely recruited.

People were at a reduced risk of harm because risk assessments and management plans were in place.

Is the service effective?

Good ●

The service was effective.

Staff understood the principles of decision making and consent to care was sought appropriately.

Staff received comprehensive training and support to enable them to carry out their roles.

The service provided people with support with meals and healthcare when required.

Is the service caring?

Good ●

The service was caring.

Staff delivered care that demonstrated their commitment to the people they were supporting.

People and their relatives spoke positively about the care received from staff. Staff were familiar with people's care preferences.

Privacy and dignity was respected and people's equality,

diversity and human rights needs were met.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff that recognised and responded to their changing needs.

Overall, care plans contained sufficient information to guide staff on people's care needs.

The service had effective systems in place to manage complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well- led.

Quality assurance systems had not always been robust enough. Concerns identified during our previous inspection had not resulted in the necessary improvements relating to safe management of medicines.

People who used the service and their relatives were asked for their views about the care and support the service offered.

Staff were supported by the registered manager and felt able to have open and transparent discussions with them.

Roche Caring Solutions

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.

This inspection took place on 17, 19 and 27 October 2017 and was announced. The provider was given short notice of the inspection as we needed to be sure key members of the management team would be available at the office.

The inspection was carried out by two adult social care inspectors who visited the provider's office and made telephone calls to the staff and an expert-by-experience who had experience of domiciliary care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made calls to people who used the service and their relatives.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the service. Statutory notifications contain information about changes, events or incidents that the provider is legally required to send us. We contacted the local authority, other stakeholders 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

At the time of the inspection, there were 60 people receiving the regulated activity of personal care from the provider. During our inspection we spoke with nine people who used the service, four relatives, four care staff, two care co-ordinators, the registered manager, the area manager and the deputy training manager.

We spent time looking at documents and records related to people's care and the management of the service. We looked at six people's care plans and four people's medication records.

Is the service safe?

Our findings

At our last inspection in July/August 2016 we found medicines were not managed safely and risks to people's safety were not appropriately managed. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made the required improvements to manage risk. However, they had not met the legal requirements to manage medicines safely.

People's medicines were supplied and delivered to their homes in blister packs, (individualised containers with medications organised into compartments by day and time) packets or bottles. The registered manager told us staff transcribed a medication administration record (MAR) from the medication supplied or delivered. An up to date list of current medicines was not available to ensure what was delivered was correct as prescribed.

At our last inspection we found staff had not transcribed people's medicines and instructions for administration correctly. We found similar concerns at this inspection. One person was prescribed a nutritional supplement. The MAR had been written to indicate two spoonful's were added to food. The size of the spoon was not recorded. The registered manager told us this should have been recorded as two scoops (scoop supplied with the supplement). However, the person's care plan for this supplement stated one scoop. From the records in place it was not possible to determine if this supplement had been administered as prescribed.

Another person had their medicines transcribed on a MAR with no dosage, incorrect dosage or no instructions for use recorded. For example, we saw one entry stated 'paracetamol 500mg 4 x daily' was recorded. The MAR indicated this had been administered twice daily. It was unclear if this medicine was administered as prescribed. Where people had prescribed creams, we saw full instructions for the use of the cream, where it was to be used and how often were not accurately documented on the MAR. One person had 'voltarol gel' entered on the MAR. There were no instructions as to where this pain relieving gel should be applied. Records indicated some people were prescribed 'as and when required' medicines or creams. There was no up to date list of current medicines prescribed for each person so it was not possible to see that these medicines were administered as prescribed. There were no protocols for these medicines to ensure staff had guidance on their correct use.

The support people required with their medicines was not clearly documented. This meant there was a risk people would not receive the support they needed with their medicines. For example, one person had been assessed as being able to manage their own medicines with assistance from staff. This person had a MAR and staff on some occasions signed the MAR to indicate the contents of a pharmacy prepared dosette box (individualised container with medications organised into compartments by day and time) had been administered. However, on other occasions the MAR was left blank so it was unclear if medicines had been administered or if the person managed their own medicines on these occasions. We saw another person's records indicated they had been administered paracetamol. It was unclear from the records if the staff or the person's family member was responsible for this. However, staff had signed the MAR to indicate they had

administered this medicine. When we spoke with staff they confirmed they did not administer this medicine and could not explain why they signed the MAR.

We concluded there was a continued a breach of Regulation 12 (Safe care and treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

Staff were trained in medicines management and support and their competency was assessed. Staff told us they received the training they needed to support people with their medicines. People told us they received the support they needed with their medication. One person said, "I do my own meds but they always ask if I have had them." A relative said, "Medicines given in dosette boxes and had no issues, all logged in the book."

We reviewed risk assessments for four people who used the service. Overall, there were systems in place to keep people safe through risk assessment and management. We saw individual risk assessments were completed and included the environment, falls and moving and handling. These contained sufficient detail to enable staff to safely support people. Where people had risks associated with eating and drinking, speech and language therapists (SALTs) plans were in place to guide staff and minimise risks. We saw two people's risk management plan required more detail on how the risks were to be managed. The registered manager agreed to update these.

Staff were aware of risk management plans and said these were updated regularly or whenever people's needs changed. Staff knew how to report changes in people's needs to avoid unnecessary harm or exposure to risk, for example, skin changes that could lead to pressure ulcers.

People told us they felt safe when receiving care and their needs were met. People's comments included; "Feel very safe that they come and see me", "Always make themselves known when coming in the house", "The staff treat me very well, always ask how I am" and "Having the same carers means they know what I like and don't like."

People were safeguarded from abuse. The provider had a policy in place for safeguarding people from abuse and annual training was provided to staff. The staff we spoke with showed a clear understanding of the types of abuse that could occur and the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the registered manager. They were aware of the provider's whistle-blowing procedure and would use it if they needed to.

Appropriate recruitment checks took place before staff started work. This included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

The registered manager told us staffing levels were determined by the number of people who used the service and their needs. They said they were continuously recruiting staff to ensure they had enough staff to meet people's needs and provide consistent staff support for people. Overall, people told us they had regular staff who provided their care. People's comments included; "I have the same carers", "Continuity is good and they stay the time allocated" and "No issues with continuity." However, most people told us they did not receive a rota so were unaware which staff were attending their call. They said this created some anxiety and a sense of unease. The registered manager said they would contact all people who used the service to ask for their rota requirements and ensure rotas were sent out to people who wanted them in future.

People told us their calls were never missed but call times varied and they were not always informed if staff were running late. One person said, "I do have late calls and I don't know who's coming." Two people told us staff did not stay the full duration of their call. One relative told us they were kept informed if staff were running late. We looked at recent records of quality feedback received about people's calls conducted by the provider. These indicated a high degree of satisfaction with the service. No concerns had been raised about late calls.

Any accidents and incidents were monitored by the registered manager and the provider to ensure any trends were identified and acted upon. There were systems in place to make sure any accidents or incidents were reported. Staff said they felt confident and trained to deal with emergencies.

Is the service effective?

Our findings

At our last inspection in July/August 2016 we found assessments of people's capacity were not completed or best interest decisions recorded, where required, in line with the Mental Capacity Act 2005 and staff did not receive all the training and support to ensure they could fulfil their role effectively. This was a breach of Regulation 11 (Need for consent) and Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw improvements had been made which meant the provider had achieved compliance with regulations 11 and 18.

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. Mental capacity assessment and best interest decisions records we looked at provided evidence that where necessary, assessment had been undertaken of people's capacity to make particular decisions. We saw this assessment had been completed in accordance with the principles of the MCA. This meant people's rights had been protected as unnecessary restrictions had not been placed on them.

Staff we spoke with said they had received training on the MCA and understood their obligations with respect to people's choices and the need to ask for consent prior to carrying out any care tasks. The provider had comprehensive policies on consent procedures, the MCA and best interest meeting procedures. People who used the service told us they were always asked about the care they wanted and needed. One person said, "Staff respect my wishes."

People who used the service told us staff were well trained and their needs were met well. One person said, "The staff know what they are doing." A relative said they felt staff would benefit from more shadowing (working alongside an experienced staff member) and more spot checks on staff's performance.

Staff had the knowledge and skills required to meet the needs of people who used the service. Staff we spoke with were satisfied with the support they received during their induction and on-going training. One staff member said, "I love learning and it is so good with this company."

Induction training included a number of mandatory training courses. Topics included moving and handling, dementia awareness, fire safety, infection control, safeguarding, emergency first aid, equality and diversity and food hygiene. Staff also completed refreshers in these topics. Records showed staff's training was mostly up to date and where any updates were needed these were planned to ensure staff's practice remained up to date. The registered manager had a system in place to ensure training was monitored and completed in a timely way for staff. Staff were also supported to undertake and complete vocational qualifications such as the diploma in health and social care.

Staff told us they felt well supported in their role and that they received regular supervision and reviews of their performance which gave them an opportunity to discuss their roles and options for development.

Records we reviewed confirmed this to be the case. One staff member said, "We have good supervisions; plenty of opportunity for discussions."

People where appropriate, were assisted to maintain their nutritional and fluid intake. Staff told us they would prepare meals for people and ensure people had a choice of what they wanted. Staff showed a good awareness of people's likes and dislikes and how they liked their meals to be presented. People who used the service told us they received the support they needed with their food and drinks. One person said, "I'm always asked what I would like to eat or drink." A relative told us, "They (staff) always leave a drink, they will offer a choice of meals."

People had access to a GP and other healthcare professionals when they needed them. Staff monitored people's health and wellbeing and when there were concerns people were referred to appropriate healthcare professionals such as district nurses. People told us they were satisfied with the support they received to monitor their health. One person said, "I can talk to my carers if I don't feel well." Another person said, "The staff pick up if I am unwell."

Is the service caring?

Our findings

People and their relatives said staff were caring and would always ask them or their family member how they were feeling and ask them what they would like help with. Comments we received from people included; "Very caring staff, cannot do enough for me", "Really happy with my carers" and "All staff very caring and understanding." A relative told us, "They (the staff) will sit with [family member] and talk to them and this makes their day."

Two people who used the service were not as complimentary about the staff. One person said, "Some carers I feel are good and caring, some I feel just do it for the money, as they don't make an effort to talk to me." Another person said, "Some carers seem to be on their phones a lot, I find this disrespectful."

Overall, people told us they were treated with dignity and respect. One person said, "Staff respect me and my home." Relatives also told us staff were respectful when delivering care to their family members. Staff told us they always treated people with dignity and respect and were confident people received a good standard of care. Staff told us of the importance of making sure care was carried out in private. They said people were kept covered as much as possible, curtains were closed and people's confidentiality was respected. Staff were aware of the importance of remembering they were in someone's home. One staff member said, "I am always mindful to be polite, for example, I ask if I need to use their toilet." Staff were trained in privacy, dignity and respect during their induction and we were told this was monitored through spot checks and supervision of staff. Records we looked at confirmed this.

Staff showed they knew people's likes, dislikes and care preferences. It was clear they had developed good relationships with people. They spoke warmly about the people they supported. Staff also spoke of the importance of maintaining independence for people who used the service. They said they always encouraged people to do what they could for themselves to maintain people's dignity. One staff member said, "It makes people feel good being able to do a bit for themselves." A person who used the service said, "The staff encourage me to do as much as I can."

Care plans contained personalised information about people's past lives and current preferences. This information helps staff get to know people and build relationships with them. There was evidence people who used the service and/or their relatives had been involved in planning their care and support needs. A person who used the service said, "Care planning is good and I am involved." A relative said, "I am involved in the planning of the care and can call the office if I have any concerns." Another relative said, "I was involved in the care plan and reviews."

The registered manager told us no one who currently used the service had an advocate. They were however, aware of how to assist people to use this service if needed. An advocate supports people by speaking on their behalf to enable them to have as much control as possible over their own lives.

People's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. We saw

no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. Staff received training in equality and diversity and were able to tell us how this informed their practice. One staff member said, "Everyone has the right to be treated well."

Is the service responsive?

Our findings

At our last inspection in July/August 2016 we found the registered provider did not ensure complaints were investigated and proportionate action was taken. This was a breach of Regulation 16 (Receiving and acting on complaints) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw improvements had been made which meant the provider had achieved compliance with regulation 16.

People and their relatives told us the agency was very responsive to their needs and any concerns raised. One person who used the service said, "Any complaints are dealt with." Another person said, "The office listen to any concerns or suggestions." Comments from people's relatives included; "I have called the office with a staff member problem and they have sorted it for me", "Any concerns I call the office and am confident they will listen and take action" and "I call the office and they will take on board my comments."

The service had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. The registered manager showed us records from complaints made to the service. We saw that these complaints had been fully investigated and responded to appropriately. We were satisfied people's complaints were taken seriously and were dealt with properly. Actions resulted from investigations of complaints and this led to improvements in the service such as times of calls to suit people's preferences.

People's needs were assessed to ensure the service could provide appropriate care and support before people began to use the service. The registered manager told us they received a care plan from local authority or health care commissioners of the service and they used this to inform their assessment of people. This was completed by a member of staff who visited the person to determine what care they required. This meant they had checked to make sure they could meet people's needs. This information was used to write a series of care plans to show how care and support needs would be met.

A copy of the person's care plan was kept in the person's home and a paper copy was available in the office. This was so all the staff had access to information about the care and support provided for people who used the service. Staff said they found the care plans useful and that they gave them enough information and guidance on how to provide the support people wanted and needed.

We looked at six people's care plans and found overall, the care plans seen gave clear and person centred guidance on how the needs of people who used the service were to be met. For example, how they liked their food to be prepared and what strategies were used to keep people calm and reassured during personal care. Some care plans did not give full details of how care needs were carried out. However, when we spoke with staff they showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe the care provided for each person. The registered manager told us care plans would be reviewed to ensure full details of the support people needed was recorded.

Records showed people's care was reviewed regularly or when their needs changed. Staff told us there were

good systems in place to make sure any changes to people's needs were reported and acted upon. This included if people had returned from hospital and if they needed more care.

Is the service well-led?

Our findings

At our last inspection in July/August 2016 we found the quality assurance and governance systems were not robust enough to ensure quality and safety. The provider had failed to implement effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had not made the necessary improvements and was still in breach of this regulation and had also failed to maintain an accurate, complete and contemporaneous record in respect of each person who used the service.

We looked at the audits in place for the checking of medication. Audits on medication consisted of a monthly check of at least 20% of completed MARs. The sample we looked at did not show how an overview of medication systems was gained to drive improvements in the service as the only checks taking place were of the completed MARs. There were no other checks on other aspects of medication management where quality and safety were being compromised such as the support people required with their medicines.

Records about medicines were not clear or accurate. Some people's MARs were undated. We found there was no up to date list of people's current medication so it was not possible to see that people's medicines had been administered as prescribed. We found poor record keeping and a lack of instructions on how to administer people's medicines. Due to the lack of accurate and contemporaneous records it was not possible to determine if and when medicines had been administered as prescribed.

Care plans did not accurately describe the support people needed with their medicines. For example, one person's medicines assessment stated they were at risk from forgetting to take their medicines or taking too much or too little. This person was assessed as 'assist' with medicines. The provider's policy on 'assist' stated staff do not take responsibility for ensuring people take their medicines when assessed as 'assist'. However, we found there was a MAR in place for staff to sign to say they had administered medicines to this person and staff had signed to indicate they had done so.

These concerns we found were not identified through the provider's audits that we reviewed. The registered manager said they had not yet developed a spread sheet to capture an overview for the medicines audits but would be doing so in the future to highlight any patterns and trends. We concluded the audits of medication were ineffective and this had put people's safety at risk. The service did not have in place an accurate, complete, and contemporaneous record of people's care including guidance for staff on how to meet people's support needs with their medicines. Inaccurate or incomplete information in care records placed people at risk of not receiving the care they needed.

The provider had policies and procedures relating to the safe administration of medicines in people's own homes which gave guidance to staff on their roles and responsibilities. However, the registered manager was not aware of the National Institute for Health and Care Excellence (NICE) guidance, Managing medicines for adults receiving social care in the community. This best practice guidance had not been incorporated in to the medicines policy.

Audits of care plans were recorded to show an overview of actions and any issues found. However, these audits had not identified issues we found with risk management records and the lack of detailed guidance for the support people required with their medicines.

This was a continued breach of regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

There was a registered manager in post who was supported by two care co-ordinators, two senior care workers an administrator and a team of care staff. Some people who used the service and their relatives said communication from the office could be improved upon. Comments we received included; "Carers are great, the office seems to let it down" and "Communication could be better with the office." However, one person told us, "[Name of co-ordinator] at the office is very good, keeps in contact.

Staff said they enjoyed working at the service and they received good support from the registered manager and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it. One member of staff said, "I love my job, best thing I have ever done and managers are great; all so approachable." Staff told us the management team worked alongside them to ensure good standards were maintained and the registered manager was aware of important issues that affected the service. Staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the service. Staff said they were encouraged to put forward their opinions and felt they were valued team members.

Regular spot checks were carried out to ensure staff were fulfilling their role properly and people who used the service were satisfied. Records showed any issues raised during spot checks were addressed. A staff member said, "I had a spot check recently. I didn't know the senior was coming. They checked that I was doing everything the right way and spoke with the person using the service to see if they were happy. I think it's great they are checking on the quality of the care we are giving people."

The registered manager carried out audits and checks on staff training to ensure training and updates were delivered when staff needed them. The provider had a quality and compliance manager who completed monthly audits on the quality of the service. We saw reports were completed and any actions identified were addressed. For example, the need to update care records. Audits of medicines had not been carried out by the quality and compliance manager.

People who used the service and their relatives were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service and their relatives. The questionnaires for this year had not yet been fully analysed by the provider. However, those we looked at showed a high degree of satisfaction with the service. People's comments included; 'All great girls, good at their job, first class', 'Staff are friendly and thoughtful towards [name of family member] and 'I think all the staff that come are brilliant.' The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted.

Regular telephone monitoring calls were carried out to ensure people and their relatives remained happy with the service. We saw action had been taken when suggestions for improvement had been made. For example, one person had commented that staff were not wearing gloves during meal preparation. A message was sent around the staff team to remind them of the need to do this and prevent any re-occurrence of the concern. People who used the service said they were frequently asked if they were

satisfied with the service. One person said, "[Name of senior carer] asks me how things are."

The registered manager had a monthly reporting system in place to monitor activity within the service. This included; incidents, accidents, complaints, safeguarding matters and staff related issues. The registered manager told us this report was sent to the area manager so they had oversight of important issues regarding the service. The registered manager was aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the service to the Care Quality Commission as required.

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 registered person did not have systems for the proper and safe management of medicines.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place to manage, monitor and improve the quality of the service provided were not always effective. The registered person did not maintain an accurate and up to date record of people's medicines administration.</p>

The enforcement action we took:

We issued a warning notice in respect of this regulation.