HICA

HICA Homecare - Chorley

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?	**Good**

Summary of findings

Overall summary

This inspection took place on the 10 & 11 March 2016, the first day was unannounced.

The manager was present throughout the inspection and was cooperative throughout the inspection process. The manager was part way through the process to become the registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the service in June 2014. We identified a breach of regulation for medicines management. An action plan was received and a pharmacy inspector inspected the service in October 2014 and judged the service to be compliant for medicines management.

HICA Homecare Chorley is a domiciliary care agency registered to provide personal care for people in their own homes. The agency provides care and support services as the preferred provider for two extra care schemes, the 'Buckshaw Retirement Village' in Chorley and 'Brookside' in Ormskirk. The service was also looking to provide domiciliary care within the wider community going forward.

At the time of our inspection the service was delivering approximately 800 hours of care per week across both extra care schemes as well as providing an emergency response service to all the people living within both complexes, whether they had a commissioned service or not.

The service had procedures in place for dealing with allegations of abuse.

Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices.

We found that a number of people who were assisted with taking their medicines, some on an ad hoc basis, had no risk assessments in place within their care plan. We also found no risk assessments for people who self-administered their medicines within the care plans we reviewed.

We asked people if there were enough staff to meet their needs. We mainly received positive comments however a couple of people raised concerns regarding how much time staff had with them.

We asked staff about the continuity of care for people, i.e. if they visited the same people regularly. They told us that this did happen for the majority of the time unless there was unplanned absence such as short term sickness.

The service had effective recruitment policies and procedures in place which we saw during our inspection.

People we spoke with told us their needs were met in the way they wanted them to be. They spoke highly of the staff that supported them and told us that they believed the staff to be competent, caring and approachable.

We saw that staff attended regular training via the staff training matrix we were given and also found evidence within staff files.

We spoke with staff regarding their understanding of the MCA, the responses we received were good in terms of their understanding of the legislation and staff were very knowledgeable when discussing the issue of consent.

We asked people if they always got enough to eat and drink throughout the day and night. Many people were able to get a drink themselves, but people with less independence told us that they had drinks left for them within reach and we saw evidence of this during our inspection.

We spoke with staff on issues such as confidentiality, privacy, dignity and how they ensured that people retained as much independence as possible whilst being supported. Staff were knowledgeable in all areas and were able to talk through practical examples with us.

Good information was provided for people who were interested in moving in to the service. The service users' guide and statement of purpose outlined the services and facilities available, as well as the aims and objectives of HICA Homecare.

We found people's care and support plans to be lacking in detail, with some of the information being task orientated and not personalised to the individual.

People we spoke with told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed.

People we spoke with talked positively about the service they received. People spoke positively about the management of the service and the communication within the service.

A range of Quality Audit systems were in place at the service which we saw evidence of.

We found two breached of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. These related to; Safe care and treatment and Person centred care.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who used the service.

Infection control policies were in place and staff told us they were aware of them and had training around infection prevention.

We found that a number of people who were assisted with taking their medicines, some on an ad hoc basis, had no risk assessments in place within their care plan. We also found no risk assessments for people who self-administered their medicines within the care plans we reviewed.

Is the service effective?

Good

The service was effective.

Staff had access to on-going training to meet the individual and diverse needs of the people they supported.

The service had policies in place in relation to the Mental Capacity Act 2005(MCA) and depriving people's liberty where this was in their best interests. We spoke with staff to check their understanding of MCA. Staff we spoke to demonstrated a good awareness of the relevant code of practice and confirmed they had received training in these areas.

Some people were supported at meal times to ensure that they had a balanced diet.

Is the service caring?

Good

The service was caring.

People were supported to express their views and wishes about how their care was delivered.

People we spoke with told us that staff treated people with

patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. We saw that an effective complaints procedure was in place and followed.

We found people's care and support plans to be lacking in detail, with some of the information being task orientated and not personalised to the individual.

Is the service well-led?

Good

The service was well-led.

There was a good system in place for assessing and monitoring the quality of service provided. This included learning from any issues identified.

Staff spoke with felt supported by management. We saw that clear lines of accountability were in place throughout the organisation.

HICA Homecare - Chorley

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 unannounced inspection took place on 10 & 11 March 2016 and was carried out by the lead Adult Social Care Inspector for the service. An Expert by Experience was also present on both days of the inspection. The expert by experience spent time talking with people who lived within the extra care schemes, their relatives and made general observations. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with a range of people about the service; this included ten members of staff including the Manager and both scheme managers. We also spoke with 16 people who used the service.

We spent time looking at records, which included eight people's care records, four staff files, training records and records relating to the management of the agency which included audits for the service.

Requires Improvement

Is the service safe?

Our findings

We looked at the systems for medicines management. We saw clear audits were regularly conducted and detailed policies and procedures were in place. Staff told us that they received adequate training in relation to administering people's medicines and that they could always get in touch with a senior member of staff if they had any issues. We asked people if they got their medicines on time, and all said that if they were administered by staff they received them on time.

We saw that learning took place from medicines errors via 'formal communication records'. We saw examples of these when errors had taken place such as missed medication or recording errors and that they were signed by the staff member responsible and their supervisor. Wider learning took place by discussing issues within staff meetings where appropriate.

However we found that a number of people who were assisted with taking their medicines, some on an ad hoc basis, had no risk assessments in place within their care plan. We also found no risk assessments for people who self-administered their medicines within the care plans we reviewed. On a number of occasions staff had assisted one person who self-administered their own medicines when they were too unwell to do so with no risk assessment in place. This meant that staff had no guidance to follow when assisting people which meant they were put at unnecessary risk. We found a number of risk assessments that were in place had not been reviewed in line with the services own deadlines for doing so which meant the information could potentially be out of date. We discussed these issues with the manager and scheme managers who told us that the issues would be addressed and that due to changes within the management structure some deadlines to review care plans and risk assessments had overrun.

People were not protected against the risk of harm because appropriate and up to date risk assessments for medicines management were not always in place. This was in breach of regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

We saw that a range of other risk assessments were in place as well as for medicines management, these included; mobility, environmental, food hygiene, fire and bathing and showering. All identified risks to each individual as well as actions required to maintain safety and were signed by the staff member carrying out the risk assessment and person receiving the service. However on occasion we found some signatures missing.

All of the people we spoke with told us that they felt safe whilst receiving care and support from HICA Homecare. When we asked people what made them feel safe people told us the following; "I'm on the first floor and I have a pendant, they're 9care staff) very quick to answer me", "there's always someone around, and there's a buzzer if I need it", "you've got neighbours and your fobs only let you into your own flat" and "I think it's knowing there's care on site and the building's secure."

We spoke with care staff at both extra care schemes. They were all aware of the providers safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the

procedures to follow. Staff were also able to tell us who they would report issues to outside of the provider if they felt that appropriate action was not being taken. One member of staff told us, "I haven't seen anything that concerns me, if I saw anything relating to safeguarding I would report it to the manager. If I thought nothing was being done then I would let the CQC know." Another member of staff told us, "There are sometimes issues, it is inevitable. Any safeguarding issues are learnt from. I feel people are safe, staff are generally very good and caring here."

There had been some safeguarding issues across both extra care schemes during the twelve month period prior to the inspection. There had been some issues regarding medicines management, staff behaviour and attitude. All of the safeguarding alerts had been closed down by the Local Authority investigating them. We asked the provider to raise a safeguarding alert during the second day of our inspection due to concerns with how one person received their medicine, which they did immediately. We received feedback following the inspection that this person had been appropriately safeguarded and protocols were in place regarding how they received their medicine. All safeguarding issues had been reported to the Care Quality Commission (CQC) appropriately and we found that all safeguarding concerns were recorded and reported in line with the organisations safeguarding policies and procedures. A safeguarding file and referral log was in place in the registered office and learning points noted and learning was transferred via team meetings, management meetings and memos where appropriate. We saw that accidents and incidents were recorded and investigated appropriately and linked in with safeguarding protocols.

We asked people if there were enough staff to meet their needs. We mainly received positive comments however a couple of people raised concerns regarding how much time staff had with them. Some of the comments we received were as follows; "most of the time (there are enough staff), but if someone's ill there's a holdup", "I think they're a bit pushed. I have four visits a day and if they're late it's usually because of an emergency. One or two staff rush in", "Mostly (they are appropriately staffed), I don't have to wait long", "At the moment they appear to be a bit short staffed, but we are well looked after" and "They don't seem to be too bad really".

We discussed staffing levels with the manager. Recruitment was ongoing and there had been a number of changes at management level, including the registered manager for the service and the service manager for each scheme. The manager told us that they were awaiting the necessary clearances for two new starters who had successfully been through the organisations recruitment process. The manager told us that three staff were shortly due to go on maternity leave and that staffing could be 'stretched' at times, especially when staff rang in sick at short notice. However they told us that agency staff were rarely used and that absenteeism was usually covered within the existing staff team. We looked at staffing levels for both days at both schemes and looked at staffing rotas. We were satisfied that the hours commissioned were covered with the staffing arrangements in place.

It was apparent when speaking with people who used the service that due to the environment care was delivered, i.e. within an extra care setting, that there was a perception that staff should be seen throughout the course of the day. However the service is registered to provide domiciliary care to people at set times, the same as within any community setting. The exception to this being that an emergency response service was also in place. All of people we spoke with who had used the emergency response service were satisfied that staff arrived in a timely manner and that they found the peace of mind this service gave them to be important.

We asked staff about the continuity of care for people, i.e. if they visited the same people regularly. They told us that this did happen for the majority of the time unless there was unplanned absence such as short term sickness. We asked people who received a service the same question and again we were told that usually it

was the same staff people saw apart from when regular staff were not at work. People did tell us that they were usually informed of any changes of staff.

The service had effective recruitment policies and procedures in place which we saw during our inspection. We saw within the staff files we reviewed that pre-employment checks had been carried out. We found completed application forms, Disclosure and Barring (DBS) clearances, references and identification checks were in place. Staff we spoke with confirmed that they had attended a formal interview and did not begin work until references and appropriate clearances were obtained.

Infection control policies were in place and staff told us they were aware of them and had training around infection prevention. Staff told us that they used personal protective equipment (PPE) such as gloves and aprons and that there was always enough stock available and that different sizes were available. People we spoke with raised no concerns regarding staff using PPE or any other issues pertaining to cleanliness, hygiene and infection control measures.

Good

Is the service effective?

Our findings

People we spoke with told us their needs were met in the way they wanted them to be. They spoke highly of the staff that supported them and told us that they believed the staff to be competent, caring and approachable. Some of the comments we received from people using the service were as follows; "They're all very friendly, they don't hurry me, I have an hour for a shower and breakfast", "I find them very nice, nobody is nasty", "Fantastic, they're a lovely group of girls, they're like daughters" and "Very nice, very good, helpful and friendly."

The majority of staff we spoke with told us they felt supported in their role. One member of staff told us, "I'm happy with the support I get, we get a 12 monthly appraisal, six monthly supervisions in-between and on the job supervisions and competency checks such as for medication and moving and handling. We can also ask for specialist training if we need it." Another member of staff said, "I know what I am doing, I get sent my rota in time and know I can ask if I'm unsure of anything. I have no issues (in terms of support to do the job)." However a couple of staff we spoke with mentioned that they were unaware of how recent changes to management would affect their own role. One member of staff told us, "It's a bit unsettling with managers coming and going, there have been a number of different managers since you last came to inspect us." This view was mirrored by a few member of staff we spoke with. We discussed this with the manager who told us that via team meetings, supervisions and staff memo's (we saw evidence for all these) staff were kept up to date but that she understood that staff may feel unsettled due to the changes made to managers at scheme level and registered manager level.

We saw that staff attended regular training via the staff training matrix we were given and also found evidence within staff files. Examples included; safeguarding, moving and handling, medication, infection control and food hygiene. Staff confirmed that they undertook regular training and that it was of a good standard. We spoke with the regional trainer for the service who had been in post for approximately 18 months. They talked us through the new induction programme which was based around the care certificate. The induction consisted of a three day classroom based session, which all staff, regardless of their role, undertook at the beginning of their employment. There were then a further six days in the classroom which were worked around shadowing of established staff which took place over a further four week period. They also told us of new additional training for senior carers which had been identified as a need to support staff who had a supervisory role. We saw workbooks that new staff completed to attain the care certificate which were completed during the initial 12 month period of employment.

The majority of staff told us that they had regular supervision with their line manager. Some staff did tell us that whilst they did feel supported they had not had a formal face to face supervision for some time. We discussed this with the manager who told us that they had programmed in supervision with all staff and we saw evidence to support this. Again some supervisions had been cancelled or nor programmed in due to the frequent changes in management.

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. We did find evidence that people's capacity was assessed and consent was gained with people's care needs assessment. We did however see that one person who had a diagnosis of Parkinson's did not have a capacity assessment in place. We were told that this issue would be addressed as soon as was practically possible.

We spoke with staff regarding their understanding of the MCA, the responses we received were good in terms of their understanding of the legislation and staff were very knowledgeable when discussing the issue of consent. All were very knowledgeable about how to ensure consent was gained from people prior to them assisting people. We asked care staff to talk us through how they would support people with personal care and they were able to do this effectively whilst giving us confidence that this type of assistance would be done with compassion and dignity. People we talked with spoke very positively about how staff communicated with them.

We spoke with people regarding how they were supported with their nutritional needs. People were able to eat at on-site restaurants / café's or within their own apartments depending on their abilities or preference. We received mainly positive comments with regard to the food on offer on-site and how people were supported with their dietary needs. Some of the comments we received were as follows; "It varies, sometimes it's fine and sometimes I can't eat it. If I can't eat it I can have soup, there's a choice of two things at lunchtime and for tea we have sandwiches or a special", The food is excellent, there's a good variety" and "I've not got a big appetite, but I enjoy it more or less and staff assist me to get to the restaurant when I want to go there."

We observed lunch at the Chorley extra care scheme, the dining room was very pleasant, the tables were set with clean table cloths, and coloured napkins, there were condiments on the table. The food was served by waiters and waitresses and it felt like a restaurant. There was a choice of four desserts, and people were shown a small blackboard with the choice of meals on it. People were able to eat at the town pace and nobody was rushed.

We asked people if they always got enough to eat and drink throughout the day and night. Many people were able to get a drink themselves, but people with less independence told us that they had drinks left for them within reach and we saw evidence of this during our inspection.

People at the Ormskirk extra care scheme were either able to make their own, or had care staff prepare ready meal for them. Some people told us they went down to the café to eat and were assisted to do so and other people went out for lunch.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy with the care they received from the service and that the approach of staff was caring and compassionate. One person told us, "I don't have any problems with any of the staff that help me", and another person said, "They are all very, very kind people, the best."

We spoke with staff on issues such as confidentiality, privacy, dignity and how they ensured that people retained as much independence as possible whilst being supported. Staff were knowledgeable in all areas and were able to talk through practical examples with us. One member of staff told us, "There are no issues in that respect, it's a good staff team and a common sense approach is taken. New staff shadow more experienced members of staff and dignity issues are covered as well at induction as well as at supervision. We get spot checked and (people receiving care) are asked frequently if they are satisfied with staff".

We contacted other professionals involved with the service, including the local authority which commissions the majority of the agency's services, GP's and district nurses, and asked them about their experiences of dealing with managers and staff at HICA Homecare. The responses we received were positive regarding the care people received and how managers and office staff dealt with enquiries and issues.

We asked people if they were involved in the design of their care plans and if they knew what was in them. One person told us, "I think so." Another person said, "My daughter arranges most things and another person said, "Yes, it doesn't change much." Generally people were satisfied that they were involved with the aspects of care planning that they wanted to be.

Good information was provided for people who were interested in moving in to the service. The service users' guide and statement of purpose outlined the services and facilities available, as well as the aims and objectives of HICA Homecare. This enabled people to make an informed decision about accepting a place at either scheme. We were told that there was an extensive waiting list for both extra care schemes.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

Requires Improvement

Is the service responsive?

Our findings

We looked in detail at eight people's care plans. All the care plans we looked at contained a thorough care needs assessment which were undertaken prior to each person receiving care. The care needs assessment covered a range of issues such as; medical conditions, mobility, nutrition and hydration, personal hygiene, medication and social life. Reference was made to any needs that were met by external professional's such as the district nurse team.

We found people's care and support plans to be lacking in detail, with some of the information being task orientated and not personalised to the individual. The eight care plans we looked at contained three main sections in terms of support, they were; Medical conditions, Family and Pets and Allergies. Within these three areas there was some good detail, i.e. people's medical conditions were explained in detail and it was made clear how this impacted upon people's lives. Risks were identified and appropriate actions to be taken were in place. However we found the three topic areas limiting in terms of assisting staff to ensure that each person received a care service personalised to their own needs. Care and support plans needed to explore more areas for people that should have been tailored to their own specific needs and abilities. We were told by the manager that all care plans were being reviewed and saw a progress plan in place for this to happen.

Care and support plans also contained morning, lunch, teatime and evening routines. All referred to the relevant risk management plans in place therefore gave staff clear advice on what each person needed to maintain their safety and wellbeing. However we found some information to be generic across all care plans. For example one question asked was; 'Please tell us what you would like to achieve by having our staff give you some assistance'? Answers to this across most of the care and support plans we reviewed read the same and did not contain detail pertinent to the individual. Examples across each care plan were; 'Encourage the individual to think about the seven outcomes for users of homecare services', 'Improved Health and Wellbeing', 'Improved Quality of Life' and 'Encourage Wellbeing'.

Some of the staff we spoke with told us they did not find care and support plans as useful as they could be. One member of staff told us, "I don't think care plans are good. We don't get the time to pull the information together or review them regularly. If I have to visit someone I don't know I have to ask someone else as there is no way of knowing by looking at the care plan." We received other comments similar to this when speaking with staff regarding how effective they thought care plans were.

We found the lack of detail within care and support plans and the generic information within them to be a breach of regulation 9 (1)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014- Person-centred care.

People we spoke with told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed although no-one we spoke with had made a complaint. When asked who they would speak to if they had a concern people told us; "I'd talk to the manager, or one of the seniors", "Probably the person concerned or the manager" and "I'd tell the carer and they'd tell the manager." The service had a complaints policy in place which was up to date and

contained information for people to make formal complaints directly to the organisation or to relevant external organisations such as the Care Quality Commission.

We saw that the agency had a complaints file in place and that complaints were logged, acknowledged, investigated and followed up appropriately. We were told that all complaints were referred to head office as were compliments. There had been two written complaints received since the beginning of the year.

People told us that there were a range of different activities. Examples included, shopping, attending groups and going for meals. On the second day of our inspection we saw that a cinema group was taking place which happened on a regular basis. We received a number of positive comments with regards to activities across both extra care schemes. They included; "I potter about, go to the café for a coffee or go to the evening entertainment", "I read, watch television and I go out if they'll take me out" and "I've got an iPad, I watch TV and listen to the radio, There is stuff going on that I know about that I occasionally go to."

We saw that at both schemes there were links with the local community which helped people to maintain their general well-being by keeping active and again we received positive comments such as; "The schools came in at Christmas and sang carols", "I often go to my sons for lunch, and the Brownies and Scouts come in" and "I go out in my wheelchair quite a bit." A lot of the people we spoke with told us that they accessed the community on their own or with the support of family or care staff.

Good

Is the service well-led?

Our findings

People we spoke with talked positively about the service they received. People spoke positively about the management of the service and the communication within the service. Some people were aware of who the manager was, others were not. This did vary across the two schemes as the manager had previously been the service manager at the Ormskirk extra care scheme. It was understandable with the number of changes to management that some people were unaware of who the manager was. We discussed this with the manager who told us that they were looking to put events on at both schemes to introduce themselves formally and to give people the opportunity to discuss the service. This would also be attended by senior management within the organisation and it had worked well within other registered locations.

The manager was awaiting Disclosure and Barring (DBS) clearances before submitting their application to become registered manager for the service. The former registered manager had deregistered in line with CQC protocol. The service submitted notifications appropriately in line with its regulatory responsibilities.

A range of Quality Audit systems were in place at the service which we saw evidence of. These included a monthly survey to 20% of people receiving a service as well as to 20% of staff. Return rates were good and comments were seen to be favourable. Surveys covered a range of questions including; contacting the office, if concerns were acted upon, punctuality of carers, appearance of carers and if people rated the care they received. We asked people if they received surveys and what they thought of them and received comments as follows; "My daughter fills them in", "Now and again I fill one in", "I fill them in every 6 months, but I can't say anything changes" and "I've done one this morning." At the time of the inspection results from surveys were not formally feedback to people. However the service was looking at ways to formally feedback themes to people as a report was produced with an action plan and we saw that issues were addressed directly with people if they put their name on the survey.

Other systems we saw for measuring quality were care manager and team leader feedback forms. These recorded discussions around a number of areas such as safeguarding, complaints, staffing and recruitment, health and safety and internal measurements of quality used. Actions were noted and timeframes given to achieve them as well as details being given of the person responsible for completing the actions.

We saw evidence that the management team met frequently and discussed issues. One example of this was via a 'Supervision of Management Group' meeting which resulted in a summary of discussion points and action plan being produced. Examples of issues discussed were; preferences forms, complaints, capacity and consent, staff supervision, medicines management and community supervision. Actions included gaining feedback on new documentation used and to remind supervisors to ensure that audits were kept up to date and recorded appropriately.

We saw that newsletters were produced for both sites to keep people informed of developments and events for both extra care schemes. Areas covered included details of the residents association membership, upcoming activities and events, a local lottery and themes such as nutrition and hydration and dementia. Newsletters were distributed to people and were seen on notice boards.

A service user guide was in place which contained details for people to raise complaint's, concerns or comments about the service they received. People we spoke with were, in the main, aware of the guide and we saw copies in people's rooms. The guide also contained the services statement of purpose, details for advocacy organisations and other local contact details for external organisations. A covering letter accompanied the guide explaining what it was for and the information within it and who the care manager for the service was. It also stated who the senior support team were and gave contact details for them to be contacted.

We saw a wide range of policies and procedures in place which provided staff with clear information about current legislation and good practice guidelines. All policies and procedures included a review date. This meant staff had clear information to guide them on good practice in relation to people's care.

We saw evidence that the new management team were beginning to put new systems in place to ensure the quality of the service was in place and maintained. This included bringing good practice across from other locations within the group and listening to feedback in a constructive and positive way.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Diagnostic and screening procedures Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care We found the lack of detail within care and support plans and the generic information within them to be a breach of regulation 9 (1)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014- Person-centred care.

Regulated activity	Regulation
Diagnostic and screening procedures Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risk of harm because appropriate and up to date risk assessments for medicines management were not always in place. This was in breach of regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.