Care Quality Commission

Nightingales UK Limited

Nightingales UK Limited

Inspection report

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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

This inspection took place on 29 and 30 September and 1and 15 October 2015. We visited people who used the service in their own homes on the first and second day of the inspection and on the third and fourth day spoke with people who used the service and staff on the telephone. We visited the offices of Nightingales UK Limited (Nightingales) on the first three days of the inspection.

The service was last inspected in July 2014 when it was found that medication records were incomplete and it was not always possible to see exactly what medicines had been administered. An action plan was provided by the service to advise what steps they had taken to rectify the situation.

At the time of this inspection the provider was supporting101 people with personal care in their own homes. The majority of people who used the service were older people. Most of the service was commissioned by Warrington Borough Council.

There has been a registered manager at Nightingales continuously throughout its registration with the Care Quality Commission (CQC). A registered manager is a

Summary of findings

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 found a breach of the Regulation relating to medicines. Medicines were not always administered safely, we could be satisfied that people had received the care planned for them however not always at the agreed time. Medication records were not always kept accurately. You can see what action we told the provider to take at the back of the full version of the report.

We found that the service provided by Nightingales required improvement to the staffing rotas. People who used the service did not feel that they were always informed if staff were not going to attend at the agreed time. Quality assurance systems had identified the improvement needed and the registered manager had commenced the improvements to the call alert system which they identified were required.

People who used the service felt safe and staff were checked as suitable for their role, inducted into it and then trained so they could do their jobs. People who used the service liked the staff and were complimentary about them. Care plan documentation varied in its format. However it was generally easy to understand and was designed around the needs of people who used the service. Management had access to good information about the service and had implemented some communication systems such as providing staff with mobile telephones and arranging staff meetings and supervision.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

The management and administration of medicines was not always safe. Records did not demonstrate that medicines had always been given in accordance with their prescription.

People who used the service told us that they felt that the service provided by Nightingales was safe. Staff knew what to do if they were concerned about something such as abuse. The registered provider operated safe recruitment procedures.

Staffing rotas had been addressed and were now sufficient to enable staff to undertake their duties in a timely manner.

Requires improvement

Is the service effective?
The service was effective.

Arrangements for people to consent to their own care were clear. The arrangements for people who did not have the capacity to consent to their own care conformed to the legislation and regulations regarding this.

Staff were well-trained and there was a comprehensive system of induction so that staff could learn what was required of them in their role. Staff undertook shadowing of more experienced staff until they felt confident to work alone.

Good

Is the service caring?
The service was caring.

People who used the service said that staff were kind and caring and respected people's diversity.

Staff supported people to make choices and respected them.

Good

Is the service responsive?
The service was responsive.

Staff knew people's needs and how to meet them.

People knew how to complain and complaints were handled in line with the provider's policy.

Good

Is the service well-led?
The service was well led.

People's feedback was sought and acted upon, audits were undertaken and actions taken to update and improve the service provided.

Good

Summary of findings

An open culture was promoted. Staff were honest about their mistakes and were provided with support where necessary.	

Nightingales UK Limited

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 was 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 29 and 30 September and 1 and 15 October 2015. We visited people who used the service in their own homes on the first two days of the inspection and spoke with people on the telephone on the third and fourth day.

The inspection was unannounced on the first day. However the provider was given 24 hours' notice on the second and third day because the location provides a domiciliary care service and we needed to be sure that staff were available in the office as well as giving notice to people who used the service that we would like to visit them at home.

The inspection team was made up of one adult social care inspector and a pharmacy inspector on the first day and they undertook visits to people who used the service in their own homes. On the second and third day the adult social care inspector contacted other people who used the service by telephone and also visited them in their own homes. We visited the office to examine records and speak with staff over the three day period.

Before the inspection we contacted the local authority which commissioned services from the registered provider and looked at information already held by the Care Quality Commission (CQC) about the service. We also spoke with two social care professionals who visited people using the service.

During the inspection we visited six people who used the service and one of their relatives. When we spoke with them we also asked for permission to look at the care records kept in their home. We telephoned 42 people who used the service however we were only able to speak with 27 people as some people were either unable or unwilling to speak with us. We also spoke by telephone with three relatives of people who used the service.

During our visits to the office we spoke with the registered manager, business administrator, care coordinator and three administrators. We spoke with six members of care staff in person and spoke with nine more on the telephone. We looked at six care plans as well as six staff files and reviewed a number of documents including policies and procedures and the electronic call monitoring system.

Requires improvement

Is the service safe?

Our findings

We asked people who used the service if they found the service provided by Nightingales to be safe. Everyone we spoke with told us they felt safe using the service and had no doubts that staff were very nice people who did their best to provide safe care.

At our last inspection in July 2014 we found the breach of **Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to** Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. The registered provider did not arrange for the proper and safe management of medicines. Following the inspection the provider sent us an action plan on how the service would address this.

During our current inspection we found that the provider's medicines policy did not reflect current practice regarding medicines administration because it stated that carers only assisted people with medicines taken by mouth. The manager told us that staff applied barrier creams and patches to help with memory loss. We looked at the care plan belonging to one person who was prescribed a 'memory loss' patch and saw that all three staff who visited this person had been taught how to apply the patches by a district nurse. Staff from the agency did not administer any medicines that were 'controlled drugs'. The registered manager told us that all staff were trained in medication management to include how to apply patches.

We looked at a total of 20 medication administration records (MARs) belonging to people who used the service. We found that a significant number of records were incomplete. There were a lot of 'gaps' (where staff had not signed the record to say whether the person had taken their medicines) on one person's record for August and September, and just one 'gap' in another person's September record. We also noticed that one person had not received their eye drops for two weeks as staff had recorded on the MAR sheet that the eye drops were not available in their home.

Our pharmacist inspector visited two people in their homes. We saw that staff helped people take their medicines in a kind and safe way. One person was prescribed a medicine to thin the blood. The staff member looked at the letter from the clinic to find out what dose to administer but they did not record the dose given when signing the MAR. The space at the top of the chart for recording if the person had any known allergies was not used. This increased the risk of a person taking a medicine they were allergic to and suffering harm. People who needed help to take one particular medicine an hour before breakfast received an early morning visit. This meant the medicine was taken in the right way.

The manager or one of the five care co-ordinators wrote the MAR charts. One care co-ordinator told us that entries were checked by the staff but neither member of staff signed the records they made. We did not see any signatures on the charts we looked at. We saw that the names of medicines people were taking were not recorded. Terms such as "all medicines from the nomad pack", "green inhaler", "purple inhaler" and "eye drops" were used on MARs. These practices are contrary to national professional guidance "The Handling of Medicines in Social Care", Royal Pharmaceutical Society, and increased the risk of medicine errors.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider did not arrange for the proper and safe management of medicines.

We spoke to one staff member who had recently started work with the provider. They told us "I received several hours training on medicines from the manager. If a person refuses a tablet I write it on the back of the MAR and put a description (of what the tablet or capsule looks like)".

We talked with staff and asked them if they knew about the importance of safeguarding people who used the service from abuse. They were able to identify the sorts of abuse which might affect people and identified the correct course of action they would take in informing their manager of any suspicions they might have. One told us "I know what to do and have done it in the past. I told the manager and it was sorted". Staff also correctly identified the circumstances in which they might whistle blow and told us that they would whistle blow if they thought there was something wrong at work and did not feel it was being resolved properly. The provider had a safeguarding and whistleblowing policy which was provided to all staff when they commenced their employment with Nightingales.

Requires improvement

Is the service safe?

We looked at the adult protection log which included information about incidents and accidents and contained an analysis of outcomes. The recording of safeguarding incidents was clear and provided all relevant information relating to each incident.

We checked that the provider took appropriate safeguards as outlined in the relevant regulations when recruiting staff to work there. We found all files to be complete including an application form and interview questions which were based around the sorts of scenarios which a member of staff might encounter if they were employed by the provider. We found that references had been taken up so that the provider could verify the work history given by the applicant. We saw that the provider checked the references by making contact with the referees who provided them. Applicants were also asked to undertake a written test so that the provider could assess their ability to keep records. The provider checked each employee with the Disclosure and Barring Service so that they would know if an applicant had a criminal record and could take this into account when making a recruitment decision.

We saw a checking format was in place which allowed the registered manager to see at a glance if all the relevant checks were in place as well as if subsequent induction training had been completed.

We asked staff to tell us how they had been recruited to work at the provider and they confirmed the process as described above. They told us they undertook a three day induction and then were allowed to “shadow” another member of staff until they felt confident enough to start working alone. They told us that when they felt competent they were assessed by senior staff who were able to confirm their competency to work alone. We talked with two members of staff who were undertaking this shadowing and they told us that it helped them to get to know the job and the people they were visiting so that they could provide the care they required.

Records indicated that there were sufficient staff to make sure people received the care they needed and, in most cases, at a time they preferred. The registered manager said they had an on-going recruitment process to ensure the service was not overstretched.

We noted that there was a high staff turnover and new staff were regularly recruited. Staff told us that the pressure of the high workload made them reflect upon their own lifestyles and as a consequence many staff were planning to move on to other caring roles outside of Nightingales. Five staff members told us that they had a very busy work rota and sometimes did not get a break during the day. The other staff we spoke with told us that their rotas were manageable. We looked at staff rotas and noted that most of the calls were booked without consideration for traveling time. One staff member was running an hour late at the time of our meeting and as a consequence people who used the service were being kept waiting for their visit. Staff spoken with told us that this was not unusual and they were generally running late throughout their visits. One staff member told us that Warrington was a very busy area and traffic was a problem. They told us that this certainly did not assist with their time management. Staff told us that Nightingales used an electronic call monitoring system via a mobile telephone which would flag up late or missed calls. However they said that some areas of Warrington had no signal and some of the mobile telephones were temperamental. This meant that the office staff were not always alerted to late or missed calls and therefore could not contact people to ensure they were safe. However discussions with the registered manager and the business administrator and systems viewed showed that they had identified the difficulties with the electronic monitoring system and had taken advice from the installer. They told us that as a consequence changes had been made to the system to ensure it was effective in all areas of Warrington. They also told us that in the interim the staff who had been affected had been asked to use their own mobile phones to ring the office if they were running late.

We saw that a plan was in place in case of foreseeable emergencies that may interrupt the service, such as severe weather, or mass staff sickness. The registered manager said they checked on each person using the service to see if they had family who would be able to provide basic care to them until a member of staff could reach them. Where this support was not available care staff would make sure that people had sufficient to eat and drink for a longer period than usual in case they were not able to return at a time when they were scheduled. Staff workshops were also held to give advice on how to manage weather extremities in respect people’s health and wellbeing such as extremely hot or very cold weather conditions.

Requires improvement

Is the service safe?

We saw that a full risk assessment had been completed for the environment and equipment which was used within people's homes and for the safety and security of their premises.

We saw that the registered provider had a lone workers' policy and that this and other health and safety issues such as relating to moving and handling were covered in the training provided to staff.

We saw records to show that incidents and accidents were recorded and reviewed by the registered manager to establish how these could be prevented in the future.

Staff were conscious of the need to wear personal protective equipment such as gloves and aprons and confirmed that they did so.

Good

Is the service effective?

Our findings

All but three of the people we spoke with who used service told us that they felt their needs were met and a good service was provided. Three people expressed concern about the effectiveness of the care provided. Comments included "We get visits from new staff who do not really know what they are doing", "I feel sorry for the new staff as they are not sure what to do" and "The staff are nice and kind but some of them are not fully competent as they are new and have been thrown in at the deep end". We discussed these comments with the registered manager who showed us staff training and induction information. She told us that staff were never allowed to work alone until they had been assessed by her or senior staff to be fully competent. She told us new staff were sometimes not self –assured and were a little shy at first but they were all given adequate training and information to enable them to undertake their caring role.

We saw that Nightingales had a training and development policy. We saw induction certificates that showed that this included the topics which are considered to be the common induction standards recommended by the appropriate sector skills training body for the care sector. We checked to confirm that this induction included training in safeguarding and whistleblowing as well as other key areas such as moving and handling, and infection control. We were provided with a copy of the registered provider's induction policy. We saw that staff were provided with documentation which included key information about the job and the policies and procedures staff must follow.

The standard training programme included annual training in moving and handling, health and safety, fire safety, safeguarding, medicines administration, and the principles and values of care. Staff were also provided with training in food hygiene, first aid, infection control, incontinence and stoma care and dementia, every two years. We checked the training records for staff and saw that all induction had been completed within the last year since most staff had come in to post for the first time. We saw records of shadowing visits in order to check staff competency. These were checks conducted periodically where a member of staff would be observed. According to the records we saw the observations included person centred care, nutrition, infection control, safeguarding, health and safety and security as well as a check on whether the care worker was appropriately dressed and behaved professionally.

Six staff files were viewed in respect of supervision. All had formal supervision within the Nightingales policy. Staff told us that these meetings gave them the opportunity to discuss any training needs or any difficulties they were having. Staff told us they were given feedback from the people they supported by way of care reviews. In addition they said that workshops were held on a Friday afternoon when a topic for discussion was chosen, such as medication, recording techniques and dementia awareness.

The registered manager told us about a recent occasion when staff were unable to gain entry to the home of a person who used the service when they called to carry out their planned visit. They told us they had acted on their training and the policy of the service and telephoned the office. The registered manager advised that they contacted the person's family and close neighbours and alerted the local authority who had commissioned the person's care. The person was found to be safe and well. However, this action showed us the service had a policy and procedure which staff knew in order to manage an emergency safely.

We looked at the arrangements for people who needed two staff to assist them because this was the only way care could be provided safely for them. We also observed staff preparing a hoist for use in a person's own home. We noted that staff were trained in moving and handling and in recording their actions in the care log book. We noted that when two care staff were required they met outside of the person's home and entered together. They told us that this was the policy of the service.

The Mental Capacity Act 2005 is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions made on their behalf are made in people's best interests. Certain applications to restrict people's liberty must be made to the Court of Protection however the registered manager told us that none of the people who used the service were currently subject to these arrangements. When we spoke with staff about this subject they told us they had received Mental Capacity Act training and training records confirmed this. Staff were aware of the process to follow if they were concerned a person making decisions which were unsafe.

Good

Is the service effective?

Staff were aware people were able to change their minds about care and had the right to refuse care at any point. Staff sought people's consent before providing care. One staff member said "We are in their home; it is their decision. We cannot do anything they do not want us to do". Another person said "If someone does not want us to help them that is their choice although I always try to get them to have the care planned". Staff logged in records if people refused care and also informed the office.

We asked staff if they prepared meals for any of the people who used the service. They told us that they prepared microwave meals or sandwiches if required. We saw that nutrition and food hygiene were included in the induction training programme.

Good

Is the service caring?

Our findings

The people we spoke with who used the service, and their relatives, told us staff treated them with kindness, and staff had a caring attitude. One person told us, "The staff are absolutely wonderful." One relative told us, "Our experience with all the staff is very good indeed; they are a pleasure to meet." Another relative said, "Staff go out of their way to ensure he is well cared for. They are excellent".

People told us they had been cared for by a team of regular care staff, who knew them well and had a caring attitude. One person said, "We get to know the carers and most of have been very good. However lately a lot of staff have left and we have new carers and are not always sure who is calling", "My regular carers are wonderful but a lot of new staff have started and we need to get to know them".

Only one relative expressed concern at the inconsistency of staff who visited saying, "My relative has dementia so different carers coming causes difficulties. I have raised this with the office and they have said they will resolve the issue". However other people said that the same carers usually came to them and so care was consistent for them.

One relative told us how a consistent team of care workers helped them and their relative feel comfortable with the staff and the service they received. People told us staff spoke with people in respectful, positive ways using their preferred name and asking people's opinion and preference before supporting them with tasks. People told us staff treated them with respect, privacy and dignity. People said care staff asked them how they wanted to be supported, and respected their decisions.

We asked staff how they knew that they were providing the care that people wanted. They told us that the specific tasks for each person were detailed on the "app" they carried on their smartphone which also provided them with their order of calls. One member of staff showed us how this worked. The "app" provided key information about the people who they were due to visit. Staff also told us that they read the care folder in each person's house to find out about what was required and what care other staff had provided as well as reading the care plan in the office. One member of staff told us, "Giving people choices and ensuring people are involved in decision making is important, we can't just assume what people want, there must be choice." Another staff member said, "I listen to the clients first, it's all about the person and what they want or need."

Any important information that needed to be passed on was done by recording the information in the care plan and by ringing the office. We heard a number of such conversations whilst we visited the office.

Staff told us that Nightingales was a nice place to work. One member of staff said, "I like the people. I just love my job caring for these people, they make me happy", "Just to see a smile on their face makes it for me." Staff told us they enjoyed their work but felt that they were under pressure to get all the calls done. Staff comments included, "I love doing my job but sometimes I do not have the time to keep up with my calls. The staff rota gives us no room for manoeuvre, the calls are so close together", "We are always running late due to no time between calls, traffic problems and other things" and "I would not work at anything else as I love doing this job. I do feel thought that we should not be given so many calls as we are not always able to give people the care that they deserve". However records showed, and people who used the service told us, that the care commissioned and agreed on peoples behalf was provided by Nightingales.

People told us staff supported them well. For example, one person had limited mobility. We saw that staff helped them to keep their independence by using a range of mobility aids rather than being transferred by staff. We saw another person was living with dementia and needed patience and support from staff to do things for themselves. People told us staff treated them with respect, and maintained their privacy and dignity. People said care staff asked them how they wanted to be supported, and respected their decisions. A staff member told us, "When I'm providing support to people I explain what I'm intending to do, and ask permission to maintain their independence and privacy." Another staff member told us, "I enjoy my job very much as I like looking after people and knowing they are being cared for properly with dignity and respect."

People told us that staff listened to them and they felt involved in their care and had been involved in their care planning. Records showed that the registered manager or

Good

Is the service caring?

senior staff had visited each person who used the service to discuss the care provided. People said that when they contacted the office, staff were always polite and caring and tried very hard to accommodate their requests.

Good

Is the service responsive?

Our findings

People told us they and their relatives were involved in planning and agreeing their own care. One relative told us, "We are kept informed of any changes and are involved in making decisions" and "My relative has recently been in hospital and on discharge the care plan was amended as she now needs more care and two staff to assist her. Nightingales sorted it all out quickly and we are most happy with the service". People told us all their likes and dislikes were discussed so their plan of care reflected what they wanted. One person said, "When I started the manager came to see me and explained everything. They asked about me and what I needed." Another person said, "The care coordinator calls me to ask if everything is ok."

Three people told us they had had to raise concerns with the agency about timekeeping. Timing of visits can be more critical when the care provided includes medicines or food and drink. One relative told us "Poor timekeeping interferes with meals, medication and is unsettling" but added "The carers are nice people and provide good care but the office do not seem able to sort out timekeeping". Another comment we received was that "When carers are late it affects the meal time for (my relative). I am not sure if I should make a meal or not when they call late".

We saw that the care log included times which were recorded by staff as they arrived and left this person's home. We compared seven consecutive days of these logs with the agreed pattern of visits recorded in the care plan. We found that on each day most of the times of visits were in line with the 15-minute turnaround allowed by the provider. However on the third day of our inspection we were told by a person who used the service that the office had rung her to tell her that visits were running over an hour late. When we brought this to the attention of the registered manager they told us that the agreed pattern of visits could sometimes be affected by traffic conditions or emergency actions. They told us that phone calls were always made to the people whose visits were delayed to advise them of this issue. However if a late visit would impact upon medication or other time managed issues another member of staff would ensure that the visit was undertaken at the appropriate time.

We looked at the records for one person who was prescribed medicine which the care plan stated was to be taken an hour before breakfast. We cross-checked the times recorded in the log with this requirement. In the sample of a month we looked the times at which the early visits had been recorded as being made and noted that the timing had been adhered to. This would have meant that the medicine was being administered as prescribed in a way that would promote its effectiveness.

Every call to the office was logged on the computer system. The registered manager told us that this was to help ensure that all calls were followed up and actions taken where necessary. We saw records of calls that covered areas such as people wanting to change the time of their visits or cancel them due to hospital appointments. We saw two examples of these requests being logged on the system and changed in line with people's requests. If a person requested a change of care staff the registered manager contacted them to see if there was a problem with the care delivered by the staff member. We saw they addressed this if necessary and amended the staff rota so the person received care from a different member of staff

We saw records detailed people's likes and dislikes and their support needs. Records differed from person to person meaning people's individual needs were listened to and supported. Care records we reviewed varied in detail. However they were generally comprehensive and reflected people's preferences. One relative told us, "The main thing is that they focus on the person who uses the service, what the person wants and needs, no one else." We saw care plans were up to date and reviewed regularly. People and their relatives told us, the manager regularly checked with them that the care provided was what they wanted, and this was changed if required. Staff we spoke with had a good understanding of people's needs and choices. One staff member told us, "We know about everyone because we read the care plans and they are up to date".

People told us they were supported to take part in activities and interests that met their personal preferences, where this was arranged as part of their support plan. One member of staff told us, "We support clients that are able to go to day centres if they wish. We assist one person to go to the day centre via supporting them to use a taxi service to get to and from the centre". They said that this assisted people to maintain links with their local community.

The provider had a written complaints policy, which was contained in the service user guide which each person had in their home. People who used the service and their relatives told us they knew how to make a complaint if they

Good

Is the service responsive?

needed to. One person who used the service said, "I know how to make a complaint but haven't needed to." A relative told us, "I understand who to contact if I have a concern and would have no hesitation in calling the manager." Another person told us that they had made a complaint and had waited quite a while (a month) for a reply. However the response stated that the registered manager apologised for the delay which was due to her being off ill for a number of weeks. The registered manager kept a log of complaints that had been received. The complaint analysis was viewed and we noted that it detailed the type of complaint and actions taken. We saw that where complaints had been logged, appropriate investigations had been conducted into people's concerns. The provider analysed complaint information for trends and patterns, and made improvements to the service following complaints. For example following a recent complaint the provider had discussed the complaint with the staff member and identified there was a particular trend. We saw that the provider had taken appropriate action.

Good

Is the service well-led?

Our findings

People who used the service and their relatives told us that they had ongoing contact with the registered manager and other staff of Nightingales and had no real concerns about how the service was managed. Comments included "Staff are always available to speak with, they are polite and listen to what we have to say", "Staff listen to me, take note and act upon my concerns", "They always try hard to quickly sort out any problems". However people said that they were not always sure what staff member was visiting them and what time they would call.

Staff told us that they could speak with the registered manager about anything and there was an open culture throughout the service. They said if they made a mistake they got support and if necessary re training in any areas they requested.

Five staff members took turns to provide an out of hours on call service to staff and people who used the service. People confirmed that they had used this service and had been provided with a quick response.

A code of conduct was in use and staff had signed up to the code. This focused on valuing, respect, dignity and wellbeing of the people who were provided care and support by the service. Staff demonstrated through observation and discussion that they were aware of these priorities and incorporated them in the care they provided to people.

Feedback was sought from staff in order to improve the times of the visits people received. Staff had recently reported to the registered manager that the timing of the visits on their rotas was not always manageable and was resulting in some late calls. The registered manager told us that she had reviewed the timing of the visits and checked for any late /missed calls. She advised that calls were generally made within the timescale allowed by the commissioning authority (15 minutes either way). However she had commenced a review of the staff rota and told us that she would try to ensure that some travelling time was in place between visits.

Feedback was sought by the provider, from people using the service. Quality monitoring discussions were held every six months and concerns raised by people were addressed. Minutes of staff meetings identified that staff had been reminded about the use of their mobiles and to sign in and out of each visit.

A member of the office staff visited each person who used the service once a month and collected records of care including medicines administration records (MAR's). These were brought to the office and audited by the registered manager for completeness and clarity. If a problem was found they would investigate what had happened with the member of staff concerned. The registered manager told us that she had been away from the office due to health reasons over the past few months and the August medication had not yet taken place.

The registered manager reviewed care plans regularly and we noted that reviews had been carried out on the six care plans we looked at. Although care plans varied in format we could see that a comprehensive review was in place to ensure they all held the same details to inform care staff practice and help them to develop relationships.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered provider did not arrange for the proper and safe management of medicines.

This section is primarily information for the provider

Enforcement actions

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