

CaringPlus Healthcare Services Ltd

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Inspection report

Suite 10
14 Market Place
Faringdon
SN7 7HP

Tel: 01367560755
Website: www.caringplushealth.co.uk

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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

About the service:

CaringPlus Healthcare Services Limited, referred to as CaringPlus Healthcare in this report, are a new domiciliary care agency registered to provide personal care to people living in their own homes. The service operates mostly in west and south Oxfordshire. On the day of the inspection 28 people were in receipt of the regulated activity.

People's experience of using this service:

People told us they were safe receiving care from the service and experienced continuity of care. Staff told us and people confirmed staff adhered to infection control guidance and wore personal protective equipment.

There was a registered manager appointed who was supported by a deputy and the director. The provider's quality assurance processes were not effective and did not identify concerns we found during our inspection. This included the requirement to inform the Care Quality Commission about reportable occurrences.

The provider did not ensure risks to people's well-being and individual conditions were assessed and recorded. Details of people's needs surrounding support they needed with taking their medicine were not outlined in people's care records. People were not always protected from risks of unsafe recruitment as the evidence of staff checks and conduct were not sought prior to the staff working with adults at risk. Individual accidents had been recorded but there was no overview to monitor the accidents for any trends and lessons learnt.

People were supported with meeting their dietary needs, such as with meals preparation. Staff received ongoing training and people told us they felt staff were knowledgeable. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff supported people with accessing health care as required.

People told us they were supported by caring and compassionate staff and were able to establish meaningful, caring relationships with staff. Staff respected people's privacy, dignity and their individual needs including people's cultural and communication needs.

People felt the support they had met their needs. Staff knew people's needs well and feedback we had demonstrated some people felt the care received had a positive impact on them. The provider had a system to log complaints and people knew how to raise these.

People said they felt listened to and their views were sought. The team worked well in partnership with other agencies and the local social and health professionals. We received positive feedback from two professionals who praised the service's caring approach and the care provided to people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The service was registered with us on 3 August 2020 and this was their first inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, good governance and the legal requirement to notify the Care Quality Commission about reportable occurrences.

Please see the action we have told the provider to take at the end of this report.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

More information is in detailed findings below.

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 safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not well-led

Details are in our well-led findings below.

Requires Improvement ●

CaringPlus Healthcare Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

CaringPlus Healthcare Services Limited are a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. There was a registered manager. 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'. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider two days' notice of the inspection. The office site visit took place on 2 July 2021.

What we did before the inspection

The provider was not asked to return a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at the intelligence we held and notifications we had received for this service. Notifications are information about important events the service is required to send

us by law.

During the inspection

During the site office visit we met the registered manager, the deputy manager and reviewed a range of records. This included three people's electronic care records and samples of medicine records. We looked at three staff files in relation to recruitment and training. A variety of records relating to the management of the service including a care plans audit and complaints log were also viewed. We telephoned six people and three relatives to seek their views.

After the inspection

We contacted 13 staff to gather their feedback. We emailed four external professionals and received feedback from two. We received one additional feedback from a relative. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- The provider failed to ensure people's care records contained required risk assessments. For example, the management team informed us one person had a pressure sore and needed to be assisted to change their position in bed. There was no risk assessment for tissue viability. The same person's daily notes (notes made by staff after each visit) stated the person was admitted to hospital in April. We asked the registered manager what the reason was, and they said, "I think that's when [person] had seizures." There was no risk assessment surrounding the person having seizures despite the notes made five weeks later demonstrated the person had further seizures. The notes also said the person had bed rails and used a catheter. There was no risk assessment for both. This meant there was no evidence risks to people had been assessed.
- Another person's care records showed they also experienced seizures. There was no seizure specific risk assessment on the person's records and no risk assessment surrounding a device they used to manage their seizures. There was no information about the types of the seizures, frequency and action needed to be taken in case person experiences a seizure. During our site office visit the registered manager located a document called 'Falls and trips due to seizures' and uploaded it to the person's profile. The document stated, "Make sure [person] does not bang her head, talk to her and reassure she will be ok". This meant there was no written guidance for staff how to manage the risks surrounding this person's condition.
- Another person's care plan summary stated they were at high risk of choking. There was no risk assessment around choking risk and what to do in case the person had a choking episode. We asked the office staff and they said, "There may be a choking risk assessment on file", referring to the paper file which had been replaced by the electronic care planning system. One staff member said, "Documentation says nothing about risk." This meant the person could be at risk due to the lack of guidance how to manage this risk.
- As staff supported regular people, they knew people's needs well. From speaking with staff we were reassured people received appropriate support however the lack of risk assessment meant people could be at risk or harm if they were to be assisted by a staff member who was not familiar with the person's needs.
- Individual accidents had been recorded but there was no overview to monitor the accidents for any trends and lessons learnt.
- Risks to people's environment, both internal and external had been assessed.

The above issues form a part of the breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People's care plans did not specify the level of support people required with taking their medicines. For

example, one person's care plan under medicine section stated 'none'. On speaking with the person's regular carer we were informed the person had been recently prescribed a new medicine. Another person's care plan listed two medicines the person was to be 'prompted' to take, however the registered manager informed us following the changes in the person's condition the family of the person supported them with taking their medicine. Third person's care plan listed two medicines to be taken 'as required', there were no protocol to guide staff when the person might need these medicines. This was not in line with the good practice.

- One person's daily notes stated staff 'applied cream'. There was no information in person's care records about the name of the medicine, what it was for and which parts of the body it was to be applied to. We asked the registered manager about it, the registered manager was able to give us the name of the topical medicine and they said, "We should have the medication (listed) on here. It does not look as there is a MAR (Medicine Administration Record) for cream here. There is a MAR in the house."
- One person's care plan stated staff who supported this person must have been trained in managing their specialist medicine. We asked the registered manager for the evidence of this training, but the registered manager was unable to produce it on the day of our visit. A week after our inspection visit the registered manager sent us the evidence of the staff member being trained however the date on the certificate showed the training took place two days before the certificate was sent to us. This meant there was no evidence the staff had been trained to manage the risk of dealing with this person's medicine.

The above issues form a part of the breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Feedback from people confirmed they had consistency of care. Comments included, "I have the same staff on different days, I have got to know them well" and "If [person] needs extra time they give it to her."
- Staff said they visited consistent people which allowed them to build trusting relationships.
- Some people raised concerns about the timings of the visits and referred to missed visit that had occurred. Comments included, "I have had a couple of missed calls", "I am supposed to have a call at 8.30 am they are often late. Two months ago, a carer did not turn up for my evening visit" and "Some (staff) come late or early depending on their circuit, sometimes the morning visit doesn't occur until 11am which is a bit late."
- During their registration assessment process that took place in August 2020 the provider confirmed they were aware of checks needed to be undertaken when appointing a new member of staff. This included identify checks, references and DBS checks all to be received prior to the person commencing work. In two out of three staff files we viewed, the employment start date preceded the date of receiving references and DBS checks. When we asked the registered manager about this, they said, "[Director's name] was dealing with this." We also asked if there was a risk assessment in place surrounding the staff member working with vulnerable people with no checks. The registered manager said, "No, because [staff member] worked with me."

Systems and processes to safeguard people from the risk of abuse

- The provider had policies in place surrounding safeguarding and whistleblowing.
- People confirmed they would be confident raising any concerns.
- Staff received training in safeguarding of vulnerable people.

Preventing and controlling infection

- People told us staff adhered to good infection control practices. People said they felt confident staff knew how to manage risks of infection and that staff washed their hands and wore personal protective equipment such as gloves and masks.

- Staff told us they had received training in infection control, used and had access to protective personal equipment (PPE). One staff member said, "COVID-19 specific training - yes, we had a meeting and PPE was ordered, hand washing procedures (were explained). We were never short of PPE, there was a clear communication of when to collect it from the office."
- The management team were considering how to best evidence staff's competencies in correct donning and doffing and infection control practices.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager confirmed people's needs had been assessed prior to commencement of care. They template they shared with us took account of current guidance. This included information relating to diversity and standards relating to people's communication needs.
- We saw evidence assessments provided by the commissioners were kept on files and used to inform the decision whether the team were able to meet people's needs.
- People's relatives shared with us experiences of the reviews they had been involved with, "There was an initial assessment with care manager and the social worker" and "Manager came to my house to check on what my needs are, she calls and checks to see if I am receiving the right care."

Staff support: induction, training, skills and experience

- People felt staff were skilled and knew what to do. One person said, "They are very knowledgeable, they have a good basic knowledge, they know what they are talking about."
- Staff received ongoing training which consisted of a mix of face to face, or video training sessions, e-learning and shadowing. The deputy manager recently gained the "Train the trainer" competency in moving and handling and were in a process of assessing staff competencies in this area.
- Feedback from staff about the training varied, some staff felt they referred to previously gained knowledge, and some staff felt the training equipped them well to carry out their roles.
- We received mixed feedback from staff when we asked if they were well supported in their roles.

Supporting people to eat and drink enough to maintain a balanced diet

- People were mostly independent with their meals and where required support it was minimal.
- People told us staff supported them as needed. One person said, "I do my own cooking, but they make sure I always have a flask of water." Another person said, "They make sure I have food, they make me sandwiches."
- Staff were aware about the importance of ensuring correct foods textures when needed.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff supported people with accessing health services when people needed. One staff member described how they supported one person with video-conference type remote assessment by an external professional to ensure the person received the right nutrition.
- The team worked well with a number of health professionals. An external professional commented, "Any

contact that I have had has been professionally managed, staff are always polite and approachable and I have always experienced good clear and timely communication from them."

Ensuring consent to care and treatment in line with law and guidance

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.

We checked whether the service was working within the principles of the MCA.

- People told us their choices were respected. People's care records highlighted the importance of people making own decisions. One person's care plan said, "[Person] can choose their own clothing."
- Staff worked within the principles of MCA and ensured care provided was led by people.
- The registered manager was aware about the requirements of the MCA Code of Practice in terms of an assessment was required if there were concerns about a person lacking capacity to make certain decisions. We identified some care plans reflected these had been signed by people's Power of Attorney (PoA). When we asked the registered manager whether they had copies of the documents they said they'd seen these but did not ask for a copy. We raised this with the registered manager that it was a good practice to have a copy of the document to ensure the PoA was the correct one and there were no restrictions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they formed good relationships with their regular staff. One person stated, "They are caring but also professional."
- People told us staff listened to them and talked with them appropriately. One person said, "They sit with me and have a natter, they are a nice crew, friendly."
- An external professional said, "I have observed carers working with individuals and seen respectful behaviour managed in a person-centred way, carers have always offered choice and communicated clearly."
- Staff said the caring culture was embedded within the team. One staff member said, "Everybody has a huge heart in this company. For all of us our clients are the most important". Another staff member told us, "I'd recommend this company and I have already."
- The provider and the team were committed to respecting people's diversity. There were equality assessments for staff, people's initial assessments included sections about people's gender and sexuality. An external professional said, "I feel that they do respect equality, diversity any differences and choice."

Respecting and promoting people's privacy, dignity and independence

- People using the service commented positively about their experiences of how their privacy, dignity and independence was promoted. One person told us, "They keep things enclosed with towels. They make sure I have got sheets and blankets to keep me warm, they don't say any bad things."
- We spoke with people's relatives and they told us staff promoted the independence of the people they care for. One family member said: "They know how to promote her independence; they encourage her to do things for herself."
- People confirmed staff treated people with dignity and respect. One person commented, "They respect us, they respect the house, we have no concerns."
- Staff appreciated how important it was to promote people's independence. One staff member said, "If the person can (do something) I encourage them to it on their own."
- People's confidentiality was protected. People's records were secure in the office and where staff used electronic records, they all had own logins and passwords.

Supporting people to express their views and be involved in making decisions about their care

- Staff demonstrated they followed a person centred approach to the care they provided to people.
- Staff supported regular people therefore they built meaningful caring relationships and knew people's needs well. A staff member said, "I know exactly what they need and exactly the way they liked things done."
- People's relatives, where applicable were involved and kept updated. One relative praised the registered

manager, "[Registered manager] has such empathy, compassion and understanding, she really listens. How many people really listen, I mean really listen? [Registered manager] spent time with myself and [person] in order to understand our needs" and "She has empathy, is conscientious, efficient and compassionate she is a lovely human being."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People we spoke with told us they felt they received care that met their needs. One person said, "They do more than enough. I really appreciate my carer. She has made remarkable changes to my household." The staff as well as the management knew people's needs very well, including their routines and preferences.
- People's relatives felt the service was flexible. One relative told us, "They are flexible, they are happy to change the times of visits. They changed [person's] bedtime from 9-9.30 to 8-8.30 because [person] was getting tired."
- People were supported to maintain relationships to avoid social isolation. Staff got to know the people as well as their families which helped them to understand people's family dynamics. One person told us how they were grateful to staff for helping the person to communicate with their children. They said, "They help them to help me." One relative said, "They seem to know about the social aspects of care, they know that [person] needs to be talked to, [person] is much happier with these carers."
- An external professional told us, "The service is very person centred in that CaringPlus Healthcare have got to know clients well, not just their physical needs but also got to know them as a person and have worked above and beyond to improve their quality of life based on a person's background. For example, [person] was in the Royal Air Force (RAF) and attended a monthly meal out." They added how staff took the person to visit the grave of their relative which was extremely important to the person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were outlined in care records. This included people's eyesight, hearing and communication. For example, one person's care record said, "No glasses worn, talks slowly."
- Staff worked with regular people which meant they knew their needs and maintained effective communication with them.

End of life care and support

- Information about people's end of life wishes such as a resuscitation status were included in their care records.
- Staff told us they received end of life training. Where the team was to support people with end of life care they would work closely with external health professionals to ensure people had a pain free and dignified

death.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. None of the people we spoke to had made any complaints about the service, but people said they understood they could contact the office if they had a complaint and felt confident this would be followed up.
- The registered manager had log to record complaints and compliments. We viewed the log and saw two complaints had been logged, both had been responded to verbally. There were two compliments received which, as the records showed had been shared with the staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The provider failed to ensure people's records were current, up to date and reflected people's needs. For example, one person's care record stated the person was, "bed bound and stays in bed, stays in nightwear" but in another section this person's care plan stated, "I need support with dressing, undressing, going to the toilet and using the commode (chair)." We asked the registered manager about this person's care plan. They said, "[Person] has changed a lot recently. There isn't an up to date care plan, I'll do it now." The concerns around records also included the lack of risk assessments and the lack of medicine care plans which we reported on under the first section of this report (in safe domain).
- The provider failed to establish and maintain effective quality assurance systems. During their registration assessment process that took place in August 2020, the provider shared with the Care Quality Commission a matrix of audits they planned to do. The matrix gave details of how often each audit was to be carried out and by whom. For example, they planned for a care plans audit and medicine management audits to be carried out monthly by the registered manager. We asked the registered manager for the evidence of care plans audits. They showed us a spreadsheet which listed people's names alongside a number of columns with areas such as, care plans, risk assessments or medicine records. We noted the information recorded on the spreadsheet was not accurate, for example, for one person where we identified they required a risk assessment it stated, 'risk assessment not needed'. We then asked the registered manager when the audit had been last updated and they said, "It was around February". They added, "I need to add another section that says update or review as things change." We asked the registered manager if there was an overview of any medicine errors such as omissions that occurred in the last six months. They said, "I don't have it".
- We asked the registered manager what system they had in place to keep an overview of accident or incidents so any trends or patterns could be identified. They said, "We're making a system to have an overview, it's not in place yet."
- We asked the registered manager how they logged any missed visits that occurred, to ensure appropriate action had been taken to prevent reoccurrence. They said, "I'll put an overview together, it's not in place yet". We received feedback from people that some visits had been missed. The above meant the provider's systems for identifying, capturing and managing organisational risks and issues were not effective.
- The above meant the provider's systems for identifying, capturing and managing organisational risks and issues were not effective. This was against the provider's own quality assurance policy which stated, "The registered manager has the overall responsibility for reviewing and learning from accidents, incidents (including safeguarding), complaints and sharing this learning with staff."
- The records, the feedback from people, relatives and from staff demonstrated the registered manager

spent a significant part of their time carrying out care visits. One relative summarised this clearly outlining the impact they felt it had, "I realise from speaking to so many other care agencies that [registered manager] must have such a heavy workload in organising CaringPlus that it must be so difficult to give home visits, the paperwork alone must tie her to her desk and I'm sure by spending so much time with us that her paperwork must have got really behind." This meant the provider failed to create a strategy that was underpinned by shared and realistic objectives and to provide an effective cover for when the registered manager worked as a carer to ensure consistent leadership.

- The provider failed to submit required statutory notifications to us. These included a 'serious injury' notification and an 'allegation of abuse' notification. We received one notification from the service which related to a non-reportable occurrence. This meant the provider was not aware of the legal requirements and these were not met. The fact the provider's own quality assurance failed to identify it also highlighted the provider's quality assurance systems were not effective.
- . Where decisions had been made, such as to migrate to another electronic system for care planning records, this resulted in poor record keeping. This did not ensure an approach that reflected effective continuous learning to improve the service. A staff member commented, "Changing the system was not ideal" referring to the fact due to time constraints they had no chance to fully embrace it and learn how to use it correctly to maximise its effectiveness.

The above was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The failure to submit statutory notifications was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Working in partnership with others

- The provider believed, "No home is like your own home" therefore the convenience of accessing care in people's own home could be genuinely life changing and helped people to stay healthy and independent.
- People's feedback was they felt the service was well run. One person said, referring to the registered manager, "I have not met her, she does the rotas. I have spoken with her twice. She is nice and pleasant; she tries her best." Another person said, "I know the manager. I saw her last night as the carer could not come. If she is not in the office when I phone I leave a message and she always gets back to me or visits".
- The feedback from staff showed the communication between the staff and office could be improved. Staff however told us they felt this could improve with the management being in the office more. One staff member said, "Management been out a lot. It's the time issue. We were short of staff so management been out a lot."

- Staff worked well with other partners and external health professionals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager ensured they maintained good communication with people and their relatives.
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Engaging and involving people using the service and the public, fully considering their equality characteristics.

- There were various opportunities for people to provide feedback and the management team regularly

visited people and gathered people's views.

- The provider used quality satisfaction surveys; the last survey took place in April 2021. We asked the registered manager to share with us the summary of these alongside the details of any action taken as a result of these. The information we received showed the feedback was mixed, some people praise the staff, some reported unsatisfactory times of the calls and one person reported a missed visit. We received similar, mixed feedback in July 2021 and given the provider had no overview record of missed or late visits it was not possible to ascertain whether any action had been taken to address the concerns gathered through the surveys.
- People were complimentary about the support they had from staff and said they felt listened to. One person said, "[Staff's name] came to my house to check on what my needs are, she calls and checks to see if I am receiving the right care, she has checked about 6 times in the last 2 months."

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 18 Registration Regulations 2009 Notifications of other incidents The provider failed to notify CQC about notifiable incidents which is a legal requirement.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure risks to people were managed safely.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to establish good governance.