

Care With Kindness Limited

# Care With Kindness Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Care with Kindness Limited is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection they were providing a personal care service to 16 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

People had care plans in place, however, these did not include clear information to guide staff to provide care and support. Not all risks had been assessed and some individual risks to people were not thoroughly assessed and mitigated. Although staff in general knew how to support people safely, they did not always have detailed guidance to ensure people received safe care at all times. We did not find that this had a negative impact on the care people received, but we have identified these as areas of practice that need to improve.

Recruitment procedures were not always robust, and improvements were needed to ensure staff received training and appropriate assessments of their competence to fulfil their role.

Medicines were not always managed safely, and best practice guidance was not always being followed in relation to a clinical task delegated by a health professional.

Staff understood how to protect people from poor care and abuse. Some staff had not received training in safeguarding vulnerable adults.

Quality assurance systems were not fully effective and did not address the shortfalls we found during our inspection. We found no evidence that people were harmed but these shortfalls put them at increased risk. We discussed these concerns with the nominated individual and registered manager who were responsive to feedback and started making changes to improve the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The support people received was person centred. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People told us they received care by staff who were "Courteous and polite" and "Kind and compassionate."

Throughout the inspection we observed staff interacting with people in a caring and considerate way.

People and relatives were complimentary about the care and support they received and spoke positively about the management of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 31 March 2022 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Enforcement and Recommendations

We have identified breaches in relation to risk management, staff training and support, medicines and governance at this inspection.

We have also made recommendations in relation to recruitment and consent.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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 always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Care With Kindness Limited

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience made telephone calls to people's relatives. 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service including the information obtained during a recent CQC direct monitoring activity call and the information the provider sent us in the provider

information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

Inspection activity started on 5 May 2023 and ended on 18 May 2023.

We visited the location's office on 9 and 11 May 2023. We reviewed a range of records. This included policies and procedures, 4 staff files, 5 people's care plans and records, medication records, training data and quality assurance records. We spoke to 5 staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also visited 3 people who use the service.

Following the site visit, we communicated with a further person who uses the service, and 2 relatives. We sought feedback from 10 professionals with 5 responses received. An expert by experience also spoke with 1 person and 6 family members about their experience of the care provided.

# 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 of 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; Preventing and controlling infection

- Risks to people were not always identified, assessed, and documented. Staff did not always have access to detailed risk management information to ensure the support they provided was safe and appropriate to meet individuals needs and the actions they should take to safely mitigate and manage risks.
- The service had a number of risk assessment templates in place. These had not all been completed for people when necessary. For example, we found 1 person who was identified as being at high risk of manual handling, and was supported using moving and handling equipment, did not have a risk assessment in place. This person was also identified as being at high risk of pressure sores but did not have a tissue viability risk assessment in place.
- The risk assessments in place did not outline measures to help reduce the likelihood of people being harmed. For example, one person who was identified as high risk of falls, had a falls risk assessment in place. This contained no information on managing the risk. Some information was detailed within this persons care plan, but this was not sufficient and robust.
- Risks were not always assessed in line with the providers policies. The lone working policy in place stated the provider will, 'Assess the risks to all lone workers and communicate the findings,' and the infection control policy in place stated, 'The registered manager is responsible for infection control risk assessment.' The registered manager told us these risk assessments were not in place. Assurances were provided that these would be completed.

The provider had failed to adequately assess, monitor and manage risks to service users' health and safety. This was a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns that staff did not have access to information they required to keep people safe with the registered manager during the site visit. After the site visit the registered manager started to review and update the care plans and risk assessments.
- The risk was reduced as staff had a good understanding of people's needs and how they liked to be cared for. Most people told us they were supported by consistent carers. One professional told us, "They really know their clients well, and can tell this as whoever they meet or speak to, they really know the person."
- Policies were in place to guide staff on effective infection prevention and control procedures.
- We were assured the provider had sufficient stocks of Personal Protective Equipment (PPE) available. People and relatives confirmed care workers wore PPE.
- Staff were observed to be using PPE effectively and safely.

## Using medicines safely

- The provider had failed to ensure that medicines were safely managed.
- The provider had a medication policy in place. This referred to the wrong legislation, and stated a risk assessment should be completed at the assessment stage. The registered manager confirmed medication risk assessments had not been completed. Assurances were provided that these would be completed.
- Medication administration records (MAR) did not include all medicines that were being given by staff, and care plans did not always provide clear guidance to ensure the safe administration of medication.
- A person required a transdermal patch (adhesive patch that is placed on the skin to deliver a specific dose of medicine through the skin) to be applied. This was not detailed within the person's medication administration record (MAR) and this person's care plan contained no information about the specific details, including where the patch needed to be placed and guidance about rotating the location of the patch on the skin to avoid irritation.
- One person was being supported with a clinical task that had been delegated by a health professional. On the first day of the inspection this was not detailed within the person's MAR, a risk assessment was not in place and clear guidance was not available to ensure staff completed the task safely. There was also no record of a competency assessment by the relevant health professional, although the registered manager provided assurances that this had been completed.
- People's MAR's were completed electronically. The electronic system used was not always fully effective due to issues and poor mobile signals within people's homes. One person had not been prompted to take their medication for 3 days due to issues with the system, and we found a number of gaps on a person's MAR. The registered manager told us that medication had been administered, although not signed for by staff due to the poor mobile signal.
- Some people were supported to have prescribed creams applied including PRN (as required). The person's MAR or care plan contained no details of where on the body prescribed creams should be applied. The registered manager acknowledged this lack of detail and started to rectify this during the inspection.
- Not all staff had received medication awareness training. The training matrix, and information received, showed that 5 staff had not completed training on the administration of medicines. We were told that medication competency assessments had been completed, although there were no records available at the time of the inspection to evidence this.

The provider failed to ensure medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- We raised our concerns with the registered manager during our 1st visit with evidence provided during the 2nd visit that a number of these concerns had been addressed.
- The provider had identified that the current electronic system in place was not sufficient, and were working with a new software provider to develop a new system.
- Prior to the inspection the provider had identified medication processes needed improvement and assigned a lead carer to make the improvements required.
- Some people were prescribed medicines on an 'as and when required' basis, for example for pain management. The service had protocols which provided staff with information about when these medicines should be given.

## Staffing and recruitment

- People could not be confident staff were safely recruited. Staff files did not give evidence safe recruitment practices had always been followed.
- We reviewed 3 staff files. At the time of the site visit the references within 2 staff files were not available. The nominated individual and registered manager advised references had been sought, although there was



no record of these available at the time of the site visits.

- The provider did not have effective processes in place to ensure staff were assessed for their suitability to work with vulnerable adults. Where staff have a conviction or caution on their DBS we expect the provider to undertake a risk assessment to determine the staff member's suitability for employment. The registered manager told us this had not happened on an occasion a risk assessment was required.

We recommend the provider review best practice guidance in relation to recruitment and update their practice accordingly.

- The provider had completed Disclosure and Barring Service (DBS) checks on staff before they started to work for the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- A call monitoring system was in place to monitor when staff arrived at a person's home. The system did not enable effective monitoring to take place due to poor mobile signals within people's homes. The provider had identified that the current electronic system in place was not sufficient, and was working with a new software provider to develop a new system.
- Most people and relatives told us they were supported by sufficient staff, who visited consistently. One relative told us, "[Relative] is pleased that the same carer visits each time, and that the times of the visits are predictable", although 1 person told us, "It would be easier if they would not keep changing carers." Concerns were raised by some people and relatives as they were not always aware who would be visiting.

Systems and processes to safeguard people from the risk of abuse

- Not all staff had received training in safeguarding vulnerable adults. The training matrix, and information received, showed that 4 staff had not completed training in safeguarding vulnerable adults.
- Staff spoken with knew how to recognise and report abuse.
- People looked relaxed and comfortable with staff who supported them. People spoken with said they would talk to the registered manager or staff if they had any concerns.
- People and their relatives raised no safety concerns whilst being cared for by staff. Comments included, "Handling [relative] safely is a paramount importance to the team, consequently [relative] is feeling very safe in their hands" and "I would feel happy to leave [relative] alone with them."

Learning lessons when things go wrong

- The registered manager was found to be responsive to our feedback. Some feedback given to the registered manager after the first day of inspection had been actioned prior to the second day of the inspection.
- The service had a lessons learnt log in place.
- Systems were in place for recording incidents and accidents.
- Staff were aware of their responsibilities to raise concerns and report incidents. Staff spoken with felt comfortable raising mistakes with the management team when needed.

# 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 requires improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider needed to improve staff induction, training, ongoing support and monitoring of staff to ensure staff had the skills and necessary knowledge to meet people's needs and provide good quality care.
- The provider failed to ensure staff received training relevant to their roles. We found staff had not always undertaken the provider's mandatory training and at the time of the inspection a number of staff were working without the necessary training.
- From 1 July 2022, the government introduced a requirement for CQC registered services to ensure their staff received learning disabilities and autism training appropriate to their role. We found staff had not always completed this training.
- The registered manager did not have a system to ensure staff accessed training in a timely manner upon commencement of their employment to ensure they had the skills to support people safely. For example, records showed one person who commenced employment in October 2022, did not complete safeguarding vulnerable adults training until February 2023.
- Although the provider was aware of the Care Certificate, staff had not completed it. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. One staff member who is new to care and commenced employment in October 2022 told us they have "Just started the on-line training for the care certificate."
- The registered manager told us staff had received observations and competency assessments in relation to areas such as appropriate use of personal protective equipment, dignity and respect, safe practice, communication skills, appearance and punctuality, although there were limited records available at the time of the inspection to evidence this.

The provider failed to ensure staff were sufficiently trained and competent. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- We were told regular supervisions had taken place to provide support to staff, although these had not always been recorded.
- Relatives and people told us they were confident with staff skills and knowledge. Comments included, "They have the knowledge and training", "They know what they are doing very efficiently" and "They have knowledge and skills, fully trained."

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People's consent to care was not recorded, although the people spoken to during the inspection told us they were happy to receive a service.
- We saw that consent in a number of other areas had been obtained for some people, although these were not completed consistently for everyone who used the service.
- One person's care plan stated that their relative held power of attorney for both health and finance, and we were told another person's relative held power of attorney for health and welfare. Official records of lasting power of attorney were not available within care plans. This meant the service could not be certain they were always acting in the person's best interests.
- Not all staff had received training in the Mental Capacity Act. The training matrix received showed that 13 staff had not completed training on the Mental Capacity Act.

We recommend the provider review best practice guidance in relation to the MCA 2005 and update their practice accordingly.

- Staff were observed to be polite and gained consent before supporting people. People told us, "Anything I want them to do, they do" and "They ask me, what do I want them to do."

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

- People's needs were assessed before they were supported by the service. People and relatives confirmed this.
- Care plans were created from initial assessments to show how people's needs would be met. We received mixed feedback from people and relatives regarding a care plan being in place. One relative told us, "[Relative] does have a copy in the house and I have an electronic one. It does cover [Relatives] needs", although others told us they were not aware of a care plan being in place.
- Care plans gave staff information about how best to support people. However, we found care plans were not always detailed as highlighted in the safe section of this report. The risk was mitigated as staff had good knowledge of the correct information for people.

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

- People's health and support needs were sometimes at risk of not being met. Gaps in risk management plans and guidance for care workers meant there was a risk of staff missing changes in people's health, for example 1 person's care plan contained no details regarding the support required in relation to their diabetes.
- People received personal care from the service and their health needs were met by other professional agencies. The registered manager informed us of how they worked alongside other healthcare professionals on a regular basis to support continuity of care for people. 1 relative told us, "Any extra concerns regarding

health or mobility issues are dealt with promptly in consultation with me and appropriate medical professionals contacted if necessary." 1 professional also told us they were always contacted with any concerns, or anyone they [Staff] felt they need support with.

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

- Staff supported people to maintain a diet of their choosing; support was dependent on the person's requirements, whether this be support with eating and drinking or preparing meals.
- People's care plans contained a section on nutrition and hydration needs. This ensured staff had the information available to support them appropriately.

# 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 were treated well, and their individual rights were respected and promoted. Staff had a positive and caring attitude to the people in their care. People and relatives told us, "Carer is kind and patient, and makes helpful suggestions on what needs doing, but is also willing to do what my [Relative] requests" and "[Staff are] very careful and caring. Their title says it all. They go the extra mile."
- People's care plans contained a section on activities, social and religious needs. This ensured staff had the information available to support them appropriately.
- We received very positive feedback from people and relatives about staff. People and relatives told us, "I cannot speak more highly of them. They are local people, know the area", "They seem efficient", "They care and are friendly" and "Very kind and helpful."
- Staff had received training in equality and diversity.

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

- Systems were in place to support people to express their views and be involved in making decisions about their care.
- People spoken with felt involved. Comments included, "They listen to my views" and "If you ask someone something they do it."
- People were involved in the day to day decision making process. Staff always asked people's views before providing support. We observed 1 staff member asking a person if they required their medication, and 1 person told us, "They know how I like my coffee but will check if it is ok."
- Most relatives told us they felt fully involved. Comments included, "They will listen to any suggestions" and "At the end of each night call we have a chat, they fill me in".

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were respectful of their privacy and dignity. Comments included, "They all treat [Relative] with kindness and compassion and respect she is a quiet individual and they respect her need for privacy" and "They respect her needs. She likes to do what she can. They are kind and compassionate. They take time to find out what she is interested in. They have conversations and remember information."
- Staff promoted people's independence by encouraging them to carry out aspects of their routines with as minimal support from staff as possible. One relative told us the carer supports their relative to carry out tasks for themselves, "Although it would be easier for the carer to complete the task themselves."

# 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 good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care and staff cared for people in a way which met their needs and preferences. People and relatives confirmed this. Comments included, "They keep it person centred" and "[Relatives] needs are being met."
- The service was responsive to people's needs. A relative told us the service was flexible to making the necessary changes to meet their family members' needs. Staff told us when things changed in people's care, they were informed through the electronic system and a 'what's app' group that is in place.
- Care plans were not personalised and did not reflect all areas of care provided by staff to people as highlighted in the safe section of this report. We informed the registered manager of our findings; they told us the care plans would be updated and amended to reflect people's current needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication preferences were detailed within care plans. This helped staff to better understand the person and communicate with them in a way they could understand.

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 were supported to maintain relationships and reduce the risk of social isolation. Care plans identified relatives who were important to the person and information about their interests and hobbies.
- Some people using the service lived with their families which helped to reduce social isolation. Most people told us they also had consistent staff. This helped the staff to understand about the people they were caring for and helped them to build relationships. Relatives told us, "They are kind and compassionate. They spend a lot of time talking to [Relative]. They have cups of tea together. They look at photos. Spend time building a relationship" and "Care with Kindness are an exemplary care team, exactly as care in the home should be. Their ethos of keeping things small and local is admirable and has the benefit of their staff never appearing rushed."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and arrangements for investigating and resolving complaints.

- People and relatives told us they knew how to raise a concern. One relative told us, "I have a brochure with the complaints procedure."
- People and relatives were confident that if they had any concerns, they knew who to raise them with and felt able to approach the registered manager. One person and one relative told us they had previously raised a concern which the registered manager had addressed.

#### End of life care and support

- At the time of this inspection the service was not supporting anyone who required end of their life care.
- The registered manager told us they had an end of life care plan available that they could implement for people if needed.

# 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; 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 provider had systems in place to monitor the safety and quality of the service. The systems in place were not always effective in driving improvements. The electronic monitoring system used had identified gaps in medication records, consent records, care plans and risk assessments. These issues remained in place at the time of the inspection.
- A governance report for November 2022 to February 2023 had identified gaps in training. These issues remained in place at the time of the inspection.
- There was an improvement plan in place. However, these did not incorporate all the actions identified during the quality assurance and auditing processes, to ensure effective monitoring of the actions required.

The provider did not always operate effective systems and processes to assess and monitor the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had identified that the current electronic system in place was not sufficient, and were working with a new software provider to develop a new system.
- The registered manager was open throughout the inspection, accepted the shortfalls found and immediately sought to rectify them.
- The provider and registered manager were open and transparent. When things did not go well, they looked for ways these incidents could be used to drive improvements. Complaints and concerns were investigated, and apologies were given where appropriate. One relative told us "They are very open."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture within the service. People and relatives were positive about the service. Comments included, "We are more than happy. I think it would be hard to find anything they can improve on", "We are getting more than I would have expected from this service" and "It is reassuring to the family, because when we visit we can enjoy our visits without having to spend the time providing support."
- People and most relatives were complimentary about the management of the service. Comments



included, "Happy with [registered manager], she is available to talk to" and "Very good, friendly, efficient and reliable. They are very accessible." One relative told us communication needed to improve.

- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff were complimentary about the management and felt supported and listened to. Comments from staff included, "Management are both very responsive, understanding and happy to sort out problems", "[Registered manager] is so approachable, she makes time to listen, very good at putting things in context, reassures me that I am doing right, and her communication skills are fantastic" and [Registered manager] is always there to support, she has always said day or night just ring her."

#### Working in partnership with others

- Information showed the service worked with others, for example, healthcare professionals and services to support care provision.

- We received positive feedback from health and social care professionals who were involved with the service, about their engagement with the team. One professional told us, "They are really nice and helpful, and genuinely want the best for people. They go the extra mile."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to adequately assess, monitor and manage risks to service users' health and safety.</p> <p>The provider failed to ensure medicines were managed safely.</p> <p>This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always operate effective systems and processes to assess and monitor the quality and safety of the service.</p> <p>This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure staff were sufficiently trained and competent.</p> <p>This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.</p>

