

LME Investments Limited

Caremark (Mid Surrey)

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Caremark (Mid Surrey) is a domiciliary care agency providing personal care to people living in their own homes. The service provides support to people with a variety of health needs. At the time of our inspection there were 52 people using the service. Not everyone who received a service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were 11 people being supported by staff with personal care.

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

We have made a recommendation that the provider improve the planning for end of life care, people are better supported when they may lack the mental capacity to make decisions independently and they can be assured staff are recruited safely.

People's needs, choices and preferences were not assessed or recorded accurately, timely or in a person-centred way. There was a risk that staff who were new to supporting people would not know what their needs were and therefore not provide adequate care.

Risks to people were not always assessed and staff lacked guidance on how to manage specific risks. Staff lacked practical training, training specific to the needs of the people they were supporting and some training was significantly outdated. People and relatives were not always confident that staff had been supported to have the knowledge required to provide the care required.

The manager lacked the support and infrastructure in the senior management team to manage a robust oversight of the service and to focus on improvements. Where they had the opportunity to make changes, such as with rotas and staff morale, we saw evidence of positive impact. The manager had a plan to address the concerns identified and would benefit from more support to action these promptly.

There were sufficient staff to enable consistent workers who could establish relationships with people and become familiar with their needs. A system of shadowing and communicating between staff equipped staff with some knowledge of individual needs.

Staff provided a thoughtful, kind and considerate service to people. Staff had made efforts with people to improve their mood and quality of life. They worked efficiently in partnership with other professionals and relatives to coordinate care effectively for people.

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.

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

Rating at last inspection

The last rating for this service was good (published 26 July 2018)

Why we inspected

The inspection was prompted in part due to concerns received about staff training. A decision was made for us to inspect and examine those risks.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caremark (Mid Surrey) on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to person-centred care, safe care and treatment, staffing and good governance at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement



Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement



Caremark (Mid Surrey)

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

This inspection was carried out by 2 inspectors.

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 not a registered manager in post. A new manager had been in post for three months and had submitted an application to register.

Notice of inspection

We gave the service 48 hours' 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.

Inspection activity started on 28 June 2023 and ended on 4 July 2023. We visited the location's office on 28 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to 5 members of staff including the registered manager. We spoke with 5 people who used the service and 4 relatives about their experience of the care provided. We received feedback from 1 professional who was involved with the service. We reviewed a range of records. This included 4 peoples care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- Risks to people were not well managed. There was a lack of risk assessments specific to people's needs such as catheter, seizures and skin integrity. One person who had a recent history of frequent falls did not have a falls risk assessment in place and no guidance of how staff should respond to a fall.
- Care plans lacked detail relating to high-risk care needs. Details relating to a specific way someone needed support to eat for a person was lacking in their care plan. We saw that there had been a recent incident relating to this need.
- One person with a significant degenerative diagnosis and several associated risks did not have mention of it in their care plan other than stated in 'medical history'. This meant that staff would not know how to support needs specific to their diagnosis or know what to expect from risks associated with the degenerative condition.

The lack of robust risk management processes meant people were not protected from harm or injury. These concerns were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not managed safely. The service was not always clear about its responsibilities and role in relation to medicines.
Staff competencies with medicine support were not always reviewed. One staff members spot check had identified an issue relating to medicine management, but the notes were unclear as to what the issues were or what action needed to be taken. This meant that the records were not useful in learning lessons to improve support with medicine.
- Records relating to medicines were not always clear. One care plan instructed carers to record the application of a prescribed cream as a medicine task but there was no medication administration record (MAR) for the cream. Care plans lacked detail of what medical conditions the medicines treated.
- People and relatives did not always feel confident that staff knew how to support people with medicines. One relative told us, "Recently they have said to me 'has (person) had his tablets?' They don't do anything with his medication and I'm not sure they always know that."
- Systems to log medicines administered showed errors for missed medicines. The registered manager told us that this was probably related to the staff being listed as 'non leads' on the rota. The senior staff had not been alerted to this recording error. This meant there was lack of oversight of whether medicines were being supported safely.

Medicines were not managed safely. These concerns are a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They adapted their monitoring and response to alerts on the electronic system and assured us they are moving towards a more efficient system. They confirmed all care plans would be reviewed and risks assessed within two weeks of the inspection.

Staffing and recruitment

- Staff were not recruited safely. Historically recruited staff did not always have the appropriate checks in place to ensure safe recruitment. There were gaps in some application forms and not always sufficient accredited references for people.

We recommend the provider ensure measures are in place to ensure staff employed are appropriate and safely recruited to their role.

- The provider made sure there was enough staff so that people received a consistent and reliable service. One relative told us, "We normally have the same people which is nice because you get to know them." The staffing levels meant that needs could be responded to if there were changes. One relative told us, "I needed someone quite urgently recently and (manager) got cover quite quickly."
- Improved staffing levels meant that people could receive support at times when they needed it. One staff member told us, "We did have it before that we would go into [Person] at 12 for lunch and 2pm for tea and no matter how many times you said it's not right we were told that's all that could be managed. Now I love that [Persons] calls are spread to the correct times. She is a lot happier and healthier." Another staff member told us, "I am a bit early if anything. The rota I have at the moment the jobs are literally 5 mins between them. Normally I'm given 15 minutes between care calls."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe. One relative told us, "They seem quite good, I feel [person] is safe."
- Staff had up to date training in safeguarding and a good understanding of safeguarding practices and identifying concerns. One staff member told us, "If there are issues we have to tell the right person. One aspect would be if I go to a client and they are a bit withdrawn and say a family member is taking control and they are not having their own say."
- The registered manager demonstrated examples of their response to safeguarding concerns where risks had been immediately responded to and lessons had been learnt. This was reflected in records contained within a safeguarding folder. The incident that had also been reported to the CQC, local authority and all appropriate investigation and steps were detailed.

Learning lessons when things go wrong

- The provider encouraged openness and transparency about safety. When something had gone wrong, there was an appropriate thorough investigation which involved all relevant staff, the local authority and the person involved.
- An investigation had highlighted a concern which the registered manager had responded to appropriately

with the individual staff member but also applied learning to minimise re-occurrence across the staffing team in a discreet manner.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- Staff had not received adequate training and induction to effectively support people. Staff had not received accredited practical training for moving and handling, catheter care and percutaneous endoscopic gastrostomy (PEG) support when they were supporting people with these needs. Senior staff had provided this training despite not being accredited to do so.
- One care plan instructed staff to inspect equipment for faults. However, there was no evidence that staff had been trained to carry out inspections of equipment and there was a lack of information to guide them. There had been an incident of poor management of equipment leading to an incident.
- People and relatives told us they could not be confident staff had received the training they needed to do the job. One relative told us, "I am not sure if they have completed their training or not." When asked if they felt confident staff had adequate training, one person told us, "It's difficult to tell."
- The staff were inclusive and advocated for support of their international colleagues to adapt to their new roles. The provider had not been ensuring new staff were supported to adapt to a new culture and new role. One staff member told us, "For example, making sandwiches is new to them (sponsored staff)." Another staff member told us, "Obviously it's a bit unfair on them (sponsored staff), they are coming over to a completely different culture. They are naturally slightly disadvantaged. If they get stuck cooking English meals, we run to their aid to help them. They might need a smidge more training on the way we have meals and drinks." One relative told us, "Sometimes the new people (staff) might need a bit of training on the UK style of living."
- Systems were not in place to have oversight of training needs and to indicate to the provider when refresher courses were required for staff. This meant there was a risk that staff were providing unsuitable care to people which could result in harm.
- Staff supervisions were not reliably taking place to support staff and identify their development needs. When asked if they had a one-to-one meeting with the senior team, one staff member told us, "I can't remember when that was, I'd say no. I think because I have been there so long and even spot checks, I feel they just let me get on you know. If I have any problems I will go and talk to them." Another staff member told us, "Spot checks have not necessarily been done every three months. Some people have not had supervisions for over a year and they should be bi-monthly. Some appraisals haven't even happened."

Staff were not trained, supported or inducted adequately to ensure people were supported safely. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They scheduled training immediately for areas of highest risk. They provided an action plan which confirmed further training would be arranged

as soon as possible.

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

- Initial assessments were not always carried out in a timely manner. One person had their initial assessment completed 6 days after care had begun. The registered manager told us this was a result of the persons availability. When asked how staff knew how to support the person, one staff member told us, "According to my experience when I am working and based on other clients, I assessed [person] what [they] needed and advised [registered manager] what he needed." Needs had been assessed informally whilst providing care which resulted in a risk to inaccurate and unclear information being recorded which was not necessarily person centred.
- Assessments lacked detail of specific communication needs, personal history and preferences. Records directed staff to look past a person's diagnosis and gain an understanding of the person including interests and hobbies. Neither the diagnosis nor the personal context of the person had been recorded. This meant staff would not be able to support people's needs and choices without establishing them with people each time risking an impact on care delivery.
- Daily notes showed that care had not been delivered promoting equality and diversity. For example, someone known to be registered blind had care notes recorded which stated they were left watching television.

People new to the service were not supported with a thorough and timely assessment in line with national standards and guidance. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They assured us that changes were being made to the responsibilities of staff in the office to improve the timeliness and accuracy of assessments.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- There were not always mental capacity assessments in place for significant decisions where there was reason to believe a person may lack capacity. However, local authority mental capacity assessments to evidence people's ability to consent to care were in place where relevant.
- The registered manager and staff had a good understanding of the principles of the MCA. The registered manager told us, "They (people) do have freedom to decide what they want to do, we can only give advice."

Those who don't have capacity we try to work with family." One staff member told us, "[Person] has dementia and she will wear the same clothes, I give her the choice and she is then picking what she wants to wear."

We recommend the provider improve their systems to improve assessments and records for mental capacity and best interest decisions.

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

- People were well supported with eating and drinking. Care plans prompted staff to encourage food and fluid intake. The registered manager told us that staff report to them when they have concerns for a person not eating or drinking sufficiently. One professional told us, "In my experience the care workers encourage people to have regular food and fluid intake which they would not initiate without support."
- Staff gave examples of monitoring people were eating and drinking sufficiently. One staff member told us, "We record what she has eaten on the phones. There have never been worries about lack of food or not eating well. If her appetite was to take a dip then we notify the office, record on the phone and speak to family."

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

- Staff worked in partnership with families to ensure people's health was monitored and concerns responded to by involving health professionals. One relative told us, "Carers had seen his foot was sore there and they said and so I called the GP." Another relative told us, "I always get reports in the morning after a wash how her sore is and they always keep me updated."
- The provider referred to health services for guidance when necessary. One professional told us, "Caremark care workers support people to contact health services as appropriate."
- The staff followed guidance from other professionals to improve the support people received. One professional told us, "We recently had a joint case whereby the person is neglecting themselves and will say 'I'll do it later' when prompted to complete tasks by care workers. Staff took on board my suggested ways of engaging with the person and encouraging them." This meant people received a continuity in their care and guidance from other professionals was made effective.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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; Supporting people to express their views and be involved in making decisions about their care

- Staff provided additional support where people requested it and with the aim of improving their quality of life. One staff member told us, "Because [person] was feeling down she got two kittens. I went with her to the vets to get them spade and injections. It's really perked her up. It's made her happy so it's nice." One person told us, "They come to the chemist with me if I need them to which is good of them."
- People and relatives told us that staff made sure people were well treated. One relative told us, "The staff seem to be quite caring and the people in the office are caring and accommodating. They put users' priorities first."
- People were involved in decisions about their care. One person told us, "When my mother died, I wanted a particular care worker to come the following day and they were willing to change. They have been very supportive in that moment."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible in meeting their own needs. One staff member told us, "If she is capable of doing anything, I won't interfere then." Another staff member told us, "I say to them we do as little and as much as what is required at the time. If they can do some bits, I encourage them to do and step in when they can't. Don't just assume."
- Staff were conscious of maintaining people's dignity. When asked if they felt their loved one was treated with dignity and respect, one relative told us, "They have been very good at that." One staff member told us, "When I am washing them, cover towels on each part and uncover each part as I wash them."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; meeting people's communication needs

- The service does not always support people to follow their interests or encourage them to take part in activities relevant to their interests. Care plans included an 'about me' section which was either blank or described living arrangements rather than interests and life history.
- Care plans lacked details of people's preferences. For example, one care plan directed staff to enable the person to be dressed and groomed in a way which reflected the person's preferences but lacked information of what those preferences were. Generic content in care plans was also duplicated across several people's care records.
- Staff learnt people's preferences by getting to know them or from communicating with other staff. One person told us, "The regulars once they get to know me they know what I like and dislike.". One staff member told us, "I went to a client I don't go to often. I rang a fellow carer and they talked me through it and told me exactly what I needed to do."

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.

- The service had not fully implemented the Accessible Information Standard to identify and meet the information and communication needs of people. Communication needs were not detailed in care plans for people who had significant sensory impairments.
- Staff told us they supported people with their communication needs but had learnt from the person rather than taking guidance from a care plan. One staff member told us, "Sometimes [person] cannot visualise or speak. I am mostly using touch and I am mostly using big letters with colours right in front of her and sign language. [Person] taught me some basic things."

Systems had not been established to provide staff with person-centred information to allow for people to be supported in a way which was unique to them. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all care plans would be reviewed and revised within two weeks of the inspection.

Improving care quality in response to complaints or concerns

- The complaints system did not allow the provider to identify trends and apply learning to practice within the service.
- We saw a record of a complaint filed which had evidence of being addressed in a timely way.
- People knew how to give feedback about their experiences of care and support, and felt confident that if they complain, they will be taken seriously. One relative told us they had raised a concern. They said, "I spoke to [staff member] and it was flagged up and there is now an extra bit on the care plan."

End of life care and support

- The service did not consistently engage people in planning their end of life care and did not always record individual wishes. The registered manager told us people lacked an end of life care plan because they were not considered to be at the end of their life.
- One person required end of life care and had limited information within an advanced statement of how they would like to be supported.
- When staff were asked how they would know to support someone at the end of their life, they referred to taking guidance from people and relatives as well as care notes. One staff member told us, "I suppose we get told, read the notes, talk to the family to get a gist of what to expect." Staff had not received formal training on end of life care.

We recommend the provider ensures that all staff are aware of people's wishes to make sure people have dignity, comfort and respect at the end of their life.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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 had a lack of oversight of staff skills and training needs. There was no assurance of safe and skilled care being delivered to people. We saw that incidents had occurred in situations where staff lacked the necessary training.
- Quality assurance measures were not in place and those we saw were not effective. We saw quality checks for the medicines for one person which stated that medicine records were complete and up to date. However, we saw missed medicine records on three separate occasions for the same period.
- The provider did not have systems in place to identify trends across incidents and accidents or complaints. This meant there was a lack of information to enable the provider to continuously improve in the necessary areas.
- The manager said they felt supported but had felt it necessary to commit to working beyond their contractual hours to manage the service. There were no records of the manager being supported by the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.
- There were no measures in place for staff to competently cover the manager in their absence. One staff member with responsibility for covering the manager told us, "When [manager] is off there are aspects of her role that I wouldn't know how to do. She gives [nominated individual] managers reports which I don't have access to."
- The manager was already aware of several of the concerns we identified during the inspection. They reported to not have sufficient capacity amongst the senior staffing team to address the concerns more promptly than they had done.
- The provider was not making sure staff had the relevant training, skills and knowledge to be able to always support people in the best way. People received caring support from staff as a result of their personal commitment to the role.

Engaging and involving people using the service, the public and staff

- People and relatives did not always feel engaged or involved in the service. One relative told us, "I've had no request for feedback or a questionnaire". This meant there was feedback which could benefit the service which had not been gathered in order to make service wide improvements.
- People and relatives did not always know who to expect to provide their support. The manager told us there were issues with the electronic system which meant rotas could not be scheduled as far in advance as they were previously. One relative told us, "They had a problem with their computers, they used to give us a

list at the beginning of the week of who was coming and when. The carers themselves don't always know until the night before." This meant that people did not feel involved in the delivery of their care.

- The provider did not always provide relatives with updates and feedback of the support provided. One relative told us, "I don't get an update unless I ask a question. I don't get feedback and its one I could do with. If I know they have taken [person] out, then I know its better to go on a certain day myself to spread it out."

The provider lacked oversight of the service and good governance of quality performance. They failed to sufficiently involve people and staff in the running of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They provided an action plan to improve auditing and confirmed they were actively recruiting for more office staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since being in post, the manager had focussed on improvements to continuity of care for people, manageable rotas for staff and improving staff morale.
- People and relatives said they received a person-centred service. One relative told us of the manager, "She was very responsive and accommodating and caring. I have found her very nice to speak to and understanding."

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 maintained open communication with people and relatives when things had gone wrong. The manager told us that the person concerned had been involved in solutions to avoid further incidents.
- The provider had reliably informed the CQC and the local authority when things had gone wrong and cooperated in sharing information and outcomes of investigations.

Working in partnership with others

- The provider had maintained clear records of communication with other services and we saw evidence of collaborative working with others. One professional told us, "I have regular contact with staff from the Care Mark office which gives me confidence."
- Actions had been recorded in collaboration with the local authority to achieve positive outcomes for a person following an incident.
- Training courses relating to health needs were being implemented in partnership with the NHS. This meant that staff would attain knowledge from specialist sources.

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 9 HSCA RA Regulations 2014 Person-centred care Communication needs were not detailed in care plans. There was a lack of personal history, preferences.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There were not risk assessments in place for known risks. Assessments of new packages of care were not always completed in a timely manner