Caring Professional Solutions Limited

Arbour Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Arbour Care is a domiciliary care agency. It provides live-in personal care to people living in their own homes in the community. It provides a service to older and younger people some of whom may have a with a learning or physical disability. At the time of our inspection the service provided a regulated activity to 27 people.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were not always managed in a safe way which put people at risk. However, people did say that they received their medicines when needed. Medicines audits not effective in identifying the shortfalls.

Daily notes relating to people's care was not person centred. We have made a recommendation around this.

People told us that they felt safe. Relatives felt that their family members were safe with staff.

Recruitment process were robust and staff understood what they needed to do to protect people from the risk of abuse.

There were sufficient levels of staff to support people. Risk assessments were in place for people and staff were aware of how to reduce risks. Staff were following good infection control. Accidents and incidents were recorded. The registered manager was asked to ensure that these records were kept centralised so that analysis could be undertaken.

The principles of the Mental Capacity Act were being followed and staff ensured that they gained consent from people before delivering care.

Staff had the training and supervision necessary to carry out their role. People felt that staff were effective and understood what care they needed to deliver. Staff worked with health care professionals to ensure that people were supported with the health care needs. This included being supported with their food and hydration needs.

A full assessment of people's needs took place before people started using the service. Care plans were detailed and people were fully involved in the planning. Care plans were regularly reviewed and updated. Staff understood the needs of people and were effective in communicating changes in people's care. People were supported to access the community.

People and relatives felt that staff were caring and respectful. People felt that staff assisted with the independence and included them in any decision making. People and relatives developed positive relationships with staff.

People understood how to make a complaint. Complaints were investigated and actions taken to resolve complaints. Other audits and quality assurance were robust and used to make improvements to the care provided. People and staff thought the leadership of the service was good. Staff felt supported and valued. Staff understood the ethos of the service.

The service worked closely with other agencies outside of the organisation. The registered manager ensured that notifications were sent to the CQC where necessary.

This was the first inspection at the service. There is one breach of regulation. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were not always managed in a safe way. People however did say that they had their medicines when needed.

Care plans were in place to manage risks to people. Where accidents and incidents occurred, staff responded appropriately to reduce further risks. Improvements were needed in relation to the recording of these.

Staff understood how to respond to suspected abuse. People told us that they felt safe.

Staff followed best practice with regards to infection control.

There were sufficient numbers of staff to meet people's needs. The provider carried out appropriate checks on new staff to ensure they were suitable before they started work.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed in line with best practice. Staff understood the principles of the Mental Capacity Act.

People were supported with their meals in line with their dietary needs and preferences. Staff worked with healthcare professionals to meet people's needs.

Staff were trained to carry out their roles and worked well together to ensure they worked within best practice guidelines. Staff received an induction and had regular one to ones with their line managers to discuss their work.

Before people started to receive the care a full assessment of their needs took place.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion. Friendships developed between people and staff and the focus from staff was on ensuring that people's emotional as well as personal needs were being met.

People felt that staff always treated them with dignity and respect and we saw that this was the case.

People were able to express their opinions about the service and were involved in the decisions about their care. People were supported with their independence.

Care was centred on people's individual needs.

Is the service responsive?

Good

The service was responsive.

People received personalised care. Care plans reflected people's needs and interests. Care needs were reviewed regularly and any changes were actioned by staff.

People were supported to go out when they wanted.

People were supported at the end of their life.

There was a complaints policy in place that was accessible to people.

Is the service well-led?

Requires Improvement

The service was not consistently well- led.

Medicine audits were not always taking place. Records were not always being made in detail around people's care, and supervision records were not always kept.

There were other appropriate systems in place that monitored the safety and quality of the service. Where people's views were gained this was used to improve the quality of the service.

Staff understood the ethos of the service and bought into the values demonstrated by management. People and staff thought the leadership was supportive and they could go to them with any concerns.

The culture of the service was supportive and staff felt valued and included.

The staff at the service worked with organisations outside of the service to support people's care.

Notifications were sent to the CQC where appropriate.

Arbour Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection and was announced. We gave the service 48 hours' notice of the inspection visit because we needed the registered manager to arrange visits for us to people's homes with their permission. We also needed to be sure that the registered manager would be in the office.

The inspection site visit activity started on 2 August 2018 and lasted one day. It included visiting two people living in their home. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures. There were three inspectors supporting on the day.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

In addition to visiting two people in their homes we called and spoke with five relatives. At the office we spoke with the registered manager, the deputy manager, and two members of staff. We spoke to two members of staff in people's homes. We read care plans for three people, medicines records and the records of accidents and incidents, complaints and safeguarding. We looked at records of audits and surveys.

We looked at records of staff training and supervision. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of staff meetings and evidence of partnership working with external organisations.

Requires Improvement

Is the service safe?

Our findings

There were people who used the service that required support with their medicines. People and relatives fed back that they received their medicines when needed. One relative told us that their family member was supported by staff to take their medicines. They said staff did this safely and made sure their family member received their medicines as prescribed.

However, despite this feedback we found that medicines were not always managed in a safe way that put people at risk of people of receiving the wrong medicine. Medication Administration Records (MARs) was not always recorded according to NICE guidelines. Prescription medication had been hand written on to MAR charts which requires two people to sign that they have checked the information is correct. However, we found no evidence of the happening. There was not always detail regarding how many times medicines should be administered a day and the MAR did not always indicate if the medication should be given as required (PRN) or not. Double signatures were also missing from any changes to the prescriptions.

Recording of reasons why medications were not given were also inconsistent and unclear. On one person's MAR chart, we saw that in May 2018 one person was not given their medication on several occasions however, there was no information in the justification section of the MAR as to why. We were told by the registered manager that there were valid reasons why the medicines was not given however this had not been recorded by staff. In April 2018 one person refused a PRN medicine as they stated their family member had already given it to them. The wrong code was used in the justification section of the MAR chart. There was a risk that staff had the incorrect information relating to the persons refusal to have pain relief.

Incidents and accidents were recorded and actions taken to ensure the risks were minimised however these records were not centralised or analysed. The registered manager told us that that the information related to incidents were "All in my head and are discussed at team meetings." However, they acknowledged that if they were not at work the information around incidents was not all stored together. They told us that they would start to do this.

As medicines were not always being managed in a safe way and incidents and accidents were not always recorded appropriately and analysed this is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people if they felt safe in their homes with the staff from the service. One person said, "She [the member of staff] takes control and looks after my wellbeing. I trust her to do that." A relative told us, "Mum couldn't speak but was able to communicate writing down. Her demeanour showed she was obviously comfortable and contented and very happy." Another told us, "They're [staff] always there in the house with her. It's the companionship."

Staff had a good understanding about safeguarding and the procedures to be followed. One told us, "I would contact the manager [if they suspected abuse]." They were aware of the need to contact the Local Authority if needed. We saw from a quality meeting at the service on 13th June 2018 that pamphlets

regarding abuse would be added to the service's handbook so that people and relatives would also know what to do if they suspected abuse.

People were supported by sufficient numbers of staff to meet their needs. There were approximately 40 current active staff members providing support. Each person had at least one live in carer, and when carers required breaks throughout the day, Field Care Supervisors or relatives provided the support. Additional staff were available to cover short term care packages, respite, staff sickness and staff holiday. A senior member of staff confirmed that in the event of an emergency a Care Manager would cover the shift in the meantime. The registered manager told us that they try to allocate three carers to each person on a rotating shift basis so that there was continuity in care.

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to ensure they were suitable to work for the service. We saw reference checks from previous employers and checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed that they had not been able to begin work at the agency until all checks had been carried out. A member of staff advised us that most of the staff lived abroad but that they had video calls with all of them during their recruitment. They said that all staff had to have a basic level of English and that this was tested on the video interview.

Risks to people were assessed and measures to enable people to live safely in their homes were recorded. Risk assessments included the risks associated with people's homes and risks to the person using the service including moving and handling, skin integrity and specialised plans in place for people requiring them. For example, one person was at risk of falls when bending over due to high blood pressure. Staff were to assist the person to put their socks and shoes on and to ensure they took their blood pressure medication. The person told us that staff assisted them with this. Staff were knowledgeable about the risks to people, such as falling. One member of staff said, "There are a lot of risks involved with [the persons] care." They gave an example of where the person tried to adjust their own cushion whilst they were sat on it, "[The person] feels he can do it. He leans himself. You have to be there to support him."

Staff understood what they needed to do to reduce the risks of spreading infection. Staff wore gloves where needed and people confirmed that staff washed their hands regularly. Staff had access to protective equipment such as hand gels, gloves and aprons when they needed. We saw a member of staff wearing gloves when supporting a person with their care.

In the event of an emergency the service had measures in place to ensure people were kept safe. If there was inclement weather staff would prioritise those people that were isolated or did not have any other support. There were electronic systems in place that secured people's records if staff were unable to access records from the office.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff were knowledgeable about the MCA and the processes to follow if a person was deemed as lacking capacity, they were aware of best interest meetings and who should be involved in them. One member of staff told us, "MCA is a term used to describe the capacity of the person. [Person] can make his own decisions. You discuss with him the risks involved." At the time of the inspection there were no people that lacked capacity to make decisions.

We saw evidence in care plans that people's consent was sought when deciding on care. One person told us, "They [staff] always gain my consent. They ask me if its ok and it makes me feel in control." Another told us, "She [member of staff] asks me what I want to eat, what I want to wear."

People felt that staff were competent in providing care to people. One told us, "We've got a very good one [staff member] at the moment. They [the agency] are doing their best to ensure consistency of care."

People were supported by staff that had undergone a thorough induction programme which gave them the skills to care for people effectively. One person told us, "Staff are well trained. She [the member of staff] tells me about training days if needed. Someone will cover for her." Due to the majority of staff living overseas, the registered manager invited new carers to stay at her house for three days during their induction. This allowed the manager to build a close working relationship with the staff member and time to assess their suitability for the role. One member of staff said that when new staff first start at the service after completing all of the training the, "Carer will go and shadow to see what live in care is all about." They said that on handover days staff will complete a handover sheet to show that staff understand all of the information about people's needs. They said that after the carer starts the management team would, "Always phone the client to see how they are getting on."

We checked the training records and found that all staff were up to date with this. All staff were expected to undertake the care certificate [an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care] unless they already had a similar qualification. One member of staff said, "Induction and training is very good. There is always something to learn and new techniques. I had to do training before I started." They said that the provider, "Brought in staff for them to shadow me." Staff told us that they received supervision every two to three months, as well as receiving visits from staff at the office on a regular basis. One staff member said, "They ask me lots of questions including how I'm feeling." They said that this made them feel less isolated in their role. Although staff and people told us that supervisions took place these were not being routinely recorded. The registered manager told us that they would start doing this.

Spot checks on quality and competencies were completed on staff to check that they were using correct

procedures. A manager would also check that both the person and member of staff were happy with the service. One person said, "I see [the care manager] on a regular basis and she checks that carers are doing ok." One member of staff said, "I make sure the client is ok and the staff member. I tend to go once a week to do observations and supervisions."

Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. One relative told us, "All the professionals that came in were very complimentary of [the member of staff]. Mum was happier than she had been for years." People were supported and encouraged by staff to maintain a healthy diet and to ensure that they ate and drank sufficient amounts.

Care passports were in people's care plans. These documents provide a summary of a person's care and well-being needs that can be taken with them on any hospital admission. This allowed important information to be shared between organisations.

People's needs and choices were assessed in line with current best practice. Prior to using the service detailed pre-admission assessments took place to ensure they could meet people's needs. This was always undertaken with the person and their representatives. One relative told us that staff carried out a comprehensive assessment before their family member began to use the service. They said they were encouraged to contribute to this. Detailed pre-admission assessment included access to the home, the person's full medical history, the care required, risk assessments, the dependency level, any allergies, medicines and consent to care. Another relative told us that the registered manager met up with the family and the person. The person had a progressive illness so they were needing to update the care plan regularly. They said that the registered manager liaised with other services for them such as the speech and language therapist, occupational therapist and the palliative care team.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the caring nature of staff. One person told us, "She [staff member] is a very caring person." They said they would not have anyone through the door that did not care. They said, "[The carers] are nice and polite." Another person said, "They're [staff] never rude, always there when I need them and keep the place clean. She looks after me…. she's a diamond."

A relative told us, "She [the member of staff] is a very kind girl. She is very good with [family member]. She is very fond of him." Another relative said, "They're [staff] quite caring, they give my mother back massages as she has a lot of pain." A third told us, "[Member of staff] gave mum an anniversary card when she had been there a year as a carer."

We observed interactions between one person and their care staff. They were joking and laughing together and we could see that they had developed a good relationship.

People said that staff were always respectful and treated them with dignity. One person said, "At all times they [staff] treat me with respect and dignity. They don't just come along and do things." They said, "They come and introduce the carer to me and that's really respectful." One relative said, "She [the staff member] was very respectful. When Mum couldn't move out of the lounge and she needed the commode she always asked me to leave the room'. [The member of staff] would always move the bed out of the lounge during the day in to the alcove as their family member didn't like seeing it in the lounge. Another relative said, "She [member of staff] is very patient." Staff understood how to treat people respect. One said, "You have to listen to him [the person]. He likes things in a certain way. You have to very patient and respectful of that."

People were always introduced to staff before they started providing care to them. One person said, "The carers are always introduced and it's a good handover." One member of staff said, "We will always be there to introduce the staff to people." This was confirmed with people with spoke with. Staff supported people with their emotional needs. One staff member said '[The person] misses his wife and his family so it's important to respect this and be kind to him and make him laugh. I make sure I'm very nice and kind to him and he does the same for me."

A member of staff told us that they try to match people and staff based on their interests. One person said, "They have a good matching service." A relative said, "I think it was the choice of the matching of the carer with mum. [The registered manager] took in to account my mum's interests and personality". A member of staff said, "I get to know the person and the staff really well. We try to match on personalities." They said that they have a carers biography that they sent to people to see if they were happy with the suggested member of staff. They said, "If you understand clients it's so much easier to deal with what they want."

Staff were positive about the people they cared for and what the role meant to them. One person said, "I just love my job. This allows me to be in touch with the elderly." Another said, "I love it here. Having input with people's care. It feels great. Being able to give that to someone else. Its takes five minutes to have a chat." A third told us, "'When we [them and the person] are together we are like family."

People and relatives said they felt involved in the planning of their care and were supported with their independence. One relative said their family member had a care plan in place and that he had been consulted about this and involved in the development of the care plan. We asked if the care plan met their family member's needs. They said, "I'm confident that it does." Another relative said, "[The family members] choices were always sought. It wasn't assumed, but it was always a question." A third told us a member of staff had been, "Very successful" in encouraging their family member to be more active and develop their independence. They said, "He came on in leaps and bounds with her [the member of staff]. She had a way about her that he really responded to." A member of staff told us when referring to the person they supported, "I support his independence. Whatever he can do let him do it, even if it takes ages."

Good

Is the service responsive?

Our findings

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. These were reviewed on a regular basis. Where people's needs changed over time the care plans had been updated to reflect the new support the person required from staff. One relative told us, "The [care] plan they made for my mother was a good one. It was a good source of guidance. They provided two carers that gave the best quality care. I think they are responsive to people's needs."

The care plans were written in a person-centred way and provided detailed guidance for staff on how best to support the person. Care plans gave details of life history, likes and dislikes and a clear explanation of their health needs and conditions. For example, there were people using the service that had epilepsy. Guidance was in place for staff around this condition and what to do in the event of a seizure. Moving and handling assessments were detailed and included a step by step guide for all transfers requires and what to do in the event of a person falling. There was information for staff on how dementia may impact on the person they were caring for and guidance to support the person with this.

The registered manager informed us that staff were asked to complete a detailed care plan (involving the person and their families where appropriate) and daily routine in the first two weeks of the service starting. Their policy also stated that people using the service would receive a review six weeks after the service starts or when there was a need to hold another review such as a returning home after a hospital admission. This meant that people's care plans had been updated regularly. We saw that this was taking place. One person told us, "The carer was experienced. She was clearly well briefed around my mum's difficulties which was quite complex." One member of staff said, "Everything is noted in his [the person] care plan. I was given lots of information. The care plan is very good. If needs change I note the changes." Staff told us that they would ensure that any care provided was written in the person's notes. We saw that this was taking place.

People and relatives felt that staff understood the care that needed to be provided. One person said, "She [the carer] follows direction. It's a bit of me telling her and the care plan." They said their carers, "Make themselves familiar with it and [staff name] comes and does the reviews." A relative told us, "[Staff name] was helpful to us too, as she knew mum's needs more than we did. [Staff name] was very good at communicating with us and helping us communicating with mum. They would have lots of laughs together."

People were also supported to participate in activities and to go out. One relative said the current member of staff encouraged their family member to be active. They said the member of staff suggested blackberry picking at the weekend and had accompanied their family member on this activity. Another relative told us that a member of staff took a lot of time with their family member to make sure they were spending time with her. They said, "They'd plan the TV viewing together. She [staff member] was talking through with mum what they were going to do."

People were supported with their care at the end of their life. One relative said, "When [their family member] was dying [staff member] chose to sleep in the lounge with her so she knew someone was there. She [staff]

cancelled her flight (home) and stayed on so she could be with mum while she died." An end of life care plan was completed for the person.

The service viewed concerns and complaints as part of driving improvement. We asked people and relatives if they knew how to complain and how the agency had responded if they had complained. One person said, "It's very easy to complain. If I had a problem, I'd just ring them up and tell them." They said they had told the agency one member of staff had been "unsuitable" and that the agency had willingly arranged for another member of staff to be assigned. Another person said, "I've never had to make a complaint. I would speak or liaise with [the deputy manager]." They told us that one member of staff imposed their opinion on them and they raised it with the office and this was dealt with. There was a complaints folder in place and each one was investigated in detail and a response provided to the complainant to their satisfaction.

Requires Improvement

Is the service well-led?

Our findings

People and relatives told us that they were happy with how the service was managed. One person told us, "I feel they have a good management system." Another told us, "[The registered manager] is definitely approachable as a manager. I could ring they would immediately get back to me." A relative told us, "They are very pleasant, the people who run Arbour Care."

People's daily notes were task focused rather than person centred. In one person's daily notes we found entries that said, "Watching telly", "Gave him lunch" and 'Leg bag checked." These lacked person-centred information such as what was that person ate, how they felt throughout the day and what conversation topics were spoken about. This information can help provide responsive and personalised care to a person. A member of the management team told us, "We have realised paperwork isn't as person centred as they need to be."

Processes in place to audit quality did not always identify areas of improvement. We found that the care managers were currently auditing one care plan each per week. They had identified that care plans and daily notes needed to be more person centred and were working towards achieving this. However, medication audits had not picked up on the issues we identified on the day of inspection. The registered manager to us that they, "Recognised that the medicines' audit process needed to be improved and had a renewed audit procedure in place." We will check this at the next inspection. One person required a bowel movement chart to ensure that their continence needs were recorded and monitored. However, we found that this had not been completed. We brought this to the attention of the service who said that this would be resolved.

We recommend that records relating to care and treatment are person centred and that audits are robust around the delivery of care.

Staff told us that they felt supported and were happy with the leadership at the service. A member of staff said, "The manager is good. [Registered manager] will always go the extra mile for carers. She has helped them financially and given them somewhere to stay." Another said, "She [the registered manager] is always approachable. She tries to have a very personalised approach. Makes life easier."

Staff told us that they felt valued and that this in turn gave them the motivation to do their job well. One member of staff said, "I like this company. I get my breaks and I need them." They said, "Communication is one of the strongest. They check on me when I start with a client." Another told us, "I do feel supported. If I have any issues it's not long before I get a response." They said that they felt appreciated, "They always praise and say thank you." The management team were also working towards a monthly newsletter for staff to include important updates as well as a 'carer of the month' award to recognise outstanding work.

The provider formally sought the opinions of staff to make improvements. One member of staff said, "[Person] has very complex needs and we have a good handover [with staff]. I suggested a two-day handover and they [management] accommodated this and this relieved my worries." Meetings also took

place for staff to attend. One member of staff told us, "We discuss clients and the way forward with care and support." Another told us, "I don't have lots of possibilities to talk with other carers." They said that they liked the staff meetings because, "If there's a better way to do things and share knowledge. I enjoy meeting together. It's very hard in this job."

People and their families were asked for their views of the service being provided so that improvements could be made. One person told us they were happy with the way the agency communicated with them. They said, "When we first started using them, they were in touch on a weekly basis. It's not so frequent now but they do keep in touch quite well." People were asked to complete a survey once a year to gather their views. The survey was due to be distributed in the next couple of weeks after the inspection. The comments received on the survey from July 2017 were positive. These included, "She is the perfect carer. She doesn't mind what she does, always happy to help" and "Both these carers were kind, efficient, and unfailingly helpful and a joy to have in the house." The survey also confirmed that all people felt positive and happy with the care they were receiving.

Other than the audits around medicines other quality assurance arrangements were robust and the need to provide a quality service was fundamental and understood by all staff. Various audits were carried out such as financial spot checks and care plan audits. The registered manager would discuss any shortfalls with staff and record this in the event that this needed to be raised again.

Other than the daily notes, the records that were kept at the service were comprehensive, well ordered and easy to navigate. There was a continuous improvement plan in place with deadlines for actions to be completed through the year.

The visions and values of the service were regularly discussed with staff and staff understood them. The aims of the service according to their policy stated, "We aim to be the best providers of live in care." Their statement of purpose states, "Offer skilled care to enable people, supported by us, to achieve their optimum state of health and wellbeing." One member of staff told us, "We are here to provide the best care that we can for the elderly in our society." Another told us, "It's about giving opportunity to love how they want to live. If you can give the support and live at home you should."

The service worked closely with other agencies outside of the organisation. The service liaised with other organisations such as the local authority in order to provide effective care. The registered manager had worked in partnership with the GP and social worker to ensure that one person received the care that they required in order to meet their care needs.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that the management of medicines was always safe.