

Citizenship First Ltd

Citizenship First - 350 Glossop Road

Inspection report

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Sheffield
South Yorkshire
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17 December 2018

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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?

Inadequate 

Summary of findings

Overall summary

The inspection of Citizenship First took place on 12 and 17 December 2018 and the 4 January 2019. We last inspected the service on 7 and 8 August 2017. At that time the service was not meeting the regulations related to staffing and good governance and was given an overall rating of requires improvement. This was because staff did not receive appropriate support, training, supervision and appraisal, the service had not maintained an accurate, up to date record in respect of each service user and quality assurance processes were not effective.

The provider sent us a report of the actions they would take to meet the legal requirements of these regulations. The provider stated they would be compliant by January 2018. At this inspection we checked to see if the necessary improvements had been made and we found continuing concerns relating to staffing and good governance.

Citizenship First is a domiciliary care agency registered to provide personal care for people living in their own homes, flats and specialist housing. Not everyone using Citizenship First receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. They are registered to provide personal care to people over 16 years old with a learning disability. They support people to live as independently as possible in their own homes in the Sheffield area.

At the time of the inspection Citizenship First were supporting 26 people with the regulated activity.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

There was a manager at the service who was registered with the Care Quality Commission (CQC.) A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

At the last inspection we found issues with risk management. At this inspection we found continuing issues with risk management. Care plans did not always contain sufficient information, up to date and relevant information to provide direction for staff, and information about how to reduce risks.

At the last inspection we found the records checked in people's homes did not always correspond with the records kept at the office. At this inspection we found people did not have corresponding records in their home. This meant care workers may not have access to important information about how best to support

people and keep people safe.

At the last inspection we found systems were not sufficiently embedded to assess, monitor and improve the quality and safety of the service provided. At this inspection we found the quality assurance framework was not sufficiently robust and did not give the registered manager and the provider effective oversight. Audits were not always effective in identifying and addressing the issues we found on inspection and accurate records were not always kept.

The registered manager and registered provider failed to monitor and improve the quality and safety of the service and had not taken action following our last inspection to meet the continuing breaches of the regulations in line with their action plan.

This was a continued breach of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. Regulation 17: Good Governance.

At the last inspection we found staff had not received sufficient support, training, supervision and appraisal necessary to carry out the duties they were employed to perform. At this inspection we found continued concerns. The provider did not have adequate oversight of staff training and development. Staff competency checks, in respect of medicines, had not been carried out in line with National Institute for Health and Care Excellence (NICE) guidelines and staff had not always completed the necessary training the providers organisational policy required.

We have made a recommendation that the service consider the National Institute for Health and Care Excellence (NICE) best practice guidelines on 'Medicines management for people receiving social care in the community' and take action to update their practice accordingly.

This was a continued breach of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. Regulation: 18 Staffing.

The provider kept records of accidents and incidents, but these were not always analysed to identify any ongoing risks or patterns and to identify what required improving.

At the last inspection we found the provider had not notified us about certain changes, events and incidents that affect their service or the people who use it. At this inspection we found the provider had submitted all the necessary notifications.

People we spoke with gave mixed comments about the care workers who regularly supported them. They told us their care workers were 'kind' and 'caring', but sometimes 'lacked direction' and were 'lazy.' There were mixed responses from people about regular and consistent staff.

Staff had undertaken training in safeguarding vulnerable adults from abuse and could explain their roles and responsibilities about keeping people safe. Staff were clear who they would report any concerns to and were confident action would be taken to address their concerns.

Staff recruitment procedures were thorough and ensured people's safety was promoted. The provider had undertaken all the checks required to make sure people employed at Citizenship First were suitable to work with people who may be vulnerable due to their circumstances.

People were supported to have maximum choice and control of their lives and staff support them in the

least restrictive way possible; the policies and systems in the service support this practice. Staff were aware of the importance of seeking consent from the people they supported and told us people had capacity to make decisions about their care for themselves.

There was a complaints procedure in place. There was a mixed response from relatives when we asked if they felt listened to when they raised any issues with managers.

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 always safe.

Some people's risk assessments did not contain measures to reduce risk and further improvement was required.

Staff's competency to manage people's medicines was not routinely assessed.

A thorough recruitment procedure was in place. Staff were aware of whistleblowing and safeguarding procedures.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Systems in place to provide staff with appropriate support and training to enable them to carry out their duties still required improvement.

Staff were aware of the importance of seeking consent from people they supported and told us people had capacity to make decisions about their care for themselves.

Is the service caring?

Good ●

The service was caring.

People using the service told us staff were caring.

Care workers knew people well and related to them with dignity and respect.

Staff knew to always maintain confidentiality.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans did not always contain sufficient, up to date and relevant information to provide direction for staff.

Some people using the service did not have an accurate and up to date care plan in their home.

The provider had a complaints policy and procedure in place and people were aware of how to raise concerns.

Is the service well-led?

The service was not always well led.

We found systems did not assess, monitor and improve the quality and safety of the services provided.

Staff meetings took place to review the quality of service provided and to identify where improvements could be made.

The service had a full range of policies and procedures available for staff.

Inadequate ●

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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 checked 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 inspection took place on 12 and 17 December 2018 and 4 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or visiting people. We needed to be sure that they would be in.

The inspection team was made up of two adult social care inspectors.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We had also received a provider information return (PIR) from the provider, which helped us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we visited one person using the service and one relative of a person using the service in their homes. We also reviewed, with their permission, their care and medicine records which were kept at their home. During the inspection, we contacted four relatives of people who used the service. We spoke with three relatives by telephone.

We visited the service's office and we met and spoke with the registered manager, the administrator, the development manager, the recruitment officer, two assistant managers and two support workers.

We spent time looking at written records, which included four people's care records, six staff records and

other records relating to the management of the service such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

People we spoke with told us they felt safe with staff from Citizenship First. One person said, "I feel safe yes. No problems."

At the last inspection we found there had been some improvement in relation to people's risk assessments. At this inspection, there were issues with how risk was managed. We found risk assessments did not always provide sufficient information to provide direction for staff, or information about how to reduce risks.

We saw in one person's file a moving and handling risk assessment which listed the equipment required by the person which staff would need to utilise, including, a wheelchair and bed rails. The risk assessment did not give staff any guidance about how to support the person, and there were no measures recorded regarding how to reduce or mitigate the risks. For example, the risk assessment did not include details of the number of staff required to safely support the person, the sling size or the loop configuration to use, as directed by a health care professional, to ensure people's safety. Although we did not find this had negatively impacted on people, the lack of a detailed written assessment and support presented a continued risk that staff may use inconsistent and ineffective practices whilst supporting people.

At our last inspection, we found that the information that was kept in the office did not always correspond to the information kept in the person's home. We visited one person in their home and found there were no care records available in their home to inform staff of any potential risks and guidance to staff in how to support the person safely at their home or in the community. This meant care and support was not always planned and delivered in a way that reduced risks to people's safety and welfare.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

At the last inspection we found staff were not following the medicines policies of Citizenship First or Sheffield City Council, the latter being a policy specific for care home agencies providing care and support in people's homes. At this inspection, there were continued concerns relating to the training of staff in the safe handling of medicines. Care staff had not received the most up to date training in the safe management of medicines and there was a risk staff may not have the necessary skills and competency in the safe use of medicines.

We checked three staff files and found there was no record of spot checks or medicines training in the staff files. The providers medication policy stated, "Care Providers will be responsible for quality assuring their training and assessing the competence of their Care Workers, both before working in the field and subsequently. This will only be accomplished by direct observation at least annually." Medication competency assessments are a way of checking staff understand the training and what it means in practice. Staff were unsure if they had received a competency assessment. Staff we spoke with told us, "I did medication administration e learning but I have never been observed giving out medicines, but I feel okay about doing it. Another staff member said I think I have had a spot check but I am not sure if this check

included medicines administration."

We reviewed the staff training matrix and we found 43 staff had not had an assessment of their competency to safely administer medicines as in line with the providers own policy or NICE guidelines.

We checked the medication administration records (MAR) of three people using the service and found in two of the records there were different medicines recorded on the MAR to the medication support practice guidance which was in place. This meant there was a risk people may be given the incorrect medicines.

Where people were prescribed medicines to be taken as required (PRN), for example to reduce their pain, there were protocols in place, however these did not contain sufficient information. These should provide guidance to staff at what point these medicines should be considered for administration to reduce inappropriate administration of these PRN medicines. For example, we looked at a 'physical health and medication plan' which showed staff were administering topical creams as and when required, but it did not show where the cream should be applied. This meant there was a risk people may not receive their medicines as prescribed.

This is a breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager said they would take immediate and responsive action to ensure all staff had an assessment of their competency to safely administer medicines.

We recommend that the service consider the National Institute for Health and Clinical Excellence (NICE) best practice guidelines on 'Medicines management for people receiving social care in the community' and take action to update their practice accordingly.

Care staff we spoke with were clear about their responsibilities to ensure people were protected from abuse and they understood the procedures to follow to report any concerns or allegations. Staff knew the whistleblowing procedure and said they would be confident to report any poor practice to ensure people's rights were protected.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. We saw when an accident had occurred the relevant documentation was completed. However, there was no record to show the registered manager had investigated the cause and effect of each accident and incident and whether these were linked to identify any trends and common causes or whether action plans were put in place to reduce the risk of them happening again.

The registered provider followed safe recruitment practices. We checked three staff files and saw they included relevant records for the recruitment of staff, including checks with the Disclosure and Barring Service (DBS). This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. This showed recruitment procedures in the service helped to keep people safe.

Staff told us and rotas we reviewed told us there were enough staff to complete visits. We asked people if their care visits were ever missed or late. All the people we spoke with us they had not had any missed visits since our last inspection in August 2017.

People and relatives we spoke with told us staff took steps to reduce the spread of infection, saying staff wore protective clothing, such as gloves and aprons when completing personal care tasks. Staff members

we spoke with said aprons and gloves were kept at the office and all staff could collect what they needed when they visited the office. This showed the service had taken steps to ensure the people and staff were protected from the risk of infection.

Is the service effective?

Our findings

At our last inspection in August 2017, we found evidence of a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Staffing. This was because the provider did not have effective systems and processes to ensure staff received appropriate support, training, professional development, supervision and appraisal necessary to carry out the duties they were employed to perform.

The registered provider sent us an action plan identifying actions to be taken and timescales for completion in order for them to meet regulation.

At this inspection we found further concerns with the support, training, professional development, supervision and appraisal of staff.

We asked people using the service whether staff had the knowledge, skills and training to care for them effectively. We received mixed views from people using the service. One relative said, "I'm very happy with the care workers. It's the management. There's never any reviews or spot checks like there used to be" and "The care staff are lovely but they need a little direction."

We saw in staff files there was evidence that new staff received an induction before they started work. New staff were supported to complete an induction programme in line with the Care Certificate. The Care Certificate is a national induction programme designed to give all new care workers the same knowledge, skills and behaviours when they begin their roles. The induction also involved shadowing other members of staff to learn the best ways to care for people.

In the staff records we saw staff completed training including safeguarding, health and safety, equality and diversity, mental capacity, and moving and handling. Staff received some on-going refresher training in a variety of topics as well as practical training in the use of equipment, such as the safe use of hoists.

We reviewed the staff training matrix and found gaps in mandatory training. For example, the providers training policy stated that, "As a minimum, all new support workers will be sent on the following courses which will be certified, health fire and safety, moving and handling, safeguarding adults, medical policy training, value based social care." We reviewed the training matrix and found 7 staff had not completed safeguarding training, four staff had not completed moving and handling training. This meant some staff may not always have the appropriate knowledge and skills to perform their job roles effectively.

We raised this concern with the registered manager who said they would take immediate action to address this concern. This showed the system in place to ensure staff received training to enable them to carry out their duties required further improvement.

At this inspection, we reviewed the staff training and supervision matrix and found 23 staff had not received an appraisal. This was reflected in the feedback received by staff. Staff told us since the new managers had started in post things had generally got better and others were unsure if they had supervision or not.

Records we reviewed showed nine out of ten new starters had not had a formal supervision and 41 care staff had never had an appraisal. The lack of regular supervisions and appraisals meant their professional development needs were not being reviewed. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. This meant we could not be assured all staff had been trained, supervised, appraised and had their competency checked in line with nationally recognised guidance e.g. NICE.

The above issues were a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, staffing, because staff did not always receive sufficient supervision, appraisal and training to carry out their roles effectively.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions any made on their behalf must be in their best interests and as least restrictive as possible.

At the last inspection we recommended that the provider reviewed their processes in relation to the Mental Capacity Act 2005 (MCA) Code of practice and the principles of the Deprivation of Liberty Safeguards (DoLS).

At this inspection we found improvements had been made to ensure people who lack capacity are at the heart of the decision-making process and enabling the person to make his/her decision. We found where people's mental capacity was in doubt, there was a decision specific mental capacity assessment and best interest decisions regarding the specific decision. For example; we saw care records contained mental capacity assessments in relation to the safe administration of medicines. This meant the service had ensured all the correct processes were followed to protect the rights of the people they supported.

Staff we spoke with were able to describe the main principles behind the MCA. One staff member told us, "There are certain types of decisions which might require a mental capacity assessment and best interest decision to be recorded." Staff members told us how they sought consent before assisting with any care tasks. This meant they had the skills and knowledge to ensure people's rights were protected.

Some people using the service were supported with planning and eating meals and drinks. We saw records of people's food and drink preferences in their care records. Staff told us how they supported healthy eating by offering choices.

Each of the care plans we looked at recorded the contact details for the person's GP and other relevant health professionals. Staff we spoke with explained if they thought someone's health needs had changed they would prompt them to visit the doctor or would contact the person's family and pass on their concerns to them if appropriate. We saw from records, concerns about a person's health had been passed on to the relevant health professional or family member when people were not able to do this for themselves. This showed people using the service received additional support when required for meeting their care and treatment.

Is the service caring?

Our findings

Most people we spoke with told us staff were caring and they had a good relationship with the staff who supported them. One person said, "The staff are really caring, they know [Relative] so well."

Staff told us they enjoyed working with people who used the service. One staff member said, "I enjoy it a lot. It is interesting spending time with different people, different challenges."

The service gave staff the time they needed to provide care and support in a compassionate and personal way.

Staff told us they usually supported a regular small group of people and people told us this was the case. This meant most of the time people were supported and cared for by staff who knew them well.

We saw care records contained information about the tastes and preferences of people who used the service, including a short personal profile. Care staff spoke about the people they supported in a caring and professional manner. They expressed knowledge of people's needs and demonstrated an understanding of the need to treat people as individuals.

Care plans informed staff how to communicate in the most effective way with people. This meant staff supported people with their communication needs.

Staff told us they respected people's diverse needs by ensuring they understood the person through their care plan, talking with them and their families and supporting their lifestyle choices. Care plans contained details of people's religious or cultural needs. The registered manager gave us examples of people from different religious backgrounds they had supported and told us they treated people equally and tried to match people and care staff with specific interests. This showed the service took note of people's individual preferences.

We asked people if staff maintained their privacy and dignity; they told us they did and daily records reflected this. This demonstrated privacy and dignity was respected by staff.

People told us they were supported to remain as independent as possible in their daily lives and we saw from records they were encouraged to do what they could for themselves. Care plans detailed what people could do for themselves and areas where they might need support. One staff member said, "I encourage people to do as much as they can. If they are struggling, I give them a hand." Staff were aware of how to access advocacy services for people if the need arose.

Is the service responsive?

Our findings

At our last inspection in August 2017, we found evidence of a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because some people's care plans needed updating.

The registered provider sent us an action plan identifying actions to be taken and timescales for completion for them to meet regulation.

At this inspection, we found sufficient improvements had not been made to meet all the requirements of the regulation. We asked relatives if their family member's care plan had been reviewed. One relative said, "I don't think so. We used to have regular reviews to see how things are working and we don't have them anymore" and "We have had a review recently, but only because I asked for it because my [Relatives] needs have changed and the care plan needs to change to reflect those changes."

Care plans included personal information, such as details of people's preferences and hobbies, for example, "My family and friends are really important to me." These details helped care staff to know what was important to the people they cared for and helped them take account of this information when delivering their care.

Care plans contained information in areas such as health, nutrition, hygiene and Infection control, interests, financial, practical support, service provided and risk assessments. However, we found some support plans had not been reviewed on a regular basis to make sure they provided an accurate reflection of people's needs. For example, a note in one person's care records said, "All risk assessments need reviewing in person and was dated 29 January 2018. We checked to see if the risk assessments had been reviewed and found this had not happened. This meant we could not be assured this was an accurate and up to date record of the person's needs.

We found some information in care plans was contradictory, for example one person's care plan recorded that the doctor had prescribed medication for a certain specific health condition and in another part of the persons care plan stated, the GP had checked to see if the person had this specific health condition and they had not. This gives staff contradictory information about the persons health and wellbeing.

This meant care plans were not always accurate and up to date to provide information and direction for staff and demonstrated a continued breach in Regulation 17, good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each care plan recorded the individual's details as well as a summary table of the visit times and the support care staff were to provide at each allocated care visit.

The service had an easy read complaints procedure which was included in each person's contract agreement when they started using the service and people we spoke with and staff were aware of this and

the procedure to follow for making a complaint.

The registered manager was aware of the requirements of the Accessible Information Standard. This requires them to ask, record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We found information regarding people's communication needs and the communication needs of their carers was recorded in care plans, for example information about people's hearing, vision, communication and memory.

The provider had sent quality surveys to people using the service or their representatives. The quality assurance surveys had been produced in an easy read format so that people could understand them. We were provided with a copy of the results of the survey which reflected positive results.

Is the service well-led?

Our findings

At our last inspection in August 2017, we found evidence of a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because systems or processes had not been established and operated effectively to ensure compliance with the regulations

The registered provider sent us an action plan identifying actions to be taken and timescales for completion for them to meet this regulation.

At this inspection, we found the quality systems and processes continued to be insufficiently robust and did not give the registered manager effective oversight of the quality and safety of the service.

Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. For example, the staff recruitment and training log had not been updated to give the registered manager adequate oversight of the service. Staff files we checked did not include records of spot checks or assessments of people's competencies in the safe handling of medicines and moving and handling as required by the providers own policies and procedures.

Staff records showed staff had not had the necessary support supervision and appraisal and training to carry out their roles effectively.

Accidents and incidents were being reported and recorded by staff. During the inspection we were told that there was no recording and monitoring the actions that should be taken to prevent the incident reoccurring. Also, that there was no analysis of the incidents to identify if there were any patterns or trends in the accidents and incidents occurring, or any lessons, which could be learnt. Since the inspection, we were informed that the Head of Service did carry out analysis and actions. This showed the system in place to assess, monitor and mitigate the risks relating to health, safety and welfare of people using the service required improvement as the registered manager was not aware of this and therefore had no oversight.

Audits of care plans had not been effective in identifying gaps and discrepancies. This had not ensured where improvements were required these had been identified and rectified. This showed the system in place to assess, monitor and improve the quality and safety of the services provided required further improvement.

During the inspection we found continued concerns relating to people's records not being kept at the persons home to give staff guidance in how best to support the person.

The information above meant there was a continued breach of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. Regulation 17: Good Governance.

We asked people and their relatives if the service was well-led. One person said, "There's just a constant

changeover of management, you never know who you are talking to" and when asked if they would recommend the service the person said, "No, I would not recommend the service at all."

We asked staff if the service was well led. One staff member said, "Sometimes, yes. There is some lack of communication. But it's getting better." Another staff member said, "It's a good company to work for. The change of managers has made things better. Although I do think communication could be better."

Regular staff meetings were held to share information with staff. Topics included rotas, importance of boundaries, safeguarding, complaints and compliments, record keeping and training and supervision. Meetings are an important part of a registered manager's responsibility to ensure information is disseminated to staff appropriately and to come to informed views about the service, although our findings indicated they were not always effective in sharing the required information.

We found a full range of policies and procedures were available at the office. These had been reviewed to make sure up to date information was available to staff.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

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 did not have safe systems in place for the safe management of medicines and risk assessments were not sufficiently detailed.</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The quality assurances systems and processes continued not to be sufficiently robust and did not give the registered manager effective oversight of the quality and safety of the service.</p>

The enforcement action we took:

warning notice

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider continued not to have effective systems and processes to ensure staff received appropriate support, training, professional development, supervision and appraisal necessary to carry out the duties they are employed to perform.</p>

The enforcement action we took:

warning notice