

Awesome Healthcare Solutions Limited

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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

We inspected the service on 6 December 2018. The inspection was announced.

Awesome Healthcare Solutions Limited is a domiciliary care agency which provides care and support for people in their own homes. Care is provided for a range of people including older people and people with dementia. Not everyone using Awesome Healthcare receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection there were 55 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

The provider had an appropriate recruitment policy but did not always adhere to it to ensure suitable staff were selected to support vulnerable people as we found inconsistencies with references during staff recruitment. Staff we spoke to were aware of safeguarding processes. Staff were able to tell us the different types of potential abuse people may experience and were aware of how to report concerns to outside agencies. Medication records contained omissions and lacked information. Risks to people's health, safety and well-being had not always been identified and the information to guide staff about how to support people in a way that minimised these risks was insufficiently detailed.

We received mixed responses regarding the measures in place to minimise the spread of any infection. Staff told us they had a plentiful supply of equipment such as, gloves and aprons. However, some people told us, "Some of these carers are messy and leave their disposable gloves around the house when they've finished with them," and "My carers wear gloves, but I've never seen an apron being worn."

Accidents or incidents that had occurred had been appropriately recorded but not sufficiently investigated or resolved. For example, the missed or late calls had been identified by the provider's electronic monitoring system. These had then been recorded and reported to the local authority. However, the longstanding nature of the issue in people's experience did not demonstrate that lessons had been learned.

The provider did not always work within the principles of the Mental Capacity Act (MCA). Capacity assessments and best interest decisions were not always in place where required. Care records lacked detail on the specific decisions people who were assessed as lacking capacity would require support to make. Staff told us they sought people's verbal consent before they provided care and support.

The training schedule and records we looked at showed staff were up to date with their training.

People often received support which was much earlier or later than their preferred time, or sometimes did not receive support at all. They told us the uncertainty made them feel anxious. Where required, people were prepared food in line with their preferences and dietary needs.

People told us that they were supported by caring staff. One person told us, " The staff are kind and they treat me with respect, for example they always listen and act on what I say. The staff respect my privacy and dignity for example they protect my modesty when they are delivering personal care. They cover me with a towel and close the door."

People did not always receive support at the time they wanted it. We received a significant amount of feedback from people about poor timekeeping of staff. Although people were asked what time they wanted support to be provided as part of their assessment, the person's preferred times were not always met. People told us the inconsistency could have a negative impact on them.

We looked at the provider's complaints policy and found it did not direct complainants to any source of external remedy. The registered person told us policies were regularly reviewed and updated, but these reviews had failed to recognise that the complaints policy lacked this important information. People's comments on complaints included, "We have tried to complain, but there's been no success," "In terms of our recent complaints, I would have hoped that things would have changed, but nothing's changed. I am completely disillusioned with it all."

Accidents and incidents were recorded, although any review and action was not sufficient to minimise the risk of them happening again. Environmental risk assessments were completed which considered risks to both staff and people receiving care. Where required people were supported to access healthcare professionals and guidance provided was followed.

Quality assurance processes were not always effective in ensuring that any shortfalls in the service were identified and acted upon.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 always safe.

Risks to people's health, safety and welfare were not always identified. Management plans were not sufficiently robust to minimise risk.

Staff recruitment practices were not always safe. Records failed to demonstrate the provider's policy had been followed.

People were protected from abuse.

People's medicines were not always appropriately recorded.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were trained on the Mental Capacity Act 2005 (MCA) and understood its principles. However, these principles had not always been applied.

New staff completed an induction programme and staff undertook essential training to support them to meet people's needs.

People had access to healthcare professionals as required.

Where people required support with food preparation this was provided in line with people's needs and preferences.

Is the service caring?

Good ●

The service was caring.

People were supported to be as independent as possible.

People were treated with dignity and their privacy was respected.

Staff were kind and caring.

People were involved in decisions about their care.

Is the service responsive?

The service was not always responsive.

Care plans provided detail of what staff needed to do and what the person could do for themselves.

There was a complaints policy in place which required updating. People told us they felt their concerns were not always acted upon.

People were placed at risk of not having their needs met in a consistent way as care visit times were not consistent.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The service had quality assurance systems in place but these were not effective in highlighting shortfalls found during this inspection.

People's views were sought through regular reviews.

Staff told us the management and leadership of the service was supportive and approachable. However, people told us the management were difficult to contact.

Requires Improvement ●

Awesome Healthcare Solutions Limited

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 6 December 2018 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was undertaken by two adult social care inspectors. Following the inspection an Expert by Experience contacted people who used the service to gain their feedback. An Expert by Experience is a person who has personal experience of using this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). 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. We reviewed the PIR and other information we held about the service. This included feedback from the local authority and past reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five staff members and the manager, who had applied to register with CQC. We looked at eight care records and medicine administration records. We reviewed five staff members' recruitment, training and supervision records. We also checked records relating to the management of the service including quality audits.



Is the service safe?

Our findings

At the last inspection on 12 December 2017 we found breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that medicines were suitably managed. The provider had also failed to identify planned visit times recorded on the system were often different to what was recorded in practice.

At this inspection, there were further concerns relating to the recording of medicines. One of the medicines administration records (MAR) charts we checked was handwritten but there were no staff signatures so it was not clear who was responsible for the accuracy of it. The chart showed that staff were administering eye drops to the person, however, the MAR chart simply said, "eye drops" and did not record what the eye drops were. Nor did it state whether they should be administered to one or both eyes. The chart also showed that staff were administering a transdermal patch to the person. There was no information relating to where on the person's body the patch had been applied. The same person's daily notes showed that staff had applied an analgesic cream to the person. This was not recorded on their MAR chart and it was not clear under what authority staff had applied this medication. One person told us, "I get my medication correctly in the morning afternoon and evening. When the carers are running very late this can be a big problem, because I need a 3-hour gap between my medication."

Risk assessments we checked were at times absent or not fit for purpose. For example, one person was described to us by staff and the registered person as abusive toward staff. We checked their records and found there was no risk assessment for staff relating to how to manage this behaviour. We asked the registered person about this and they gave a number of explanations about its absence, including telling us that the presence of a risk assessment in the person's file would be distressing to them. This person's behaviour had resulted in the provider terminating their contract to provide care, but there was no evidence of any guidance for staff about how to address or manage this risk. Another person's file contained information stating that they had once caused a fire when cooking. Again, there was no risk assessment relating to the risk of fire, meaning it was unclear how the provider was managing this risk.

The issues of risk assessment and medicines are a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's recruitment policy stated staff should have two references, one which should be from their most recent employer. However, we found the provider was not adhering to their own policy.

Three staff members had references from the same person. These references did not show which employer this person represented. We asked the registered person and a member of the management team about this. They said that this was because all three staff had been employed at another service together. However, their application forms and work history did not support this account. Furthermore, one of the references stated that the staff member had been employed by this person at a time when their work history showed they were working overseas. None of the three references reflected a period of time when the staff concerned were employed at one provider. The management team told us they verified references,

although they could not provide us with any evidence these references had been verified. They also said that at times staff could not obtain a reference from a previous employer, although the employer they were referring to in this case does provide references and another staff member's file evidenced this.

Another staff member had two references which were apparently from former colleagues, including one who had not worked with the staff member for almost ten years. Again, this was not in accordance with the provider's own policy. A member of the management team told us that these references had been verified, but could not explain how the verification process had failed to recognise that one of the references had not recorded when the referee had worked with the employee. Neither of the references matched employers listed on the staff member's application form, so it was unclear whether the staff member's work history was accurate.

The law requires when staff have previously been employed in a role working with children or vulnerable adults, their reason for leaving that role should be shared with prospective employers. Several of the applications we looked at were missing this information. Members of the management team told us that this information was available elsewhere, but it was not provided during the inspection despite several requests.

We discussed recruitment practices at length with the registered person and members of the management team, but were not assured of their knowledge or practice in this area, indicating that recruitment decisions within the service were not safe.

People said whilst there was enough staff to meet their needs they were being affected by poor time keeping and carers not carrying out visits as planned. People told us, "When the carers finally arrived at 10 am, they were 2 hours late," "At lunchtime, the arrival times can vary a lot, the latest being at 2 pm," "In the evening they should be coming after 8 pm, but recently they been coming at 7 – 7-15 pm, I have found that all times of arrival have varied, even in the mornings, which is usually the most consistent arrival time," "The lateness is an issue because the management don't seem to arrange the rotas well," "They come twice a day, around 9.30 am for 10 minutes and around 5.00 pm for 10 minutes. I'm very disappointed with the service – they're not doing much at all," "At 10 am a carer comes to get my lunch. It's too early for lunch and I don't really feel like eating at that time. Around 2.30 pm, the carer comes to see to my tea. Again, it's an inappropriate time and it isn't really responding to my needs," and "My lunchtime calls are often missed."

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

People were protected from abuse and mistreatment. The staff and provider had a good understanding of their responsibilities in helping to keep people safe and they would have no hesitation raising concerns with the appropriate people if they needed to. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure.

We asked people if they received safe care from consistent staff and received mixed responses. Comments from people included, "I feel safe with all the carers," "I feel completely safe with my carers," "It isn't a consistent staff. I will have the same carers for three or four days and then they're not seen for another two or more months."

We also received mixed responses regarding the measures in place to minimise the spread of any infection. Staff told us they had a plentiful supply of equipment such as, gloves and aprons. Comments from people included, "My carers wear gloves and aprons when delivering personal care," "My regular carer wears gloves

and an apron whenever he is supporting me with personal care," and "The carers are hygienic and wear gloves and aprons." Although, other responses were, "They wear gloves and aprons just for the shower and personal care. They don't wear aprons for food preparation." "Some of these carers are messy and leave their disposable gloves around the house when they've finished with them," and "My carers wear gloves, but I've never seen an apron being worn."

Accidents or incidents that had occurred had been appropriately recorded but not sufficiently investigated or resolved. For example, the missed or late calls had been identified by the provider's electronic monitoring system. These had then been recorded and reported to the local authority. However, the longstanding nature of the issue in people's experience did not demonstrate that lessons had been learned.

Is the service effective?

Our findings

At the last inspection we found the service was not always effective and were given a rating of 'requires improvement'. We previously found staff did not receive regular supervision.

People's needs were assessed and their support was planned, having discussed with them, their choices of how the support was to be provided. The nominated individual informed us they carried out visits to people so they could continue to understand their needs, likes and dislikes and respond accordingly. People told us that staff had the skills that were required to care for them. One person we spoke to said, "My carers have generally had a good approach. There is a care plan on my file which I've been involved with." Another told us, "The carers are polite, and all seem to ask for my permission. I have a care plan in the house and was involved in bringing it together."

Staff told us that they had completed training in a number of subjects including risk assessments, first aid, food hygiene and care planning. Staff also told us that they had regular supervision sessions with either a senior staff member or the nominated individual. Staff informed us that the supervision sessions were effective and that they did not have to wait for supervision, as they could approach their manager for support at any time. All new staff had an induction and worked with an experienced colleague prior to working on their own.

The training schedule and records we looked at showed staff were up to date with their training. Further training for the year ahead had been identified and booked in advance. Care plans recorded how the person accessed healthcare services and if staff would be required to support them to attend appointments.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. Care records showed that people's capacity to make decisions had not been recorded within the assessment and care planning process. Only one of the files we checked showed that the person concerned had consented to their care. As there were no assessments of capacity it was not possible to tell whether people lacked capacity, however, if they did then the provider should have undertaken a best interest decision making process rather than asking for relatives to give consent, which we saw in one person's file and is not lawful. We discussed this with the management team, including the registered person. They gave different accounts of their practice and understanding in this area and we could not be assured that they understood the MCA. One of the managers told us that care plans showing the person had consented were in people's homes. However, this meant that when records were audited by the management team they could not confirm whether the records were compliant with the MCA.

Where required, people were prepared food in line with their preferences and dietary needs. People told us that staff offered them choices of the food available and prepared it to their liking. One person told us, "The

meals are good, because they chop my salad vegetables as I prefer them to be chopped." Another person told us, "I think the staff seem to know what they're doing in terms of medications, drinks and microwaving food." One staff member told us, "I always ask people if they would like me to leave them with a drink to have later."

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People told us that they were supported by caring staff. One person told us, "The staff are kind and they treat me with respect, for example they always listen and act on what I say. The staff respect my privacy and dignity for example they protect my modesty when they are delivering personal care. They cover me with a towel and close the door." Another person told us, "The carers are kind and they show respect in that they greet me by name and always knock on the door. They listen and act on what I say." A third person said, "The carers are kind and we have conversations. They seem to be interested in me and they treat me with respect, for example, they always ask how I am feeling." However, one person told us, "The carers seem kind, that is to say they're not nasty, but they are ignoring me. They never listen, they just ignore me."

People told us that staff conducted themselves in a respectful manner. One person told us, "They are very respectful." Another person said, "I don't ever feel worried about my dignity." Staff told us they ensured people felt comfortable when providing their care. One staff member said, "Before I go in I will knock on the door and shout my name so they know who it is. When we go to the bathroom I make sure the door is shut and keep them private."

People were supported to live independently in their own homes. People told us that they only had care and support in certain areas. Some people were able to manage their own medicines and prepare food and drink for themselves and others could not but had assistance of family members. A staff member told us, "I like to encourage independence." One person told us, "I feel that they (staff) support independence in that they will let me wash the front of my body and places that I can reach." Another person told us, "The carers are kind and we have conversations. They seem to be interested in me." Although one person said, "I do not think that they encourage me to be independent. They tend to do the job for me and go."

People's confidential records relating to their care were kept by the provider on computer which was accessed using passwords to protect people's data and to maintain people's privacy. Paper records and information was stored in locked filing cabinets in the office. Most people had a copy of their care plan, risk assessments and other essential information in their homes.

Is the service responsive?

Our findings

At the last inspection we found the service was not always responsive and were given a rating of 'requires improvement'. We found care plans did not always give clear guidance about how to support people. People did not always receive support when they wanted it. Not all complaints were managed well and some people found it difficult to contact the office. We found this was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service continued to require improvement.

At this inspection care plans had improved. Care plans had been reviewed and amended regularly including when people's needs had changed.

People did not always receive support at the time they wanted it. We received a significant amount of feedback from people about poor timekeeping of staff. Although people were asked what time they wanted support to be provided as part of their assessment, the person's preferred times were not always met. People told us the inconsistency could have a negative impact on them. One person said, "There is no continuity of care. A woman arrived today, whom we've never seen before." Other comments included, "The lateness is an issue because the management don't seem to arrange the rotas well," "There seems to be a high turnover of staff," and "Sometimes my carers are late and a couple of times they've missed a call."

In the provider's PIR they told us 20 complaints had been received in the previous 12 months, and said that all 20 had been referred to the Local Government Ombudsman. We looked at the provider's complaints records, and found that only one complaint had been received. There was no record that a written response had been made to this complainant, despite the provider's policy stating that all complaints will be responded to in writing. The management team told us this complaint was resolved by a visit to the complainant, although no minutes of this meeting were available, and the fact that a visit took place does not preclude a written response being made. We asked about the 20 complaints referred to in the PIR, and the registered person told us these were in fact concerns raised by the local authority's contracts team. They told us that following each one of these concerns they carried out a full root cause analysis of the incident to address any shortfalls and improve service provision. We asked how these had been referred to the Local Government Ombudsman, given that this is not normal practice when concerns are raised by local authority contracts teams. They told us they had misunderstood this when completing the PIR, although none of the management team we spoke with, including the registered person, appeared to understand the difference between the local authority and the Local Government Ombudsman.

We looked at the provider's complaints policy and found it did not direct complainants to any source of external remedy. The registered person told us policies were regularly reviewed and updated, but these reviews had failed to recognise that the complaints policy lacked this important information. People's comments on complaints included, "We have tried to complain, but there's been no success," "In terms of our recent complaints, I would have hoped that things would have changed, but nothing's changed. I am completely disillusioned with it all."

Other records we reviewed showed other people received care and support which was responsive to their

needs. People were involved in planning their care and people had their own care plan which considered the support that was needed. People's abilities were taken into account. For example, one person's care plan indicated how they were to be involved in showering, and what support staff needed to provide. Some preferences were recorded, such as what the person wanted for breakfast.

Although nobody was receiving end of life support at the time of the inspection, the registered provider had procedures which ensured people would be supported at the end of their life. The registered provider said end of life discussions would be held with health professionals, the person and family members, and when the time was right staff would draw up end of life care plans.

Is the service well-led?

Our findings

At the inspection in December 2017 we rated the service 'requires improvement' in this domain and identified a breach of regulation in relation to governance. At this inspection we found sufficient improvement had not been made and the service remains in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a registered manager, as required by a condition of its registration. The registered manager was not present for the inspection, and the registered person told us this was because they were on sick leave. They said that the registered manager had "commitments elsewhere" but assured us they were still involved in the day to day management of the service.

We checked records showing attendance at the office which indicated the registered manager had attended for an average of four days per week in the preceding month, although we saw that had not attended a team meeting for over six months and had not undertaken any of the staff supervision sessions we checked.

The management systems within the office appeared to be extremely disorganised, and information we asked for during the inspection was difficult to obtain. We asked to look at a range of policies which the registered person emailed to one of the inspection team, however, when we identified that one of the policies had not been adhered to another member of the management team told us we had been sent an out of date policy. We asked to see the updated policy but were shown a copy of the same policy we had been provided with electronically.

We asked the registered provider about their interactions with the local authority, who commissioned services from them. They told us that the local authority had a red, amber, green rating system for providers, and said that they were currently rated green, meaning there were no concerns. We cross checked this with the local authority who told us the service was rated amber, indicating some concerns, and said that the provider was aware of this.

Following the inspection of December 2017, we told the provider they must provide an action plan, setting out what steps they would take to address the breaches of regulations identified at that inspection. The provider submitted an action plan, and in addition set up an internal committee with the stated aim of achieving a rating of "outstanding" by the next inspection. We cross checked the action plan and the assessments of the internal committee, but found that the provider had failed to achieve its goals. For example, with reference to how complaints are managed the committee had assessed that their management of complaints had significantly improved, however, it had not identified that the complaints policy was not fit for purpose and the provider had not followed their own policy when receiving a formal complaint. Additionally, the provider's action plan set out that they would have received regulatory compliance by April 2018, but we found this was not the case.

At the beginning of the inspection we asked to see a sample of people's care records. The registered person told us that care records were held in three places; at people's homes, electronically, and in hard copies at

the office. They told us there was no difference between the three, stating they are "as up to date as each other." At the end of the inspection, when we gave feedback about the shortfalls in the care records, one of the management team told us there were "more up to date" records held electronically. No reference had been made to this throughout the inspection despite the care records being discussed with the management team throughout the day.

We looked at audit systems within the service and found they were lacking. The audits and/or the person completing the audit had failed to identify or address the issues we highlighted in regard to medication, staff recruitment, complaints, late calls and mental capacity. For example, one person's medication records had been audited in the preceding month, with the audit recording "no action required." However, these records were not fit for purpose and the audit had failed to recognise this. We asked whether personnel files were audited and the registered person told us they were; however, no evidence was provided to support this and the poor standard of recruitment records indicated that the audit was not effective. We asked what audits were carried out in relation to care plans. We were told these took the form of reviews of care. We explained that while a review of care identifies whether the care being provided meets people's needs, it does not audit whether care records are accurate or fit for purpose. For example, none of the reviews had identified that in most cases people had not provided consent to their care and treatment. One person's care review records showed a significant change in the way they were supported in relation to meal provision, but their care plan had not been updated to reflect this. When we raised this matter with the management team, they told us their local authority contract does not allow them to make such changes to people's care records. We know this to be untrue.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We looked at how the provider gained feedback from people using the service. The registered person told us every two months a senior staff member, usually a director of the company, visits each person using the service and these visits collect the person's views. We looked at a sample of these visits and saw that they were regularly conducted and gave people a good opportunity to give feedback about their experience. We noted, however, that this feedback did not always result in changes in the way people received care.

Prior to the inspection, the provider completed a Provider Information Return (PIR). 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. This was returned in a timely manner prior to the inspection, although it did not answer many of the questions we asked. During the inspection we asked the registered person if they could verbally answer some of the questions that had not been answered in the PIR, for example, what improvements the service planned to make in the forthcoming 12 months, or what the service did to ensure it complied with the Accessible Information Standard, but they could not.

The registered person supplied us with a copy of their Statement of Purpose. A Statement of Purpose is a document that registered providers are required by law to have, and to keep regularly under review. We found that this document lacked some of the information the law says it must contain. Additionally, it was most recently updated earlier in the year but the provider had failed to submit a notification to CQC setting out this update, which again it is required by law to do.

We checked whether the provider was displaying their most recent rating, which it is required to do, and found it was on display in the office and on the provider's website.

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>People did not always receive support at the time they wanted it. The person's preferred times were not always met. People told us the inconsistency could have a negative impact on them.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Medication administration records had omissions and a lack of detail.</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	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager did not use systems and processes to effectively monitor the quality and safety of the service being delivered.

The enforcement action we took:

Warning notice