

ASK Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

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

The inspection took place on 12, 13 and 14 July 2017 and was announced. This is the first inspection of ASK Home Care Limited.

ASK Home Care Limited is registered to provide personal care to people in their own home. Twenty one people were receiving personal care at the time of the inspection. The service had two registered managers. 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 registered provider did not always take appropriate action to keep people safe because they did not carry out appropriate checks before employing workers. Medicines were not managed consistently and safely. Staff did not receive medicine related training and their competency was not assessed.

Staffing arrangements were planned and this ensured people received the same care workers and had regular visit times. However, staff did not receive appropriate training and support and were therefore not equipped with the knowledge and skills to carry out their role and responsibilities.

Staff were confident people were safe and said they would report any concerns to a member of the management team. Some staff had not received safeguarding training and were unsure where they would report safeguarding concerns outside of the organisation but said they would be able to find out. The registered managers said they would arrange for staff to attend safeguarding training and would ensure all staff clearly understood the safeguarding process outside of ASK Home Care Limited.

People who used the service and their relatives told us they were very happy with the service. They told us they felt safe and staff were very caring. No one raised any concerns. Staff's caring and committed approach was a key strength of the service.

Risks to people were generally well managed through an assessment process. We have made a recommendation about the care planning process. When required people received appropriate support to make sure their nutritional and health needs were met.

Everyone we spoke with told us the service was well led and they would recommend the service to others. People were very complimentary about the management team and said they visited on a regular basis; they said they would feel comfortable raising concerns.

Quality management systems and processes were not established, which meant the lack of checks and audits did not ensure the quality and safety of services provided.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. These related to management of medicines, employment of staff, supporting and training staff, and governance arrangements. You can see the action we have told the provider to take at the end of this 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?

Inadequate 

The service was not safe.

Medicines were not managed safely because good practice guidance was not always followed and staff did not receive appropriate training and support.

The provider was not carrying out appropriate checks before staff were employed.

There were enough staff to meet people's needs. Arrangements were in place to make sure people received care from a consistent workforce.

Is the service effective?

Requires Improvement 

The service was not always effective.

Staff did not receive appropriate training and support to help them understand how to do their job well.

People made decisions about their care, however, when relatives were making decisions on behalf of people who used the service capacity assessments and best interest decisions were not recorded.

When required people received appropriate support to make sure their nutritional and health needs were met.

Is the service caring?

Good 

The service was caring.

People who used the service and their relatives told us they were very happy with the service. They told us it was very caring.

Staff's caring and committed approach was a key strength of the service.

People received information to help keep them informed.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

People told us the service they received was person centred and they had been involved in planning their care.

People's care plans contained specific information to guide staff during care delivery; however some areas of need were not included in their plan of care.

Systems were in place to deal with complaints and concerns.

Is the service well-led?

The service was not always well led.

Quality management systems and processes were not established. This meant the lack of checks and audits did not ensure the quality and safety of services provided.

People who used the service, their relatives and staff told us they would recommend the service to others.

The management team had regular contact and were familiar with people who used and worked at the service.

Requires Improvement 

ASK Home Care 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 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.

Before the inspection we reviewed all the information we held about the service including statutory notifications, and contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider had completed a Provider Information Return (PIR) in December 2016. 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 asked the provider for an update at the inspection.

An adult social care inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection took place on 12, 13 and 14 July 2017 and was announced. We telephoned the service and gave them notice on Monday 10 July 2017 because we needed to make sure someone was at the office.

On 12 July we spoke with, on the telephone, four people who used the service, five relatives and nine members of staff. On 13 and 14 July we visited the provider's office where we spoke with both registered managers, and looked at documents and records that related to care and support and the management of the service. In the report we have referred to the two registered managers as the management team.

Is the service safe?

Our findings

People told us they received appropriate support with their medicines. One person said, "Yes they give me my tablets out of the dosette box. No problems." A relative said, "They sort tablets out for [name of person]. They are in a blister pack. "

Staff we spoke with said medicines were usually dispensed from blister packs that were prepared by the pharmacist. We reviewed medicine administration records (MARs) which confirmed this. The registered manager said they arranged for people to have their medicines dispensed from blister packs when they started to use the service.

We looked at two people's completed MARs and saw these were handwritten and generally well completed. However, we noted on one person's MAR the instruction for Codeine was incorrectly spelt and the dose was not included. During the medicine cycle the number of tablets administered had changed from one to two. However there was no explanation in the person's care plan or daily record. The management team said they thought there was an error on the MAR and the dose had not been changed. This meant it was unclear if the person had received their medicine as prescribed.

We reviewed one person's daily records and saw this made reference to administering medication and applying cream to the body. We reviewed their care records and saw they had no medication or topical medicine care plan. There was no information about how staff should administer medicines or apply cream. The registered manager explained the cream was a healing antiseptic cream but acknowledged there should still be guidance around application. We saw another person's daily record made reference to applying cream and this was clearly recorded on their MAR, however, they did not have a medication or topical medicine care plan. This meant there was a risk the person might not receive their medicine as prescribed.

The main assessment that was completed when care commenced had a section where people consented to medication administration. We reviewed two people's assessments and saw these were blank. We spoke with the management team who told us they had started to complete this for some service users and were planning to do this for everyone.

The provider had a medicines training and competency policy. This stated care workers who administer medication must be trained in the handling and use of medication and have their competency assessed prior to commencing any medication related activity. We asked to look at medicines training and competency assessments. The management team acknowledged that staff had not completed formal medication training and competency checks had not been carried out. We concluded the registered person was not managing medicines safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Staff told us they had attended an interview and recruitment checks had been carried out before they started work. However, we looked at three staff files and found there were gaps in the pre-employment checks. This meant we could not be sure the right staff were recruited to keep people safe.

Proof of identity checks had been completed for each candidate. One member of staff had completed an application form but there was a 14 year gap in their employment history; the registered manager explained the reason for the gap but said this was not recorded anywhere. The person only had one reference and did not have a completed check by the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about criminal records. The registered manager said this had been applied for but as yet it had not been returned. They said the member of staff never worked unsupervised and would continue to be supervised until all satisfactory checks were complete. Another member of staff had not fully completed their application form which included failure to provide employment history or sign and date the form. The person started in July 2016 but their DBS was dated June 2015 and related to previous employment. In the third file we noted the member of staff had commenced in the last two months. They had previously worked in social care but there was no employment reference and their DBS was dated February 2015.

We reviewed the provider's recruitment policy and found they were not adhering to this. It stated they must not proceed unless at least two references had been received and DBS checks were satisfactory. We concluded the registered person was not operating a robust recruitment procedure. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

The registered manager acknowledged there were gaps in the recruitment process and by the end of the inspection they had begun to take action to address the shortfalls we identified and agreed to review all staff files.

People who used the service and their relatives told us they felt safe; no one raised any concerns about the service they received. Comments included; "I feel very safe with them and would definitely tell them if I didn't", "Yes definitely. They use the hoist with no problem at all" and "I think [name of person] is very safe with them and I would know if not because I am here all the time".

Staff we spoke with told us people were safe. They said if they had any concerns about people's safety they would report this to a member of the management team and were confident any concerns would be acted on promptly. The registered manager told us they had not received any safeguarding concerns and it was evident from discussions they understood safeguarding procedures and knew how to report safeguarding concerns.

When we visited the provider's office we reviewed their safeguarding policy, which included relevant information such as reporting concerns and different types of abuse. The policy stated where the local authority area published a local set of guidance on safeguarding arrangements it must be attached to the provider's policy. This was not available and the provider did not have details of where they should report any safeguarding concerns. During our visit to the office the registered manager downloaded the local safeguarding policy and attached it to their policy.

Some staff we spoke with were unsure where they would report any safeguarding concerns outside of the organisation but would be able to find out. We reviewed training records and saw some staff had attended safeguarding training but others had not. The registered manager explained they went through safeguarding arrangements with staff when they started, and all staff were doing either the care certificate or diplomas in health and social care which covered safeguarding vulnerable adults. The registered manager said they would arrange for staff to attend safeguarding training and would ensure all staff clearly understood the safeguarding process outside of ASK Home Care Limited. On the second visit to the provider's office we saw confirmation that the provider had arranged for five staff to complete safeguarding training; the registered manager said they would ensure all staff completed safeguarding training.

The provider completed an assessment when people started using the service. This covered an assessment of risk. We saw the provider had looked at the property and location to make sure the environment was safe; they reviewed areas such as the neighbourhood, parking access, internal environment, electrical appliances and animals on the premises. They also carried out a food safety assessment. We looked at two people's records and saw the environmental risk was assessed. Within the assessment we saw a support needs assessment was completed which identified low, medium and high need; the overall risk was then calculated. For example, one person needed full help with dressing and support to go to the toilet and had short term memory. They had been assessed as medium risk overall. We saw another person's assessment stated they were at risk of pressure sores. However, when we reviewed their care plan it did not identify the measures in place to reduce the risk. The registered person explained the risk was being appropriately managed with the use of specialist equipment and agreed to update the person's care plan. They said they would check other people's care records to make sure risk was appropriately assessed and actions to minimise the risk of harm was recorded in their care plan.

Staff we spoke with said they always had access to and used personal protective equipment such as gloves and aprons when delivering personal care.

People who used the service and their relatives told us they were happy with the staffing arrangements and there were enough staff to meet their needs. They said staff arrived on time and the times were suitable to them. Everyone said the service was reliable. Comments included, "They always seem to have plenty of people", "They come four times a day and are on time within a few minutes. They have never missed a call at all", "They have never let me down" and "If we need the times adjusting we just ask and they accommodate us".

Staff we spoke with told us they were happy with their staffing rota and felt the timing of visits worked well; they said they never had to rush when they were providing care. Staff said they visited the same people which ensured consistency of care. No concerns were raised. We reviewed staffing rotas which showed staffing arrangements were planned and ensured people received the same care workers and had regular visit times.

Is the service effective?

Our findings

People we spoke with were complimentary about everyone who worked at ASK Home Care Limited and were confident staff knew how to care for them properly. Comments included; "I think they are all brilliant carers", "They are all very well trained. They use the hoist with no problems at all", "They are well trained. They all know how important it is to turn [name of person] regularly" and "Some are a bit different to others but generally we are satisfied".

The management team said all new employees were given a handbook which outlined their responsibilities. We saw this covered areas such as employment, promoting and safeguarding the wellbeing of people, staff conduct and security and confidentiality.

Some staff said they had received training that covered the right areas whereas others said they had not done much formal training but had shadowed more experienced care workers and managers. One member of staff said, "We do more 'on the job' training. When you are working they show you but it's not actual training. They watch to make sure you are doing things right." All staff said they had received moving and handling training which included a practical session. Staff also told us they were in the process of completing or were going to be signing up to complete training which included NVQs and the 'care certificate'. We saw a confirmation email from an independent trainer that confirmed this.

It was unclear what training staff had completed because the records were not organised. Individual staff files did not contain relevant training information and the provider did not maintain any form of matrix. The registered manager had a book and electronic files which held information about training and this showed moving and handling, record keeping and confidentiality, mental capacity, first aid and being a professional had been provided to some staff. Another record was located on the computer which showed four staff had completed safeguarding training. However, we found the training programme did not ensure staff were trained appropriately as staff had not received training in key areas such as medication and safeguarding.

Staff we spoke with said they were in regular contact with the management team and received appropriate support. They said they would seek advice if ever they were unsure about anything. Staff said they had had attended regular meetings and also supervision sessions where they had opportunity to talk on a one to one basis with a member of the management team about their role and received feedback about their performance.

We reviewed staff files for four members of staff who had been employed over a year; each had only received one supervision session in the last 12 months. The provider's policy stated they should receive at least four. The provider had not completed any annual appraisals. The management team acknowledged they needed to provide more formal support to staff but explained they worked very closely with every member of staff and were in frequent contact, usually daily; they said they encouraged staff to contact them if they ever wanted to discuss any issues that related or affected their work, and staff we spoke with confirmed this.

We concluded that staff were not receiving appropriate support, training, supervision and appraisal as was

necessary to enable them perform their job safely and appropriately. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us they were encouraged to make decisions and staff checked they were happy to receive care. One person said, "Yes they ask me and chat all the time. I would refuse if I didn't want something." A relative said, "They talk to him all the time even though he is unable to respond. They will say what they are going to do for example when they are turning him."

Another relative said, "Yes they do ask him beforehand. He would let them know if he was not happy about something."

The management team said before people used their service a social worker identified where a person lacked capacity and included this in their assessment, and any changes would be referred back to the local authority social care team.

We reviewed people's care records and saw people or their relative had signed consent forms prior to commencing the care package. These covered consent to having information recorded for the purpose of assessment, consultation with other professionals and staff having access to care records. Care plans had information that showed people who used the service or their relative made decisions about their care, however, when relatives were making decisions on behalf of people who used the service capacity assessments and best interest decisions were not recorded. The management team agreed to make sure assessments were in place and showed us the relevant capacity assessment forms they would use.

People we spoke with said they were happy with the assistance they received with their meals and healthcare. Most people received some support from their family or friends. Comments included, "They do all my meals and make sure I have drinks in between. I choose my shopping and then they order it online for me", "They make my lunch and a drink and leave me a drink when they leave", "They will ring the doctors for repeat prescriptions and pick them up for me" and "They once called the paramedics and stayed with me until they arrived. They would not leave me".

We saw people's care plans covered their medical history and the assistance they required with meals and drinks. For example, one person's nutritional care plan had clear guidance around staff preparing breakfast. Staff told us before they left their visit they made sure people had access to food and drink.

In the PIR the provider told us, 'Menus, fluid in and output charts are completed if applicable and diet and nutrition charts are available in each service user's file. Body maps are also included in the file for any lesions, bruising etc to be documented and monitored. These charts are used to help in providing information, if needed, and passed on to any outside organisations, GP, District nurses, Physio etc.' We saw examples where body charts had been completed.

Is the service caring?

Our findings

People who used the service and their relatives told us they were very happy with the service. They told us it was very caring. We received the following comments when we asked if staff were kind and compassionate: "They are all very kind and caring people. They can't do enough for me", "Oh yes they are definitely. I am very happy with them", "Oh very much so. They are all lovely people", "Yes lovely and the managers are great too" and "They are all part of the family now".

We received the following comments when we asked people if they felt listened to: "We only have to ask and it is done for us", "They will help me in any way they can" and "The owners are very helpful and take thing on board". And the following comments when we asked if staff respected people's privacy: "They are very respectful and treat me very well", "Yes they are all very friendly", "They help me with a strip wash and are very respectful", "We have a bed downstairs and if we have visitors the carers always make sure a curtain is closed to respect (name of person's] privacy" and "They are very respectful but still have a sense of humour which we think is very important".

In the PIR the provider gave examples of a caring service. They said, 'Our carers always go the extra mile for our service users. They pick up medication from the chemist and go to the shops in their own time to pick up any essentials they may need.' They told us they had supported three people to a local 'ladies ascot day' which was paid for by ASK Home Care Limited. In the PIR they said, 'All service users thoroughly enjoyed themselves and agreed they would like to go again next year. ASK Homecare also held a Macmillan cancer coffee morning which all service users and carers were invited to, any service users which were not able to attend received a piece of cake so they could feel they were still part of the event. We especially like to involve service users who don't have family and are quite lonely. On Christmas day the manager and assistant manager took a service user who was spending the day home alone with no visitors a prawn cocktail starter, Christmas dinner and trifle for afters. This service user was very grateful and really appreciated this kind and caring gesture.' When we visited the provider's office we saw photographs of the 'Ascot event'.

Staff we spoke with were very confident the service was caring; they told us they were proud to work for ASK Home Care Limited. One member of staff said, "We always get nice feedback. People are happy." Another member of staff who has worked at the service for a year said, "It's just brilliant."

During the inspection we identified significant shortfalls in some of the other domains, however we found staff's caring and committed approach was a key strength of the service.

The management team told us people received a service user handbook when they started using the service. We saw this provided people with information about the background of ASK Home Care Limited and the management team, the services provided, how to make a complaint and give compliments and other agencies to contact.

Is the service responsive?

Our findings

People told us the service they received was person centred and they had been involved in planning their care. Comments from people were positive and included the following, "They always listen to us", "I am more than happy with them", "There is a care plan and I am involved in it". A relative said, when we asked about care plans, "Yes it is relevant to her needs and I am involved in reviews and meetings."

We reviewed three people's care plans. Each person also had an assessment to show their care needs had been assessed. We saw care plans contained specific information to guide staff during care delivery; however some aspects of people's needs were not included in their plan of care. For example, one person's care plan provided guidance around the assistance they required with personal care, mobility and bedtime routine but they did not have guidance around medication administration. Another person's care plan provided detailed guidance around nutrition but their personal hygiene plan related to mobility. Another person's care plan provided guidance around pressure relief but there was no reference to the slide sheet that was used to help position the person. This meant there was a risk the person would not receive appropriate care to meet their needs because staff did not have clear guidance to follow.

Staff completed daily communication records at each visit. We saw these were detailed and evidenced the care being provided was consistent although tasks were not always included in the person's care plan. For example, staff recorded they used the slide sheet to position the person in bed but this was not referred to in their care plan; we saw from the person's records other professionals were consulted and involved in their care package. The management team acknowledged that the care plans needed reviewing but were confident the problems related to recording issues rather than inappropriate care delivery.

We recommend that the service formally reviews each person's care plan to ensure these fully reflect how people's needs should be met.

People we spoke with said they did not have any concerns about the service and would feel comfortable raising any issues with the management team. Everyone knew the management team and assistant manager and said they were in regular contact. People told us they knew how to make a complaint but had not had cause to. One person said, "I would ring the people in the office." Another person said, "I would speak with [name of manager] when she comes here." One person told us they were satisfied with how a concern had been dealt with. They said, "It was not really a complaint it was just an incident but it was dealt with swiftly."

In the PIR the provider told us, 'ASK Home care look on complaints and compliments as ways of improving the service and all individuals preference in care. All complaints are dealt with in a way that service users do not suffer any form of discrimination and careful monitoring and auditing helps to prevent this. If no solution is found, the service user would be given details of the local Government Ombudsman and informed of their rights to alert the CQC.'

The management team told us they had not received any complaints in the last 12 months. We saw they had

received compliments which included the following, 'Thank you for all the help and patience. Again a big thank you', 'I just want to say a big thank you to all the carers who helped [name of person] these last few months. She couldn't have managed without you all' and 'I want to thank you from the bottom of my heart'.

Is the service well-led?

Our findings

We asked people and their relatives if they would recommend the service to others. Everyone said they would. Comments included, "Without a doubt yes", "I already have to two people I know", "Yes they are the best company we have had", "Definitely would recommend to other people who need a care agency" and "Absolutely no qualms".

The service had two registered managers. People who used the service and their relatives told us the service was well managed and were very complimentary about both registered managers. They said they had regular contact with the management team. Comments included, "They are very helpful and I think it is very well managed", "Yes I speak to them both and it is definitely well managed", "We see them regularly and think it is very well managed", "Yes they are very hands on" and "I speak to them regularly and they are very helpful. Part of the family".

Staff we spoke with told us the service was well managed and they would recommend it to others. They said they enjoyed working at ASK Home Care Limited and felt well supported by the management team. Several staff commented that the management team and assistant manager worked directly with people who used the service and alongside staff so understood the service well. One member of staff said, "I feel we get very good support. You can just talk to the managers and they will deal with things." Another member of staff said, "100% I would recommend them." One member of staff discussed a recent example where a person was unwell and needed to go to hospital. They said, "I call the office and [name of registered manager] came straight away."

Staff told us quality management systems were in place. They told us members of the management team observed how they provided care to make sure they delivered it appropriately. One member of staff said, "They do spot checks and check with service users." Another member of staff said, "They check to make sure we are arriving at the right time and doing everything we should. If they think we could do things better they will say."

Staff we spoke with said they were kept up to date about any changes and regularly attended staff meetings. One member of staff told us they sometimes could not attend but received an update about what had been discussed.

The management team told us they monitored the quality of service delivery by receiving direct feedback from people who used the service and staff. They said they very regularly visited people at home and contact with staff was often daily. They told us feedback was very positive and they were confident people were very happy with the service they received. We saw some people who used the service and their relatives had been asked to provide feedback about their experience; six 'client satisfaction monitoring visits' had been completed in 2017. These records showed people had provided positive feedback and stated they were either satisfied or very satisfied with the service they received.

The management team told us they had a clear vision that their service focused on quality. They

acknowledged some of their systems needed developing, which included their auditing processes. They said they checked people's daily communication notes when they were returned to the office but did not record this. They also said they did regular spot checks to make sure staff were providing appropriate care but did not record these. This meant they were unable to evidence if the checks were effective.

We found issues identified at the inspection, particularly those relating to management of medicines, staff training and supervision and recruitment practices had not been picked up through an auditing process.

Before the inspection we received information of concern which helped inform our inspection planning; concerns related to recruitment, training, staffing, care planning, medicines, complaints and a lack of personal protective equipment such as gloves and aprons. We found issues with recruitment procedures, staff training, care planning and medicines. No issues were identified around complaints and personal protective equipment.

In the office we saw the provider had policies and procedures which provided guidance around service provision. However, we found they did not always follow the guidance which resulted in things not being done correctly. For example, the management team had followed safe recruitment practice. We concluded the registered person did not have effective systems and processes in place to ensure the quality and safety of services provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Providers have a responsibility to notify CQC about certain significant events such as serious injury and police incidents. Before the inspection we checked our records and found we had not received any notifications. The registered manager told us no notifiable incidents had taken place. They also told us there had been no accidents or incidents.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not operate effectively systems and processes. The systems and processes did not enable the registered person to assess, monitor and improve the service or assess, monitor and mitigate risk.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person did not ensure staff received appropriate support and supervision to enable them to carry out their duties they were employed to perform.</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 12 HSCA RA Regulations 2014 Safe care and treatment The registered person was not managing medicines safely.

The enforcement action we took:

We served a warning notice

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person recruitment procedure was not established and operated effectively.

The enforcement action we took:

We served a warning notice