

Three Counties Care Services Ltd

# Three Counties Care Services Ltd

## 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Three Counties Care Services is a supported living service providing personal care to young people and adults with learning disabilities and mental health issues. One person was receiving personal care at the time of the inspection.

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

Risk assessments were inadequate. Key risk concerns for the person were not explored or reduced in their individual risk assessment. This left the person at risk of their needs not being met appropriately. Staff testing for COVID-19 and use of PPE were not in line with government guidance. This meant staff and the person were not adequately protected from the risk of COVID-19 transmission.

The provider was not able to demonstrate all staff had received the training they needed to fully and safely support the person. This meant we were not assured staff had received all of the training they needed to support the person as safely and effectively as possible.

The person's care plan did not include all the information staff needed to ensure their needs were fully met. The care plan was updated when this feedback was shared with the provider.

Staff described some differences in the way they supported the person with personal care, which meant the person was at risk of inconsistent care. The provider agreed to ensure all care support documents would be checked and updated so they all reflected the same needs and risks. Staff were able to tell us about the person's likes and dislikes and daily notes also showed the person was supported to choose how to spend their time.

Systems were not in place to assess and monitor safety, risk and quality. Checks were not being made of care plans, risk assessments and other care documents to ensure they were accurate and effective. Checks were not in place to ensure infection prevention control measures were being followed correctly and medications were being administered safely. The provider told us they planned to introduce checks to improve oversight of safety and quality.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

The model of care provided the person with choices about their day to day life, but there was insufficient evidence the person was actively involved in their care planning and risk management. This meant the person may not feel fully involved in their care planning and they may have opinions and preferences which had not been identified. The provider agreed they would actively ensure the person was included in care plans and risk assessments in the future.

Language used by staff was not always respectful, for example, staff referred to the person's home as 'a unit.' Staff were able to describe the person's likes and dislikes and told us the person was at the centre of their care. There was no evidence to suggest the person was being unnecessarily restricted, but systems were not in place to ensure staff fully understood what the restrictions were and what they meant for the person. This meant there was a possible risk of the person being unnecessarily restricted in the event of them becoming distressed or unwell, or when being supported by a staff member who did not know them so well. The provider agreed they would look into new training for staff to enable them to better understand the mental capacity act and its implications for the person.

The provider had not established effective systems to ensure the person was fully included in their care plan and risk assessment, but staff told us, and daily notes indicated the person was supported to choose how they spent their time.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 15/03/2016, and after coming out of a period of dormancy in June 2020 (dormancy was when no personal care was being provided to people) this was the first inspection.

#### Why we inspected

This was a planned inspection five key question first inspection.

We have found evidence the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report. The provider took action to reduce some risks related to reducing transmission of COVID-19 shortly after the inspection.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to how risks were assessed and managed and in relation to oversight and quality assurance of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of

quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Three Counties Care Services Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The service did have a manager who had not yet commenced registration with CQC.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

### What we did before the inspection

We reviewed information we had received about this service. We sought feedback from the local authority and professionals who work with the service. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

We spoke with eight staff, including the director, manager, and care staff. We reviewed a range of records including the support plan, care plan, risk assessment and other documents concerning care provision. We looked at two staff files in relation to recruitment and staff supervision. We reviewed multiple medication administration records. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked at training data and spoke with two professionals who had been working with the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risk assessments were inadequate. Key risk concerns for the person were not explored or reduced in their individual risk assessment.
- The person's risk assessment did not include their mental and physical health diagnoses or how care staff could support them with the associated risks. For example, the person had a diagnosis of epilepsy, but this was not mentioned in the risk assessment.
- Staff had not received any information about what type of epilepsy the person was diagnosed with and therefore did not know how to support the person if they were to have an epileptic seizure. We discussed this concern with the provider and an updated risk assessment was created, however this still lacked some key information including what type of epilepsy the person was diagnosed with and how staff could support the person in the event of a seizure. This placed the person at potential risk of harm.
- A document designed to be shared with medical staff in the event of an emergency contained incorrect information about medicines. This information would have been misleading to medical staff and could have resulted in harm to the person. We discussed this with the provider and a 'hospital passport' was created which did contain the correct information about the person's medication. It did not however list all of the mental and physical health conditions or diagnoses for the person and still required improvement.

### Staffing and recruitment

- Since June 2020 there had been four consecutive changes of management. The provider explained they had confidence in the newly recruited manager but some aspects of service provision, such as supervision of staff had been negatively impacted by these changes. A staff member told us it had sometimes been difficult to ask for changes which were needed in the service, due to the number of managers leaving. They told us once they had suggested changes the manager left, meaning they had to start the process again with the new manager.
- Staff training records showed gaps in training which staff needed to help them support the person effectively, although the provider stated this training had in some cases been completed, they were not able to provide records which gave us full assurance of this.
- The person was supported by sufficient numbers of staff and staff told us they felt they had plenty of time to spend with the person to support them and had not encountered issues with short staffing.
- Staff recruitment records showed that pre-employment checks were carried out before people joined the service. Gaps in employment were explored and documented.

### Preventing and controlling infection



- The service did not always meet current national guidance and standards in relation to infection prevention control.
- The provider had given staff both disposable and washable face masks. Washable face masks were not recommended in line with government guidance and whilst most staff told us they were not using them, one staff member felt they could choose whether to use washable or disposable face masks as they had been provided with both. We shared our concern with the provider who agreed to switch to disposable face masks only to ensure staff were protecting themselves and the service user by following government guidance.
- Staff were not being tested in line with current government guidance. Instead of completing a polymerase chain reaction (PCR) test once per week, staff were being asked to complete a lateral flow device (LFD) test before commencing each shift. As LFD tests are less reliable than PCR tests, this meant the person and staff were not protected as effectively as they could be. We shared this concern with the provider who agreed to commence PCR testing.
- The provider told us staff were being asked only to report results which were positive for COVID-19 and were not recording negative or inconclusive results. This meant they were not maintaining oversight of staff testing to ensure it was definitely being completed. The provider agreed to request all staff test results and staff told us they had started reporting all test results to the manager during our inspection.
- Staff and the person receiving care had not been supported to participate in COVID-19 risk assessments to consider their individual risks in line with current government guidance. We discussed this with the provider who completed a risk assessment of the person's home in relation to COVID-19 but still did not consider the person's individual risks or those of the staff.
- Cleaning schedules had not been increased to protect the person and staff from possible COVID-19 transmission in line with government guidance. Staff told us they had not been asked to perform additional cleaning duties during the pandemic and they cleaned once per day as usual. They told us an external company attended the home to do a deep clean every few weeks but there was no attention to the high touch areas in line with guidance.
- Staff told us they had plentiful supplies of personal protective equipment (PPE) during the pandemic.

People were placed at potential risk of harm due to poor management of risk. People were also not protected adequately from the risk of COVID-19 transmission due to lack of adherence to government guidelines. These were breaches of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider gave assurance after the inspection that all care documentation would be checked for accuracy and effectiveness.

#### Using medicines safely

- Medicines administration records (MARs) showed one of the service users medicines was not counted when given as all the others were. The provider was not able to explain why this was the case. This meant staff could not be sure the person had a sufficient supply of this medicine or account for any possible missed administrations or missed medicines.
- The provider was not able to evidence the MARs were being checked or audited to ensure the person was receiving their medication safely or appropriately.
- Staff told us they received training and appropriate checks to demonstrate they could administer medication safely, but there were no spot checks of medicines administration after training was completed to ensure good practice was maintained.
- Guidance to show staff how and when to safely use 'as needed' medications was limited, protocols were

not available. Regular staff could describe the reasons why the person might require 'as needed' medication and if 'as needed' medication was administered they recorded the reason why the person needed it. Without clear guidance in place there was a risk that new staff may not know when to give 'as needed' medication, which could lead to inappropriate use of the medication.

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy and procedure; staff were able to tell us where they could access it if they needed to.
- Staff told us they had received safeguarding training, which they had found useful. They were able to describe the types of concerns which may result in a safeguarding referral.
- All staff told us they knew how to report a safeguarding concern appropriately, one staff member said, "When wrong practice is being done in the system or by a colleague or a manager, so if it is a colleague, you tell the manager if it is a manager we tell the director, or if we have a safeguarding concern but nothing was being done I would take it to the authorities and they will attend to it."

Learning lessons when things go wrong

- The registered manager told us that there had not been any incidents or accidents and they had systems in place to record and analyse any incidents or accidents that did occur.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The person's needs were not fully outlined in their care plan, for example there was no information about their preferred routines, or about what decisions they could make for themselves and what they may need support with.
- A support plan gave details about the person's care needs but was not referenced in the care plan. The care plan and support plan overlapped, and it was not clear what the purpose of each document was. Neither the care plan or the support plan listed the person's mental and physical health conditions fully, which could cause confusion for staff, particularly if regular staff were not available and a new carer was providing care. We discussed this with the provider who agreed to design the two forms so it was clear what each was for and would ensure they contained consistent information.
- Staff were able to describe ways in which they could support the person if they were to become distressed.

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

- Although staff had supported the person to meet a health need by seeking medical advice and making an appointment for them, daily notes showed that they had not followed the medical advice given. This resulted in a delay in the person's recovery. We spoke with the provider about this and they gave assurance the daily notes would be monitored to ensure medical advice given was followed correctly.
- The care plan did not include all of the relevant information about the person's health conditions and the risks associated with them. This meant newer staff who did not know the person well may not be aware of all the person's health needs. We spoke with the provider about this and they gave assurance all the care and support plans would be updated to include all the relevant health information.
- The person's care plan did not outline what support they needed with personal care and what they were able to do for themselves. This had resulted in staff providing inconsistent care to the person. Although this inconsistency had not had a negative impact on the person, the provider agreed care plans should be consistent and clear about the person's needs to avoid confusion.
- The person's care needs assessment highlighted the need for an assessment which had not been arranged, this was highlighted to the provider, who gave assurance the assessment would be requested.

Staff support: induction, training, skills and experience

- The provider was not able to demonstrate all staff had received training they needed to fully and safely support the person.

- Supervision had not been offered to staff regularly, the provider had explained this was due to difficulties in recruiting a manager, however staff told us they did feel supported. One staff member told us "[The management] are approachable, from the top to the middle, very accessible, especially [the provider]."
- Competency checks were not being regularly completed to ensure staff skills were effective.
- The provider had an induction programme which all staff had to complete following recruitment.

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

- Some care documents did not include details of possible choking risk, but staff were aware of this risk and how to support the person to eat safely. We spoke with the provider about this and they gave assurance all care documents would be updated to reflect this risk and how to support the person safely with eating and drinking.
- There was no record of the person's favourite foods or dislikes, but daily notes indicated the person was offered choices and was supported to decide what food to buy and eat.
- Staff told us they supported the person to prepare their own food sometimes and daily notes also showed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Although staff told us they had received training around the MCA, they did not understand the person they supported was subject to some restrictions. For example, a staff member told us the person was not subject to any restrictions, but later described they were under 24/7 supervision and could not leave their home unaccompanied. Although there was no evidence the person was being unnecessarily restricted, a full assessment had not been completed to ensure the restrictions in place were in their best interests. The person could have been at risk of unnecessary restriction if their mental health had deteriorated, as staff did not fully understand what restriction was. We discussed this with the provider who agreed to look into a more effective training package for staff.
- The person's risk assessment indicated there was a need for a mental capacity assessment, but one had not been initiated. We discussed this with the provider who assured us they would ask for a mental capacity assessment.
- It was not always possible to ascertain the person had consented to treatment, an updated copy of the care plan, had a typed signature from the service user on it and although the provider was able to tell us the

person had had their COVID-19 vaccinations there was no documentary evidence the issues around vaccination had been explained clearly to the person to help them make an informed decision.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff did not always use language which showed respect, for example, all staff referred to the person's home as a 'unit'. In daily notes a staff member had recorded the person had 'behaved well' at an appointment.
- Staff described differences in how they were supporting the person which showed some staff were completing a task for the person which they were able to do for themselves. The care plan did not contain specific information around this. This meant the person was not always encouraged to be as independent as they could be.
- Staff were able to describe ways in which they supported the person to maintain privacy, one staff member told us; "Privacy is always protected, we knock the door, they [person] are never forced to do anything and do it at their own pace."

Supporting people to express their views and be involved in making decisions about their care

- The person's care plan did not always reflect their views and preferences about their care, and it was not clear they had contributed to their care plan.
- The service had not sought formal feedback from the person or from staff prior to the inspection to identify any ways in which their care could be improved. The provider assured us they planned to seek feedback from the person and staff and had begun to do this during the inspection.
- Staff told us, and daily notes evidenced how the person made decisions about how they wanted to spend their time. Staff described examples of when they had supported the person to do something different when they had changed their mind about an agreed activity.

# Is the service responsive?

## Our findings

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

This is the first inspection for this service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person was not always involved in planning of their care. The care plan contained little information about the person's choices, lifestyle and preferences.
- Staff recorded daily logs designed to evidence the care they had provided, these included basic details of what the person had done for themselves and what they had needed support with. These logs did show the person had made choices about how they wanted to spend their time and what they wanted to eat.
- Staff were able to describe ways in which they supported the person to make choices for themselves, one staff member told us "If they [[person] get upset, I try to understand what they don't like because they will have chosen it." Another staff member told us; "The service user [person] chooses their activities, they are at the centre of their support."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Although the person's care plan and support plan were designed in line with the AIS and used pictures and simple text to demonstrate the aspects of care being considered, it was not always clear the person was involved in the completion of the plans.
- The person's tenancy agreement contained pictures and simple text and a complaints procedure form was also in easy read format with pictures.
- The person's support plan gave clear information about how they communicated and what support they may need to ensure they were able to communicate clearly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had identified the person could benefit from a mobility aid to assist them in accessing environments which may require prolonged walking. However, action had not been taken to meet this need in a timely way. This meant the person's ability to enjoy and take part in some activities was limited.
- The support plan listed activities the person was interested in and enjoyed. Daily notes showed and staff told us the person was supported to take part in activities which interested them.
- Staff told us about the person's family and how they had kept in touch during the pandemic. The person described looking forward to an upcoming visit from a relative.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure with an easy read option. The provider stated there had been no complaints or concerns received.

End of life care and support

- No one receiving support was on an end of life care pathway at the time of our inspection. The service had an end of life care policy and procedure.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems had not been established to monitor quality and safety.
- Systems were not in place to monitor the quality and effectiveness of care plans and risk assessments, this meant they were not adequate to ensure staff had the information needed to support the person safely and appropriately.
- Audits had not been completed to ensure medicines were managed safely; this left the person at risk of not receiving their medicines safely.
- Systems were not established to monitor infection prevention control; staff were not monitored to ensure they were testing for COVID-19 as requested and checks were not completed to ensure cleaning in the home environment was adequate. This meant staff and the person receiving care were not adequately protected from the risk of COVID-19 transmission.
- Systems had not been established to monitor the quality of daily notes and ensure care was being provided in line with guidance from medical professionals.

The provider failed to ensure systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. These are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014, Good governance.

Following our inspection, the provider gave us assurance the systems were being put into place to monitor the safety and quality of care provided.

There was no registered manager in post at the time of our inspection. A manager had been recruited but had not made an application to register with CQC. This matter is being reviewed outside of this inspection.

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

- The provider had not established systems to audit and check safety and quality effectively, this meant learning opportunities would be missed and hinder learning for staff and positive outcomes for the person.
- An electronic system was being used to share updates in relation to good practice and government guidance, but in practice the provider had not kept themselves up to date with government guidance in relation to assessing and reducing the risks of COVID-19 transmission and had not utilised the system available to them. This meant risks had not been effectively managed and opportunities to mitigate risks

had been missed.

- No observations were made of staff interactions with the person to ensure care was safe and appropriate. The provider had therefore not been able to assure themselves care was safe and appropriate. The provider told us they had had difficulty in completing staff observations due to the challenges of recruiting a manager and the COVID-19 pandemic and agreed future spot checks would be part of the services plan to continuously learn and improve.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Formal feedback from staff, the person and their relatives had not been sought. The provider had surveys ready to use and had begun to seek feedback from staff and the service user after the commencement of our inspection.
- Staff told us they could share concerns with the manager and provider and felt confident action would be taken, one staff member told us; "Yes we are listened to and [the managers] take action."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Although there had been no reported incidents or accidents in relation to the person, the provider understood their responsibility in regard to their duty of candour and were able to describe what information they would share with whom in the event of an incident or concern.

Working in partnership with others

- During our inspection we saw a medical appointment had been made in response to an identified healthcare need. We also saw documentation showing the person had been re-assessed by a consultant.
- The service had a working with professionals' policy and procedure.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not kept themselves up to date with government guidance and had not ensured that infection prevention control guidelines were being followed. Risk to the person was not monitored or managed safely.</p>

### The enforcement action we took:

We wrote to the provider with our immediate concerns and asked the provider to give us reassurance these were being rectified. The provider responded and we were satisfied the immediate risk had been met and therefore served a warning notice.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not in place to monitor safety and quality of care.</p>

### The enforcement action we took:

A warning notice was issued combining concerns raised under regulations 12 and 17.