

Lloyds Care Group Ltd

# LLOYDS CARE GROUP 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?

**Inadequate** 

# Summary of findings

## Overall summary

This inspection took place on 5 September 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, and younger disabled adults.

At the time of our inspection visit eight people were using the service. Not everyone using LLOYDS CARE GROUP LTD 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 consider any wider social care provided.

This was the first inspection of the service since they were registered on August 2017. At this inspection we found evidence to support the rating of 'requires improvement'.

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 did not have systems and processes to assure themselves about the quality of service provided. There was a lack of oversight on the service and inconsistencies in practices.

The provider did not system to log incidents and accidents, which meant they were unable to identify trends and take action.

Staff recruitment processes were not always followed to ensure suitable staff were employed. Systems were not in place to ensure staff received the essential training needed for their role and were not supported or supervised. Lessons were not learnt or shared with the staff team.

People were at risk of receiving unsafe care. Risks associated with people's needs and safety was not assessed, managed and reviewed. Care plans lacked guidance for staff to follow and information about people's backgrounds, cultural needs and how they wished to be supported. Further action was needed to monitor people's care to ensure the care and support provided remained appropriate.

The registered manager did not understand and meet the Mental Capacity Act 2005 requirements. Therefore, people were at risk of not being supported to have maximum choice and control of their lives and were deprived of their liberty.

Staff understood what abuse looked like and the action they should take. Staff were trained in health and safety and staff followed the infection control procedures. Staff respected people's human rights. Staff

gained people's consent before they were supported.

People were supported with their medicines and their nutritional needs were met. People were supported with their health care needs when required. The service worked with other organisations to ensure that people received coordinated care and support.

There were enough staff to meet people's needs. People felt staff treated them with care and kindness. Staff knew people well; understood their wishes and diverse cultural needs. People's dignity and privacy was respected.

Staff had a good understanding of people's needs, and their preferences and daily routines despite the lack of information detailed in the care plans. Information was made available in formats that people could understand. Improvements were needed to enable staff to provide end of life care and have policies and procedures for this.

People and staff told us that the registered manager was supportive. Staff found the registered manager was approachable. People knew how to make a complaint. The provider had a process to respond to complaints but not all complaints were logged centrally.

We found four 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 this report.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Improvements were needed to ensure people were protected from abuse and avoidable harm. Staff recruitment procedures were not always followed. Risks associated with people's needs were not fully assessed. Care plans did not adequately provide guidance to ensure risks were managed.

Staff were trained in some health and safety topics and safeguarding procedures. However, incidents and accidents had been reported and documented but no actions taken to prevent further risks. Staff followed infection control procedure.

There were enough staff to provide care and support to people when they needed it. People received their medicines in a safe way.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Improvements were needed to ensure staff were trained and supported in their role.

The service was not working with the principles of the Mental Capacity Act. Staff sought people's consent and offered them choices.

People's dietary needs were met by staff despite the lack of detail in the care plans. People were supported to access health care support when they needed to.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Some improvements were needed to the care plans to ensure staff had information about people's backgrounds and routines so that people received personalised.

People were cared for by kind and caring staff. People made

**Requires Improvement** ●

decisions about their day to day care needs. People were treated with dignity and respect, and staff ensured their privacy was maintained.

### **Is the service responsive?**

The service was not always responsive.

People's needs were not fully assessed and their care needs were not always monitored or reviewed consistently. Care plans were not personalised to include people's preferences and cultural needs. Despite this people felt their care needs were met by staff who knew people well and respected their wishes in relation to the support they needed.

Improvements were needed to enable staff to provide end of life care and have policies and procedures for this.

A complaint procedure was in place and people were confident that any concern would be dealt with appropriately

**Requires Improvement** ●

### **Is the service well-led?**

The service was not well led.

The service had a registered manager.

The provider's governance system, processes and practices failed to identify the issues found during the inspection. Systems were not in place to ensure that lessons were learnt from events. The provider failed to identify training required for staff to effectively support people and keep them safe from harm. There were limited opportunities for people using the service and staff to make comments and to influence changes.

**Inadequate** ●

# LLOYDS CARE GROUP LTD

## 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 5 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that they would be in.

The inspection visit was carried out by one inspector.

Before the inspection we asked the provider to complete 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 to us by the provider and used to inform our judgement.

We reviewed the information we held about the service. This included statutory notifications regarding important events which the provider must tell us.

We contacted commissioners at Derby City Council who commission packages of care for people and Derby Healthwatch; an independent consumer champion for people who use health and social care services, for their views about the care provided. No information of concern was received about the provider.

During the inspection spoke with two people who used the service and four relatives of people who received care and support from the service. We spoke with two care staff and the registered manager. We looked at the care records of three people who used the service which included care plans and risk assessments. We looked at six staff recruitment files and staff training records. We looked at records that showed how the provider managed and monitored the quality of service, which included a sample of policies and procedures.

# Is the service safe?

## Our findings

People told us their needs and associated risks had been assessed before their package of care started. However, care records showed that the risk assessments were unsatisfactory and did not identify risks and how those risks were to be managed to keep the individual safe. For one person we found no record of a risk assessment being completed. This was brought to the attention of the registered manager to address.

Risk assessments were basic and did not always provide staff with information needed such as people's current needs. People's health condition or living with a disability had not been considered. For example, there was no moving and handling or falls risk assessments completed for a person even though it was identified they were at risk of falling and used a walking frame to move around.

Environmental risks and potential hazards within the home including any equipment used to promote safety was not always identified. In one care plan it was identified where the cleaning products were stored but did not list the equipment such as the fitted grab rails, hoist or walking aids used.

Assessments did not take account of people's preferences, communication or cultural needs including how living with a disability affects how they should be supported. Improvements were needed to the care plans so that staff had information and guidance about how to support the person and to promote their independence where practicable. For example, one person's care plan had a list of care tasks that needed to be completed at each visit. Another person's care plan did not provide sufficient guidance to enable staff to support a person living with a fluctuating health condition such as Parkinson's.

Risk assessments were not monitored or reviewed to ensure any changes to people's needs could be managed. That meant people were at risk of receiving unsafe or inappropriate care.

Staff had had some training in health and safety and moving and handling people. However, staff practices were not always checked before they supported people on their own. This contributed to the risk to people of receiving unsafe care.

Systems and records did not ensure risks to people had been assessed, managed and reviewed regularly to keep them safe. This was a breach of regulation 12 (2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

People were not always protected from unsuitable staff. Records confirmed that staff were interviewed and Disclosure and Barring Service (DBS) checks were completed. A DBS helps employers make safer recruitment decisions. However, other checks such as staff's employment history and qualifications were not always carried out. We found incomplete job application forms. One staff file had no application form. References as to the suitability of staff had not always been obtained. Where the registered manager had sought telephone references, the referee's details and the date of the call had not been documented. Photocopied ID documents were not signed and dated when the photocopies were taken so we could not be sure how current they were. This showed that the provider's recruitment procedure was not always

followed.

Safe recruitment procedures were not followed to protect people from unsuitable staff. The above evidence is a breach of Regulation 19 (1) (2) (3) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

Staff understood their responsibilities for raising concerns around safety and reporting any issues to the registered manager. However, there was no system or logs to record these events. That meant the provider was not able to monitor, identify any trends and take action to prevent further risks. The registered manager told us they would put a system in place.

People told us they felt safe with the staff and how they were supported. One person said, "I wouldn't be using them if I felt I was not safe. I have a pendant alarm and they make sure I have it on me before they go." A relative said, "It's a small company and they seem to be doing ok. My [family member] hasn't fallen; and they haven't said they are not happy with their carers."

A staff member said, "I did the online safeguarding training. If I saw any marks bruises or someone being mistreated I would report it to the manager." Staff knew the signs of abuse and how to report these. Staff knowledge in safeguarding adults had been supported by training in this area. There was a safeguarding policy in place which included information about external agencies who could be contacted if people had concerns about their safety.

People told us they had reliable staff who knew them well. One person said, "I have two to three regular carers. They are pretty much on time and do everything that I need." A relative said, "My [family member] feels safe because it's the same staff and they have got to know [their] needs."

Staff told us there were enough staff to meet people's needs. The staff rota we viewed confirmed that staffing levels were managed. Staff worked flexibly, when required, for example so that people could attend their regular appointments or social groups.

People who needed support with their medicines, had care plans which included that information. One person said, "They make sure I've taken my [medicines] before they leave." Medicines records confirmed that staff documented when people were supported with their medicines in a safe way.

Staff told us they had been trained to support people with their medicines. A staff member said, "I would remind them they need to take their tablets; I watch them take the [medicines] and complete the MAR [medicine administration record]."

People told us that staff protected them from the risk of infection. One person said, "They do everything properly; they wash their hands and wear a new pair of [disposable] gloves and an apron." Staff confirmed they had received training in infection control procedures and had a good supply disposable gloves and aprons. The registered manager had planned to re-start the unannounced spot checks on all staff to ensure that staff followed the infection control procedures.



## Is the service effective?

### Our findings

People's needs were assessed prior to them commencing with the service. Assessments were carried out by the registered manager in conjunction with people themselves and their families. A relative said, "Assessment process was helpful because they told us how they would meet my [family member] needs." For one person a support plan provided by the local authority responsible for commissioning the package of care informed this process and assured the provider they could meet the person's needs.

We found the assessments were basic and did not reflect the people's capacity to make decisions, personal preferences, hobbies, sexuality and cultural needs as part of the assessment. That meant positive outcomes for people may not always be achieved because staff were not aware of what was important to individuals so they could support people appropriately. The registered manager assured us they would review and improve the assessment documentation to include more information.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The provider had a MCA policy and procedure in place. The registered manager and staff team had not received MCA training. Despite this, they understood their responsibilities to follow MCA principles.

Care records showed that people's capacity to make decisions had not been assessed where it was identified that a person lacks capacity to make complex decisions. Although a relative told us they had been involved in decisions made about their family member's care and support needs, there was no record of any best interest meetings or the decisions made were not always documented. Improvements were needed to demonstrate the decision making process. The registered manager said they would address this.

The provider had not demonstrated the decision making process that showed the MCA principles were followed where people lacked capacity to make informed decisions. The above evidence is a breach of Regulation 11 (1) (a), of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for Consent.

People told us that they had been asked to consent to care where they could give this. One person said, "[Staff] does explain what they can do to help me and check I'm happy with that." A relative said, "[Staff] always ask [person's name] before they do anything and they do listen." Care plans had been signed to confirm that people had agreed to the care and support to be provided. Despite the lack of training staff, we spoke were aware of people's rights, sought people's consent, offered choices and respected their decision. A staff member said, "They do have capacity. I offer to help them if I see they are struggling to reach or to wash their feet." Staff were aware that people could refuse support, and this was respected and

documented in their care records.

Staff told us they had received an induction when they began working at the service. However, records showed only some staff had completed the induction training which covered security and health and safety topics such as infection control and prevention and safeguarding adults. There was no record of staff shadowing experienced care staff so that they could learn by observing how to support people.

One staff member said, "I've worked as a carer before so did all my training at the previous company. I've done about 15 online courses with tests." However, no records or certificates of training were found in staff files. There were no records to confirm staff practices had been observed with regards to moving and handling of people before staff worked on their own.

The registered manager showed us a sample of the on-line care certificate training modules staff were required to complete. Records showed two staff had accredited professional qualifications in health and social care. Following the inspection visit we were sent a list of training completed by staff. This showed staff had not completed all the essential training needed to provide safe and effective care which included food hygiene, administration of medicines and mental capacity.

Supervision is one way to develop consistent staff practice and ensure training is targeted to each member of staff. A staff member said, "I have one to one meetings with [registered manager] and met two other staff." However, no records or system was found to be in place to ensure staff were supervised or supported in their role.

Staff were not adequately trained and supported in their role to deliver safe and effective care. The above evidence is a breach of Regulation 18 (2) (a) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

People and relatives said they had no concerns about how staff supported them or their family member. One person said, "[Staff name] is definitely trained because [they] have shown a new carer how to help me to move around."

Some people were supported by staff to eat and drink to maintain good health. One person said, "I tell them what I want for breakfast. They always make a drink and leave a snack for me before they go." A relative said, "We buy microwave meals, which staff heat up. They make sandwiches with fillings which [family member] chooses."

Staff who provided mealtime calls to people understood the importance of a daily balanced and healthy diet. The registered manager told us that one person had Caribbean meals on wheels delivered which staff heated in the microwave. Care plans identified people's nutritional risks and support required but no information about people's food preferences and cultural diets. The registered manager assured us they would address this.

People were supported to live healthier lives and were supported to access healthcare professionals when they needed them. Records showed staff had sought advice from the community nurse and followed instructions to reduce further deterioration in their health.

## Is the service caring?

### Our findings

People were introduced to staff prior to care commencing. People could choose whether they had male or female staff to support them with personal care. Staff told us they were provided with basic information about people's needs. Staff we spoke with were aware of people's preferences and some care plans specified this along with their needs and a brief life history. Further improvements were needed to ensure care plans had information about people's preferences to enable staff to provide personalised care and support.

People told us they were involved in making decisions about their care. Some people had supportive relatives. All those we spoke with said they had been involved in the development of their care plans and felt their opinion had been listened to. For example, for one person it was important that staff helped them to get ready in good time so they could attend a regular social group in the community.

People and their relatives told us the staff were kind, caring and treated them with respect. One person said, "Carers are lovely. I am thankful that they are kind and helpful." A relative said, "Carers are very caring. My [family member] is happier with this agency and [their] carers." The feedback we received from people and relatives supported the information in the PIR regarding staff teams caring nature.

People told us that staff took an interest in how they were feeling. A relative told us staff would enquire about their family member's wellbeing and said, "They are always very polite and courteous." Another relative said, "We've got to know our carers. [Person's name] gets on with them, you often hear them chatting and laughing together which is a good sign." That showed people had developed positive relationships with staff.

The registered manager understood that people may need additional independent support from an advocate. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. Currently no one required that type of support.

Staff understood the importance of promoting equality and diversity; respecting people's personal preferences. A staff member could describe in detail the preferences and day to day routines of a person they supported. That showed staff knew the people they supported well.

People were treated with dignity and their privacy respected by staff who provided personal care. A relative said, "[Staff] always protect my [family member] dignity at all times; they close the door and draw the curtains. I listen and watch what they do." Staff told us about how they cared for people and respected their privacy by closing doors and curtains and using well placed towels to preserve people's dignity.

People told us staff respected and treated their information confidentially. One person said, "[Staff] do keep confidentiality as they never talk to me about other people they visit." The registered manager was aware of changes needed to comply with General Data Protection Regulation, (GDPR) that relates to how people's personal information held by the provider, is managed. A confidentiality policy was in place.

## Is the service responsive?

### Our findings

People told us that their needs had been assessed. However, we found inconsistencies in the assessment process. Key information was missed such as risks associated to people's safety and individual preferences. For one person the information supplied by the local authority responsible for commissioning the package of care for a person was not considered or used to develop the care plans that would inform staff about the individual's preferred daily routine.

People and relatives told us that had been involved in developing their care plans. A relative told us that staff knew their preferred routine, and this helped them accept the care offered.

We found inconsistencies in the care plans and these were not always personalised to reflect people's backgrounds and preferences. For example, one person's care plan included specific information such as 'to cut food into smaller pieces'. A staff member that supported this person described in detail the specific needs, routines and food cut into small pieces enabled the person to eat independently. However, other care plans we looked at needed more information about people's daily routines, preferences, beliefs and cultural needs.

Care plans lacked guidance for staff to follow so that people could be assured they received support in a way they wanted it and to promote their independence. Some care plans needed more information where the person needed different types of support at each visit. For example, one care plan stated, 'carers to assist [person's name] with personal care' but there was no information about what the person could do for themselves and the support needed on days when their health condition affected their ability to manage their personal care.

The registered manager told us that people's package of care was reviewed within two weeks from the commencement of care or when staff reported changes in people's health and thereafter every six months. This enabled the provider to ensure the care plan and frequency of support was appropriate and any changes could be met.

People and relatives told us they were involved in the review of their care albeit the process varied. A relative told us that staff worked flexibly and supported their family member in the way they wanted. They said, "My [family member] care was reviewed at three months and some changes were made to care [to be provided]." However, this person's three-monthly care review form was incomplete and we could not be sure the changes in care needs were met.

Another person's records had showed that the person had had a fall and sustained injuries such as cuts and skin tears. There was no evidence that showed their needs, risk and care plan had been reviewed after each incident. We could not be sure whether the person's care needs continued to be met.

When we shared our finding regarding with the registered manager, they told us the unannounced spot check visit were used to review people's care. However, the completed spot check visits form showed the

focus was on staff conduct, time keeping, presentation and checked that care provided was consistent with the care plan. The registered manager assured us they would review and update people's care plans and include the date for the next review in line with the provider's policy.

Staff told us that people they supported had capacity and were able to communicate and express their wishes. The registered manager told us they would provide information in the way people wanted it, for example, if a person wanted information in large print they would provide this for them. That showed the provider was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People and relatives told us they knew who to contact if they were unhappy about the care provided. Information pack given to people when they first started to use the service had details about how to complain and included the contact details for an advocacy service should people need support to make a complaint. One person said, "I'm thankful I have a carer and haven't had anything to complain about." A relative said, "I did complain because the times [staff arrived] was becoming later and later. This has been sorted now."

The registered manager told us that no formal complaints had been received. We discussed the benefits of recording informal complaints and their resolution as this is a way of demonstrating that people are listened and responded to if they raise issues. They said they would start keeping a record.

At the time of our inspection visit no one was receiving end of life care. We found there was no system, policy or procedure in place how to support people at the end of their lives. The registered manager told us they would address this and identify health care professionals to support them so they and the staff team had the training required before supporting anyone.

## Is the service well-led?

### Our findings

The provider's visions and values were to provide a quality care service and 'aim to exceed at all times the national minimum standards'. However, we found a series of shortfalls that meant improvements were needed.

The service had a registered manager who was responsible for the day to day running of the domiciliary care agency. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our records showed that the provider had not sent notifications to us since the service was registered in August 2017. People's care records showed that incidents such as injuries and unexplained marks had been recorded on the body maps and documented in the care logs. However, these were not logged centrally. Lack of central systems meant the registered manager was unable to identify trends and take action to prevent similar incidents from happening again.

There was a lack of oversight, and the systems, processes and procedures in place. The registered manager said they had some systems in place to enable the service to continue to operate if staff could not access the office premises for any reason or inclement weather meant staff were unable to get to people. The business continuity plan that we were shown was blank and had no contact details for staff, people who use the service or external contractors or support services that should be contacted.

The provider's quality assurance and governance systems were fragmented. We found the provider did not have a full complement of policies and procedures to enable the registered manager and staff team to provide a safe service. Where policies and procedures were in place these were not always followed such as the staff recruitment.

The provider's systems and processes were not followed to keep people safe. There were inconsistencies in the assessments, care planning and monitoring processes. Care plans were not up to date and did not reflect people's current needs and safety measures. There were no records of any audits carried on people's care records and staff records. That meant any missing or inaccurate information and overdue review of people's care needs could not be identified.

There were no systems to log incidents and accidents. Informal complaints were received and had been addressed but they were not always logged. That meant the registered manager could not monitor and identify any trends and take action to prevent further risks or complaints.

Systems and procedures were not followed to ensure suitable staff were employed and trained for their role. All pre-employment checks were not always carried out for new staff before they commenced work. Staff were not provided essential training for their role and their practices were not always checked. There was no

system to monitor staff knowledge, skills and if training was kept up to date.

A relative said, "I've been called when they [registered manager] was going to do a spot check [on staff]." A staff member said, "I've had one to one contact with [Registered manager]." I've had spot checks done on me to check that I'm doing everything right; if I am on time and do everything properly." However, staff records showed only three staff had had unannounced spot checks to monitor their practice and punctuality.

Another staff member felt they could contact the registered manager at any time if they were unable to deal with an issue. Staff meetings were not held. The registered manager had set up a group text messaging. They showed us extracts of messages exchanged with the staff team such as changes to the time of visits and reminded staff to follow infection control procedures and to use disposable gloves and aprons. That showed staff were not able to influence the service ways to improve the service for people or informed of any changes, training dates and they had limited opportunity to share ideas and concerns.

There was no system in place to seek the views of people using the service and their relatives, where appropriate. People and relatives, we spoke with said they praised and complimented the staff directly. A relative said, "I've given positive feedback to [staff name] directly."

We found that surveys were not sent to people's relatives, professionals involved in people's care and staff. People and relative told us the staff member would check that they were satisfied with the care provided but this was not always documented. This showed opportunities were missed to seek people's views and ideas could improve and develop the service.

We shared our findings and concerns with the registered manager about the lack of leadership and ineffective systems and processes. Following our inspection visit the registered manager sent us an action plan in response to the issues that we found.

The registered manager understood their role and was aware of the legal requirement to display the rating from this inspection.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not followed the Mental Capacity Act requirements where people lacked capacity to make informed decisions and give consent. Regulation 11 (1) (a)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems and records did not ensure risks to people had been assessed, managed and reviewed regularly to keep them safe. Regulation 12 (2)</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff were not adequately trained and supported in their role to deliver safe and effective care. The above evidence is a breach of Regulation 18 (2) (a)</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  Quality monitoring systems, processes and procedures were not effective, lacked oversight and limited opportunities for people and staff to influence how the service could be improved. Regulation 17

**The enforcement action we took:**

Warning notice issued.