

Starcare Limited

Starcare Rural

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

About the service: Star Care Rural is a Domiciliary Care Agency providing personal care to adults with physical and mental health needs. At the time of the inspection they were supporting around 200 individuals.

People's experience of using this service:

We identified four breaches of regulations. These were in relation to good governance, person centred care, staffing and notifications. Full information about CQC's regulatory response to the more serious concerns found during inspection is added to reports after any representations and appeals have been concluded.

People were satisfied with the day to day support they received from the staff that visited them. However, their call times were not always planned in line with their wishes and so staff did not arrive on time. This impacted negatively upon the safety and wellbeing of people.

The overall governance of the service was not robust and had failed to ensure that people received a service that was in line with their wishes. It had failed to ensure that issues were not only dealt with but that subsequent improvements were sustained.

We have made a recommendation about the management of medication. People were supported with their medicines. However, there was a risk that this was not always done safely.

We have made a recommendation about the assessment and recording of mental capacity. People were supported to have maximum choice and control in how they wanted their support to be delivered. However, the policies and systems in place did not support this practice.

Staff received adequate training and support. People were confident in the ability of staff to provide the support that they needed.

Staff told us they felt very much supported by the organisation and they were valued as employees.

More information is in the detailed findings below.

Rating at last inspection: This was the first inspection of this service.

Why we inspected: This was the first inspection of this service since it was registered with the CQC on 1 March 2018.

Follow up:

We have requested an action plan from the registered provider as to how they plan to address breaches in

regulation and make improvements to the service.

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Inadequate ●

Starcare Rural

Detailed findings

Background to this inspection

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector and three Experts by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using this service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The service was given one days' notice of the inspection site visits because some of the people using it required notice that we would be contacting them for their views. We also needed to be assured that someone was in the office to support the inspection.

Inspection site visit activity started on 5 February 2018 and ended on 12 February. We visited the office location on 5, 6 and 12 February to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

We gathered information by looking at records and speaking to people. This included reviewing the notifications and the Provider Information Return we had received from the service. We looked at records around the management of the service such as accidents and incidents, safeguarding, complaints, rotas and timesheets, audits and quality assurance reports. We also reviewed staff files and training records. The views of 47 people using the service, eight relatives and nine members of staff were also taken into account.

Is the service safe?

Our findings

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

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.

Staffing and recruitment.

- ☐ The staff were allocated a geographical patch in which to work and people's experience varied depending on where they were living.
- ☐ A significant number of people stated that the punctuality and reliability of care staff was consistently poor. They were clear that this was due to poor organisation and care staff were not to blame. Comments included, "I'm fed up with the rota its' here, there and everywhere", "How do they expect people to be in three places at one time?" "The rota is not managed properly they're coming from all over the place."
- ☐ Records indicated that staff were not always allotted travel time; on occasion staff were expected to be in more than one place at once. Visits were not planned at the time agreed with the person and there was a variance throughout the week.
- ☐ People told us that issues with staffing made them feel unsafe and vulnerable. They gave examples where it had impacted significantly on their care such as not receiving medication or food on time and not getting prompt support to maintain continence or personal care.
- ☐ People did not have information about their forthcoming support. Comments included, "I would love a rota as I wouldn't sit here all day worrying as to who is coming at what time" and "I can't sleep when I don't know whose coming and how far they have to travel. It preys on my mind wondering if they're coming or not."

This failure by the registered provider to demonstrate that they employed sufficient numbers of staff to meet the needs of people in line with their care plan is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ Staff underwent checks prior to working at the service to ensure that they were of suitable skill and character.

Assessing risk, safety monitoring and management.

- ☐ Sufficient risk assessments were not in place for key medical conditions or interventions such as catheter care.
- ☐ Some people received Anti-epileptic drugs (AEDs) which are used to prevent seizures or in some cases is prescribed for other conditions. Staff had not checked what they have been prescribed for. There was no risk assessment to include: how the seizure presents itself, details about people's rescue medicines, what effect these should have and within what time frame and when staff need seek more help. The registered manager took steps to clarify this information following the inspection.
- ☐ Where a person had diabetes, there was no recorded information for staff as to what were the risk factors or the symptoms of high or low blood glucose levels. There was information for staff as to what actions to

take based upon a blood glucose level reading. The risks associated with this condition had not been minimised as call times were variable and some medication or meals were not being given at the specific times required.

- ☐ Environmental risk assessments were undertaken to ensure staff worked within a safe environment.
- ☐ Other aspects of a person's support were risk assessed such as moving and handling, mental health and nutrition.

Using medicines safely.

- ☐ Medicines management was not based on current best practice and there was a risk that medicines may not be given safely.
- ☐ Care plans did not accurately reflect the support a person required and failed to address a person's mental capacity or consent in regards to their medication being given by care staff.
- ☐ Not all MARs met the required standard as they failed to record all the required information such as stock available, exact name and dose of medication or key information relating to administration.
- ☐ Some people used a prescribed thickener to alter the consistency of fluids. The MAR stated 'thickener' but not the exact product or how to achieve the consistency required.
- ☐ Some medicines were taken 'as required' but there was no information to direct staff the circumstances in which this medication should be given. Where a variable dose was prescribed, there was no guidance as to how much medication should be given and staff did not always record the dose administered.
- ☐ The new record system recorded the specific time medicines were given and these indicated that adequate time had not been given between doses of pain relief whilst other medicines had not been given in line with prescriber's instruction e.g. Before food.
- ☐ Records had been established to record the rotation of medicine patches. However, these were not accurately completed and we were not assured they had been applied as required.
- ☐ Where medication required a specialised route such as eye drops, creams, inhaler or transdermal patches there was no evidence that staff had received direction from a clinical practitioner to ensure competence. We were informed following the inspection that this would be completed with a Nurse as a matter of priority.
- ☐ Staff had received training and competency checks in regards to the safe administration of medicines. Staff were vigilant in checking that a person had the correct medication prescribed for example, staff had noted that a person had incorrect medication in their blister pack.

We recommend that the registered provider review its medicines management to ensure that it is based upon best practice guidelines.

Systems and processes to safeguard people from the risk of abuse.

- ☐ The provider had safeguarding systems in place. Staff understood their responsibilities for keeping people safe and the processes for reporting any concerns they had about people's safety.
- ☐ Service records were kept secure and electronic records were password protected. Paper records were stored securely in line with the relevant data protection law.
- ☐ An on-call system was in place and people were provided with the name and telephone number of staff who they could contact in the event of an emergency. People confirmed that they were aware of this and had used it.

Preventing and controlling infection.

- ☐ Staff had access to personal protective equipment (PPE) and people confirmed that this was used.
- ☐ Training and guidance as provided to staff in regards to prevention and control of infection.

Learning lessons when things go wrong.

- ☐ A record was kept of any accidents and incidents which occurred at the service and these were checked by the registered manager. Action was taken where needed to minimise the risk of repeat occurrences. However, people were frustrated that improvements to support delivery was not always maintained.

Is the service effective?

Our findings

Effective – 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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA and whether any restrictions on people's liberty had been authorised by the Court of Protection.

- ☐ At the time of the inspection no person using the service had any restrictions placed on their liberty.
- ☐ Assessments undertaken by the service prior to commencing the support did not determine if the person had given informed consent and whether decisions had been made in their 'best interests'. There was no decision specific assessment of a person's capacity in regards to aspects of their care and support for example medication or financial management.
- ☐ Staff understood people could make 'unwise' decisions and take risks if they had the mental capacity to do so. However, this was not always assessed or documented.
- ☐ Staff were able to discuss with us what was meant by 'lacking capacity', how this could be variable, but they were less clear as to how it could be dependent on the specific decision in question. Where staff had to make decisions on behalf of a person who lacked capacity, there was no consideration and record to state that this was in the person's best interest.
- ☐ Pre assessment gave consideration as to whether a person had a delegated power of attorney (LPA) in place. An LPA is a way of giving someone the legal authority to make specific decisions.
- ☐ People confirmed that staff sought their consent whilst delivering their support.

We recommend that the registered provider ensure that they meet the requirements of the MCA in the assessment and recording of mental capacity and best interest decisions.

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

- ☐ People told us that staff attended their homes and stayed with them for the full duration of their contracted visit. However, people did not always get their visit at their requested time and did not always know that staff were running late.
- ☐ An assessment of people's needs was undertaken prior a person receiving a service. This was to ensure staff had the right skills and equipment to deliver the care.

- People and relevant others including family members and other health and social care professionals were involved in the assessment and planning of people's care.

Staff support: induction, training, skills and experience.

- New staff had a 'class room' induction programme that prepared them for their role and a period of supervised practice. The induction programme followed the principles of the nationally recognised 'Care Certificate'.
- There was a formal assessment completed of any new staff members to demonstrate they achieved the level of competency required to work on their own. Staff we spoke with confirmed that the initial training and shadowing opportunities equipped them well for the role.
- Staff informed us and records confirmed that they now received supervision on a regular basis and also had an appraisal.
- Staff had on-going refresher training of topics deemed essential by the provider and had the opportunity to undergo additional training to enhance personal development.
- People were confident in the abilities of the staff to deliver their support. "The knowledge and skills of the carers have never been in question" said one person.

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

- Where it was required as part of a care package, staff supported people to eat and drink and maintain a healthy and balance diet. The level of support people needed was recorded in their care plans. Menus had been devised for staff along with preparation tips as it had been recognised that some staff did not have basic cooking skills.

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

- Due to the late or irregular calls, some people did not feel that they were supported to remain healthy: comments included "I'm insulin dependent and need to have my medication at 8.30 then eat my breakfast not at 10am. I've rung them umpteen times, it improves slightly for a while and then back as it was again" and "Last year they were coming very late to get my relative up, they are diabetic and needs to have insulin after breakfast. They couldn't seem to understand the importance."
- Some relatives expressed concern that the food and fluid intake of people was being affected by the poor routine of the staff. Records indicated that on occasion people received their meals late or there was inadequate time between in between calls.
- Others were positive about the staff and the effectiveness of the support. Comments included "My relative was very ill and could do very little, all the staff were lovely but one was exceptional. They persuaded my relative to live life to the maximum, encouraged them to walk a little bit further each day and do more and for themselves. This was so important to my wife's self-esteem and dignity."
- Care staff were noted to have responded appropriately when they observed a person to be unwell and sought out medical help. One person commented, "When I was ill the carer was marvellous. I suddenly had a stroke and they were so calm, they called for an ambulance and stayed with me all the time, stroking my fore head and reassuring me, I couldn't communicate back, but I could hear them, they never left me."

Is the service caring?

Our findings

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; equality and diversity.

- ☐ People and relatives' comments about the reliability, continuity and consistency indicated that they were not always well supported. Times were not consistent with a person's wishes around morning, lunch, tea or night routine.
- ☐ Rotas and schedules in some of the patches were not organised so that people received care and support from familiar staff. Comments included, "I see different people all the time", "It can be a struggle because they don't know what help I need or where things are", and "There are so many of them, I don't remember their names."
- ☐ Other people said they had cancelled all or part of the package as it was detrimental to their wellbeing. People said, for example, "I had that many do's with them that I cancelled the night calls. It was so stressful, it was all too much. It's not the girl's fault they are run off their feet, when they're here the phones constantly going; they put too much on them."
- ☐ People were keen to stress that carers were kind and caring and any deficiencies in the standard were described as due to poor organisation and management of the service.
- ☐ Where the service had achieved consistency people had appreciated this and described a service that met their needs: comments included "We are like a well-oiled machine, staff have been coming for such a long time" and "The staff know me well, they are like my family."
- ☐ Comments about staff were complimentary and included, "They are very, very kind, there's no fault with them", "They never make me feel that they are rushing, all is steady and calm", "They are very thorough" and "They will stay longer if they are worried about me."

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

- ☐ People felt included in their care and able to express their wants and wishes. One person said, "I feel I am in charge, the staff wouldn't do anything without asking me, they are like one of the family" and "I have always been independent and they respect that."
- ☐ People and family members told us that they were asked their views and opinions about the care. They told us that senior care staff did this during review meetings and during general visits to their home and over the telephone.
- ☐ Review Care questionnaires which were sent out to people and family members throughout the year also provided them with an opportunity to express their views about their care.

Respecting and promoting people's privacy, dignity and independence.

- ☐ A number of people felt their dignity and privacy was compromised due to inconstancy in care staff. Comments made included "It's different people. You have to take what comes. I have to show them what to

do." "I don't know whose coming on their days off. Sometimes I don't know them, they're not always introduced", "I've told them I don't want strangers doing intimate things like getting me washed, I've told them I want people I know" and "They've tried to sort out the same person. I'm in constant pain and my regular knows how to help me so it doesn't hurt. If I don't know whose it is I tell them to cancel the visit."

- ☐ Other people gave examples of how their property and themselves were treated with dignity. They said staff made them feel comfortable. Action to help maintain privacy was undertaken and people were asked to give their consent. Their comments included, "I'm comfortable, don't feel embarrassed they leave me in the shower to do what I can myself and closes the door but stays where they can hear me if I need them."
- ☐ People confirmed that they could express a choice about the gender of their care staff or could request that a staff member no longer attend if they did not feel comfortable with them.
- ☐ Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- ☐ Each person had a care plan based on assessments completed. The original care plans set out people's needs and how they were to be met in a way they preferred. The new care plan system, however, in place lacked personal information and were written as a series of tasks to be accomplished. They did not take account of people's personal preferences and did not always direct staff as to the level of support required.
- ☐ The new care plans were not always specific and contained generic statements such as 'assist with personal care', 'medication support,' 'promote respect' or 'requires assistance with transfers.' The registered manager informed us that these were not yet 'operational' yet staff had informed us these were now in place.
- ☐ The service had not fully implemented the Accessible Information Standard and assessments did not identify record or flag the communications needs of people with a disability or sensory loss.
- ☐ Times were not consistent with a person's wishes around morning, lunch, tea or night routine.
- ☐ Rotas were not planned in a way that afforded a continuity of time and people commented that what was arranged to help was actually causing stress. Comments included, "They were turning up at stupid hours, sometimes not coming at all. They were supposed to be coming at 10pm to shower me, one night they came at 12.45", "Out of the 14 calls, based on the timings I was originally give, they run late 40-50% of the time" and " Nearly half my calls are late,"

The registered provider failed to ensure that they did everything reasonably practical to make sure they provided person centred care appropriate to meet people's needs and preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014..

Improving care quality in response to complaints or concerns.

- ☐ People and family members were provided with information about how to complain and many had done so. The complaints policy referred people to CQC to address any unresolved complaint which was incorrect.
- ☐ Complaints were around the continuity and reliability of the care and attitude of some staff. These had been investigated but people were all not confident that changes were maintained. CQC had received a number of complaints in respect of the same issues leading up to the inspection.
- ☐ People and families felt able to address some issues with the staff directly. People's comments included, "I have sometime had to mention about little things, but they always take me seriously and do something to sort the problem out, so it never gets to the formal complaint stage."

End of life care and support.

- ☐ No person using the service at the time of the inspection was receiving end of life care.
- ☐ Staff were however aware of good practice in end of life care, and were described to us how they would support people during this stage of their life.

- The registered manager was aware of the impact that death could have on the staff and had support mechanisms in place to support them. A memory tree had been introduced so staff could remember those that they had supported but had now passed away.

Is the service well-led?

Our findings

Well-Led – 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

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- ☐ The management team engaged with everyone using the service, their relatives, staff and other stakeholders.
- ☐ Not everyone described a person-centred service. They were complimentary about the standard of care and support provided but felt their personal choice was not taken into account.
- ☐ The registered provider had committed to inform people if staff were going to be more than 15 minutes late but this did not consistently happen. Comments included, "Most of the time, the carers arrive within 30-45 minutes of the agreed time, but they can be a lot later and it's always me that has to ring to find out what's happening" and "They are very good at asking you what you want, but then they seem to deliver it to best suit themselves. I'm not talking about the carers; it's the management side that lets them down."
- ☐ The registered provider had implemented new electronic systems to further improve the effectiveness of the service. This had just been rolled out to staff. They informed us that this would allow them to better monitor the timeliness and consistency of the calls.
- ☐ A report was provided by the service that confirmed that people received an unacceptable number of different staff throughout the week. The registered manager informed us that a 'traffic light' system was now being used to highlight to staff coordinating the rota that this needed to be improved upon.

This failure to operate effective systems to assess and monitor the service was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- ☐ Managers and staff understood their responsibilities. However, risks to people's health, safety and wellbeing was not always effectively managed through on-going monitoring of the service.
- ☐ Complaints about the service were directed towards the management team. Statements included, "There is systematic failure at a senior level", "Carers are put under undue stress and it causes an atmosphere ,", "Providing care causes more problems than its meant to solve" and "The management need a real shake up as it is at the office that it is all going wrong."
- ☐ The registered manager was not clear about their responsibilities in line with regulatory requirements such as reporting to CQC or concluding disciplinary matters if a staff member had resigned..
- ☐ Where staff had been dismissed for matters relating to the delivery of support, the registered provider had failed to report these to the Disclosure and Barring Service.

This lack of robust governance was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered provider must submit to us notifications of key events in the service such as deaths, safeguarding or serious injury. We found that the registered manager had failed to notify the CQC of a number of these situations in a timely manner. This meant that the CQC was not able to monitor the events that affect the health, safety and welfare of people who used the service.

The failure to notify the CQC of key events within the service was a breach of Regulation 18 of the Care Quality Commission(Registration) Regulations 2009.

- Performance, learning and development was monitored through observations and regular discussions within the organisation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others.

- People, family members told us the management team were available to provide advice and guidance but they did not always have a prompt response.
- People were concerned about the impact work had on the staff: their comments included, "Good staff are leaving, I had a lovely carer but they left they was so stressed, I could see it coming," " You can't knock the carers, I feel really sorry for them, they don't even get a break, and they're constantly being dumped on."
- There were a number of processes in place to obtain the views and opinions of people and family members about the service. A survey of people's views had not taken place since the service was registered at this location.
- Staff were engaged and involved through meetings, newsletters and events. Staff said that they were always kept up to date with important information about the service.
- Staff were all very positive about the registered manager and described the support they were given as "Exceptional" and staff said that this " Was the most supported at work and in their personal lives that they had ever been". Events were arranged for staff and their families as a thank you for their hard work.
- Staff were encouraged to demonstrate the 6Cs – care, compassion, courage, communication, commitment and competence .Staff were nominated for each element and were given a badge as a mark of their commitment to each.

Continuous learning and improving care.

- There was a system in place to check on the quality and safety of the service but it had failed to identify some of the concerns highlighted on this inspection such as medicines management, care planning, regulatory responsibility and rota planning.
- The registered manager and registered provider did not always keep up to date with current good practices and changes to the law to update their knowledge and learning.
- Policies were not always updated to reflect changes in policy or legislation.

This lack of robust systems and processes to ensure that the service met the requirements of the Health and Social Care Act 2014 was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us that it had been recognised that the service was not able to meet the needs of people in line with their wishes due to staff absences or staff leaving employment. A recruitment drive was taking place and a number of new staff were due to start.

- Steps had also been taken to withdraw the service from some geographical areas to free up staff and management time.
- The new electronic care planning and rota system was hoped to allow closer scrutiny and oversight of the service.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered provider failed to ensure that each person received appropriate person-centred care that was based upon their needs and preferences.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider failed to demonstrate that they had sufficient staff to meet the needs of people using the service and to provide safe care at all times.</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider failed to ensure that they had adequate or robust systems and processes in place to assess and monitor the service.</p>

The enforcement action we took:

We issued a Warning Notice and told the registered provider to be compliant with the regulations by 22 May 2019.