

Wise Home Care Services LTD

Wise Home Care Services

Inspection report

526 Holloway Road
London
N7 6JD

Tel: 07946103976

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Wise Home Care Services is a domiciliary care agency that provides care and support to people in their own home. People receiving a service included those with dementia, mental health, physical disabilities and learning disabilities. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our visit the service was providing regulated activity to two people.

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

The provider needed to improve the governance of the service and introduce systems and processes around the monitoring of the service delivery. This was to ensure the regulated activity was provided effectively, safely and in line with the current national guidelines.

We identified several shortfalls in how the service was run. These related to the lack of adequate assessment of people's care needs and preferences, and risks associated with providing the regulated activity. Further shortfalls concerned unsafe management of medicines, limited arrangements around infection prevention and control and the lack of required staff training.

Although we identified shortfalls, we noted that relatives spoke positively about the care provided by the service. They thought the staff were kind and caring and the manager was approachable and supportive.

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.

This service partially demonstrated how they were meeting the underpinning principles of Right support, right care, and the right culture.

Right care:

We could not always ascertain if the care provided was fully person-centred as there were gaps in the process of assessing people's needs and preferences. However, based on the feedback of relatives and care staff, the provider promoted people's dignity, privacy and human rights.

Right support:

Staff told us when providing care, they always maximised people's choice, control and independence.

Right culture:

Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Staff spoke kindly about the people they supported. Staff said their main aim was to provide good care to people, which helped people to feel good about themselves.

Staff were sensitive to cultural and personal preferences and were willing to adhere to them when providing support to people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 22/03/2019 and this is the first inspection.

Why we inspected

We inspected Wise Home Care Services as part of our inspection prioritisation programme. We carried this inspection as we had not inspected this location since it was registered with us in March 2019. We needed to carry out a comprehensive inspection to take an in-depth and holistic view across the whole service, looking at all five key questions to consider if the service is safe, effective, caring, responsive and well-led.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, 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.

Enforcement

We have identified breaches in relation to risk assessment process, infection control, management of medicines, assessment of needs and preferences, at this inspection. We made two recommendations about recruitment and providing joined-up care.

We issued the warning notice about Regulation 12 (Safe care and treatment), Regulation 17 (Good governance) and Regulation 18 (Staffing). Please see the action we have told the provider to take at the end of this report.

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?

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 caring.

Details are in our caring findings below.

Good ●

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.

Requires Improvement ●

Wise Home Care Services

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.

Inspection team

The inspection team included one inspector and one Expert by Experience. An Expert by Experience 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 houses and flats.

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

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 registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the sole Director of the provider organisation, who is also the registered manager at the service. We reviewed a range of records. This included two people's care records, one of which did not

receive personal care, and we did not use this information to inform the outcome of this inspection. We looked at three staff files in relation to recruitment. We looked at a variety of records relating to staff training, the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. Our Expert by Experience spoke with two relatives and one person using 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 newly registered 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; Using medicines safely

- The provider had not always assessed risks to people's health and wellbeing. One person was living with a condition that affected their ability to live independently, and they needed continuous support. There was no risk assessment related to this condition to guide staff on how to support the person safely. There was a risk that staff would not know how to help this person in case of emergency, putting the person and staff at risk of harm.
- The provider had not assessed the risks related to specific elements of care, for example, providing care in people's homes, in the community and when handling people's money. There was a risk that without appropriate guidance, staff would not be able to manage these elements of the service provision safely.
- Where the provider identified risks to people's health and wellbeing, staff were not always provided with person-specific information on how to manage and reduce these identified risks.
- The provider did not manage medicines safely. In one instance, staff were providing personal care and support, including medicines administration. The registered manager did not assess risks related to medicines administration to this person, therefore care staff did not have guidance on managing this support safely. Staff had not completed appropriate training in medicines management, and an appropriately trained professional had not assessed their competencies in medicines support. We identified that on one occasion, when staff administered medicines, they did not follow the appropriate process, putting the person at risk of harm.

We found no evidence that people had been harmed. However, the lack of robust risk assessment and safe management of medicines procedure placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were not assured that staff received appropriate training in infection control and COVID-19 safety measures. We reflected this in more detail in the effective section of this report.
- We were assured that the provider was using personal protective equipment (PPE). However, due to the lack of training, we could not ascertain if care staff used PPE effectively and safely.
- We were not assured that the provider was accessing testing for staff. We identified that not all staff participated in a regular COVID-19 staff testing.
- We were not assured that the provider's infection prevention and control policy was up to date. The policy did not reflect the guidance about COVID-19 safety.

We found no evidence that people had been harmed. However, the lack of robust infection control

measures placed people at risk of harm. This was a further breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Elements of recruitment procedure needed to improve. Information about previous employment was not always sufficient for the registered manager to gather evidence of staff conduct there. We noted that in the absence of information about the previous employment, the registered manager requested character references from staff friends or educational bodies. These references were available during our visit and were all positive.

We found no evidence to suggest that staff employed at the service were of no good character. However, the lack of sufficient information about the most recent conduct could lead to important information about a prospective staff being missed. We recommend that the provider reviews the latest guidance on recruitment and implements changes to reflect them.

- The provider deployed enough staff to support people. Each person receiving the service had been allocated one care staff who always visited the same person. One relative told us, "Staff are always on time, and if another carer is going to come, they bring her with them, so I know them."

Systems and processes to safeguard people from the risk of abuse

- Staff understood their role in protecting vulnerable adults. They said, "A person needs protection from harm caused by incidents or other people. If I had concerns about physical or verbal abuse, I would let my manager and appropriate agencies know" and "We need to protect ourselves and people from harm. We need to remember about health and safety". However, not all staff had appropriate formal training in the principles of safeguarding people. We reflected this in more detail in the effective section of this report.
- Relatives told us people were safe with staff who supported them. One family member said, "My relative didn't look 100% and was quiet. The carer offered to go and sit with him in the evening. That was very nice of her."
- The provider had a safeguarding vulnerable adults' policy that set out main principles of protecting people from harm and abuse and guidance on what action to take if the staff thought people were at risk of harm.

Learning lessons when things go wrong

- There was a process for reporting and recording any accidents and incidents. The registered manager informed us, so far, there were no accidents or incidents at the service.

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 newly registered 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 provider had not always carried out a sufficient assessment of people's needs and preferences before providing care. In one case, we identified an informal conversation between the registered manager and the family about the person's health and well-being. However, this had not been documented in the form of needs assessment, care plan or risk assessment. Therefore, the provider could not assure us that they gathered all the essential information about the person and how to support them.
- Staff were not always provided with enough information about people's health, well-being and care needs and preferences. For one person there was no care documentation available for staff at all. In the second case, the information about the person's health, well-being, care needs, and preferences was incomplete. Therefore, the provider could not assure us that staff had sufficient guidance on how to provide effective and safe support.
- In the case of two people, there was a discrepancy between how staff and families described provided care. Consequently, we could not always ascertain what care each person was receiving and if staff delivered it according to current standards and national guidelines.

We found no evidence that people had been harmed. However, the lack of robust needs and choices assessment placed people at risk of receiving care that was not effective and safe. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The provider could not assure us that staff received appropriate induction to the service and their role as a care worker. The registered manager told us that they met with new staff for an induction meeting to discuss organisational policies and initial training. However, the induction process had not been recorded and signed by staff to acknowledge that they participated and understood its content.
- Staff had not received training to ensure the care they provided was safe and effective. The missing training included safeguarding, health and safety, medicines administration, the Mental Capacity Act 2005 (MCA), infection control, food safety and other training related to specific health conditions for individual people that staff supported. The training in these subjects is essential to ensure that people receive safe and effective care.
- Some staff employed at the service had previous experience of working in the care field. However, the provider could not evidence that they ensured that these staff knowledge was refreshed, and competencies checked.

We found no evidence that people had been harmed. However, the lack of required training from staff could lead to unsafe care, placing people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the provider provided us with evidence that staff had now commenced and were in the process of completing their training.

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

- Staff did not have nutrition and food hygiene training. We talked about this in the staff support segment of this section of the report.
- Staff did support people with food preparation as people had other arrangements to ensure they had regular and nutritious meals.
- Staff supported people by warming up already prepared food of their choice and ensured people had enough fluid available throughout the visit. One relative told us, "Staff make sure my relative is eating lunch and drinking enough".
- Where care documentation was available, the provider ensured staff had information on people's dietary requirements and any support people needed during meals. This included specific religious and cultural food requirements and any equipment necessary for people to eat and drink independently and safely.

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

- At the time of our visit, the provider did not work with other agencies on providing care to people. Family members told us that they were in contact with external health and social care professionals, and they wanted to lead on this aspect of the support. We discussed this with the registered manager, who told us that they would contact respective professionals when needed.
- Staff knew what action to take if people's health, wellbeing and care needs had changed. They said they would discuss this with the registered manager and contact the emergency services if necessary.

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.

- Where people were not able to express views, we saw that the provider sought support from families. However, the provider had not sought guidance from relevant health professionals. The provider had not completed their own mental capacity assessments to check whether people could make complex decisions about their care. Based on findings from this inspection, we were satisfied that when staff made decisions made on behalf of people, they did this in people's best interest. However, the provider must ensure that they have an established system to assess people's capacity to make decisions and seek support from external health professionals or independent advocates. This is to ensure that the best decisions process is always followed.

- Staff had not received training in the Mental Capacity Act (MCA) 2005. We covered it in the staffing segment of this section of the report. However, staff sought people's consent to care and treatment in line with legislation and guidance. Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the MCA. One relative confirmed saying, "My relative cannot make own decisions but staff always ask for their consent before providing support."

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 newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were respectful toward people they supported. People and relatives gave unanimous positive feedback about the care staff at Wise Home Care Services. They were happy with the support provided and how staff approached people. One relative said, "Staff talk and listen to my relative. They make sure my relative is eating and drinking enough and encourage my relative's mental wellbeing."
- Staff appeared to know how to build positive relationships with people. Staff told us, "I like to support older people. I have good communication with them. I like to help them when they need it", and "If the person I support were to make an unsafe decision, I would show another, safer way of doing the same thing."

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

- Staff respected people's choices and supported them to make decisions about their care. People and relatives said the staff gave people choices and that people could make decisions about their care. One relative said, "The carer engages a lot in conversation with my relative and us, the family", and "they listen and ask my relative questions about [what my relative wants to do and they follow their choice]."
- Staff were respectful towards people's choices about the care received. One staff told us, "I give the person choices as they can say what they would like to do or where to go. I follow their decisions. I have to follow their choices as they deserve good things."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Family members said, "They did ask my relative's consent if they wanted a shower, they close the curtains" and "Staff closes the door to protect my relative's dignity."
- Staff understood the importance of providing respectful and confidential care. One staff member told us, "There are two aspects of privacy, keeping conversations private, unless the person disclosed harm and ensuring that the person can use public amenities, like toilet, privately with me waiting outside."
- The provider asked people and relatives if they preferred a female or a male care staff to support people. The provider respected their wishes.
- Staff knew how to promote people's independence and participate in decisions about their care. One staff member said, "I never make the person feel incapable of doing things. I always encourage the person to learn and develop. I always applaud them when they do things well."

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 newly registered 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; 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

- We identified shortfalls in the care needs and preferences assessment and care planning process. This had not always been sufficient, and staff had not always had written guidance on what care people needed. There was a risk that staff would not meet people's needs fully or appropriately. We described this in more detail in the effective and safe section of this report.
- Where care staff recorded information about care provided to people, the information was limited. It had not fully described the support given, for example, social activities undertaken with people and how people were presenting on the day of the visit. We fed this back to the provider, who assured us improvements would be made.
- Where care documentation was available, it reflected people's personal history, interests and description of people's support network. This provided staff with background information about people and what mattered to them.
- Although we identified shortfalls in the care needs assessment and planning process, family members were happy with the support staff provided to their relatives. It appeared that staff centred the support around what they knew about people's needs and wants, and they did their best to care for people well and as people wanted. A relative said, "Staff make certain my relatives personal and physical needs are met."
- The provider recruited staff for specific people to match people's cultural needs, language and individual interests. Staff told us these were essential aspects of care they provided as they could hold conversations in the language people preferred and about aspects of their culture that were important to them.
- The staff ensured they spoke with people about people's specific interest. One staff member described how they researched information in their private time about matters queried by the person they supported. They did it so they could explain and educate the person the next time they saw them.
- Staff supported people to partake in activities people liked. This included discussing what they watched on TV, reading stories and newspapers, playing games or visiting the community.

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.

- Staff appeared to know how to best communicate with the people they supported. This included conversation in the language preferred by people and paying attention to the body language and changes in behaviour that could indicate people needed extra support. One family member told us how staff provided

their relative with an additional visit. The staff was concerned that the person's mood deteriorated, and they needed company to stay well. This helped to develop a friendly relationship and effective communication about meeting people's needs.

Improving care quality in response to complaints or concerns

- The provider had a complaint policy, and it was available to people and their relatives. People and relatives said they never had to make a complaint about the quality of the care provided. One relative told us that when they made suggestions about the care, the registered manager listened to them.

End of life care and support

- The service was not providing end of life care at the time of our visit.

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 newly registered 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

- The provider had not fully set up the service to provide the regulated activity safely. The provider had not carried out a comprehensive assessment of people's needs, and preferences and risks related to the regulated activity. Staff had not received the required training before they supported people in their homes and the community.
- The provider's monitoring systems had highlighted issues identified by us. However, the provider had not taken action to address these issues. For example, the provider did not effectively prompt staff to complete their training, and appropriate care documentation was not put in place before staff visited people.
- The provider had not kept information about people securely. The provider stored the information on an external portable drive which was not encrypted or protected by a password. This meant that if the drive was lost or stolen, unauthorised people could access information on it. Encryption is a method for restricting access to a portable drive either by software or hardware installed on the drive that requires a key to unlock.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the provider informed us that they commenced work on improvements to the governance of the service. They have also ensured that they stored information about people and their care safely.

Working in partnership with others

- At the time of our visit, the provider had not worked with any external health and social care professionals to provide joined-up care to people. Their relatives managed this aspect of support for people.

We found no evidence to suggest that people were harmed. However, the lack of joined-up care could lead to people's changing care needs not being addressed promptly. We recommend that the provider seeks further guidance on support on joined-up care for people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- Relatives were happy with the service received. Relatives spoke positively about the service, the staff working there and the provider. They said, "The manager [name] is friendly and approachable. Everything is fine, no issues, it's a good agency, good carer, all good as they are experienced. I'd recommend them!!" and "They are all very nice."
- Relatives told as the provider communicated with them effectively. One relative told us, "They will telephone or email me."
- Staff thought the provider was supportive. They said, "The manager is very kind and approachable. He will call and explain what I need to do if I am not sure."
- Staff empowered people when providing personal care and promoted people's independence as much as it was possible.

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

- The provider understood their obligation under the duty of candour. The registered manager said, "We need to be transparent when something happens, report incidents, and apologise if things go wrong."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Continuous learning and improving care

- The provider was responsive to our comments and findings during our inspection. They were keen to make improvements and implement needed changes.
- Relatives felt involved in planning and reviewing people's care. They said, "One person comes from Wise at present as a care plan is being finalised. We are happy."
- Relatives were asked to provide feedback about the service received. Seen completed by the relatives quality assurance questionnaires confirmed relatives were happy with the service received.
- Care staff delivered care respecting people's personal wishes. The registered manager recruited and allocated care staff explicitly to meet people's language needs and cultural preferences.

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 person did not ensure that care and treatment to service users met their needs and reflected their preferences.</p> <p>Regulation 9 (1) (2) (a) (g)</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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care was provided in a safe way for service users because:</p> <p>They did not do all that was reasonably practical to assess and mitigate risks to care and treatment of people who used the service.</p> <p>Regulation 12 (2) (a) (b)</p> <p>They had not ensured the safe and proper management of medicines.</p> <p>Regulation 12 (2) (g)</p> <p>The registered person had not ensured appropriate assessing the risk of, preventing, detecting and controlling the spread of, infections, including those that are health care associated;</p> <p>Regulation 12 (2) (h)</p>

The enforcement action we took:

We took enforcement action under regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the registered person to make the necessary improvements by 7 June 2021.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not operate effective systems to:</p> <p>Assess, monitor and improve the quality of the service.</p>

Regulation 17 (2) (a)

Assess, monitor and mitigate the risks relating to health, safety and welfare of service users.

Regulation 17 (2) (b)

Maintain accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

Regulation 17 (2) (c)

The enforcement action we took:

We took enforcement action under regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the registered person to make the necessary improvements by 7 June 2021.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person did not ensure that staff received such appropriate training and professional development as is necessary to enable them to carry out the duties they were employed to perform.</p> <p>Regulation 18 (1) (2) (a)</p>

The enforcement action we took:

We took enforcement action under regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the registered person to make the necessary improvements by 7 June 2021.