

AK Care Ltd

# AK Care 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This announced inspection took place on 4 August 2016.

During our last inspection in August 2015 the provider was in breach of Regulation 12 Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. The provider had not reviewed risk assessments when people's needs changed and robust management plans were not in place to mitigate such risks. The provider was also in breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment. Staff had not received regular updates in safeguarding adults training and were not able to recognise the different signs of abuse and how to report suspected abuse to ensure vulnerable people were safe. The provider was also in breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing. The provider was unable to demonstrate that staff members had received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to do. An action plan of the breaches identified at the last inspection was sent to the CQC on 19 November 2015. The registered provider told us that risk assessments would be reviewed and updated by 30 April 2016 and all care workers will receive up to date professional development, supervision and appraisal by 31 May 2016.

AK Care Services Limited is a small domiciliary care agency providing care and support to six people living in their own homes. The agency also provides live-in support. The agency has currently six care workers employed. The agency refers to care workers as personal assistants.

The agency has a manager registered with the Care Quality Commission (CQC). 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.

At this inspection we found that care workers were able to demonstrate to us how to report abuse and were able to tell us the different forms of abuse. However, the provider continued to fail in providing safeguarding adults training to care workers.

People were put at harm and risk as no improvements had been made in providing robust risk management plans to mitigate such risks. Risk assessments had not been reviewed to respond to peoples changing needs.

Care workers were not receiving regular training updates, supervisions and appraisals. This meant that people using the service were at risk of care being not effective, due the care workers not having the appropriate skills.

Care plans were in place, which were based on peoples' assessed needs and people who used the service or their relative were able to contribute in the care planning process. However, the provider failed to review these at regular intervals and respond to people's changing needs. We did not find evidence that quality assurance monitoring was being carried out regularly, that would have helped identify the shortfalls we found during the inspection. For example regular spot checks had not been carried to monitor the quality of care.

People told us they felt safe. Care workers knew how to keep people safe from abuse. They knew how to recognise abuse and who to report to and understood how to whistleblow. Whistleblowing is when someone who works for an employer raises a concern which harms, or creates a risk of harm, to people who use the service.

Recruitment and selection procedures were in place. Checks had been undertaken to ensure care workers were suitable for the role.

Care workers demonstrated understanding of how to obtain consent from people who used the service. People and their relatives told us that they were involved and consulted about their care.

People told us that care workers were kind, caring and sensitive to their needs and supported them to maintain their independence.

Care workers were able to demonstrate how to respond to complaints in line with the registered providers' complaints procedure.

People who used the service told us that the registered manager and registered provider contacted them frequently to monitor and assess the quality of care.

We found four breaches of regulations including continued breaches in relation to risk management, staff training and supervision. We are currently considering what further action to take. 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?

Some aspects of the service were not safe. Risk assessments had not been reviewed in regular intervals to respond to peoples changing needs and robust risk management plans were not put in place.

Care workers knew how to identify abuse and the correct procedure to follow to report abuse; however care workers did not receive regular training updates in safeguarding adults training.

Recruitment procedures were in place to ensure staff members were fit to undertake their roles.

Care workers supported people in taking their medicines and systems were in place to ensure this was done safely.

**Requires Improvement** ●

### Is the service effective?

Some aspects of the service were not effective. Care workers did not receive regular training, supervisions and appraisals.

Care workers were aware of the requirements of the Mental Capacity Act 2005 and how to obtain consent from people who used the service.

People were supported to eat and drink according to their plan of care if required.

People's health care needs were met and records documented the support required from care staff.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People who used the service told us they were treated with kindness and compassion in their day to day care.

Care and support had been provided in accordance with people's wishes.

Care workers were respectful of people's rights and privacy.

**Good** ●

### Is the service responsive?

Some aspects of the service were not responsive. Care plans were based on assessed needs, however care plans were not always reviewed when people's needs changed.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

**Requires Improvement** ●

### Is the service well-led?

Some aspects of the service were not always well-led. The provider stopped carrying out spot checks, which led to concerns highlighted in this report.

Relatives and people using the service said that there was a positive and open culture. They felt able to discuss any issues that may arise with the registered manager and the care workers.

**Requires Improvement** ●

# AK Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 4 August 2016 and was announced. We gave 48 hours' notice of the inspection because the service is small and we needed to be sure that the registered manager was in the office. The inspection team comprised of one inspector.

Before the inspection, the provider completed 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. We reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people.

During the inspection we spoke with registered provider, registered manager, three care workers, three relatives and two people who used the service.

We spent some time looking at documents and records that related to people's care and the management of the agency. We looked at six care plans, which included risk assessments.

We reviewed seven staff files which included training and supervision records. We looked at other documents held at the agency such as medicine records, records of complaints, and policies and procedures.

# Is the service safe?

## Our findings

We spoke with people about the support they received and whether they felt safe in the care of care workers who visited them. Comments were all positive. People who used the service said, "I feel very safe with my carers. I have had the same carer for the past five years and she knows me well" and, "I feel safe in the knowledge someone nice is coming to help me." One relative told us "The carers are usually on time; this puts my mind at rest. I know my relative is safe and well looked after." People who received a service told us they had not experienced care workers being late or not turning up. One person said, "They are always here and never seem rushed. If they are late they give us a call" Other comments included, "Very good I rely on them turning up and they have never let me down yet."

During our last inspection of August 2015 the service was in breach of Regulation 12(2)(a)(b) of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) regulations 2014. We found the provider did not assess the risks to the health and safety of people who used the service and did not do all that was reasonably practicable to mitigate any such risks. For example, risk assessments were found to be very basic, did not provide information of how to reduce the risks and were not reviewed when people's needs had changed.

The provider sent us an action plan in November 2015 advising us that action would be taken and risk assessments of all people who used the service would be reviewed and the risks to their health and safety will be identified by 30 April 2016.

During this inspection we found that the risk assessments included no or basic information of how to manage and mitigate risks and risk assessments had not been reviewed to address people's changing needs. Risk assessments were not reviewed regularly to respond to changing needs of people who used the service. For example for one person we found that a risk assessment dated the 28 December 2014 stated that the person was at risk of falls and transfers. However the risk assessment had no information on how to safely transfer the person without putting the person at risk of falls. We spoke with the person who told us that they felt 'safe' with care workers, however the mobility had deteriorated in recent months and the person found it more difficult to assist care workers with transfers. We however did not find any evidence of this in the risk assessment.

For a second person the risk assessment dated the 29 December 2014 stated that the person was at risk of falls; however there was no risk management plan in place advising care workers in how to support the person safely and to mitigate the risks of falls. The risk assessment had not been reviewed since December 2014.

For a third person a needs assessment had been carried on 30 May 2013, which stated the person required two care workers for transfers and was at risk of developing pressure ulcers. A risk assessment dated 8 April 2015 stated that the person did not require a moving and handling procedure despite of stating the person required two care workers for transfers. The risk assessment also stated that the person was at medium risk of developing pressure ulcers. However there was no risk management plan in place advising care workers how to transfer the person safely and how to protect the person from developing pressure ulcers. The risk

assessment had not been reviewed since April 2015.

For a fourth person the needs assessment dated 24 August 2007 stated the person was suffering from frequent epileptic seizures. A risk assessment dated 17 December 2014 confirmed this, however we were not able to obtain a risk management plan advising care workers how to support the person safely during an epileptic seizure. We spoke to a relative of the person who advised us that the person was 'safe' with the care worker who supported them. We also found that this care worker had training in epilepsy awareness in June 2016.

For a fifth person the needs assessment dated the 10 December 2014 stated that the person was hoist dependent, suffered from a chronic medical condition, required assistance to eat, had swallowing difficulties and was visually impaired. The risk assessment dated 22 February 2016 stated that the person required no manual handling procedure despite of documenting the person required two people for transfers, which was also confirmed by one care worker and the relative of person we spoke with. The risk assessment did not provide information on how to manage and reduce the person's risks during meal times.

This demonstrated that the provider continued to be in breach with regulation 12(2)(a)(b) of the HSCA 2008 (Regulated Activities) 2014 and did not take appropriate actions to ensure people who used the service were safe.

During our inspection on August 2015 the service was in breach of Regulation 13(1)(2) of the HSCA 2008 (Regulated Activities) regulations 2014. We found the provider was unable to demonstrate that they had systems and processes in place to effectively prevent abuse of people who used services. For example, care workers did not receive regular training up-dates in safeguarding adults training and the safeguarding adults' procedure did not include details of whom to report suspected abuse to, such as the local authority and CQC.

During this inspection we still found shortfalls in training provided to care workers. For example one care worker had received training in safeguarding adults during their induction in September 2013. A second care worker received their last safeguarding adults training in January 2010 and a third care worker received their last safeguarding adults training in April 2013. However care workers we spoke with demonstrated good understanding of recognising the different forms of abuse and how and whom they would report suspected abuse to. We viewed the providers safeguarding procedure; while we saw that some changes had been made to the policy the provider still did not include the details of the local authority and CQC, where people who used the service, relatives and care workers can report suspected abuse to.

We were satisfied that the provider had made some improvements to the breach of Regulation 13(1)(2) of the HSCA 2008 (Regulated Activities) regulations 2014, but we still had some concerns around the lack of safeguarding adults training provided and the failure to update the safeguarding adults policies and procedure. You will find of what actions we have taken in the effective and well-led section of this report.

We looked at seven recruitment records of care workers. Required checks had been completed prior to any care workers commencing work at the service. This was confirmed from discussions with care workers. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded. Other checks included two references, proof of identification and proof of the right to work in the United Kingdom.

We looked at the procedures the service had in place for assisting people with their medicines. The registered manager told us care workers prompted people to take their medicines and the family was responsible for the administration of medicines. Care workers had received training in the administration of medicine during their induction, however some of the training had been as far back as 2013 and not been



updated. You can see what actions we have taken in regards to this in the 'effective' section. People who used the service and their relatives confirmed that care workers did not administer medicines. One person told us "They don't give [persons' name] medicines, but remind the person so the person does not forget to take it. I always check it and they have never made a mistake." We saw the providers' medicines administration procedure which was of good standard and provided information on prompting, assisting and administering of medicines. This ensured that people were supported with taking their medicines safely.

# Is the service effective?

## Our findings

People who received a service and their carers told us care workers were competent when they provided support and care for them. For example, one person said, "I have complete trust in the way they care for [relative]. They seemed well trained and confident in what they do."

During our last inspection of August 2015 the service was in breach of Regulation 18(2)(a) of the HSCA 2008 (Regulated Activities) regulations 2014. We found the provider did not demonstrate that care workers had received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to do. Care workers did not receive regular training updates other than during their induction. The provider also failed to ensure that care workers had regular supervisions and annual performance reviews (appraisals) to review their performance and improve the quality of care provided to people who used the service.

The provider sent us an action plan in November 2015 advising us that action will be taken and professional development, supervision and appraisal will be a regular feature with immediate effect. The provider told us that this will be dealt with by 31 May 2016.

During this inspection we found that the provider had not addressed this breach. When we looked at care workers records we found that one care worker employed since 25 September 2013 had received training in safeguarding adults, medicines, manual handling, health and safety, food hygiene and dementia during their induction dated 30 September 2013 and 1 October 2013. They had not received any training since then. This was confirmed by the registered manager.

A second care worker, employed since September 2010 had received training in safeguarding adults, medicines, manual handling, health and safety, food hygiene and dementia during their induction dated 1 September 2010. The registered manager told us that this care worker had received no other training since starting work. They had received training in these topics during their previous employment before September 2010.

We found that a third care worker, employed since March 2013, had received training in safeguarding adults, medicines, manual handling, health and safety, food hygiene and dementia during their induction dated 29 April 2013 and 30 April 2013. When we asked the registered manager if this care worker had received any other training the registered manager told us that this was not the case. However, the registered manager told us that this care worker had received training in these topics during their previous employment and we were shown the relevant training certificates.

A fourth care worker, employed since August 2007, had received training in safeguarding adults on 7 September 2007, manual handling on 27 May 2009, medicines administration on 8 August 2012 and principles of care on 15 January 2015. When we asked the registered manager if they had received any other training since 15 January 2015 the registered manager told us that they had not.

A fifth care worker, employed since April 2005, had received training in safeguarding adults on 23 March 2006 and training in medicines administration, manual handling, health and safety, food hygiene and dementia during their induction dated 18 April 2015 and 20 April 2015. When we asked the registered manager if this had any additional training we were told us that this was not the case.

We asked the registered manager for a training plan to show us what training had been arranged in the future. The registered manager told us that there were no training plans in place and that training was planned when required.

This did not demonstrate that staff were offered regular planned training to meet the needs of people and ensure that they were supported by skilled and qualified staff.

We viewed the providers supervision and appraisal policy dated 2015, which stated "AK Care Limited understands supervision to be a formal arrangement which enables each member of its staff to discuss their work regularly with another more experienced member of staff" and "All staff have an annual performance review to explore why performance is at its current level and agree how it can be continued or further enhanced."

We viewed staff folder for one care worker and saw that their last appraisal was on 16 May 2014.

A record for a second care worker showed that they had formal supervisions on 27 January 2012, 15 June 2012 and 18 October 2012. We were not able to obtain any evidence that this care worker had received an appraisal since commencing employment in September 2010. It was therefore more than three years since this care worker had received formal supervision and there was no record of an annual appraisal.

Records for a third care worker contained evidence of their last formal supervision on 20 July 2015 and their last annual appraisal on 2 January 2014.

Records for a fourth care worker contained evidence of their last formal supervision on 4 April 2015 and their last appraisal on 9 January 2014.

Records for a fifth care worker contained evidence that their last formal supervision on 17 April 2013 and there were no record of having received an annual appraisal since commencing employment in April 2005.

We asked the registered manager if supervision records were stored anywhere else apart from the staffing records viewed and the registered manager told us that this was not the case.

These failings demonstrated that care workers were not receiving regular refresher training, supervisions and appraisals to ensure they had appropriate support and the necessary skill and knowledge to provide safe and appropriate care to service users.

This demonstrated that the provider continued to be in breach with regulation 18(2)(a) of the HSCA 2008 (Regulated Activities) 2014 and did not take appropriate actions that care workers had regular training, supervision and training to ensure people who used the service were supported by appropriately qualified and skilled care workers.

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.

Staff understood the principles of the MCA (2005) and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals and advocates.

People told us that staff always asked for their permission before carrying out any required tasks for them. A relative told us, "They are good and well trained. They ask permission before doing anything and explain."

People told us that the staff did not do anything they did not want them to do. Staff told us it was not right to make choices for people when they could make choices for themselves and people's ability around decision making, preferences and choices were recorded in their care plans.

Relatives were responsible for preparing meals for people who used the service; however care workers supported and reminded people to eat their meals. We saw that this had been recorded in people's care plans. People who used the service and relatives told us that they had no concerns around this and said "They help me to eat my meals I have no problems with this. A relative told us "They assist my [relative] to eat and there has never been a problem."

The service did not take the primary responsibility for ensuring that people's healthcare needs were addressed. However, the service required that any changes to people's condition observed by staff when caring for someone were reported to the office. Care plans showed the provider had obtained the necessary detail about people's healthcare needs and had provided specific training to staff about how to support people to manage these conditions. This was seen in training records viewed for one care worker, who recently had received epilepsy training.

Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts.

## Is the service caring?

### Our findings

We spoke with people being supported by the agency in their own homes. We asked about the attitude of care workers and how they felt they were cared for. Comments were all positive, they included, "Very kind respectful people." Also a relative we spoke with said, "They are all kind and respectful [relative] always tells me that after they have visited." Other comments from people who used the service and relatives included, "A very caring, kind agency" and "All the care workers are caring people and I would not contemplate being without them. They are kind and so patient."

People who used the service told us that care plans were available in people's homes and care workers looked at them to ensure the right care and support was delivered. People's preferences about their care were recorded. This demonstrated people were encouraged to express their views about how their care and support was delivered. Care workers we spoke with told us they had to be patient and understand the person's wishes and how they wanted to be supported. Daily events that were important to people had been recorded so care workers could provide care to meet their needs. Information was also documented daily of how the person was in terms of social and health needs. This supported care workers to be aware of any issues when they visited the person. A care worker said, "We help people to go to social events and support with their daily tasks whatever they wish for."

We asked care workers how they protected people's privacy and dignity. They told us that they would always knock on the door and let the person know who they were. One person who received a service said, "They always knock and introduce themselves every time they come here."

Care workers told us they received guidance during their induction training and shadowed other care workers to get a better understanding of people's needs and how they ensured people's dignity and respect were maintained in relation to dignity and respect. Their practice was then monitored when they were observed by the agency in people's own homes. This ensured care workers had guidance on how to treat people in their own home. One care worker said, "It is their home and I am always respectful of that fact."

All the care workers we spoke with knew the people they cared for well and were able to describe the needs of people they cared for. For example they were able to describe their care needs and how they preferred their support to be delivered. This demonstrated care workers were kind, attentive and caring. One care worker said, "It is a small agency that's what I like. You get to know people well and build relationships." and "We know people well because I visited them for a number of years and know what they want."

## Is the service responsive?

### Our findings

People told us that the support provided by AK Care Ltd was reliable and they had been involved in planning their care so that the support provided matched their needs. People said the registered manager had visited them to assess their needs and write a care plan. Relatives told us they had been involved in writing their relative's care plan with them so that their opinions were considered.

People and their relatives said, "I have a book in the house that is signed when the carers come in and go out. I am not sure what a care plan is," "I have a care plan and the manager came to discuss the plan with me," "I have had the same carers for a long time, they know me well and they always record their visits."

Care records viewed demonstrated that care plans were based on an assessment of need which had been carried out during the initial referral process. The initial assessment was based on the personal information, the request for care, the person's general health and any risks provided by the referring agency. This was followed up by more detailed needs assessment carried out at the person's home by the registered manager together with the person who use the service and their relative if required. The needs assessment looked at the person's general health which included breathing, communication, hearing and pain. The person's ability carrying out tasks independently during personal care, the person's mobility and any necessary information in regards to the person's environment. This information informed the person's care plan.

We found care plans in all care records viewed. However, we noted that care plans had not been reviewed to ensure peoples changing needs were addressed. For example one care plan had not been reviewed since 28 April 2014. We spoke with this person who told us that they had recently experienced reduced mobility. We did not find this information in the person's care plan. Another care plan had been reviewed on 20 April 2015 and another care plan had not been reviewed since 7 December 2014. While people who used the service and relatives told us that care worker met people's needs. The omission of not reviewing care plans regularly did not ensure that people's changing needs were responded to swiftly.

This was a breach of Regulation 9 of the HSCA 2008 (Regulated Activities) Regulations 2014.

We viewed the provider's complaints procedure which had been provided to people who used the service. One person told us "I know how to make a complaint, I would contact the manager, but I never had a complaint to make." The registered manager told us that they did not receive any complaint since our last inspection. However we saw that previous complaints had been investigated and resolved to ensure people received the care they expected. The provider received a complaint in the last year. We saw that the provider had responded to this complaint appropriately and records showed that the issue had been resolved to the satisfaction of the complainant.

## Is the service well-led?

### Our findings

People who used the service told us that they had spoken to office staff including the registered manager regularly. One relative told us "We speak with the manager regularly." One person told us "The manager is easy to talk to and I will call him whenever I need to." Care workers told us "The manager is very helpful. I can ring him whenever there is something I want to discuss with him."

Care workers told us that the registered manager and registered provider were easy to talk to and provided support whenever required.

The provider stated in their PIR that people who used the service had regular visits from the management team and any concerns raised by people were listened to and resolved. We viewed in people's care records spot checks carried out by the provider. However we found that the provider had not carried out spot checks for all people recently. For example the last spot check for one person was carried out on 7 March 2014, for a second person on 24 February 2015, for a third person on 4 February 2015, for fourth person on 14 January 2015 and for a fifth person on 1 July 2014. The purpose of regular spot checks was to assess the quality of care provided by care workers and respond to people's changing needs observed during the spot checks. We found breaches in undertaking regular care plan reviews, review of risk assessments and lack of risk management plans, which would have been picked up if regular spot checks continued.

The above was evidence of a breach of Regulation 17(2)(a)(b) of the HSCA 2008 (Regulated Activities) regulations 2014.

The provider had sent out satisfaction surveys in December 2014 and December 2015, however no completed surveys had been returned. People who used the service told us that they had received a survey this year. One person told us "I received a questionnaire in the post, but I didn't send it back."

We saw a business plan for 2015 which highlighted the employment of more care workers as and when needed and the need to ensure quality is monitored and assessed. The plan also mentioned the importance for continuing management support. We spoke with the registered manager about this, who told us that he was currently training a person to take over management responsibilities if the need arises. This demonstrated that the service plans forward and ensures business continuity to ensure people who use the service they required.

We saw that complaints and concerns were analysed and learning implemented to improve the service. Staff told us that they would record any incidences and would always talk with the registered manager about the incident to see if they could make any improvements. This showed that the service had systems in place to learn from incidents and adverse events. However, staff we spoke with told us that there had been no adverse incidents.

There was a positive culture in the service. The management team provided leadership and led by example. The registered manager and registered provider regularly went out and provided hands on care. All staff

confirmed they enjoyed working for AK Care Ltd and felt the organisation was open, honest and transparent. One care worker told us, "We work as a team and always help one another out." Staff demonstrated enthusiasm and spoke with compassion for the people they supported.



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 make reasonable adjustments to enable service users to receive their care when needs had changed.</p> <p>Regulation 9(3)(h).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not regularly monitor and improve the quality and risks in relation to the health and welfare of service users.</p> <p>Regulation 17(2)(a)(b).</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 provider did not operate an effective system to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The registered provider failed to review risk assessments and did not put robust risk management plans in place to mitigate such risks for happening in the future.</p> <p>Regulation 12(1)(2)(a)(b),</p>

### The enforcement action we took:

Warning Notice send to provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person did not provide appropriate training, professional development, supervision and appraisal to enable persons employed to carry out their duties they are employed to perform.</p> <p>Regulation 18(2)(a).</p>

### The enforcement action we took:

Warning notice send to the registered manager and registered provider.