

Phoenix Care Services Limited

Phoenix Care Services Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Phoenix Care Services Ltd is situated in Lingfield, Surrey. It is the only service owned by the provider. It is a domiciliary care service providing support to people living in their own homes. 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 the inspection, 24 people used the service, 23 of whom received the regulated activity of personal care. The service supported people with a range of needs, some were living with either a learning or a physical disability, others required support due to their older age and frailty.

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

People told us they felt safe, yet they were not always protected from the risk of harm. Medicines were not managed safely, and some people had gone without their prescribed medicines. Risks to people's safety had not always been considered or lessened. Systems and processes did not always ensure that people were protected from the risk of abuse.

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

People's privacy, dignity and confidentiality were not always maintained. Staff were not always responsive when there were changes in people's needs. Staff had undertaken learning and development, yet findings found as part of the inspection raised concerns about their knowledge and understanding.

The service was not always well-led. Systems and processes did not enable the registered manager to have enough oversight to ensure people were receiving appropriate care. They had not notified us of incidents to enable us to have oversight and ensure that appropriate actions had been taken.

People told us staff were kind and compassionate. One person told us, "Carers are very nice. I get along with all of them." People had access to healthcare and told us staff would contact the GP if they were unwell. People were happy with the service they received. One person told us, "Overall it's very good, I'm impressed."

Rating at last inspection

At the last inspection the service was rated as Good. (Published 22 December 2016). At this inspection, the overall rating for the service had changed to Requires Improvement.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well-led sections of this

full report.

Enforcement

We have identified breaches in relation to people's safety, their risk of abuse and improper treatment and the leadership and management of the service. The registered manager had failed to notify us of incidents that had occurred at the service. You can see what action we have asked the provider to take at the end of this full report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow-up

We will continue to monitor the intelligence we receive about this service. 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 plan to inspect in line with 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 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.

Requires Improvement ●

Phoenix Care Services Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by one Inspector and an 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, who was also the provider of the service, who was registered with the Care Quality Commission. This means that they 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 people are often out and we wanted to be sure there would be people at home to speak with us. Inspection activity started on 11 June 2019 and ended on 13 June 2019. We visited the office location on 11 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with 12 people and five relatives, three members of care staff and the registered manager. We reviewed a range of records about people's care and how the service was managed. These included the

individual care and medicine administration records for five people. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the services, which included policies and procedures, were also reviewed.

After the inspection

We contacted three health and social care professionals to seek their feedback about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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

- People were not always sufficiently protected from the risk of harm. Consideration of potential risks had not always been made. One person was assessed by a Speech and Language Therapist (SALT) and a Dietician before using the service. They required a soft diet to minimise the risk of choking. Staff had not been provided with this information and lacked understanding about the person's needs. A member of staff was overheard informing the registered manager that the person had almost choked on some meat and that they required their food to be cut into small pieces. Records, to document the support the person had received also showed that they had been provided with biscuits on another occasion. This was not in accordance with the external healthcare professionals' guidance and placed the person at increased risk of harm.

The registered manager had not ensured people received safe and appropriate care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were observed sharing information about potential risks with external healthcare professionals to help ensure people's safety.
- Risks within people's homes were considered and assessed. A contingency plan was in place to ensure that people's needs would continue to be met in the event of an emergency.
- People and their relatives told us they felt safe and reassured by the support provided by staff. One person told us they felt safe because, "Knowing that someone is there to help me to the toilet." A relative told us that staff, "Keep an eye on them."

Using medicines safely

- Medicines management was not always safe. There were ineffective systems and processes in place to manage people's medicines safely. Staff were producing medication administration records themselves. This was not in accordance with best practice guidance. Those that were produced were not always clear and increased the risk of errors occurring.
- Staff had not been provided with clear guidance about who was responsible for ordering medicines. People had not always received their prescribed medicines as staff had sometimes failed to alert the management team when stocks of medicines were running low or were out of stock. Once known, medicines were not re-ordered in a timely way.
- One person had been assessed whilst in hospital as being at high-risk of skin breakdown. They had pressure areas which were being dressed by community nurses. Cream had been prescribed for staff to apply to minimise further pressure breakdown. MARs showed that the person had not always had the cream

applied according to the prescribing guidance. Staff had not been made aware of the risks to the person and were unaware of the importance of applying the cream.

The registered manager had not ensured the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's ability to administer their own medicines was assessed. People told us they were happy with the support staff provided them with. One relative told us how staff were mindful of when to provide medicines that were required at a certain time. They told us, "One tablet has to be taken half an hour after food, so they give my relative their breakfast first."

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse. Staff had undertaken training about safeguarding, however, there was a failure to consider incidents under safeguarding guidance. This raised concerns about staff's understanding and competence.
- One person had an unexplained bruise. Three people had gone without their prescribed medicines. One person had not received appropriate care to meet their assessed needs. The registered manager and staff had failed to consider these incidents under their safeguarding policy. They had not made referrals to the local authority for them to consider under safeguarding guidance and help ensure people's safety.
- Following the inspection, CQC made safeguarding referrals to the local authority for them to consider under their safeguarding guidance.

The registered manager had not safeguarded people from the risk of abuse or improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met. A small staff team worked together to ensure people's care calls were covered.
- The registered manager had ensured that pre-employment checks were undertaken to ensure people's safety.
- Staff's skills and levels of experience were considered. The management team undertook care calls themselves when people started to use the service. This enabled them to allocate staff that had the relevant skills and shared the same interests as the people they would be supporting.

Preventing and controlling infection

- People were protected from the spread of infection. Staff wore uniforms and used personal protective equipment to minimise the risk of cross-contamination. One person told us, "Yes, always use gloves."
- People were supported to have their food prepared and served by staff who understood the importance of food hygiene.

Learning lessons when things go wrong

- Staff had learned lessons when care had not gone according to plan. There had been occasions when people had not received a call as staff had made an error when reading their rota. Changes to the way calls were allocated were made. People received support from consistent carers during the week so that staff's rotas remained unchanged. At weekends, when care calls sometimes differed, staff were asked to message the management team to confirm they had received and understood their rotas.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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

- People's needs had not always been fully assessed. Staff were not provided with current or sufficient guidance to inform their practice. One person was assessed as being at risk of malnutrition by a SALT and a Dietician before using the service. The person had been prescribed drinks to help maintain and increase their calorie intake. Information about this had not been provided to staff and this had led to a lack of understanding. One member of staff was overheard informing the registered manager they had given the person one of their prescribed drinks instead of their pudding and they were unsure of how many to give. The person's needs had not been appropriately assessed and staff were unaware of their needs.
- One other person had a history of falls. Despite this, the person's needs had not been considered and assessed. Staff had not been provided with guidance about how to support the person with their mobility to lessen potential risks.

The registered manager had not ensured that care and treatment was provided in a safe way. They had not assessed risks or done all that was reasonably practicable to mitigate risks. This contributed to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's social and emotional needs had not always been assessed. However, people received support from a small team of consistent staff who knew their likes and dislikes and supported them in accordance with these. One person told us, "I can't fault them, they are excellent, and they know what I like."
- People were able to continue to be independent and live in their own homes due to the service provided. Technology, such as they use of emergency call pendants, enabled people to call for assistance if needed. Staff had been reminded to ensure that people had access to these before leaving people's homes.

Staff support: induction, training, skills and experience

- Staff had undertaken training that the registered manager considered essential for their roles. Findings found at the inspection however, raised concerns about the effectiveness of the training provided to staff. People had not always been provided with medicines when they needed them. Risks to people's safety, as well as the risk of abuse, had not always been considered. Some people were not receiving appropriate care to meet their needs. The training provider had since changed, and the registered manager informed us they were already noticing a positive impact on staff's abilities. There were plans for some staff to undertake diplomas in health and social care to further develop their knowledge and understanding.
- Staff who were new to the role worked alongside experienced staff until they felt confident. Staff were supervised and observed to provide assurance to the management team that they were competent. One

person told us, "I feel confident with them, they are a very nice group, very polite."

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

- People did not always receive a consistent and effective service when staff worked with external healthcare services. Some people had not received their prescribed medicines as there had sometimes been ineffective communication between the services. There were plans to arrange a meeting to discuss improved ways of working to ensure people received appropriate care.
- People had been involved in devising and reviewing the plans for their care to enable them to understand how their care needs would be met.
- Staff supported people to access healthcare services when needed and liaised with these and relatives to ensure people received healthcare treatment when they were unwell.

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

- People told us that they could choose what they had to eat and drink and received support to shop and prepare food.
- Staff knew people's preferences and had worked with them and their relatives to help ensure they were provided with food and drink that would encourage and enable them to maintain a balanced diet.
- Care calls were scheduled to ensure that people were provided with appropriate space in-between their meals. Staff were reminded to ensure that snacks and drinks were left for people to have in-between their visits.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People who had a health condition that had the potential to affect their decision-making, had not had their capacity assessed in relation to specific decisions. Staff had taken photographs of a person's skin condition after being asked by the person's family. They had not considered the person's own capacity to fully understand and consent to this.
- Some people had Lasting Powers of Attorneys (LPA) that enabled others to make decisions on their behalf. Staff had liaised and shared information with others, however, had not assured themselves that they had a legal right to make decisions on people's behalf by viewing or holding the appropriate legal documentation.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not always treated with privacy and dignity. Staff had used their personal mobile phones to take photographs of people's skin conditions or wounds. These had been sent via text to the office to share with the management team to make them aware. This did not comply with the provider's policy. When this was raised with the registered manager they had not considered the potential risks and informed us that staff were asked to delete the photographs off their phones once the photographs had been sent. However, this did not ensure that people's privacy or dignity were maintained and there was a risk that this personal information could be misused.
- People's confidentiality was not always maintained. Staff were overheard discussing people's health conditions and needs outside of the office where others may have overheard.
- People told us when staff supported them with their personal care needs that they were discreet and sensitive. One person told us, "I don't like it, but I feel comfortable with the carers."
- Independence was encouraged and promoted. People were supported to continue to do as much as they could for themselves.

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

- People were treated as individuals, their diversity and individuality were respected. Staff knew people well and adapted their support to meet people's differing needs.
- People told us staff spent time with them, they spoke fondly of staff and told us that they were treated with compassion. One person told us, "The girls are lovely, very thoughtful. I don't need to ask for anything." Another person told us, "They're very, very, good. I get on well with all of them."
- Staff spoke of occasions when they had visited people who were in hospital on their days off. One person had a love of dogs and staff had invited them to the office to see some puppies. Staff would at times purchase cakes and visit people to enjoy conversations with them. Some people had been supported to feed the ducks at a local pond. These considerations of what might make a difference to people's lives, further demonstrated that staff cared about people's experiences.

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

- People had been involved in discussions about how they wanted to be supported. There were regular reviews to ensure that people continued to be happy. One person told us, "I've been involved in planning the care required. Office checked back to make sure everything was alright."
- Observations of staff within the office showed that people's wishes were at the forefront of the care provided. Staff adapted their support to ensure that people's expressed needs were met.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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

- People's needs had not always been assessed and staff were not provided with appropriate or sufficient guidance. Care plans were brief and lacked detail and did not include important information about people's care needs.
- Reviews of the guidance provided to staff had not always taken place. There were concerns that two people were at risk of financial abuse. Despite this, staff had not been provided with up-to-date guidance about the person's current needs and how they should be supported to minimise the risks to them and staff.
- People were supported by a small, consistent staff team who had developed a rapport and awareness of how they liked to be supported. Details about some people's life history, preferences and interests had been provided to further support staff's awareness of people's social and emotional needs.
- People and their relatives had been involved in planning their care. When people had provided feedback about any changes in their requirements these were listened to and accommodated. One relative told us, "If I need extra care or holiday cover, Phoenix have been very flexible." Another relative told us, "They've been marvellous, they have helped my relative to adjust to being back at home after a long stay in hospital. It works like clockwork and they've been wonderful."

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 were not always working in accordance with AIS. Most people did not require information to be adapted to meet their needs. Some people, however, were living with a learning disability. Information about one person showed that they were unable to read or write. Staff had not considered how information could be adapted to ensure the person was able to understand.

Improving care quality in response to complaints or concerns

- Complaints were not always managed effectively. The provider had a complaints policy and people were made aware of how to raise a complaint within the information provided to them when they first started to use the service. It was not apparent however, that the registered manager had followed the policy. People told us that they had made minor complaints, however, there were none recorded. The registered manager did not have a system in place to enable them to monitor any concerns or complaints to ensure they were dealt with according to their policy or to help them identify patterns and trends.

- People knew how to raise concerns and complaints and told us that they would feel comfortable doing so. When concerns had been raised, people told us that staff had been responsive. They had listened to their concerns and changes had been made to their care.

End of life care and support

- At the time of the inspection, no people were receiving end of life care. Staff had supported people at the end of their lives and told us how they had liaised with hospices and community nursing teams to ensure people received consistent and appropriate care.
- People had not been given the opportunity to plan for care at the end of their lives. Staff had not been informed of what people's wishes were in relation to how they wanted to be supported, where they wanted to be and if they had any religious or cultural needs that needed to be considered.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People received support from a small, family-run service whose aim was to ensure people received a personalised, compassionate and caring service. Although people were happy with the service and confirmed that the provider's aims were delivered, the systems and processes within the service did not support this practice.
- People were supported with the best intentions by the registered manager and staff. However, there was a lack of clear leadership and oversight to ensure that the care provided was effective. The registered manager did not monitor the systems and processes used and had failed to identify the issues that were found at the inspection. It had not always been recognised that people had gone without their medicines, that the guidance provided to staff was not in accordance with people's assessed needs or that people were at potential risk of harm.
- Continuous learning and improvement had not taken place. The registered manager did not have a system to monitor and audit the care being provided. Due to a lack of knowledge and oversight, staff were not aware of shortfalls in people's care or in the systems and processes that were operated. As they were unaware, improvements had not been made.
- Systems to record and document the care people had received were not well-maintained. An electronic care planning system had been introduced that staff could access via an application on their mobile telephones. This provided basic information about the person's needs. Staff could tick when they had supported the person and could raise an alert to the management team if there were concerns about people's care. This had not always been effective. Staff had not always informed the office when people's medicines were out of stock. One member of staff told us that the new system did not allow them to see what other staff had supported the person with, as they were unable to access other staff's notes.
- MARs were handwritten by staff and did not always contain all the necessary information to ensure staff were provided with complete information about people's prescribed medicines.
- The system to monitor people's care records was not always effective. MARs were taken to the office every four weeks to monitor and identify gaps. This, coupled with staff not alerting them if people did not have enough stocks of medicines, did not enable the registered manager to take timely action. Once known, it was not apparent what action had been taken to check that the person had received their prescribed medicines.

The registered manager had not assessed, monitored or improved the quality and safety of the service nor had they mitigated risks. Records had not been maintained to provide a complete and contemporaneous record of the care people had been provided with. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009.

- The registered manager was not aware of their regulatory responsibilities and had not notified us of incidents that had occurred to enable us to have oversight to ensure appropriate actions were taken.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Working in partnership with others

- The registered manager and staff worked with external organisations. There were good links with local authorities that funded people's care. However, there had been a breakdown in communication with other external healthcare professionals and this had impacted on the care people received. The registered manager had plans to arrange a meeting with the external organisations to find a better way of working to ensure people received appropriate and consistent care.

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

- People and their relatives told us that the registered manager and staff were open and honest with them. They were informed of any changes in people's needs or if care had not gone according to plan. People told us that if staff were running late or their care call had been missed that staff had contacted them to inform them and offered to cover the call themselves.

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

- People contributed to discussions about agreements about their care. These helped ensure that people's diversity, their expressed needs and preferences were listened to and respected.
- Staff were involved in discussions about how the service was run. Staff meetings and an open and transparent approach by the registered manager enabled staff to raise suggestions and ideas. Staff told us that they felt listened to and respected.
- People were asked to provide feedback through conversations with the managements team as well as by completing annual questionnaires, the results of which were positive.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.</p> <p>The registered person had not ensured that service users were protected from abuse and improper treatment.</p> <p>Systems and processes were not established or operated effectively to prevent abuse of service users, investigate, immediately on becoming aware of, any allegation or evidence of such abuse.</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>Regulation 12 (1) (2) (a) (b) (f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Safe care and treatment.</p> <p>The registered person had not ensured that suitable arrangements were in place for ensuring that care and treatment was provided in a safe way and had not effectively assessed or mitigated the risks to service users.</p>

The enforcement action we took:

We have served the provider with a Warning Notice for Regulation 12 as they had failed to provide safe care and treatment. The provider is required to become compliant by 31 August 2019.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p> <p>The registered person had not ensured that systems and processes were established and operated effectively to:</p> <p>Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p>

Maintain securely an accurate, complete and contemporaneous record in respect of each service user.

The enforcement action we took:

We have served the provider with a Warning Notice for Regulation 17 as they had failed to ensure good governance. The provider is required to become compliant by 31 August 2019.