

U&I Care Limited

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Inspection report

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24 January 2018

29 January 2018

31 January 2018

08 February 2018

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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 inspection took place over a period of five days. Visits to the office took place on the 22 and 24 January 2018 and the 8 February 2018. On the 29 January 2018 we carried out interviews with staff. On the 31 January 2018 we carried out visits to people who used the service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses in the community or within the family home. It provides a service to adults. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Not all of the people using the service were able to verbally tell us their views on the care and support they received. People were able to indicate to us on occasions their thoughts by way of gesture and the use of facial expressions.

A registered manager was in post. 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 the last inspection of this service in 2015 the service was rated good. During this inspection breaches of legal requirements were found and the service was rated 'Requires Improvement.'

During this inspection we found breaches in relation to the governance of the service and staff recruitment and selection processes You can see what action we told the provider to take at the back of the full version of the report.

Staff recruitment procedures were not always safe. Checks on recruitment records demonstrated that the service had not ensured that appropriate references had been sought and application forms had not always been completed. In addition, information relating to people's Disclosure and Baring Service check had not always been discussed or recorded. This did not demonstrate that robust recruitment checks were being undertaken by the registered provider when recruiting new staff. We checked the provider's policy with regards to the recruitment and selection of staff and found the provider was not always adhering to their own procedures.

Quality assurance systems were in place which included regular audits carried out by managers within the service. We found that these audits were not always effective. This was because the currently auditing systems had failed to identify that improvements were needed to ensure safer recruitment procedures were in place. In addition we found that the current auditing processes had failed to identify improvements needed to records relating to people's care. Improvements were also needed to ensure that up to date

information and guidance was available within the policies and procedures within the service.

We have made a recommendation in relation to reviewing the process for managing accidents and incidents.

We have made a recommendation in relation to the recording of people's best interest decision made under the Mental Capacity Act.

We have made a recommendation in relation to the overall management of complaints.

We have made a recommendation about staff training in relation to autism.

Procedures were in place to safeguard people from harm. Staff were aware of the procedures in place and had received training in relation to safeguarding people.

People were generally supported to have maximum choice and control of their lives and staff generally supported them in the least restrictive way possible; the majority of policies and systems in the service supported this practice.

Staff supported people in a kind and caring manner and it was evident that positive relationships had been formed with the people they cared for.

Risk assessments contained sufficient detail to enable staff to keep people safe from harm. Consideration was given within the content of the risk assessments to people's diverse needs and behaviours.

Sufficient staff were available to ensure that people were supported with their assessed needs. We checked the numbers of staff against the rota and saw that each person was receiving the correct level of support from staff as planned.

A process was in place for assessing people's needs and wishes prior to using the service. This assessment process helped ensure that U&I Care Ltd had the resources and skills to meet a person's needs.

Staff received an induction into their role prior to them commencing work within the service. Staff told us that they had received suitable training for them to carry out their role safely. We spoke with the registered manager regarding the training provided regarding autism awareness. Due to the complexities of some of the people using the services of U&I Care Ltd the autism training offered to staff was not as thorough as expected. The registered manager was looking at introducing new more robust training.

Staff spoke positively about the support they received from registered manager. They told us that they were approachable and that they were always available to contact if they needed to.

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.

Robust checks were not always carried out as part of the recruitment process.

Incidents and accidents were being documented and analysed for patterns and trends. Some incident forms did not include additional action which had been taken by the registered manager.

There was sufficient staff deployed within the service to ensure people received the care and support they required.

Risk assessments were informative, and presented in a way which helped mitigate risks to people.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Records were not always maintained in relation to best interest decisions made on behalf of people.

People were supported by a staff team who received an induction and training for their role.

People were supported with their food and fluid in relation to their preferred diet.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff spoke and treated people with respect and kindness.

People indicated that they were happy with the staff supporting them.

Staff described how they had spent time getting to know the people they supported in order to meet their needs and wishes.

Good ●

Is the service responsive?

The service was not always responsive.

Improvements were needed to ensure that complaints were responded to in line with the complaints policy.

People received care and support which was personalised to suit their needs.

People's care plans contained detailed information as to how a person needed supporting whilst at home and when out in the community.

Requires Improvement ●

Is the service well-led?

The service was not always Well-Led

Quality assurance systems were in place. However, not all of these systems were effective as they had failed to identify areas of improvement identified during this inspection.

A registered manager was in post.

Staff spoke positively regarding the registered manager. They felt they were approachable and supportive.

The registered manager informed the Care Quality Commission of significant events which had occurred in line with their legal obligations.

Requires Improvement ●

U&I Care Limited

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.

This inspection took place over a five day period. Visits to the office took place on the 22 and 24 January 2018 and the 8 February 2018. On the 29 January 2018 we carried out interviews with staff. On the 31 January 2018 we carried out visits to people who used the service. The visit on the 22 January 2018 was unannounced. All other visits were announced so that we could ensure that the people we wanted to speak with were available.

At the time of this inspection we considered information that related to safeguarding concerns raised by the registered provider to the Local Authority safeguarding team. In addition, as a matter of fact known to us we considered information that had been brought to the attention of the Police.

Records looked at during the inspection included assessments of risk and care planning documents, medicines, policies and procedures. We looked at the recruitment records of six recently recruited staff, and rotas.

We spoke with and spent time with three people using the service, two relatives, eight staff members, the registered manager, senior manager and office based staff. In addition, we spoke with the Local Authority Safeguarding Team, and the monitoring team.

We used information the registered provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

Prior to the inspection we assessed all of the information held about the service. This information included concerns and complaints received from people, their relatives and information sent to us by the registered provider.

Is the service safe?

Our findings

The registered provider had a detailed recruitment policy. This policy formed part of the provider's staffing policy. We looked at files relating to staff recruitment. In this instance, we considered a large selection of these records as a number of staff were deployed to work at a number of registered locations but under the same legal entity of U&I Care Ltd which included this service.

Staff files failed to demonstrate that all of the information required, and as stated in the provider's policy had been obtained. This demonstrated that the recruitment procedures in place were not effective. For example, references applied for were not always from the member of staff's current or most recent employer and application forms had not been fully completed with previous employment history, names of references or education; all of which were a requirement of the provider's policy. Recruitment files contained no information around staff medical fitness for work, again which was a requirement according to the providers own policy and procedure. Records demonstrated that references had been received by the provider prior to an application form being completed. In addition, we also identified that references for one member of staff had been received three weeks after they had commenced employment.

As part of the recruitment procedures a Disclosure and Baring Service (DBS) check was completed. The purpose of these checks are to assist employers in making safe recruitment decisions. DBS checks had been carried out for staff at the start of their employment. However, where a completed DBS had demonstrated a positive disclosure, there was no evidence or explanation that any risk assessment had taken place as a result of this. This shows that the provider was not following a safe and consistent approach with regards to the recruitment of staff, or following their own policy and procedure in relation to recruitment.

This is a breach of Regulation 19 of the Health and social care act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered provider sent us with a list of actions they planned to take to address these concerns.

Procedures were in place for when a person challenged the service. Information in people's care plans and risk assessments stated that non-physical interventions were to be used whenever possible. In the event of a physical intervention being required, only specific actions were to be used. Staff had received training in relation to these actions and they, along with family members were able to demonstrate how they would support a person in the event of physical intervention being needed. A behavioural support policy was in place to support the safe management of when a person challenged the service. This policy was detailed, however, on occasion it referred to the support of children and not adults. In addition, legislation referred to in the policy was not current. This meant that staff could be referring to out of date legislation. We discussed this with the registered manager. Following the inspection the registered manager informed us that the information in the policy had been reviewed and updated. .

We looked at how incidents of physical intervention and accidents were managed by the service. Incidents

of physical intervention were recorded on a chart that gave the opportunity to record the environment in which the incident took place, the time and people present. Also any known trigger factors, behaviours observed, a record of the intervention and a body map for staff to complete as to where on the body the intervention took place.

A process was in place to analyse the number of incidents which occurred within each month. Most of the incidents had been recorded on an incident tracker. The registered manager explained that all body maps and incident forms, along with people's care records were reviewed on a monthly basis by a manager. However, there was no remedial action documented to say that an incident had been reviewed and that action, if required had been taken in between the incident taking place and the monthly review. We discussed this with the registered provider who told us that the system would be revised.

We recommend the provider reviews their process for managing incidents and accidents and takes action accordingly.

People told us and indicated that they felt safe using the service. One person told us "I felt safe when being supported their staff team."

A safeguarding policy and procedure was in place. The procedure informed staff of what action they needed to take if they suspected a child or person using the service was at risk from immediate harm and the contact details of the local authority to report any concerns to. In addition, the procedure contained information as to how information was to be safely obtained and recorded in the event of a person making a safeguarding disclosure. Information in the procedure indicated that a decision would be made as to what concerns were reported to the local authority under their safeguarding procedures. We raised this with the registered provider who agreed to amend the information to state that all concerns would be reported to the local authority. Following the inspection we received confirmation from the registered manager that the procedure had been updated.

Staff spoken with and the registered manager confirmed that they had received training in safeguarding. The majority of staff were clear on what actions they needed to take in the event of a safeguarding incident occurring or if they had any concerns about the safety of people.

A policy and procedures for the safe management of people's medicines was in place. The procedures contained information which included guidance for staff in relation to record keeping, roles, responsibilities and boundaries when supporting people with their medicines. Additionally, ordering of prescriptions and receipt of medicines, confidentiality, consent, factors affecting people's compliance with medicines, forms of abuse in relation to medicines and reporting of errors and disposing of medicines. Recording charts were available for when staff were responsible for administering medicines to people. The policy stated that people would be supported by two members of staff when medicines were administered. However, not all of the people using the service were supported by two members of staff at one time. We raised this with the registered manager who agreed to amend the policy and procedure. Following the inspection we received confirmation from the registered manager that the procedure had been updated.

Identified risks to people were assessed and planned for. Risk assessments were detailed and contained information around how to keep the person safe from harm, whilst ensuring their rights and choices were protected. Risk assessments identified and considered hazards to individuals and others and triggers that may change a person's behaviour. These assessments considered known risks to people within their own home and whilst out and about in the community and gave clear information to the staff team. For example, one person's risk assessment stated that staff must not walk in front of the person, direct the person

verbally, with minimal touch and to support the person to walk in the middle of the pavement to help ensure their safety. Staff were able to clearly describe how they minimised known risks when supporting people. This demonstrated that staff knew people well and any situation that individuals may find challenging.

People using the service were in receipt of a minimum of one to one support. This meant that staff were on duty to meet their needs 24 hours a day. We checked the staff rotas and found that people had received their support as planned. One person told us "Staff are always around for me".

Is the service effective?

Our findings

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 make 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.

People's care planning documents contained information in relation to people's ability to make decisions. However, where a decision had been made in people's best interest this was not formally recorded. For example, one person used a specific piece of equipment that had been supplied to keep them safe. There was no information available at the service to demonstrate how, when and what had been considered in making the best interest decision to use the equipment. The registered provider and healthcare professionals confirmed that a best interest meeting had taken place, however, a record of this meeting and decision was not available.

Another person using the service was being discouraged from carrying out an activity in their own home to promote a healthier living environment. However, we saw that this had not been considered formally in the person's best interests.

A policy was in place in relation to people giving their consent. This document informed staff of the general principles of consent. Consent in relation to emergency treatment, best interests, consent for medicines, consent for photography and relationships between people using the service. The policy also contained information relating to 'Consent for Restriction of Liberty'. This information was confusing and failed to offer staff guidance or clarification in restricting a person's liberty.

The registered manager demonstrated a clear understanding of the Mental Capacity Act. Staff spoken with were aware of ensuring people were given choices to make their own decisions whenever possible. However, a number of staff spoken with appeared unclear on the Mental Capacity Act.

We recommend that the registered manager reviews all decisions made on behalf of people to ensure they are recorded and done so in line with the Mental Capacity Act 2005.

Following the inspection we received confirmation from the registered manager that they had started to change the service's approach to decision making and the recording of best interests. This included the provision of more training for staff in this area and a review of the current policy.

A training matrix was in place that showed what training staff had received. We selected staff members and courses they were recorded as having attended. For all of the staff we saw there was corresponding certification provided and these were accurate. For example, we saw that staff had received training in relation to equality and diversity, first aid, medicines and safeguarding. Training such as medication was

completed online in the first instance and then staff were required to undergo a competency assessment to check they were able to give medication safely. They were required to refresh this training annually. Staff spoken with told us they felt the training was good quality and provided them with skills they needed to support people.

We asked the registered manager about specific training to support people with autism. This included a training programme solely based around reducing the need for physical intervention and restrictive practices for people with autism. There was no other autism based training, other than an induction to autism course facilitated by the registered provider. We spoke with registered provider regarding accessing more specific and in depth training, due to the complexities of the people that were being supported at U&I Care Ltd.

We recommend that the service finds out more about training for staff based on current best practice in relation to the specific needs of people with autism.

As part of their induction; staff were required to complete a week of induction training. The induction included an induction into the company, and then a separate induction was undertaken by staff into their actual role.

Staff told us that they received regular supervision for their role with a manager from the service. In addition, a policy was in place that stated that all staff involved in an incident of physical intervention would receive a 'de-brief' to give them the opportunity to discuss the situation they had been involved in. Information received from staff indicated that not all of the de-briefing sessions had been carried out by staff who were fully aware of the staff member's role or who had received appropriate training in physical intervention. We discussed this with the registered manager who demonstrated a commitment to ensuring that staff received an effective de-briefing following an incident.

One person told us and another indicated that they saw a doctor if they were unwell. People's care planning records contained information about all health care professionals involved in their physical and mental health care.

People were supported with their food and fluid needs. In some instances, we saw that consideration was given to people who required a specific diet. For example, one person was supported to buy their foods at shops that sold foods to support a Halal diet. We visited one person who had just returned home from doing their food shopping at a local supermarket. With the support from a member of staff they showed us what foods they had bought. They told us that they went shopping on a regular basis and were encouraged and supported to buy foods for a healthy diet.

Prior to a person using the service their needs were assessed. The purpose of this assessment was to ensure that U&I Care Ltd were able to meet the person's needs and wishes. The assessment process in place focused on people's needs and choices while taking into account the support they required both within their home and within the community.

Is the service caring?

Our findings

People indicated that they were happy with the support staff provided them with. Another person indicated that they liked the staff. Family members told us that they had confidence in the care and support delivered to their relative by the staff team.

People had access to pictorial information to support the communication of their timetables and staff rota and when new activities are introduced to people. We spoke about accessible information and saw that policies and procedures were not presented in any additional format for people who may require it. This meant that unless people had the capacity to read, their access to procedures was limited. We spoke to the registered manager who informed us they would be implementing some documentation which would be more accessible for people's needs.

A Statement of Purpose and Service User Guide were available. The purpose of these documents was to inform people and their relatives what level of service and activities they could expect from U&I Care Ltd. We found that some of the information contained in these documents was in need of updating as it was out of date. We discussed this with the registered manager and the need to have detailed up to date information in various format for people to access. Following the inspection the registered manager sent us a copy of a revised statement of purpose and service user guide.

We observed caring, supportive and relaxed interactions between people and staff during our visits. Staff were seen to encourage one person to put the food shopping they had bought away. Another person was seen to receive reassurance from staff that they would be visiting a family member later that day. One person was seen to tease their member of staff in a playful manner. It was evident from interactions that positive relationships had been formed between people and the staff supporting them.

Staff spoke about the people they supported with fondness. They explained how they had taken time to get to know people well. They felt that this had resulted in trusting relationships being formed. Policies and procedures were in place to offer guidance and support to staff in delivering person centred care. For example, a procedure was in place in relation to delivering intimate care. Care planning document contained information as to how a person wanted their sexuality and personal appearance promoted. Staff were aware of people's specific needs in relation to personal care and presentation. They gave an example of one person who was selective as to which members of staff they allowed to bathe and shave them.

A detailed policy was in place in relation to meeting people cultural needs and wishes. People's care planning documents contained details as to how a person needed to be supported to maintain their culture and faith. For example, people's specific dietary needs were recorded along with what specific foods, such as halal meat was to be purchased. Staff were able to clearly explain individual needs and wishes in relation to their culture and faith.

Care planning documents demonstrated that family members, and their roles in their relative's life were considered when planning people's care and support. Family members told us that they carried out some

aspects of the care and support for their relative. They told us that they discussed this with the staff team on a daily basis. A family member told us that they always made sure that their relatives care was not compromised, and that they contacted the staff throughout the day when they were out and about to ensure that their relative was ok. The family member told us that staff were respectful of the relative and their wider family.

Is the service responsive?

Our findings

People told us and showed us that they had a care plan in their own home. People told us and indicated that they knew who to tell if they were unhappy.

A detailed complaints policy and procedure was in place which stated that a written response would be sent to all complainants. However, we looked at the log of complaints being maintained and found no evidence of written responses being made as stated in the policy. Staff confirmed a verbal response was made and not a written response to complainants. We discussed this with the registered manager who told us that they would review their policy to clarify what actions they would take upon receipt of a complaint. We saw that the complaints procedure was not presented in an additional format which might suit people's needs such as easy read, or audio. The registered manager said they would look at making the complaints procedure more accessible for people.

We recommend that the service reviews their complaints policy and procedure to ensure that it is effective and accessible.

Each person had their own individual care plan. At the time of this inspection the format for people's care planning documents was in the process of being changed. During the inspection we considered the information in people's current care planning documents and the newly proposed documents.

People's care planning documents contained information relating to their likes, dislikes, routines, personal hygiene and communication needs. For example, information about a person's sleeping routine clearly informed demonstrated how the person went to bed and slept at night. The information stated the time frame in which the person went to bed and what personal possessions they took with them. Additional information informed staff that they needed to ensure that windows and curtains in the bedroom were closed and to always say goodnight in a specific way.

People's care planning documents contained information as to how a person needed to be supported emotionally when changes occurred. For example, one person's care plan stated that staff needed to "Be confident in themselves when supporting me" and "Communicate what is happening to me in good time so I may process it". Further information in relation to the person's mental health stated "You must be vigilant at all times of my overall mood. If there is a regression in my mental health it will probably happen slowly over weeks or months. Things to watch out for are – I may become regularly tearful, upset or withdrawn, I may refuse food or activities that I would normally enjoy and my sleep patterns may change, I may want to sleep all day". This information gave staff clear insight into potential changes that could indicate a change in the person's mental health.

Information in care plans was respectfully written and encouraged people's independence as much as possible. For example, information was available in relation to what decisions a person could make, what decisions the person may need help with and when a decision may have to be made by others. This information assisted staff in allowing people to be independent wherever possible and offering support

when needed.

The content of people care planning documents was good. However, on occasions we found that more detail was needed as to how a person needed to be supported. For example, one person's care plan stated "I need staff to support me to maintain my personal hygiene", the information did not state how this support was to be given. Another entry in a person's care plan stated "Staff must encourage me to exercise regularly throughout the day so that I do not gain excessive weight", however, the information did not state how this encouragement needed to be given. One person's care plan stated that they were able to prepare meals, in another section of the care plan it stated that family members prepared all meals. Further clarity was required to inform staff of when and who prepared the person's meals to ensure that staff were aware in order to ensure that a consistent approach was maintained for the person. We discussed this with the registered manager who told us that people's care plans were currently being reviewed to ensure that they contained more detailed information.

People had varied recreational activity planners which encouraged their participation in the community. During the inspection we found that one person had been out grocery shopping that day, another person had been out for lunch and was going to visit a family member later that day. Another person had been out for a drive with their staff. A family member told us that they would change their relative's routine if they felt this was needed. They would do this by liaising with the staff on duty.

Is the service well-led?

Our findings

A quality assurance system in place to monitor the provision of the service. This was aligned to CQC's own domains of Safe, Effective, Caring, Responsive and Well-led. The documents operated on a red, amber green (RAG) rating. Every month a senior manager would audit the service to ensure they were compliant. We found that the current auditing system was not effective in identifying and improving areas of the service. For example, the auditing system had failed to identify that recruitment procedures in place were not effective as they had failed to ensure that appropriate references had been supplied and applied for, that applications forms had not been completed in full and that references had been applied for prior to an application being submitted. No risk assessments or records of discussion were available to demonstrate that risks relating to staff who had a positive Disclosure and Barring Service (DBS) check had been considered or mitigated.

Monthly summary reports, completed as part of the quality assurance had failed to identify that best interest decisions made on behalf of people were not recorded in line with the principles of the Mental Capacity Act 2005. In addition, the registered provider had failed to identify that debriefing sessions following incidents were not being carried out by staff with the full knowledge of staff roles.

The quality assurance system had failed to identify that policies' and procedures referred to out of date legislation and were not fully implemented. In addition, the system for reviewing care plans and incidents on a monthly basis could impact on people's care due to not demonstrating people's current care needs. Information on people's care planning documents failed to clarify who and what support was provided by staff and by family members.

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

The registered manager was also the registered provider of the service. The registered manager operated a 'hands on' approach and ensured that they were familiar with the needs of the people using the service. When needed, the registered manager worked with people using the services of U&I Care Ltd.

Staff spoke positively and respectfully about the support they received from the registered manager with several staff describing the service as 'family' and 'open'. Staff told us that the registered manager had been very supportive when they had experienced personal problems and when they needed to discuss the hours that they were working. Staff told us that they were aware of the services whistleblowing procedures and felt confident that they would be listened to if they raised a concern with the registered manager.

The registered manager and senior managers were available during our inspection and made a range of documentation available to us. We later requested some more information to be sent via email, which we received.

Team meetings took place on a regular basis and minutes were available of these meetings.

The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.

From April 2015 it is a legal requirement for providers to display their CQC (Care Quality Commission) rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for U&I Care Ltd was displayed, and also on the registered provider's webpage.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure that effective systems were in place to monitor the service and identify when improvements were required.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff recruitment procedures were not robust and information was missing from some staff recruitment files. The provider had not followed their own policies and procedures in relation to recruitment for some staff.

The enforcement action we took:

warning notice