

Southwark African Family Support Services (SAFSS)

Southwark African Family Support Services (SAFSS) - 54 Camberwell Road

Inspection report

54 Camberwell Road
Camberwell
London
SE5 0EN

Tel: 02077010486

Date of inspection visit:
10 June 2019
28 June 2019

Date of publication:
28 January 2020

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?

Inadequate 

Summary of findings

Overall summary

Southwark African Family Support Services (SAFSS) - 54 Camberwell Road is a domiciliary care service providing personal care to six people at the time of the inspection.

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.

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

The provider did not properly assess and mitigate risks to people's health and safety as they did not have clear risk assessments in place. People continued to have insufficient information recorded on their medicines care plans despite care workers prompting them to take their medicines. Care workers did not complete medicines administration records charts (MARs) to record medicines they prompted people to take.

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 were not being supported in accordance with their valid consent. People's care was not always given in line with current standards as the provider was not working in accordance with the requirements of the Mental Capacity Act 2005. There was a lack of monitoring and clear recording of the support care workers received and as a result, we found one care worker had not received a supervision session for a year and the provider could not demonstrate when care workers had received medicines administration training. People's care plans did not always contain enough information about their likes and dislikes in relation to food or their medical history.

People's care plans did not contain any personalised details about their needs. People were not appropriately supported with their communication needs as care plans did not contain enough information. The provider could not demonstrate they had properly considered communicating with people in different written formats such as easy read. The provider was not supporting anyone with their end of life care needs and told us they had no intention to do so. They did not keep a record of people's needs in the event of a sudden death. The provider was not effectively monitoring the quality of care being provided. As a result, the issues we found were not identified by the provider.

The provider had appropriate processes in place to safeguard people from the risk of abuse and care workers understood their responsibilities. The provider had an appropriate accident and incident policy and procedure in place. The provider conducted appropriate pre-employment checks of prospective staff and ensured there were enough care workers to provide people with support. Staff had a good understanding about appropriate infection control procedures.

People gave good feedback about their care workers and told us they received the support they wanted.

People's care records contained some information about their religious and cultural needs as well as whether they had any particular requirements from their care workers in meeting these. People told us care workers respected their privacy and dignity. People were supported to maintain their independent living skills.

People told us they were given choices in relation to their care and care workers followed these. The provider had a clear complaints policy and procedure in place. Care workers gave good feedback about the manager and the provider worked well with other professionals.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published 19 June 2018) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/ sustained and the provider was still in breach of regulations. We made a recommendation about care planning and people's communication needs.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to consent, safe care and treatment and good governance at this inspection.

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 request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Southwark African Family Support Services (SAFSS) - 54 Camberwell Road

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 service was inspected by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three relatives about their family members experience of the care provided. We spoke with three care workers and the registered manager.

We reviewed a range of records. This included three people's care records, three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and reviewed policies and procedures. We communicated with one professional who has visited the service. We have identified breaches in relation to safe care and treatment, consent and good governance at this inspection.

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.

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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider did not always assess the risks to people's safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- At this inspection we found the provider was still not properly assessing the risks to people's safety as people's care plans did not contain enough information for care staff. This included a risk of pressure ulcers for two people and one person who was at risk of seizures. The provider did not have clear risk assessments in place which indicated the level of risk along with written instructions for care workers in how they were required to mitigate this risk.
- The manager of the service explained that all people using the service who were receiving personal care, lived with their families and they took responsibility for a large amount of their care. For example, the person who experienced seizures lived with a relative who was their primary care giver. This relative told us they gave the person their medicine which reduced the risk of seizures and knew how to respond if the person was experiencing a seizure.
- The person's relative told us "The carers are very knowledgeable. They know about the seizures, but I'm always there when they come. Always." However, the manager agreed that the service ought to have their own risk assessments in place and they ought not to rely on the knowledge of people's relatives.

We found no evidence that people had been harmed however, the lack of recorded information about risks to people's health and safety created a risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care workers understood the risks to people's care. One care worker gave us a very clear history about one person's history of risk regarding pressure ulcers as well as the actions they took to mitigate this. We found this person had previously experienced pressure ulcers, but their skin had now improved.
- The provider assessed the risks relating to people's home environments and these were recorded. The forms we reviewed did not identify any concerns about people's living environments, but the manager of the service told us that if any were identified, she would deal with these individually.
- We saw there was a written record of any equipment that people used within their care records. This included the type of equipment as well as the date of the last service. Records indicated that equipment had

been checked within the last year and care workers told us they checked people's equipment each time before they used it.

Using medicines safely

At our last inspection the provider did not always manage people's medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Care plans did not contain enough information about the medicines people were taking. There was no record of the medicines people were taking, the dosage or the times they were supposed to be taking these. Care workers were also not recording when they prompted people to take their medicines on specific Medicines Administration Record Charts (MARs).
- Nobody using the service had their medicines administered to them. One person using the service was reminded by their care worker to take their medicine in the presence of a nurse who visited them daily. The manager of the service told us she checked people's daily notes, as well as their medicines, at least twice a month when she went to people's houses to deliver care to people. She told us care workers were keeping a record of when they prompted people to take their medicine, but this was not recorded on a specific MAR chart which specified the medicines that people had taken. We requested a copy of recent daily notes after our inspection as these were not available within the office on the days of our inspection. We found that care workers were making a clear record of when they were administering medicines to people, but the specific medicine or the dose was not clear.
- Care workers told us they had received training in managing people's medicines, however, the manager was not able to show us evidence to demonstrate this. Care workers understood their responsibilities when prompting people to take their medicine. One care worker told us "We need to make sure the person has taken it and then we record this on the daily notes."
- At our previous inspection we found the provider had a medicines administration policy in place, but it required updating. At this inspection we found the provider had still not updated their policy.

The above issues constitute a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider did not have safe recruitment practices in place. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- We reviewed three staff files and saw they included evidence of a full employment history, two references, a check of their right to work in the UK as well as criminal record checks.
- People told us staff had enough time to do their work and care workers confirmed this. We reviewed three staff rotas and found care workers were given enough time to do their work and enough of them were sent to people to provide them with care.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us their family member was safe with care workers. One relative told us "I do think [my relative] is safe when the carer's around." Care workers understood their responsibilities to safeguard people from abuse. They knew about the different types of abuse and knew how they were supposed to respond if they suspected someone was being abused. One care worker told us "I would tell the manager right away."
- We saw the provider had no safeguarding allegations since the last inspection. We reviewed the provider's safeguarding policy and procedure and found this contained up to date information for care workers about their responsibilities.

Preventing and controlling infection

- Care workers understood their responsibilities to provide people with safe and hygienic care. One care worker told us "We wear aprons and gloves and clean as we go along." People told us their care worker assisted them appropriately to be clean and free from the risk of infection. One relative told us "They keep things clean and tidy. They're always washing their hands and washing things."
- The provider had a clear infection control policy and procedure in place. This confirmed care worker's responsibilities to provide care in a hygienic way and records indicated that care workers had received infection control training within the last year.

Learning lessons when things go wrong

- The provider had an appropriate accident and incident policy and procedure in place which stated what action was supposed to be taken in the event of an accident or incident.
- Care workers understood their responsibilities if they had any concerns about people and records indicated that one accident had taken place in the last year. We found the manager had dealt this appropriately.

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 required improvement. At this inspection this key question remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and found the provider was not working within the principles of the MCA.

- The manager was not aware that it was their responsibility to ensure that mental capacity assessments were completed when needed. She told us she thought this was the local authority's responsibility who had commissioned care in respect of all people using the service. As a result, she had not assessed the capacity of any person using the service and told us she thought that two people using the service did not have capacity to consent to their care. The provider worked with these people, in accordance with the wishes of their families to provide care.

We found no evidence that people were being supported against their wishes, but failure to follow the requirements of the MCA meant people were not being supported in line with their valid consent. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- There was limited evidence that care workers were receiving the support they needed as the provider was not effectively monitoring the training, supervisions and the requirement for care workers to receive appraisals of their performance. The manager of the service told us care workers received an induction to the service when they first joined, but this did not always include training as some care workers joined the

service having completed training in relevant subjects such as safeguarding adults elsewhere.

- Care workers whose records we reviewed had completed training in numerous subjects within the last year, but the provider did not have records to demonstrate that they were monitoring this.
- Care workers completion of supervisions and appraisals was not being monitored and we found one care worker appeared not to have received a supervision within the last year of their employment. The manager of the service told us she conducted supervision sessions when care workers attended the office, but did not monitor how frequently this was being done or ask care workers to attend the office in order to complete a supervision session. Care workers told us they received supervision sessions and felt well supported by the manager. One care worker told us "She is very supportive."

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

- At our previous inspection we identified concerns in relation to the level of recorded information within people's care plans about their nutritional needs. At this inspection, we found concerns remained in this area. People's care records did not always contain enough information in relation to their nutritional needs. We saw one person's record contained no information about the person's likes and dislikes in relation to their food, despite the provider supporting them with their meals. The manager explained that people's relatives usually prepared their meals for them and care workers responsibilities were limited to heating their food. She agreed to update their records with more information about their likes and dislikes in relation to food.
- Care workers understood their responsibilities in relation to the individual people they cared for and gave us examples of people's likes and dislikes in relation to their food.

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

- The provider assessed people's needs and choices, but did not always ensure that people's care was provided in accordance with current guidelines and legislation as they were not complying with the requirements of the MCA.
- Records indicated that the provider assessed people's needs on receiving the initial package of care. This included an assessment of their equipment and their home environment. The manager also told us she visited people personally at least twice a month and spoke to them to ensure their current needs and choices were being met.
- People confirmed their needs and choices were being met by the service. One relative told us "They do whatever we ask, even if it takes longer than they get paid for."

Supporting people to live healthier lives, access healthcare services and support

- People's care records contained incomplete information about their health conditions and did not contain enough information about how care workers could support them with these. For example, we saw one person's record stated they had a mental health condition that was in remission. However, there was no information about the symptoms of their condition and whether there were any triggers. This meant that there was not enough information for care workers to recognise possible signs of deterioration. The manager agreed to update these details as soon as possible.

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured they worked with other agencies to provide consistent and timely care. We saw one person's record indicated they were seen daily by a district nurse and we spoke with one professional who commented positively on their working relationship with the provider. The manager was clear about their responsibility in relation to the person's care as well as what was required of care workers.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's relatives told us care workers treated their family members well and provided them with the support they needed. One relative told us "They are the best service we have used. I don't know where we'd be without them" and another relative told us "They are really, really good. I'm very happy with the care." Care workers understood people's needs and demonstrated they got to know people well. One care worker gave us details about one person's routines, their life history as well as their current circumstances.
- People told us their equality and diversity was respected and promoted. One relative told us their family member "wanted a female carer and they made sure of that." People's care records included some information about whether they had any particular cultural needs as well as what their ethnicity was. ● Nobody using the service had any specific cultural requirements. The provider asked people whether they wanted care workers who spoke a particular language as part of their initial assessment and records indicated that people asked for care workers who spoke English and this need was met.

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

- People's relatives told us their family members were supported to be involved in decisions about their care. One relative told us "They're always asking [my relative] what [they] want and they do it." Care workers confirmed they involved people in their care and provided people with the support they wanted. One care worker told us "I ask people questions about what they want because this could change every day."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected and promoted. One relative told us "They do show respect. I have no complaints. They are very polite." Care workers also gave us examples of how they respected and promoted people's privacy and their dignity, particularly during personal care. One care worker told us "You have to build trust if you're giving personal care. I make sure nobody can walk in or see what is going on and do everything with the person."
- The provider supported people to be as independent as they wanted to be. People's care records included some information about what people's physical abilities were and what level of support they required from care workers. People's relatives told us their family members received the level of support they needed. Care workers gave us examples of how they supported people to be more independent and told us they supported people in accordance with their needs and wishes. One care worker told us "We don't do everything for people. We help them as much as they want."

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 requires improvement. At this inspection this key question has remained the same. 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 relatives told us they were given choice and control over their care. One relative told us "They do give [my relative] choices when they come here. They help us out with whatever's needed. They do go above and beyond." Care workers confirmed they gave people choices in the care they offered and acted on their wishes. One care worker told us "I give people choice in everything then I do what they say."
- People's care plans did not contain personalised information about their care needs. People's care plans consisted of a list of tasks in the care they needed. The written record stated what care people needed, but did not include any information about how their care was supposed to be delivered.
- The manager of the service told us she gave information to care workers verbally when they started providing care to people. Care workers confirmed this happened and they were able to provide personalised details about how people preferred to have their care. This included products they used during their personal care, their routines and their preferences in relation to their food.

We recommend the provider seeks advice from a reliable source about care planning with respect to people's personalised needs.

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.

- The provider was not meeting AIS requirements. We found two people using the service had learning disabilities. The manager of the service could not demonstrate she had considered whether these people would benefit from having their information relayed to them in another format such as easy read.
- People's care records did not contain enough information for care workers in how they could communicate with people. One person using the service had difficulties in communicating verbally and their care record stated they could only communicate using a few words. There was no additional recorded information included such as which words they used or how they otherwise communicated their needs. The manager told us this person's relative was always available to assist with communication, but they agreed to making a more detailed record for care staff.

We recommend the provider seeks advice from a reliable source about care planning with respect to people's communication needs.

End of life care and support

- The provider was not supporting anyone with their end of life care needs and the manager of the service told us they had no intention to do so.
- We saw care records did not contain details of how the service should respond in the event of a sudden death. We spoke with the manager about this and she agreed to speak to people about this matter and to update people's care records accordingly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care records contained information about their recreational needs where the provider supported them to participate in activities. We saw the provider was supporting one person to access the community and their care plan contained detailed information about their interests and how care workers could support them with this.
- Care workers understood how to support people with their social interests whether this formed part of their package of care or not. Care workers gave us examples of things people liked to do within their own homes and how they supported people with these.

Improving care quality in response to complaints or concerns

- The provider took appropriate action in response to complaints. The provider had received only one complaint since the last inspection and had fully investigated and responded to this appropriately by speaking with the care worker involved.
- We found the service had an appropriate complaints policy and procedure in place. People's relatives told us they were aware of the complaints procedure and knew what to do if they had any complaints. One relative told us "I would speak to the manager if there were any problems."

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 requires improvement. At this inspection this key question has now remained the same. 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.

Continuous learning and improving care

At our last inspection the provider did not have effective systems in place to monitor the quality of care being provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The provider still did not consistently monitor and audit the quality of care records and as a result, the issues we identified in relation to care planning, risk assessments, medicines records as well as the lack of mental capacity assessments were not identified. The provider did not consistently monitor and keep a record of care workers training or supervisions to ensure they continued to have the skills to provide people with effective care. Furthermore, there was a lack of contemporaneous record-keeping as the provider was not consistently recording people's feedback.

Due to the lack of effective systems in place to monitor the quality of care being provided or to record people's feedback the provider remained in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider sought people's feedback in relation to their care, but this was not always recorded consistently. The manager showed us examples of surveys she had given people which included a 'bad weather survey' that assessed the support people were receiving during periods of bad weather. However, the provider could not demonstrate that these were given to all people using the service or that they were consistently given to people during all periods of bad weather.
- The manager told us she visited people approximately twice a month, as she delivered at least two care calls per person on a monthly basis. She told us she would use the opportunity to speak to people about their care and review their records. However, these checks were not documented. People's relatives told us they saw the manager regularly and they thought she was monitoring the quality of care as she asked them questions and acted on their requests.
- Care workers told us they were able to give feedback at any point and thought the manager was helpful

and approachable.

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

- Care workers told us they felt well supported by the manager of the service and said they enjoyed working there. One care worker told us "She's very good and very kind."
- People's relatives gave good feedback about the quality of care. One relative told us "They are very, very good carers. They give us exactly whatever help we need."

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

- The manager of the service had a good understanding about people's needs, but was not clear about her regulatory responsibilities as manager of the service. She was not clear about her responsibilities to meet the requirements of the MCA, safe medicines management and was not clear about how to produce clear and effective care plans. The manager did not have a clear understanding about how to effectively monitor the quality of the service.
- Care workers had a good understanding of their responsibilities. They told us their responsibilities included supporting people to be more independent, to give them choices and to report any concerns or changes to their needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood her responsibility to report incidents to relevant organisations. Notifications of significant events were sent to the CQC as required in line with their responsibilities.

Working in partnership with others

- The provider worked in partnership with other organisations. We found evidence of communications with health and social care professionals to demonstrate joint working to meet people's needs. We spoke with one social care professional and they commented positively about the care provided at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not always ensure care and treatment of service users was provided with the consent of the relevant person. 11(1).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always assess the risks to the health and safety of service users of receiving care. 12(2)(a).</p> <p>The provider did not always ensure the proper and safe management of medicines. 12(2)(g).</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes were not established and operated effectively to assess, monitor and improve the quality and safety of the services provided. Records were not maintained in relation to persons employed in the carrying on of the regulated activity. Regulation 17 (1) (2) (a)(b)(d).</p>

The enforcement action we took:

Warning notice issued for regulation 17.