

Forest Green Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Forest Green Care Services Ltd is a domiciliary care provider. At the time of this inspection nine people received personal care support from the service. The service supported older people, some of who were living with dementia, within their own homes.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where people do receive personal care, we also consider any wider social care provided by the service. Not everyone who used the service received personal care.

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

People using the service were not always kept safe. We could not be assured risks associated with people's needs were always assessed appropriately or managed. Relevant recruitment checks had improved but were still not robust. A lack of robust record keeping meant medicines were not always managed safely.

Staff training had improved however, staff still required practical training for manual handling, and we could not see that all staff had been supported by regular supervision to discuss areas of development and to enable them to carry out their roles effectively.

During our inspection we found there was a lack of effective management and leadership. Governance systems were not effective in ensuring people received high quality care. People were not safe from potential harm because known risks to them were not effectively being monitored by the management and staff team.

People were treated with kindness and compassion. Staff we spoke with were enthusiastic about their jobs and showed care and understanding for the people they supported.

People told us they felt safe. Systems were in place to protect people from abuse. Staff we spoke to were aware of how to identify, prevent and report abuse. Sufficient staff were deployed to meet people's needs. People were supported with their nutritional needs.

People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way, while promoting their independence. People told us they were treated with dignity and respect.

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

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 inadequate (published 9 March 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified continuing breaches in relation to risks to people, poor recruitment practices, medicines, staff supervisions and training, poor record keeping and lack of management oversight and 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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures:

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate 

Forest Green 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 Health and Social Care Act 2008.

Inspection team

The inspection was completed 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.

Registered Manager

The service did not have a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it

does well and improvements they plan to make.

During the inspection

We spoke with two people who used the service, six relatives and a professional who held power of attorney for one person about their experience of the care provided. We spoke with four members of staff, this included the nominated individual, the manager who is also the provider, and two care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the manager and nominated individual to validate evidence found.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 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, records were in place for most people. However, some areas of risk had not been assessed and not all records were completed fully or contained other information to keep people safe. For example, environmental risk assessments were not always fully completed. Some records had information where utilities such as gas and water were located, and others were left blank. Also, some fire records needed more information, for example, if people smoked and if they used flammable creams.
- Records showed that risks to people's health were not always identified. For example, one person had bedrails fitted to their bed and there was no risk assessment to keep them safe. Bedrails if not managed safely can cause seriously injury to a person and records should be kept showing all measures have been taken to keep them safe. There were still no risk assessments for people living with dementia.
- At the last inspection the service did not have a business continuity plan in place to describe how people would continue to receive a service despite unfortunate events and emergencies. This was completed during our inspection of the service. However, some information needed to be tailored to the service as it was very generic and some of the control measures were not applicable.

This demonstrates a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider had failed to follow safe recruitment procedures. This was a breach of regulation 19 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 19.

- At this inspection improvements were in place and records were now in place for all staff. However, for some, staff records were still missing information.
- We looked at four staff files and in two of the staff files there were gaps in employment history. This meant we could not be assured a full employment history had always been obtained. In another staff file there were only character references and no recent employment reference even though their last employment had been working in a care service. There were no records of interview questions as required by Schedule 3 of the Health and Social Care Act 2008.
- Staff records included an application form, right to work check list and a check with the Disclosure and Barring Service (DBS). The DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with people who use care and support services.
- People and their relatives we spoke with felt there were sufficient staff for the service. The provider had reduced their hours working as a carer following the last inspection so they could spend more time in the office.

This demonstrates a continuing breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection the provider had failed to ensure the safe and proper management of medicines. This was a breach of regulation 12 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

- Medicines were not always managed safely. The service kept a record of people's medicines using an electronic monitoring system where staff could update people's medicine administration records (MAR) on each visit. Records and the MAR's did not state what the medicines were for and had no details to help staff monitor for possible side effects or allergies.
- There were appropriate arrangements in place for the recording and administering of prescribed medicines and MAR's. However, we found gaps in people's MAR's which had not been identified and followed up. This meant it was not clear if people had not received their prescribed medicines, or had them administered but not recorded on the MAR chart.
- 'When required', or PRN protocols in people's care plans were not always available and did not always include enough information to ensure medicines could be given safely. For example, they did not always specify when these medicines should be given or when additional professional advice should be sought. Therefore, there was a risk that the use of when required medicines may be delayed if people could not express a need for the medicine.
- Staff had received training in the safe handling of medicines and completed an assessment of their competency to administer medicines in line with best practice guidance.

This demonstrates a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the service. One person told us, "I feel perfectly safe with them." One relative told us, "Brilliant, couldn't wish for better. I trust them implicitly. My husband is very safe in their hands." Another relative said, "We've used Forest Green Care for about six months now and have

no regrets in moving to them. Forest Care staff are more effective than the last company and I feel that my wife is very safe with them."

- Staff we spoke with informed us they were confident about how to identify safeguarding concerns and that any concerns they raised would be dealt with appropriately by the management team. Staff had completed training on how to keep people safe and felt they would be supported by management if they needed to raise any concerns, and that action would be taken to keep people safe.
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.

Preventing and controlling infection

- Staff demonstrated a good understanding of infection control procedures and had received training in infection control.
- Staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.

Learning lessons when things go wrong

- We could not be assured the service was learning lessons when accidents and incidents occurred. There were no records to support this or track any incidents. This meant we could not be assured at the time of inspection that lessons had always be learnt when things had gone wrong.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that staff had access to effective supervision and training for staff to ensure staff who had the right skills and competencies to meet people's needs. This was a breach of Regulation 18 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 18.

- Records showed staff had now started to receive effective supervision. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. One staff member told us, "This happens regularly I am able to speak to my manager 1-1 at any time needed". However, for two staff members we could see no supervision records. We spoke to the provider who told us that they were not recording at the beginning and felt some records may be elsewhere. We did not receive any evidence that these had taken place.
- Training was now in place and was completed online by staff. Records showed that all staff were now up to date on their mandatory training. However, no practical training was in place for manual handling just training online. This could leave people at risk and was not in line with health and safety legislation. The manager informed us they complete manual handling competencies for staff and that training was available soon for staff.
- New staff completed an induction programme before working on their own. Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

This demonstrates a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection the provider had failed to ensure people received person-centred care and treatment

that meets all of their needs. This was a breach of regulation 9 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 9.

- People and their relatives we spoke with were happy with their care. One relative told us, "The manager calls in regularly for a chat and to check all's well. She frequently goes the 'extra mile', for example taking my husband to hospital appointments in her own time. The manager visits regularly and if we've got any issues, we can sort them out immediately."
- Staff we spoke with were very happy working at the service and felt people were at the heart of what they provided. One staff member told us, "We have very high staff morale, we have a very good team that all work together to support are clients and each other."
- Care plans were now in place for people and provided information about how people wished to receive care and support. Staff could access the electronic care records system via an application on a smart phone that was password protected. This meant staff could read people's care plans on-line and check the care records from the last call before they visited the person.

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

- People and relatives spoken with felt staff and the service responded well to access healthcare services. One relative told us, "The staff are very quick to pick up on issues, the manager in particular seems to be highly intuitive in sensing changes in her condition".
- We could not see any information on people's health conditions in their care plans. This meant someone could be living with an illness or condition that staff may not be aware of to ensure their needs were met.
- We could not see information being kept of any health professionals' visits to see if action had been taken in a responsive way to keep people safe. We spoke to the provider about our concerns who showed us where the information is stored. However, lots of information was missing. The provider was in the process of uploading information on to the system and informed us going forward they would keep information updated on the system.

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

- People were supported at mealtimes to access food and drink of their choice.
- The support people received with meals varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members reheated meals and ensured they were accessible to people. One staff member told us, "I prepare and cook meals and also store food by dating food that has been opened and discarding any out of date food."
- Care plans in place these contained information about specific food preferences, and most were suitably detailed about the support people needed with their nutritional needs.

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 MCA 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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and their relatives told us staff asked for consent before providing care. While consent forms were in place some records regarding medicines consent were missing.
- Records showed that staff had received training on the MCA and had an understanding. One staff member told us, "I always ask consent before carrying out personal care. I always respect the clients wishes unless it's going to put them in danger or someone else in danger."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- All the people and relatives we spoke with were happy with the service and thought staff were caring. One relative told us, "The staff have formed an understanding relationship with my husband. They are able to have a laugh and joke together even when hoisting him in or out of bed. Their friendly and relaxed manner has helped a great deal. We couldn't wish for any better help." Another relative said, "The manager visits frequently and often goes the extra mile, for example taking her to a hospital clinic when we couldn't go and didn't charge." Other comments included, "The caring is very good for my stepmother", "Forest Green team are very patient and kind."

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

- People and their relatives were happy with their care and felt involved in their care. One person told us, "They come in twice a day and will do anything for me. I build radio-controlled aircraft and other models so the place can get a bit messy. They take an interest in my hobby." It's really like living in a 5-star hotel!" One relative told us, "The staff are excellent despite my wife being almost non-responsive, they chat to her and tell her what they're going to do."
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. One staff member told us, "I know my clients very well and have a good relationship with them and chats about their life and know what their preferred routines are and there likes and dislikes."
- People's care records included information about their personal circumstances and how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with respect and dignity. One relative told us, "The carers deliver intimate personal care, respecting dignity".
- Staff understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. One staff member told us, "I promote independence by allowing if client can and encouraging to wash own face and brush teeth and hair and just making sure that if the client is able to carry out these tasks independently then allowing them to do so. I respect their dignity for example when carrying out personal care, I ensure curtains are closed and I cover client with a towel."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received individualised care which met their needs One relative told us, "The staff are very responsive, they have developed trust with my husband. They have formed a relationship." Another relative said, "The staff are very responsive to my mother in law's needs, they will do shopping if the weekly delivery is short or things run out. They are quite flexible".
- Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as personal care and meal preparation. However, some records seen were basic and more information would be helpful to staff.
- When we visited the service, nobody was receiving end of life care. However, there was no training in place for staff to support staff if they did take on anyone with end of life care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had policies in place to support the Accessible Information Standard and staff had now received training on communication as part of the care certificate.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise any concerns. One relative told us, "We tell them if we're not happy and they quickly help to resolve issues". However, the service was not keeping any formal records of complaints just emails on the computer which were difficult to track so they could check that procedures had been followed within the service.
- The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. This was included in information provided to people when they started to receive a service.

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 our last inspection we rated this key question inadequate. At this inspection the rating has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection the provider had failed in consistent and effective leadership, poor record keeping and poor governance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At our last inspection the quality assurance systems to assess and monitor the service were not always in place, and where they were, they were not effective. At this inspection we found improvements had not been made.
- At the time of this inspection there was still no registered manager in place. The provider who was the manager of the service informed us they were going to apply to become registered manager but at the time of inspection no application had been received.
- There was a clear lack of management oversight at the service. We were still not assured that regulations were followed and understood fully. As records were inconsistent for example, we were informed that there were no accidents or incidents in the service. However, their IT system showed some people had fallen but there were no records of actions taken and measures in put place to prevent reoccurrence. We also found inconsistent record keeping of health professional visits and actions.
- The governance arrangements needed to be strengthened and developed. There were no regular checks or audits completed by the manager of the service. For example, the nominated individual informed us that they checked medicine records each day to ensure no medicines have been missed, however they do not record this anywhere or take account of any actions needed. This meant there was no improvement in place to ensure peoples medicines were safely ad staff learnt by their mistakes to improve people's safe medicine administration.
- On the first day of the inspection we noticed gaps on MAR charts for one person which showed they had not received their medicines. When we went back on the system, the MAR had changed from red to green showing that they had now received their medicine. We spoke with the nominated individual who informed us they had changed the record as the person had received their medicine and was a recording error. However, we were concerned that changing records retrospectively could increase the risk of medicine errors occurring as the manager would not be able to identify and actions errors with staff to prevent reoccurrence and potentially putting people at risk.

- We were also concerned about one person's shopping calls and the service not following their own policies and procedures. The service carried out a few shopping calls for people and for some people procedures were followed to keep people safe. However, for one person there was confusion over their shopping and no care plan or risk assessment was in place for this. When we spoke with the manager, they said it was a private arrangement with the carer, however we saw on the IT system the calls logged as shopping calls. This put people at financial risk and there were no financial checks or receipt books in place to protect people in line with their policy.

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

- All the people and their relatives we spoke with would unreservedly recommend Forest Green Care on the quality of the care and support provided. Many commented on their willingness to go 'the extra mile' and were very pleased with the services they received.
- Staff we spoke to were very positive about the people they support and felt the management went the extra mile to provide a good service for people and the staff. They were very happy and felt supported. One staff member told us, "I have always done care and this is far the best company to work for we are a team / family that work hard together to provide excellent care we have amazing clients and it certainly helps that we have amazing management wouldn't want to work anywhere else best decision I made is to come to work for forest green".

This demonstrates a continuing breach of Regulation 17 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; Working in partnership with others

- The provider had not sought feedback from people or their families through the use of a quality assurance survey. This meant the service could not learn from people's feedback to improve the quality of the service. The manager told us they were planning this soon.
- The provider now held meetings with staff to discuss any concerns. Staff meetings are an open forum amongst staff and are usually held to discuss concerns about people who used the service and to share best practice.
- The service was working with the local authority improvement team and improvements had been made following the last inspection.

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

- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.

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 12 HSCA RA Regulations 2014 Safe care and treatment Failure to assess the risks to the health and safety of people and do all that is reasonably practicable to mitigate any such risks and ensure the safe and proper management of medicines.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The failure to have safe recruitment procedures.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Failure to have sufficient numbers of suitably qualified, competent and experienced staff in order to meet people's needs and keep them safe.

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>Failure for the lack of consistent and effective leadership, poor record keeping and poor governance. The provider has failed to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</p>

The enforcement action we took:

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