DIL Foundation

DIL Foundation

Inspection report

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Ratings

Overall rating for this service	Inadequate
Is the service safe?	Inadequate
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Inadequate

Overall summary

We gave this service 24 hours' notice of the inspection. The inspection took place on 28 April 2015 and 26 May 2015 and was the first inspection for this service.

DIL Foundation Registered office is located on the first floor inside a newly renovated church, which is being used for the local community. The Church is located off one of the main roads of Bolton which is less than a mile away from Bolton Town Centre and Bolton Train Station.

DIL Foundation offer a range of domicilary care services, including cooking, cleaning and personal care. On the day of the inspection there were seven people using the service.

The service had a manager in place who was in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities)Regulations 2014. These breaches related to setting up systems to investigate potential abuse, consent, safe recruitment of staff, suitability of management and staff support.

People who used the service said they felt safe with the carers allocated to them.

There were safeguarding policies and procedures in place but staff had little knowledge and training in this area in order to follow them appropriately. The service had no information about local safeguarding protocols in order to progress any concerns appropriately.

Although there was an appropriate recruitment policy in place, staff were not recruited safely. We saw no evidence of application forms, interview notes, proof of identification or references in staff files.

Financial transactions were not documented appropriately, according to the service's policy. The manager agreed to implement a new system immediately.

People were not always safeguarded from harm as staff were in the habit of providing care in premises that had not always been risk assessed. The manager agreed to cease this practice immediately.

We saw that care plans included the relevant health and personal information. However, staff demonstrated little knowledge of care planning and had no understanding of how to work in partnership with other agencies.

Not all staff had undertaken an induction programme with the service and there was little evidence of staff competence assessments. There was no formal on-going training plan.

Staff with whom we spoke had little knowledge of capacity issues and best interests decision making. The service could not demonstrate that they were working within the requirements of the Mental Capacity Act (2005).

People who used the service told us they were treated with kindness and their dignity was respected. We spoke with staff members who demonstrated a commitment to providing a good standard of care.

People appreciated having their preferences for male or female carers respected. They also liked the fact that the carers were able to speak to them in their own first language as this made them more comfortable when receiving care interventions.

Information was provided to people who used the service, in the form of a service user guide. People's views about their care delivery were sought at regular intervals.

Assessments of need were undertaken prior to the service commencing and care plans were written in response to these. People's care needs were regularly reviewed and adjustments made when required.

People who were able to, told us they were able to express their choices and preferences. Care plans reflected these preferences, such as choice in relation to the gender of carer. However, staff had little knowledge of how to promote choice for people whose communication was limited.

There was a complaints procedure which was outlined in the service user guide. The acting manager was able to explain the process for dealing with complaints.

The management demonstrated little knowledge or understanding of the service's policies and procedures. Staff meetings were undertaken and staff were supported via an on-call arrangement and informally. However, formal supervisions were not undertaken regularly and no supervision records were available.

There were few systems in evidence for assessing the quality of the service delivery and promoting improvement. Formal recordings needed to be implemented to ensure continual improvement to service delivery.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve

Summary of findings

- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not always safe. People who used the service said they felt safe. There were safeguarding policies and procedures but staff had little knowledge and training in this area in order to follow them appropriately.

Staff were not recruited safely by the service, in accordance with their policy.

Financial transactions were not documented appropriately, according to the service's policy.

People were not always safeguarded from harm as premises where they received care had not always been risk assessed.

Is the service effective?

Requires improvement

The service was not always effective. We saw that care plans included the relevant information. However, staff demonstrated little knowledge of care planning.

Not all staff had undertaken an induction with the service and there was no on-going training plan.

The service were not always working within the requirements of the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring. People who used the service told us they were treated with kindness and their dignity was respected.

Staff demonstrated a commitment to providing a good standard of care.

Information was provided to people who used the service and their views were sought at regular intervals.

Is the service responsive?

Requires improvement

The service was not always responsive. Assessments of need were undertaken and care plans written in response to these. Reviews of care needs were undertaken regularly.

People who were able to, told us they were able to express their choices and care plans reflected these preferences. People told us they had been given choice in relation to the gender of their carer and, where possible, a carer who spoke their preferred language

However, staff had little knowledge of how to promote choice for people whose communication was limited.

There was a complaints procedure which was outlined in the service user guide.

Summary of findings

Is the service well-led?

The service was not well-led. The management demonstrated little knowledge or understanding of the service's policies and procedures.

Supervisions were not undertaken regularly and no supervision records were available.

There were some systems in evidence for assessing the quality of the service delivery and promoting improvement, but these needed to be formally recorded.

Inadequate

DIL Foundation

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 28 April 2015 and 26 May 2015. The provider was given 24 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure someone would be in.

The inspection was carried out by a Care Quality Commission (CQC) adult social care inspector and a specialist advisor, who had specialist knowledge of outreach services. There was also an expert by experience who assisted with the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We did not ask the service to complete a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service, prior to the inspection. We reviewed information we held about the service in the form of notifications received from the service.

Before our inspection we contacted three social care professionals who have worked with the service to ascertain their experience of the care offered by the service. We also liaised with the local authority disability service to gather their views.

We spoke with five people who used the service and three relatives. We spoke with five care staff, including the administrator and the acting manager. We looked at records held by the service, including seven care plans, six staff files, meeting minutes, training certificates and other records supplied by the provider.

Inadequate

Is the service safe?

Our findings

We spoke with five people who used the service and two relatives. A couple who both received care from the service told us, "We both feel safe with the carers". Another person who used the service told us, "I feel safe and quite happy about the carer". One relative told us, "[My relative] feels safe with Gujarati speaking carers". Another relative commented, "[My relative] is safe with the carers as he smiles when he sees the male carer". A third relative told us, "The carer comes and my [relative] feels safe".

Although the service had policies and procedures in place for safeguarding vulnerable adults, we found that the acting manager and the staff had little understanding of safeguarding. Some of the staff and the acting manager had undertaken basic awareness training, but demonstrated little comprehension of the issues. We spoke with three staff members, who told us that they would report any concerns to the manager, but were unclear about what would actually constitute a safeguarding concern. One felt safeguarding and health and safety were the same thing, another admitted they did not know what safeguarding was, but said they were due to go on training. The manager had no knowledge of the local safeguarding protocols and was not conversant with the service's own policy and procedures, so did not know how to progress a safeguarding concern. He was unsure of what he would do if a concern was brought to his attention.

There had been no reported safeguarding incidents to Care Quality Commission (CQC) or other agencies since the service commenced. We did not see documentation of any incidents or accidents within the records held by the service, although there was an incident report form in the care plans. There was no mechanism or system for reporting incidents to other agencies.

We saw, within the care files we looked at, and were told by staff members, that staff were often given money by people's families to pay for activities they were taking people to and expenses incurred. There were no records of these financial transactions in the care files and staff told us they did not document these transactions anywhere. The service's finance policy stated that all financial transactions should be fully documented. Staff members told us they took the money and brought back the change and receipts to give to the family member. One member of staff told us this was "a matter of trust" between the family and the care worker. This was an unsafe practice as there was the potential for financial abuse or allegations of financial abuse due to the lack of documentation. The acting manager agreed to implement a system for recording financial transactions immediately.

We found that the provider had failed to establish systems and processes to investigate allegations of abuse. This was a breach of regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw there was a recruitment policy in place, and a policy on recruitment of non UK residents. Checks for all staff had been made with the Disclosure Barring Service (DBS), which helps to ensure staff are suitable to work with vulnerable people.

We saw no evidence of interview notes, references or proof of identity within any of the six staff files we reviewed. We asked the acting manager about this and he told us he and another director interviewed staff, but did not make notes. He said that references had been obtained via telephone, but no notes had been made about these. We spoke with three staff members, one of whom had no previous experience of care work; the other two had a small amount of experience. One staff member told us they had not had an interview for the job. The service's recruitment policy, which stated that an interview should be undertaken for all candidates, had not been followed. The policy also stated that certain official documents should be obtained from potential employees, such as proof of identity in the form of a photo driving licence or passport. There was no evidence of these documents within the personnel forms and the acting manager could not produce any of these.

We found that the provider had failed to ensure that fit and proper persons were employed. This was a breach of regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that two staff members were in the habit of taking a person who used a service back to their own houses to give them food, pre-prepared by a family member. The person's file contained a disclaimer, signed by a family member, revoking any potential claim if any harm should occur during the times the person was at a staff member's house. The staff members' houses and families had not been risk assessed and this practice was potentially unsafe for all concerned. We discussed this with the acting manager, who agreed to cease this practice immediately.

Inadequate

Is the service safe?

One staff member told us they spoon fed a person who used the service, though they had not had training in this area. This practice had not been risk assessed for issues such as safe swallowing and there was the potential for harm occurring to the person who used the service, due to the staff member's lack of training and inexperience. The acting manager agreed to stop this practice immediately.

One staff member told us they supported individuals with their medication. Two of the staff members we spoke with had undertaken medication level 1 training within their induction. There were no follow-up competency assessments for staff that handled or administered medication as per national guidelines.

Some risks to people were assessed and recorded. These included behavioural risk assessments and moving and handling assessments for moving and handling issues within people's home environments so staff knew any risks and what they should do to keep people who used the service and themselves safe. There was a health and safety risk assessment for each person so staff knew how to support people safely. Mobility needs were also assessed and guidelines for staff indicated how to safely move individuals according to their needs.

We did not find any issues relating to staffing levels as, from people's care records, all care visits had been made in a timely way. At the time of the inspection there were only seven people who used the service and four care staff. We spoke with all of the people who used the service, or their representatives, and none had any issues with staffing.

Requires improvement

Is the service effective?

Our findings

A person who used the service said, "The carers are trained", they went on to say, "The carers make notes and ask me what needs to be done today. They accompany me for shopping, do not rush. They will only help in the bath if I ask, but otherwise stand near me." Another told us, "We have a book (care plan) and the carers are trained. They spend enough time".

A relative said, "The carers give proper time and do not rush". Another told us "[My relative] gets the care four times in a day". A third said, "The carers give enough time to support and go according to the care plan and when [my relative] goes out all is pre planned for [my relative's] fluids and food".

Staff induction was accessed via the local authority, but only three out of the four staff whose files we looked at had undertaken this. The fourth person had been through the local authority induction programme six years ago, for another employer, and had commenced work for DIL in February 2015 without any induction programme for this service.

We saw that the other staff members had undertaken the required training within the induction, but on questioning three members of staff, they had little knowledge of areas such as care planning, safeguarding vulnerable adults and mental capacity. Following the induction there was a lack of records to show staff were assessed as competent in areas such as moving and handling to provide effective care.

One of the six staff whose records we looked at had completed an NVQ in care at level 2. We were told by the acting manager that all the staff would soon be enrolled onto the NVQ Level 2 in care. The acting manager told us they had agreed with the local authority to access training from them, but there was no evidence of a training plan. The acting manager was unclear about what training to access for himself and the staff.

We asked staff members about supervisions. One staff member told us they had never had supervision, another said they had informal supervisions outside the office. There was not a system in place of regular formal supervision meetings.

This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulations) 2014.

We looked at all seven care files. They included a support plan, assessment, contract, general risk assessments, emergency action plans, information about the service and a daily log. The daily log sheets were complete and up to date, though included little meaningful information. Inadequate information was reflected in relation to the duration of care provided. For one person being supported for a five hour social inclusion call, the records accessed stated: "[The person] went to [the location]. No further information was provided, in relation to behaviour, activities undertaken, whether the outcomes of the call were achieved against the care plan or if there were any highlighted areas of concern. Other daily logs were similar in that they contained one line written by the staff to say what had occurred that day.

We saw little evidence of partnership working with other agencies. Discussion with the staff showed, they were unaware of how to liaise with specialist health care services for monitoring health care needs including people's mental health needs, physical and dietary needs. Staff told us they would contact the manager in this instance. The acting manager demonstrated little awareness of other agencies and where they may fit with the service provided.

We saw that each file contained a three month appraisal of the staff member allocated to that person. We spoke with the manager about the inappropriate filing of this document with the care records of the person who used the service. He agreed to file these documents separately.

The acting manager told us not all of the people who received care had capacity to consent to their care, however we saw no recorded capacity assessments or best interests decisions within the care files. Staff we spoke with told us that some of the people they supported were unable to verbally communicate and in these cases they spoke with family about their wishes. Care plans had been signed by family of the people being supported and the acting manager to acknowledge agreement for the care of the person. There were policies and procedures regarding consent but staff demonstrated little understanding of consent issues. They told us they relied on the wishes of the family and how they themselves felt the people may wish to be supported. When asked, the staff were not aware that people who used the service had the right to refuse any care.

Requires improvement

Is the service effective?

We spoke with the acting manager, the administrator and three care staff. Some had no knowledge and others a very basic level of understanding of the Mental Capacity Act (2005) (MCA). There was little understanding of assessing people's capacity to make decisions and no awareness of best interests decision making. This indicated that the service were not working within the requirements of the MCA and were not seeking consent in line with current legislation.

This was a breach of Regulation 11 (3) of the Health and Social Care Act 2008 (Regulations) 2014.

Good

Is the service caring?

Our findings

One person told us, “The carers are changed on a regular basis and for weekends are not the same ones as on other days. The carers are all polite and we do not have any complaints.” Another person told us, “They are respectful and treat me nicely.” A relative said, “Carers are respectful and treat [my relative] very well”. Another relative told us, “It is obvious the smile on [my relative’s] face by seeing the carer, that [my relative] is respected and treated well”. A third relative commented, “The carers give professional service like, call us when [our relative] is not feeling well when with them. They talk, encourage and motivate [our relative].”

Staff said they were introduced to the person they would be working with before care was provided so the staff and person were able to get to know each other. This helped people to be involved in choices about who provided their care and how this was to be delivered. We were told that people had the choice of male or female carers, which was of significant cultural importance to some of the people who used the service. The fact that many of the staff were able to speak the first language of the people who used the service meant that people were confident their needs and wishes were understood fully and they were able to understand the explanations given to them with regard to care delivery.

Staff told us they treated people with kindness and dignity and had respect for people they cared for. They showed a commitment to caring for people and ensuring people were treated well. An example was given where care staff stayed longer than the agreed time so that people could be fully supported with their needs.

Staff were motivated to provide a good standard of care. For example, one staff member said how they found it ‘rewarding to provide care to people’. Another staff member said how they had noticed the person they were supporting had ‘grown in confidence’. Staff said how they would stay longer than the agreed time if needed, to ensure people were assisted with their needs.

The staff expressed an underlying philosophy of respecting the individuality of care for people and for treating people with respect and dignity. However, there were insufficient checks by the management to ensure that staff performance and behaviour reflected these values. This included a lack of observations of staff working with people to check their competency and attitudes towards people.

The service, provided people with a Service User Guide which was a generic document, distributed to new people upon joining the service. This included aims and objectives of the company, care staff responsibilities and what people could expect of their care. There was also information about safeguarding and where to report any concerns, quality assurance systems, such as questionnaires and other, less formal, feedback methods.

The acting manager told us the service had a policy of contacting people to ask them their views of the service and care they received after the first call. This was then reviewed on a weekly basis, for the first month; however the acting manager confirmed there was no documentation to substantiate this. People we spoke with who used the service, or their relatives, told us that this was the case and they were contacted regularly by the manager of the service to ascertain their level of satisfaction.

Requires improvement

Is the service responsive?

Our findings

One person we spoke with, who used the service, told us, "I make my choices in what I want and do not want." Two people who used the service told us they were given the appropriate gender of carer in line with their preferences. A relative told us the same as they said, "As some personal care is required….culturally a male is appropriate." A person who used the service had asked for a person with knowledge of a particular language and this request was agreed. One relative told us "I have not had any occasions to complain." Another said, "We have not raised any concern or made any complaints".

We asked the acting manager how people who used the service were matched up with the right carers to ensure they received appropriate care. He told us the staff and person who used the service were introduced prior to commencement of the service to ensure they got on and were compatible. The acting manager told us people's care needs were assessed, reviewed and changes were made to care arrangements on a three monthly basis or sooner, if required. Care records indicated on occasions, people were involved in the initial assessment.

A care plan was devised, by the acting manager to reflect the care needs of the individual being supported. This was regularly reviewed and updated to reflect any changing care needs. The acting manager provided examples of where care needs had changed and how amendments were made to the care provided in response to such changes.

Each person had care records which included an initial assessment of people's needs when they were first assessed. This included background information on people's personal life history and an assessment of their daily living needs. Care plans were devised with the input of family. Family of the people who used the service had signed care plans to acknowledge agreement to its contents and we were told a copy was placed in the person's home for staff and the person to access. In addition to the care plans each person had a separate document which included details of the time care was to be provided as agreed with the person or their representative.

We spoke with three staff members about care planning and person centred care. They told us they tried to ensure people were given the care they required and activities were tailored to people's particular interests and hobbies. They gave examples of activities, such as bowling, which certain people who used the service enjoyed.

Care plans were personalised, to the individuals needs but, staff told us, reflected the wishes of the parents of people who used the services, in some cases or others involved in their care. The people who used the service were not always consulted about what they wanted. During discussions with the staff it was apparent that staff were taking instructions from the family of people being supported, or choosing an activity they deemed appropriate, as opposed to allowing choice, autonomy and control for the people being supported. Staff told us they were unable to facilitate choice and control for people with limited communication.

The acting manager told us procedures were in place to record complaints and concerns made to the service's management. These included obtaining details about the complaint, how it would be investigated, and any action that was needed to address any findings. We saw that the complaints procedure was outlined in the service user guide.

Inadequate

Is the service well-led?

Our findings

One person who used the service when asked if the support provided was reviewed said, “We have received the review form first time.” Another told us, **“**We do get the agency enquiring sometimes if everything is fine.” A third commented, “The office staff do help and talk politely. If I have any problems the carers tell the office what I require.” Another person said, “I have had no problems with the office. The office is very responsive and they do call and ask how everything is going on. The office staff are polite Sometimes they do drop in as well.”

A relative of a person who used the service said, “We do not need to contact the office, and only posted the survey received recently. Otherwise the manager visits personally to ask how the service and the carer is.” Another relative said, “The agency do ask for feedback on phone. We have got a survey recently and I hope to fill it in.”

Although feedback was sought there were no formal records of the comments to indicate the level of satisfaction of the people who used the service. There was, therefore, no analysis of the comments collected to facilitate continual improvement of the service delivery.

Although there were incident forms within the care files we saw no evidence of recorded incidents. Financial transactions were not recorded by the service and documentation of visits and activities undertaken were extremely brief and contained little meaningful information.

The acting manager had little knowledge of the service’s own policies, for example safeguarding, and no knowledge of the local authority protocols and guidance. Although an appropriate policy was in place the acting manager had no working knowledge of it and had no systems in place for reporting or progressing concerns or alerts. This was also the case with the MCA policy. The acting manager had little knowledge of MCA, or the requirements of the law around capacity issues and best interests decision making, even though there was an appropriate policy in place. Some of the other policies held by the service referred to MCA, for example, the medication policy referred to capacity under the sections on self-administration and covert medication.

However, the acting manager was unaware of this and had not implemented any systems to ensure capacity was considered and best interests decision making processes followed and documented appropriately.

We saw no evidence of formal audits, such as care plan audits, audits of complaints, audits relating to late or failed visits, having taken place.

We found that the provider had not implemented systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). This was a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some staff took people who used the service to activities as part of the service offered. We asked the acting manager if they had appropriate business car insurance for transporting people in their own cars.as part of their work. He was unaware of whether they had this insurance and agreed to follow this up immediately. Staff said they had access to management support when they needed it and this included evenings, night time and weekends, by virtue of the on call phone which was manned by the acting manager at all times. Staff told us this worked and that they were able to get support and advice when they needed it so people’s care needs were met.

We saw evidence of one staff meeting that had taken place. Discussions included uniforms, financial transactions, service user and staff issues. One staff member said they had attended one team meeting, in March. Another told us they had informal meetings every other week. It was unclear whether regular staff meetings took place and if they were useful to staff.

The acting manager told us supervisions were undertaken by himself and the other director of the company. He said the notes were with the other person and he could not access them. Only one staff member told us they had had a formal supervision and we saw no record of this. The others told us arrangements for support were very informal, often occurring outside work in a community setting. This setting was not appropriate as it could compromise people’s rights to confidentiality if the conversation was conducted in a public place with other people present. We asked the acting manager on two separate occasions to supply the supervision notes, but these were not provided.

Inadequate

Is the service well-led?

We saw that staff members' performance had been assessed via a tick box list and these assessments were kept in the care files of the people who used the service. The acting manager agreed to store these records separately as this was not an appropriate place to keep them.

The acting manager told us there were spot checks carried out on staff, and these were mentioned in the minutes of the meeting. There were no records of these spot checks for auditing purposes.

The acting manager told us how they often worked alongside other staff to provide care to ensure people received the agreed care when there were staff absences. The acting manager recognised the need to implement improved staff supervision, training and checks but said this was a learning curve as the service was in its infant stages. There were no formalised plans for developing or improving the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The service was not working within the legal requirements of the Mental Capacity Act (2005) in ensuring that where consent could not be obtained, they were working in the person's best interests.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing People who used the service were not given the appropriate support in the form of regular supervisions.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment People who used the service were at risk because the provider had failed to establish systems and processes to investigate allegations of abuse.

The enforcement action we took:
Warning Notice issued

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed People who used the service were at risk because the provider had failed to ensure that fit and proper persons were employed.

The enforcement action we took:
Warning notice issued

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People who used the service were at risk because the provider had not implemented systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).

The enforcement action we took:
Warning notice issued