Care 4U Services (Midlands) Ltd

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Inspection report

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16 October 2019
17 October 2019
18 October 2019

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Care 4U Services (Midlands) Ltd is a domiciliary care service providing personal care to people with a mixture of needs including, dementia, physical disabilities and sensory impairments. People are supported in their own homes, at the time of the inspection 76 people were receiving personal care.

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
At our last inspection the registered manager had failed to ensure recruitment was done in a safe way, we found serious concerns with recruitment at this inspection. Care and treatment was not provided in a safe way. People were not protected from potential harm and abuse. Medicines were not managed safely.

The provider's systems failed to identify that care and treatment was not provided in a safe way. Audits did not identify serious concerns with recruitment and numerous other areas. Some people, staff and relatives did not know who the registered manager was. Staff did not always feel listened to by the management team. People were not always given the opportunity to feedback about their care.

Staff had not completed the training required to do their job. People's specialist diets were not safely managed. People's needs were not thoroughly assessed. Some people said they did not have an up to date care plan. Staff understood their responsibilities in relation to mental capacity and gaining consent from people.

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.

Care plans did not demonstrate people had been involved in planning their care. There was no evidence in people care plans that they had had a review. Staff did not always treat people with dignity and respect. There were mixed opinions from people as to whether staff were caring.

People's preferences about how they wanted to be supported were not always considered. Details about how people may want to be supported with their religion were not always recorded. There were mixed opinions from people about whether they knew how to make a complaint. People's end of life preferences were not documented.

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 (published 03 April 2019) and there was a breach of one regulation. At this inspection the service had deteriorated, and improvement had not been made. The provider was now in breach of multiple regulations.

Why we inspected
The inspection was prompted in part due to whistleblowing concerns and concerns received about safeguarding and recruitment. The information CQC received about the incidents indicated concerns about the management of safeguarding processes and staff recruitment processes. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make significant improvements. Please see all sections of this full report. The provider has taken some action to mitigate the risks identified at inspection. You can see what action we have asked the provider to take at the end of this full report.

Enforcement
We have identified breaches in relation to safe care and treatment, safeguarding, good governance, staffing and staff employment 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 from 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.

Special Measures
The overall rating for this service is 'Inadequate' and the service is therefore 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 rating, 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 safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not well-led. Details are in our well-Led findings below.	**Inadequate**

Care 4U Services (Midlands) Ltd

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by two inspectors and an assistant inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses.

The service had a manager registered with the Care Quality Commission. This means that they 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 we needed to be sure that the registered manager or senior member of staff would be in the office to support the inspection.

Inspection activity started on 09 October and ended on 18 October 2019. We visited the office location on 09 and 15 October 2019.

What we did before the inspection
We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke to five people who used the service and four relatives about their experience of the care provided. We spoke to eight members of staff including care staff and senior staff. In addition, we also spoke to the director, registered manager, deputy manager and admin assistant.

We reviewed a range of records. This included five people's care records and multiple medication records and daily log entries. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including management site visits and policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with the local authority and one professional who visits a person using the service.

Inadequate

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 now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment; Learning lessons when things go wrong
At our last inspection the registered manager had failed to ensure systems and processes were consistently implemented to ensure fit and proper persons were employed. This was a breach of regulation 19 (Fit and proper persons employed) 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. This meant the registered manager had not taken sufficient action when things had gone wrong in the past.

• Areas of concern identified at the last inspection had not been actioned and improvements to ensure robust recruitment procedures had not been made. We identified serious concerns with three staff recruitment files. For example, there was no evidence as to why staff's employment in previous care jobs had ended, references were not from previous employers, and there were gaps in staffs' work history. This meant staff were working with people without the necessary checks to ensure they had the qualifications, competence, skills, and experience necessary for them to do the job they are employed for.
This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Using medicines safely
• The registered manager failed to mitigate risks to the health and safety of people using the service. This meant they failed to ensure care and treatment was being provided in a safe way putting people at risk of poor and unsafe care.
• Some people required support with moving and handling but there were no risk assessments in place for staff to follow to safely support people. This meant they were at risk of receiving unsafe care and treatment.
• Some people had been assessed as requiring specialist diets to prevent them from choking. There was no clear guidance for staff to follow, to enable them to safely prepare the person's food to the required texture, to reduce the risk of choking. A staff member told us, "With the care plans it doesn't show exactly what you are supposed to be doing [for eating and drinking]. If [staff name] wasn't here I may give [person] the wrong food and they could choke, it's not thorough. It was written a long time ago, it's not actually up to date with what is happening for their needs now." We discussed this with the registered manager who told us there had been no incidents where the person had choked. The registered manager contacted health professionals to clarify how to support the person to eat safely.
• One person was receiving 24-hour care in their home, they were receiving support from a district nurse as they were at risk of developing sore skin. The persons care plan contained conflicting information about

how often staff should provide pressure relief. Staff told us they were not providing pressure relief at any set times. Records showed staff had not provided the person with regular pressure relief. Although the person did not have sore skin at the time of inspection, the person was identified as being at risk of developing sore skin. We discussed this with the registered manager who told us would review their care plan to ensure consistency with set times for pressure relief.
• One person raised concerns about staff practice and told us they did not feel safe. They said they felt "unsafe" and they told us they were "scared" they may fall off the bed due to the staff member's poor moving and handling practices. The registered manager suspended the staff member and we notified the local authority safeguarding team.
• System in place to monitor late and missed calls were not robust. Relatives and people told us some calls had been late or missed. We checked the missed and late call log and not all of these calls were documented, meaning the management team were not aware when staff had not arrived for scheduled calls. This meant people were at risk of missing meals and medication. One person said, "They missed my dinner time call [so I didn't get any dinner]."
• Medicine administration records (MAR) contained little or no information about the medicines people should be receiving. For example, one medicine record described the tablet as 'blister pack'. There were no instructions for staff to follow to safely administer medicines. There were gaps on one person's MAR, where staff had not signed to say they had administered their medicines, with some medicines not being signed for at all. We discussed this with the deputy manager who said they would look into these concerns. This put people at risk of not receiving medicines as prescribed and exposed people to risk of harm through incorrect administration of medicines.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
• The registered manager failed to ensure that systems and processes were established and operating effectively to investigate abuse or improper treatment. As a result, service users were exposed to the risk of immediate and ongoing harm. For example, there was an allegation of abuse against a member of staff; the registered manager had allowed the member of staff to remain at work without putting in adequate measures to safeguard people.
• Some staff required a risk assessment to be able to safely work with people. We found these risk assessments were not being followed. We discussed this with the registered manager who was not aware risk assessments were not being followed. This placed people are risk of harm.

This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "Safeguarding is very important in our role, it's about protecting vulnerable adults. We must report anything we think is unsafe … I'd report to the senior carer or manager. If I had a problem with them I'd report to CQC or the social workers."

Preventing and controlling infection
• Staff told us they had access to gloves and aprons to minimise the risk of infections spreading. One staff member said, "We have to make sure we use gloves and aprons and change them. We have to change them regular and defiantly when we go into [people's] the kitchen."

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Staff support: induction, training, skills and experience
• The registered manager had assessed what training courses staff needed to attend, as part of their 12-week induction, in order to fulfil their roles. 26 of the 32 staff members had been employed for more than 12 weeks and should have completed all their training but none of them had. The moving and handling training for five out of the 32 staff, was out of date and concerns were raised from people about staff's ability to safely support them with moving and handling. This meant staff had not completed training in line with the provider's policy and people's care and support needs. We discussed this with the registered manager who told us staff were working through their training and they would monitor this to ensure completion.
• There were mixed opinions from people and their relatives about the staff's skills and abilities. For example, one relative said, "Staff know what they are doing" but another relative said, "They are sending in staff who are useless … [relative] has had to adapt what they do [routine] to meet what the service can provide."
• Staff were not consistently given the opportunity to receive feedback and support and there were mixed opinions from staff about whether or not they received supervision. One staff member said, "I had a supervision this month. I had it with [senior]" but another staff member told us, "I've not had a supervision. I didn't have an induction, I haven't had anything. I had a handover from [staff] that's all I got." There were no copies of staff inductions in staff files.

This was a breach of regulation 18 (Staffing) 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; Supporting people to eat and drink enough to maintain a balanced diet
• People's physical, mental and social needs were not always explored or discussed with them. Care plans did not contain evidence of a detailed needs assessments and some people told us they had not completed a care plan with the provider. One relative told us, "I haven't seen an official care plan, [relative] has just agreed things with the carers and then stuck it up on the wall." A person told us, "I had a care plan with the other company, I think they [Care 4U] just reviewed that one." A professional told us, "There is a new care plan provided, however I have concerns with it. There is no next of kin, and the plan is not personalised to [person] … the family have not seen it."
• Staff supported people with eating, drinking and preparing meals. Care plans did to always detail peoples care and support needs in relation to their diet preference and people did not always feel staff adhered to their preference.

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.

• The registered manager told us that no one was being deprived on their liberty so did not require an application to be made to the Court of Protection.
• People and their loved ones told us they were able to make choices about their day to day care. One relative told us, "[Person] will tell staff what their needs are on the day, they [staff] always listen to that."
• Staff understood their responsibility in relation to the MCA and told us they sought people's consent before providing them with support. A staff member told us, "You ask [person] for consent for personal care and they will tell you if it's ok. We ask if they are comfortable and they will tell you."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People had input from community professionals such as GP, specialist nurses and speech and language. This enabled people to have their health needs met by external professionals.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care
• The deputy manager told us people and relatives were going to be provided with questionnaires, so they could express their views about their care. This had not yet happened so people and their relatives had not yet had the opportunity to formally express their views.
• The registered manager could not demonstrate how people and their loved ones had been involved in making decisions about their care. One relative told us, "We haven't met anyone for a review." A professional said, "The carers told me they [and the person] were not involved in the [new] support plan and they [staff] do not agree with parts of it."
• People and staff felt they usually had enough time to complete care calls. However, one staff member told us they raised concerns about calls being too close together. This meant staff had to rush and it could impact on people's experiences of the care provided. They said, "I've raised concerns about calls, but do they [provider] realise we are late, and it puts pressure on people and staff."

Respecting and promoting people's privacy, dignity and independence
• Staff did not always treat people with dignity and respect. One person told us they like to have a shower daily, but staff did not always respect this choice. Sometimes staff would only support the person to have a wash. They said, "Some days they shower me and other days they won't. They don't always shower me, I'd like them to."
• Confidentiality and data protection was not always maintained. A staff member told us they had people's risk assessment documents in their car and were due to update them. This meant people's personal information was not stored securely at all times.

Ensuring people are well treated and supported; respecting equality and diversity
• There were mixed views from people as to whether the staff were caring and compassionate. Some people felt they were, and some people felt they weren't. One person told us, "They are friendly", whilst other people said staff were not following their likes and preferences.
• Relatives told us the staff were friendly and knew their loved ones well. Relatives told us, "Staff are friendly and caring." and, "The lady in the morning [name], is excellent" and, "[Staff member] is very good with [relative] and [relative] feels very confident with [staff member]."
• There had been two compliments received by the service since the last inspection. They read, 'Since [staff member] has been visiting my [relatives name] their health has got better. [Relative] has put weight on and seems happier' and 'Compliments to [two staff members names] for all the hard work they do with my [relative]'.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

• People's wishes, and goals were not considered in their care plans or discussed with people. A professional told us, "Within the support plan, there is a section advising [person's] goals. This advises [person] would one day like to go downstairs. This is not a goal, and this should be being achieved now by the carers everyday as and when [person] would like."

• People told us their personal preferences were not always considered. One person told us, "Staff won't do my dinner [how I like it], they only microwave food. I've asked them to use the cooker and they say they can't because of health and safety."

• People's care calls did not always reflect their choice as stated in their care plans. One person told us, "They should come at 9am but they come at 7.30am or 7.45am, I'm still asleep." Another person's care plan said staff should be arriving for the morning call between 9.15am to 10.15am, however log books showed staff arriving at 6am. We discussed this with the registered manager who was not aware this was happening, they told us they would review people's care plans.

• People's care plans included information about their protected characteristics, as identified in the Equality Act 2010. This included people's needs in relation to their culture, religion and ethnicity. However, care plans did not always specify what support people may need in relation to their religious beliefs. For example, one person was practicing a religion that could require a specialist diet and staff were supporting them with meals. Their care plan did not tell staff about the person's dietary preferences and if they followed a religious diet.

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.

• People's care plans specified their preferred communication method and language. However, one person had conflicting information about what language they spoke.

• Information was available to people in different formats such as easy read documents. This enabled people to access and understand information.

• Staff told us they used different methods of communication with people. A staff member said, "Everyone can verbally communicate. Some people find it difficult, so we give them time and take our time when speaking to them."

Improving care quality in response to complaints or concerns

• There were mixed opinions from people and relatives in relation to knowing how to complain. One person told us, "I'm not certain who I would go to if I had a problem with the agency." Whereas a relative told us, "I told them [management] about the call times and that changed it."

• The provider had a complaints policy. There had been four complaints since the last inspection. The provider had dealt with these in line with their complaint procedure.

End of life care and support

• No one was receiving end of life care at the time of inspection. There was no evidence in people's care plans that end of life had been discussed.

Inadequate

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 deteriorated to 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.

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

- Since the last inspection the service has almost doubled in size. The registered manager has not been able to make or sustain improvements. Shortfalls identified at the previous inspection have not been addressed.
- There were systematic failures in the provider's recruitment processes. The deputy manager told us an audit had been completed in relation to staff recruitment files following the last inspection. However, we found significant concerns with staff recruitment.
- Numerous concerns were identified with records relating to people's care and support needs. Audits had failed to identify this, therefore not ensuring risks were effectively assessed, monitored and mitigated.
- Medicines systems and processes did not operate effectively. Some audits of medicines had taken place but did not identify the concerns we found. This meant audits were not effective.
- Concerns about people's safety were raised during the inspection and the registered manager was not aware of them. This meant the systems and processes to monitor the safety and quality of the service were not effective.
- Systems in place to monitor staff training did not identify staff had not completed training in line with the provider's policy. This meant staff were working with people without having completed the necessary training.
- System in place to record, monitor and analyse missed and late calls was not effective. The deputy manager told us they would not know if calls had been late or missed whereas the registered manager told us they had a new process and the management team had communicated this to people, this was conflicting. Records showed missed or late calls were not consistently monitored.
- The registered manager had taken little action to rectify the issues identified at the last inspection. This meant the registered manager was not continuously learning and improving following feedback.
- The registered manager told us they were implementing a new system where they could store people's care plans and risk assessments. This system would also allow for call monitoring and rota management. However, this system was not fully up and running and there was not an effective alternative in place. This meant we were not always able to access information we required on the days of inspection because the management team were not able to find it.

The lack of robust quality assurance meant people were at risk of receiving poor quality care and should a decline in standards occur, the providers systems would potentially not pick up issues effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• It is a legal requirement that the overall rating from our last inspection is displayed within the service. We saw the rating was displayed in the office.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;
• Some staff, people and relatives told us they did not know who the registered manager or deputy manager were. A staff member told us, "[Deputy manager] I've seen a couple of times, [registered manager] I've never seen." A person told us, "I don't know [registered manger] and I don't know [deputy manager]. I don't know who the manager is." This meant the management team were not always visible and people and staff did not always know who they could speak to if needed.
• Staff did not always feel they were actively involved in developing the service and putting new things into practice and did not always feel they were listened to. A staff member said, "I'm am happy with what I am doing, it's the management [I am not happy with]. I am looking for another job, if you try and talk to them [management], you don't get a proper answer. We [staff] don't know what is happening. You get fed up of asking the same questions." Another staff member said, "We can talk to them [management] and raise concerns. But I don't know how much they do."
• The registered manager had a system in place to gather monthly feedback from people. However, not all people were given the opportunity to feedback about their care. Therefore, people were not always able to share concerns or where they felt improvement was needed. One person said, "I met [deputy manager] when Care 4U took over and they said they would be in touch on a monthly basis, but they haven't been in touch at all since then."

Systems were not effective in ensuring the quality and safety of the service was monitored and improved. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Staff understood whistleblowing and told us they knew who they could report concerns to inside and outside of the organisation.

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; Working in partnership with others
• The registered manager understood their responsibilities in relation to duty of candour
• There was involvement with some community professionals to make sure people's healthcare needs were met. Appointments were reflected in people's daily notes.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not always receiving care that was safe and there was risk of harm.

The enforcement action we took:

We served a notice of decision to impose conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not always protected from the risk of abuse and avoidable harm.

The enforcement action we took:

We served a notice of decision to impose conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were insufficient governance systems in place to monitor and improve the quality of the service.

The enforcement action we took:

We served a notice of decision to impose conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes were not established and operating effectively to ensure persons employed were fit and proper

The enforcement action we took:

We served a notice of decision to impose conditions on the provider's registration.

Regulated activity	Regulation

Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing was not provided in a safe way

The enforcement action we took:

We served a notice of decision to impose conditions on the provider's registration.