People Matter Support Services Limited

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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? | Requires Improvement |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

This inspection took place on 21 and 22 August 2018. It was announced and was carried out by one inspector. We gave 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. Since the last inspection on 21 July 2015, the provider had a period of dormancy where they were not providing personal care to any people. On 29 November 2017 the provider notified us they had started to provide personal care again. In line with our methodology we resumed our inspection schedule. This was the first inspection of the service since the provider started to provide the regulated activity personal care after their dormancy.

People Matter Support Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Not everyone using People Matter Support Services Limited receives personal care. CQC only inspects the service being received by people provided with help with tasks related to personal care, hygiene and eating. It provides a service to older people, younger adults and also those with learning disabilities and/or autistic spectrum disorder. They have detailed in their statement of purpose that they can provide a personal care service to children aged up to 18 years, however, at the time of this inspection, the 15 people using the service were all adults.

The service had a registered manager. The registered manager was newly registered in June 2017. The registered manager was also the director of the provider company, having taken over the company in October 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was available and assisted us on the first day of the inspection. She was not available on the second day due to a prior engagement and we were assisted by a member of the office staff.

People were mostly safeguarded from risks. However, there had been a number of safeguarding concerns raised with the local authority since November 2017. The areas of concern mostly related to care plans, risk assessments, staff files, staff training, staff supervision and spot checks. More recently concerns had been raised regarding missed calls. Actions were being taken to address the concerns and reduce risk in those areas. However, at the time of our inspection there was no effective system for the provider to ensure the service was fully compliant with the fundamental standards. There was also no system to assess, monitor and improve the quality and safety of the service.

Staff recruitment issues were identified during the inspection. For example, unidentified gaps in employment which had not been explained in writing and there had been no verification of reasons staff left previous employments with vulnerable adults. Where DBS checks highlighted information regarding an applicant's past, no risk assessment had been carried out prior to them being employed. DBS certificates from previous employers had been accepted by the provider, with no documented evidence that the disclosure service had been contacted for an update to check the applicant was not barred from working

with vulnerable adults.

Medicines were not being handled correctly or safely. Some medicines had been missed when calls had not taken place as scheduled. There was no system in place to record medicines that staff administered and staff had undertaken giving medicines through a gastric tube without the provider realising this needed specialised training. The provider had no system in place to check staff were competent prior to handling medicines.

Staff training was not in line with the recommended training for staff working in adult social care. Although staff had been provided with training in safeguarding adults, and some had received training in emergency first aid and moving and handling in 2016, other expected training was out of date or had not been provided. For example, no staff had received fire safety training, food hygiene training or training in recording and reporting, or equality and diversity. No training had been provided in fluids and nutrition or person-centred care.

People said they were treated with care and kindness and could change how things were done during a visit if they wanted to. People were treated with respect and their dignity was upheld. This was confirmed by people we spoke with and relatives who provided feedback.

People's rights to make their own decisions were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People confirmed they were encouraged and supported to maintain and increase their independence.

People spoke to care staff if they had any concerns and felt they responded well to any concerns raised. People's right to confidentiality was protected and they received support that was individualised to their personal preferences and equality and diversity needs.

We found breaches of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff recruitment checks and documents were not being carried out as required, medicines handling was not always safe, staff training was not in line with requirements and the provider had not established an effective system that ensured their compliance with the fundamental standards. The fundamental standards are regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Full information about CQC's regulatory response to the more serious concern found during this inspection, related to the breach of regulation 17 Good Governance, will be added to the report after any representations and appeals have been concluded.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Medicines were not handled safely. Staff competency checks had not been carried out and medicines administration was not correctly recorded. The registered person was not clear on the different levels of training staff should have in order to carry out different levels of medicine administration. Staff had been assigned to and had carried out tasks which were outside their level of training.

Recruitment processes were not implemented to ensure people were protected from staff being employed who were not suitable. The provider did not obtain all required recruitment checks and information before staff started work.

A system, although purchased, had yet to be implemented to reduce and/or prevent the risks associated with missed or late calls.

Risk assessments had been carried out to identify risks to staff relating to the premises and local area while carrying out some, but not all, packages of care. Risks to people's personal safety had been assessed and plans were in place to minimise those risks.

Staff were aware of the signs of abuse and the actions they needed to take if they suspected or discovered abuse.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

Staff did not always receive training to ensure they had the skills and knowledge necessary to carry out their role safely.

People were supported to eat and drink enough and staff mostly took action to ensure their health needs were met.

Staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. The service was aware of the requirements under the Mental Capacity Act 2005.

## Is the service caring?

Good

The staff were caring.

People benefitted from a staff team that was caring and respectful towards them.

People received individualised care from staff who were understanding of their known wishes and preferences.

People's right to confidentiality was protected. People's dignity and privacy were respected and staff encouraged people to maintain their independence where they could.

## Is the service responsive?

Requires Improvement

The service was not always responsive.

The service was not aware of and had not implemented the Accessible Information Standard to identify, record, flag, share and meet the information and communication needs of people with a disability or sensory loss.

A system to reduce missed and late calls and improve communication with people had been purchased but not yet implemented.

People felt they received care and support that was personalised to meet their individual needs.

People said they spoke to care staff if they had any concerns and felt they responded well to any concerns raised.

## Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider did not have effective systems in place to enable them to assess, monitor and improve the quality and safety of the service provided. The registered persons were not aware of areas where they were not meeting their legal requirements.

People benefitted from staff that felt happy working at the service. They said they were supported by the management and felt the support they received helped them to do their job.

# People Matter Support Services Limited

**Detailed findings**

## Background to this inspection

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

This inspection took place on 21 and 22 August 2018. It was announced and was carried out by one inspector. We gave 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

We used information the provider sent us in the Provider Information Return (PIR). 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. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with the registered manager, two people who use the service and three relatives. As part of the inspection we sought and received feedback from four of the nine care staff. We received feedback from two of the local authority commissioners.

We looked at five people's care plans, assessments and daily notes. We saw staff recruitment files for six staff members. We reviewed a number of other documents relating to the management of the service. For example, staff training records, staff supervision log, some policies and quality assurance survey forms.

Requires Improvement

# Is the service safe?

## Our findings

People's medicines were not handled safely. Staff handled medicines for people and were involved in administering medicines mostly, but not always, from multi compartment compliance aids (MCAs). MCAs are containers, usually filled by the local pharmacist, with the medicines people are prescribed at different times of the day. The containers usually hold medicine supplies for 28 days at a time.

Current best practice guidance "Managing medicines for adults receiving social care in the community" sets out the best practice staff should follow when handling medicines for people who use the service. We found the registered manager was not following the guidance. For example, the guidance states that care workers should only give a medicine to a person if they have been trained and assessed as competent to give the medicine. We found no staff had their medicines administration competency assessed. This meant the registered manager could not be sure staff were safe to administer medicines.

The guidance states that providers should have robust processes for recording a person's current medicines and they should ensure those records are accurate and kept up to date. We found the care plans did not contain details of the medicines to be administered other than instructions to staff that, "[Name] needs assistance to take medication which is nomad packed." This meant there was no way for staff to know what medicines the person should be taking.

The guidance states that care workers must record the medicines support given to a person for each individual medicine on every occasion. We found the staff usually, but not always, recorded in daily notes that medicines had been given, for example by writing, "meds given". But those entries contained no other details. In one person's daily notes there was no entry for a morning call when the person should have been given medicines. In the same person's file, the care plan set out that medicines should be given during three of their four daily calls, at 9am, 1pm and 4pm. There were no instructions for medicines to be given during the 8pm bedtime call. We found that over a 12-day period in August staff had recorded they had given the person medicines during the 8pm bed time call on four occasions. This meant the person received medicines four times a day on those days rather than the three times a day as set out in the care plan. It was not clear if these were medicine errors, documentation errors or whether the care plan was incorrect in how often medicines should be given.

The guidance states that care workers should use a medicines administration record (MAR) to record any medicines support that they give to a person. The registered manager advised us they do not use MAR sheets to record medicines given. Staff only write in the daily notes. This meant there was no clear record of medicines administered, or not, by the staff.

In June 2018 the service provided care and support for a person who had swallowing problems and had a feeding tube going directly into the stomach through the abdomen. The person received fluids and liquid feeds via the tube. We saw the staff providing support to this person had received training on setting up tube feeding. However, we asked the registered manager if staff gave the person any medicines through the tube and were told they did. The registered manager was not aware that staff must be given appropriate training

to prepare and administer medicines via enteral feeding tubes before they undertake the task. The training should include a regular competency assessment. No staff had received additional, specialist training before administering medicines via this person's gastric tube and no competency assessments had been carried out.

The above are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were at risk of potential harm because the registered person had failed to ensure the proper and safe management of medicines.

Of the six staff recruitment files we looked at, none had all the required checks and documents. All had current photographs and copies of passports. Only three had Disclosure and Barring Service (DBS) checks carried out by the provider. The other three staff had copies of their DBS certificates from previous employers. There was no evidence the provider had checked whether those three staff were banned from working with vulnerable adults or children. Where there were issues identified on the DBS certificate, the registered manager had failed to carry out a risk assessment to ensure the staff member should be allowed to work with vulnerable people. Only three of the DBS certificates had included a check of the list of people barred from working with children. This was pointed out to the registered manager as the service currently stated they would provide care to children as well as adults.

Only one staff member had a full employment history. The remaining five had gaps in their employment that had not been identified and that were not explained in writing as required. The gaps ranged in length from between 18 months and 32 years. For two of the six applicants, the registered manager had not obtained evidence of their conduct in previous employments with vulnerable adults or children. On looking closer at two of the three DBS certificates from previous employers we saw that those employers had not been declared on the applicants' employment histories. This had not been identified or followed up by the registered manager. Where applicants had previously worked with vulnerable adults or children, reasons they had left that employment had not been verified. The recruitment practice of the service did not include obtaining information about any physical or mental health conditions which would be relevant to the applicant's ability to perform their role.

The above are breaches of Regulation 19 and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had failed to ensure staff employed were of good character and that information specified in Schedule 3 was available for each person employed. This meant people were potentially at risk of staff being employed to work with them who were not suitable.

Staff were provided in line with the hours of people's individual care packages. Staff said they usually had enough time to provide the care people needed within the time allocated to them. In June 2018 there was an incident where someone with extensive care needs had not had any care calls over a 24-hour period when they should have had four calls. This had meant they had not received any food, drink, medicines, personal care or continence care from the evening of the Saturday until the morning of the Monday. The person had been unable to call for help or assistance. This was raised as a safeguarding alert with the local authority and the provider produced an action plan to deal with the concerns raised. The registered manager had taken over responsibility for the on-call duties at all times to ensure staff leave and sickness was always dealt with. In their provider information return the registered manager told us they had purchased an electronic monitoring system that would monitor staff log in and log out of a call and send an alert to the manager if staff did not arrive. However, the system had not been implemented at the time of our inspection. The registered manager stated the launch of the system was expected later that week. When talking with people who use the service one person told us their care worker had not turned up recently and had not contacted them. The person told us they had contacted the on-call number and the registered

manager had responded and carried out their care call.

People and their relatives felt they were safe from abuse with the care workers. One person added, "Oh yes, definitely." Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. All eight staff had received training in safeguarding adults from abuse. Six of the eight had received training in safeguarding children. The registered manager advised us they were not providing care to children and had no plans to in the near future. The registered manager was aware they would need to check the DBS children's barred list and provide safeguarding children training to any staff providing support to children in the future.

People were mostly protected from risks associated with their personal care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with bathing or showering. We saw in one person's daily notes that staff had been giving the person a hot water bottle in the winter. We signposted the registered manager to some guidance for home care providers on scalds from hot water, which included a discussion about hot water bottles. Community professionals thought the service and risks to individuals were managed so that people were protected. One professional commented that there had been concerns a few months ago, but that the provider had worked with them and made alterations to their risk assessments which addressed their concerns. They added, "We have had no complaints from service users that they feel at risk and no reported complaints."

Risks to staff in delivering the care package to some people had been assessed. One we saw had been very thorough identifying issues that needed to be addressed to make staff safe. However, there was no evidence that those risk assessments were always carried out routinely for each care package accepted. This was passed on to the registered manager to address.

Emergency plans were in place. Those plans included plans for extreme weather conditions. People and relatives said staff always followed correct infection control procedures and used protective equipment, such as gloves, when appropriate.

We saw any issues related to negative staff behaviour were dealt with swiftly and in line with the policies of the company. Staff said they would feel confident taking any concerns to the registered manager. They felt their registered manager was accessible and approachable and dealt effectively with any concerns they raised. One member of staff commented, "My manager is free to talk with so I can say anything to her. I know that if it is good for the client she will make sure it happens."

Requires Improvement

# Is the service effective?

## Our findings

The staff team consisted of the registered manager, one administrator/care worker and seven care workers.

Staff training was not in line with the training recommended for social care staff. Of the eight care staff, none had completed training that was in line with the latest Skills for Care guidance "Ongoing learning and development in adult social care" published in 2016. For example, they had all received training in safeguarding adults and six had received training in safeguarding children. However, none had received training in communication, fire safety, food hygiene, recording and reporting, fluids and nutrition, dignity or person-centred care. Only one member of staff had received training in equality and diversity and infection control. Four had received training in the Mental Capacity Act, health and safety, moving and handling and emergency first aid but four had not. There was one member of staff who had never worked in care before. They had not been provided with induction training in line with the care certificate developed by Skills for Care but were lone working with people without supervision. The care certificate is a set of 15 standards that new health and social care workers need to complete during their induction period. Until staff have completed their care certificate training, and been assessed as competent in each standard, they should not be lone working with people who use services.

Staff had one to one meetings (supervision) with the registered manager six times a year. The registered manager told us 'spot checks' were carried out four times a year. However, the records of those spot checks showed they were not direct observational supervision sessions of the staff working with people. Direct observational supervision sessions are where a manager observes a member of staff working with a person using the service to ensure they are working safely and to the provider's expectations. At the time of this inspection, direct observational supervision sessions were not carried out with staff. This meant the registered manager could not be sure staff were working safely and in line with the provider's policies and procedures.

The above was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured care staff had received appropriate training and supervision.

People received care and support from staff they knew and who mostly knew how they liked things done. Each care plan was based on an assessment of needs and a risk assessment. The registered manager told us the care plans were kept under review and amended when changes occurred or if new information came to light. We saw notes the registered manager made following visits to people to check how they felt about their care package. These indicated that people were happy with the service provided, especially when they saw the same care worker for most visits. One relative told us, "[staff name] is wonderful and is a hard worker."

Where providing meals was part of the package of care, daily records included what people had eaten. Daily notes showed that usually, where health concerns were identified staff would pass the concerns to relatives. However, documentation in the daily notes was not always sufficient to show that staff had always taken

appropriate action. The daily notes also did not provide an accurate audit trail. For example, in one person's notes there was a recording that the person had a scratch and bruise on their arm. This injury was not mentioned again in the notes. There was no record to show the injury had healed.

People's rights to make their own decisions, where possible, were protected. 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. Although not documented anywhere in the care plans or paperwork, people told us they were involved in decision making about their care and support needs and that staff asked their consent before providing any care. The registered manager had a good understanding of the MCA and her responsibilities to ensure people's rights to make their own decisions were promoted. She was aware of the legal safeguards in the MCA in regard to depriving people of their liberty.

Good

# Is the service caring?

## Our findings

People and their relatives said the care workers were caring and kind when they supported them. They commented they were happy with the care and support they received from the service. One person added, "They do little extras if they have time." One relative commented they were, "really happy with the staff". A community professional thought the service was successful in developing positive caring relationships with people using the service.

People and relatives said staff always treated them with respect and dignity. One person added, "Definitely" and a relative commented, "We are really happy with them." A community professional thought the service promoted and respected people's privacy and dignity.

People said they were involved in decision making about their care and support needs. In the care plans we saw people's routines for each visit were set out to ensure staff followed people's preferred ways of doing things. Cultural, equality and diversity needs were incorporated into the care plans. The registered manager explained how one member of staff had been recruited as they spoke the same language as one couple whose first language was not English. This had helped two-way communication between the people and the service.

People were supported to be as independent as possible. The care plans gave details of things people could do for themselves and where they needed support. This helped staff to provide support in a way that maintained the person's level of independence. People told us the support and care they received helped them to be as independent as they could be.

People's right to confidentiality was protected. All personal records were kept in a lockable cabinet in the office and on the service's computer system, only accessible by authorised staff.

Requires Improvement

# Is the service responsive?

## Our findings

People's care plans were based on a needs assessment, with information gathered from the person and family members. The assessments and care plans captured details of people's abilities and wishes regarding their personal care. Their usual preferred daily routines were also included in their care plans so that staff could provide consistent care in the way people wanted. Daily notes demonstrated staff provided personal care based on the way individuals liked things done. However, the service provided care to one couple and, although each had an individualised care plan, the staff wrote on one set of daily notes for both people. This is not best practice. Each person should have their own set of daily notes.

We recommend the registered person review and follow best practice in record keeping and documentation regarding care notes for individuals.

Information was provided to people, although not always in accessible formats, to help them understand their care and support. The registered manager was not aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. We passed this information on to the registered manager.

We recommend the registered manager documents the communication needs of people in a way that meets the criteria of the Accessible Information Standard.

On a number of occasions there had been calls missed without the service being aware staff had not arrived. Following one such episode in June, where someone had not received care or support for over 24 hours, the provider undertook to purchase and put in place an electronic monitoring system. The registered manager explained the system would monitor staff log in and log out of a call and send an alert to the manager if staff did not arrive. At the time of our inspection this system had been purchased but not implemented. The registered manager explained that implementation had been planned for the week of our inspection.

People received support that was individualised to their personal needs. Relatives said their family members received the care and support they needed, when they needed it. A community professional thought the service provided personalised care that was responsive to people's needs. One professional told us they had received four concerns related to poor communication, two missed calls and lack of sufficient staff. They added, "The provider had responded to the concerns raised … and tried to address them where possible."

People and their relatives knew how to raise a complaint and thought the service would take appropriate action. They said staff responded well to any concerns they raised. Staff were aware of the procedure to follow should anyone raise a concern with them.

Requires Improvement

# Is the service well-led?

## Our findings

People could not be confident that the service was always well-led. The provider had not introduced an effective system to check and ensure they were meeting their legal obligations and regulations. For example, during this inspection we identified concerns where the provider was not meeting the regulations regarding staff recruitment, staff training and the safe handling of medicines. The registered manager was not aware that the service was breaching regulations and was not carrying out any checks to monitor the service was compliant.

There was no audit system in place that ensured the registered manager identified that staff were following best practise and the policies of the service. Supervisory spot checks of staff working with people were not being carried out. Staff were working without supervision before completing their induction training and being assessed as safe and competent. This meant people could be at risk of staff working with them who were not of good character and/or were not suitably trained or experienced.

There was no effective system in place for the registered manager to audit paper work, care plans or the practices of the staff. The registered manager carried out surveys with people and/or their relatives. However, where concerns were raised, there was no system to record action taken to rectify the issue and then follow up to see if the issue was resolved.

The above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The provider's website displayed the most recent rating of the service as required.

Staff told us they got on well together and felt the management listened to them. Staff felt comfortable raising concerns with the management. They were confident managers would act on what they said. A social care professional felt the service was well managed, that the service delivered good quality care and worked well in partnership with other agencies. Another professional mentioned they felt the provider worked well with the local authority but that communication was sometimes an issue.

Staff said they felt the service was managed well and that they would recommend the service to a family member. One person and two relatives said they felt the service was managed well. One person and one relative said they felt it wasn't, with the relative saying they felt there were not enough staff. One person and two relatives said they would recommend the service to another person. One person and one relative said they would not. One person commented, "I can only rate their service as great for myself. I highly

recommend them."

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<br><br>How the regulation was not being met:<br><br>The registered person had failed to ensure the proper and safe management of medicines.<br>Regulation 12(1)(2) (g) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>How the regulation was not being met<br><br>The registered person had failed to ensure persons employed for the purposes of providing personal care were of good character and had failed to ensure information specified in Schedule 3 was available for each person employed.<br>Regulation 19(1)(a)(3)(a) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>How the regulation was not being met<br><br>The registered person had not ensured staff received appropriate training and supervision as was necessary to enable them to carry out the duties they are employed to perform.<br>Regulation 18 (1)(2)(a) |

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 17 HSCA RA Regulations 2014 Good governance<br><br>How the regulation was not being met:<br><br>The registered person had not established an effective system to enable them to ensure compliance with regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br>The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity.<br>Regulation 17(1)(2) (a) to (f) |

**The enforcement action we took:**

We served warning notices.