

Anderby Care Ltd

Dearne Valley Business Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection took place on 4 and 5 December 2018. The registered provider was given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies. We carried out the inspection a little earlier than planned due to concerns raised with us about the way the service was operating.

Dearne Valley Business Centre is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults and younger disabled adults. The registered provider is Anderby Care Limited. Not everyone using service receives regulated activity. CQC only inspects the service being received by people provided with 'personal care.' This means help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The last comprehensive inspection took place in March 2018 and the service was rated as requires improvement. We identified two breaches of regulation. This was because there were gaps in the records of staff recruitment, so it was not always evident that staff had been safely recruited. Also, the registered providers systems to ensure the service operated to an expected standard were not used and required embedding into practice. Following the last inspection, we asked the registered provider to complete an action plan to show what they would do to improve the key questions safe, effective, and well led, to at least 'good'. The action plan told us this would be completed by 31 July 2018; however, this was not completed.

You can read the report from our last inspections, by selecting the 'all reports' link for 'Dearne Valley Business Centre' on our website at www.cqc.org.uk.

At this inspection we found the registered provider had made some improvements but not addressed all the concerns raised at our last inspection. We also found a further breach of regulation. This was because some staff told us they liked working for the agency and had received support, training and supervision to help them to carry out their roles. However, written records were not always available to show this. Other staff told us they had not received any training since they started work for the agency. The service continues to be rated 'requires improvement.' This is the second time the service has been rated 'requires improvement.'

At the time of our inspection there were 83 people using the service, 74 of whom were receiving personal care. The service was managed on a day to day basis by the owner, who was also the registered manager. 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 recruitment process was still not sufficiently robust despite this shortfall being referred to in the last inspection report. Recruitment of new staff was not always carried out in line with the requirements of the regulations and the organisation's policies and procedures. This meant people were not fully protected

against the potential employment of unsuitable staff.

Generic risk assessments regarding people's care were documented. However, individual care plans and records were not always adequate in informing actions staff should take to keep the person safe.

There were processes in place to help ensure people received their medicines as intended. However, audits were not always completed in a timely way and we found improvements were required in medicine administration records.

The written records available did not always reflect the positive aspects of the service that people told us about. The people who used the service and relatives spoken with were all happy with the service provided. They told us the service was particularly person centred and risks were well managed.

There was a procedure in place to ensure any safeguarding concerns were addressed and reported. People spoken with felt safe using the service. There were sufficient numbers of staff to meet people's needs.

People told us they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, there was a need to improve the written records in relation to this.

The service supported people to maintain a healthy diet, when this was part of the persons care package. People who required the involvement of healthcare professionals were assisted to obtain this support.

People told us the registered manager and care staff were very kind and caring. They said they treated people with respect and dignity, and cared for them in a way which met their needs.

People and their relatives told us they had been involved in formulating care plans. However, there was a need to improve the written records in relation to this.

The people we spoke with told us they would feel comfortable raising concerns, if they had any and said they would be listened to.

The registered manager had addressed some of the areas for improvement in the previous inspection report. However, issues of concern regarding staff recruitment and good governance of the service were still found. This showed that more in-depth monitoring of the quality of the service was needed.

The registered manager had introduced a system to monitor the quality of service delivery and of staff performance. However, this needed to be embedded into practice so that its effectiveness in improving the service could be seen.

People told us they had been consulted about their satisfaction in the service they received.

We found three breaches, two of these were continued breaches 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 this report.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Written records did not always reflect that robust pre-employment checks had been made prior to new staff commencing their employment.

Risk assessments were generic and did not support safe, individualised care.

People told us they received their medicines at the right time. However, medicine audits were not sufficiently robust to identify errors and omissions on medication administration records, so we could not be assured people always had their medicines safely.

People were safeguarded from abuse as far as possible and staff had a good understanding of how to safeguard people in their care.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Not all staff felt well supported and records did not clearly show all staff had received up to date training and supervision.

Staff supported people with their care needs and treatment and did so with people's consent. Staff had a reasonable understanding of the mental capacity act.

Staffing deployment, consistency and punctuality was managed in a way to ensure people received care and support at the agreed time.

People were supported to receive a balanced diet, which met their needs. People had access to healthcare professionals when required.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Care provided promoted people's independence and dignity. People who used the service and their relatives made positive comments about the staff and told us they were treated with dignity and respect.

The relationships between people who used the service and staff were warm and friendly.

The agency consulted with people about the service they were receiving and their plan of care.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were sufficiently detailed to support staff to provide person-centred care.

There was a system in place to manage and respond to complaints. Most people felt they were listened to.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Feedback regarding issues picked up at the last inspection had not been effectively acted upon to improve the service.

Effective management systems had not been fully established to ensure people were safeguarded and their wellbeing was promoted.

Most people, their relatives and staff spoke highly of the caring and supportive nature of the registered manager.

People and relatives said they were given opportunities to provide feedback about the service.

Dearne Valley Business Centre

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 4 December 2018. We gave the service one days' notice of the inspection because we wanted to make sure the registered manager was available at the agency office. At the time of our inspection the service was supporting 74 people with their personal care needs.

The inspection team consisted of two inspectors. On the 4 and 5 December 2018 we visited the office location to see the registered manager and review care records and policies and procedures relating to the service. We looked at four people's care files and six staff records. We also looked at records relating to the management of the home. These included minutes of meetings, and quality and monitoring checks carried out to ensure the service was operating to expected standards. We met with four staff including, care managers, senior care workers and administration staff.

On the 5 December 2018 we spoke over the telephone with seven people who used the service, seven relatives and three staff members.

Due to us carrying out this inspection earlier than planned, the provider was not asked to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection visit we gathered information from other sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered

manager. We also spoke with the local authority commissioners, contracts officers and safeguarding and Healthwatch (Rotherham). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Following the inspection, we asked the registered manager to send us some further information. This included confirmation that all individual risk assessments had been completed and that new care plans were completed for all people who used the service. We received information from the registered manager to confirm this work was underway, however there was no confirmation date of when this would be fully completed.

Is the service safe?

Our findings

At the previous inspection we issued a breach of regulations because we found there were gaps in records regarding staff recruitment, so it was not always evident staff had been safely recruited. At this inspection we found this breach had not been met.

We found there were gaps in records regarding staff recruitment, showing staff had not always been recruited safely. The service had a recruitment policy and procedure in place for recruiting new staff. This process included obtaining pre-employment checks prior to staff commencing employment. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. There were instances where staff had been employed and started work in the service without a DBS check being in place. There remained some cases where recent DBS checks had been accepted from applicants' previous employment and had not been updated.

Several staff files did not include written applications, showing that no complete record of the applicant's work history had been obtained during the recruitment process. Also, for some staff no written references had been obtained from any previous employers. This meant recruitment checks were not robust and would not contribute to protecting people from staff not suitable to work in care.

The registered manager explained that one member of the management team had been responsible for maintaining recruitment records and they were taking a break from work. It was clear best practice had not been followed in the recruitment of staff. The registered manager had not ensured the action plan had been followed to ensure improvements and to keep people safe.

We spoke with the registered manager about these concerns. She acknowledged that she had failed to check that staff had been recruited safely and in line with their policy and procedure. The registered manager immediately began auditing the staff files and contacted people, staff had given as referees to obtain references. Where this information wasn't available staff were called into the office to complete such things as application forms. Following the inspection the registered manager confirmed to us that she had checked all staff records and where necessary completed recruitment checks to meet this regulation.

The evidence above indicates a repeated breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 19: Fit and proper persons employed.

People spoken with said they felt they were safe when being cared for by the care workers. They all felt the staff would look after them if they were ill or if anything untoward was to happen. Their comments included, "I know they would look after me if anything was wrong. They wouldn't leave me", and "I feel safe with the carers because they know me well."

The provider had a safeguarding policy and procedure in place. Staff told us they had received training on safeguarding. However, for most staff this had been provided by their previous employer and staff could not

remember receiving any safeguarding training updates whilst they had worked for this service. Staff told us they would contact the registered manager if they had any concerns about people's welfare.

People using the service could not be fully confident risks were being identified and managed appropriately. This was because risks assessments were generic and did not contain the level of detail required to ensure staff had the written guidance they needed to keep people safe. The registered manager told us there was a plan in place for senior staff to complete individual risk assessments for everyone. We saw the new risk assessment format which showed how individual risks to people would be recorded. Following our inspection, the registered manager told us risk assessments for all people had been completed however there was no date to confirm when this would be fully completed by.

At our last inspection we identified concerns around the auditing of medicines which meant we could not be assured errors were identified or people always received their medicines as intended.

People told us they had no concerns about the support they received from staff with their medicines. They told us, "I always get my medicines on time, they [care workers] never miss giving them to me," and "My medicines are given to me when they should be."

At this inspection we looked at medication audits and staff medicines training and competencies. We found medication audits were not always completed in a timely way and did not provide sufficient evidence people had taken their medicines as prescribed. We reviewed several medication administration records (MAR) which had been returned to the office. We found gaps in MAR's and there was no evidence of an audit being completed or action taken to prevent a reoccurrence of the omissions. The registered manager told us they did audit a sample of records but not all. The registered manager told us they now had additional office based staff and would commence an audit of all MAR's returned to the office. The registered manager said they would also put in place a policy and procedure for dealing with unsigned MAR charts.

Arrangements for managing accidents and incidents and preventing the risk of reoccurrence were in place. We saw since the last inspection, improvements had been made in the records of accidents and incidents and this allowed the registered manager to monitor these more effectively. The records reflected any lessons were learned and action taken to prevent similar issues arising again.

People and their relatives told us there were enough staff employed to ensure continuity of service. Their comments included, "Yes the carers always turn up, even if they are late, they don't ever not come," and "They wouldn't leave me without help, they make sure they come." During our inspection we asked staff about staffing levels and they told us they were meeting the needs of people and there was always someone available to provide support.

There were systems in place to help reduce the risk and spread of infection. People spoken with told us staff always wore gloves when supporting them with personal care and that these were removed or replaced appropriately for other tasks. Staff told us there was always PPE (Personal Protective Equipment) available to them and they kept a supply of this with them. One relative told us, "PPE is in the house, stocks are replenished and carers use this when it's right to do so."

Is the service effective?

Our findings

At the last inspection in March 2018 we found improvements were needed to ensure records reflected the training and support staff received, and to ensure consistency with training and support provided. At this inspection we found there remained a need for improvement.

There were no clear records of the training staff had completed or needed. Some staff told us they had not received training from the agency, as they had received relevant training from their previous employers. However, staff records showed this training was out of date and we saw no evidence staff had received any of the necessary training updates since being employed in the service. Some staff had recently been recruited with no background in care and there was no written evidence of them receiving the necessary core training.

The registered manager told us a training matrix was being put together to help them to monitor staff training needs and to plan future training. They had also planned for staff to receive training through the local council's training department. However, the registered manager had not acted to address this issue in a timely way.

Formal monitoring systems had been established since the last inspection, showing when staff had received supervision. Staff supervision is a regular one to one meeting between the supervisor (line manager) and supervisee to meet organisational, professional and personal objectives. Supervision forms a key part of individual performance management and for newly appointed workers, it underpins the staff induction process. However, the monitoring records did not include staff members' start dates, making it difficult to know if staff had received the appropriate support, in a timely way.

Records we saw showed some staff had not received supervision for long periods and therefore, their performance was not monitored on a sufficiently regular basis. For instance, one staff member's personnel file showed they had been employed since November 2017 and there was no record of the staff member having received any formal supervision until August 2018.

We discussed the shortfalls in staff supervision with the registered manager, who said new senior workers were in post and this would make it possible for staff supervision to be undertaken on a more regular basis. However, the registered manager had not acted to address this issue in a timely way.

The evidence above indicates a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 18: Staffing.

People and relatives spoken with told us staff were knowledgeable and understood people's needs well. This included knowledge of any specialist healthcare needs they might have. One person said, "They understand me and know what I like and how I like it done." A relative told us, "[Name of family member] absolutely loves all of them [care workers] and gets really good care and support. The carers just 'get' her and all her quirks."

People told us staff sometimes arrived late but they understood the reasons for this. They also added that they always received a visit even if it was later than planned. People and relatives told us staff always stayed for the agreed amount of time. A relative told us, "The staff have never missed a visit and always arrive at the agreed time. They stay the allocated time, so if [person using service] falls asleep they sit and have a chat with [spouse] which she loves."

At each visit staff completed a log book to confirm what tasks they had completed and their arrival and departure times. We looked at a sample of log books which had been returned to the office. We found some visit times were not clearly recorded. As there was no electric monitoring system used this was the only record which confirmed actual visit times versus planned visit times. There was no system in place to audit the log books which meant any discrepancies to actual visit times would not be reported. The registered manager told us the new additions to the senior staff team would have responsibilities for specific areas, so this would be assessed regularly.

When required, staff supported people who used the service to prepare meals and drinks. People's care plans recorded if they required assistance preparing meals and drinks and one person told us staff always left a drink for them within easy reach. Staff told us they would report any concerns regarding people's healthcare needs including people's food and fluid intake to the family and registered manager, who would liaise with the G.P as needed.

People told us they made their own decisions and their preferences were taken into consideration. One person told us, "I think the carers are very good. I make all my own decisions. I decide what to eat, what to wear and if I want to go out or not."

We checked whether the service was working within the principles of the MCA (Mental Capacity Act), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff understood the MCA and worked within its principles when providing care to people. Staff told us they always presumed people were able to make their own decisions until they were told otherwise. Forms for people to confirm they had consented to their care had recently been introduced. These were not all completed but were scheduled to be completed at the next review of care.

Is the service caring?

Our findings

People told us they felt well cared for. Their comments included, "The carers are wonderful. I cannot say anything bad about them they are all lovely. They do everything I ask them and are very nice and kind. I wouldn't want to be without them," and "They are all just great."

Relatives told us, "The best thing we've ever done is move to this service. We now have two regular care workers and two others that step in when needed. They all know [name of person using service] really well. They are fantastic care workers that go the extra mile. They are very on the ball with all her care needs," "We have a small group of regular carers who are very good, caring and kind. But all the staff are thoughtful and equipped to do the job. They do their job without causing drama or any hiccups. All the staff communicate well with us and with each other, they all sing from the same song sheet," and "The carers are absolutely fabulous. Not only is [name of person using service] benefitting from their care but [spouse] is too as they are now feeling a lot better as they see the person they love is well cared for."

People confirmed they were treated with dignity and respect when receiving personal care. Care plans contained guidance for staff in respect of maintaining people's dignity for example when they were being assisted to wash. People told us staff respected their choices and always checked their preferences with them before completing any tasks.

One relative told us, "They are very good around [name of person using service] privacy and dignity needs and never make them feel embarrassed or uncomfortable. The carers do over and above what is expected of them. They look at the care plan and do all that's needed," and "Even though [name of person using service] has dementia they always talk to them, ask them what they want and let them decide things, for example, if they need the toilet."

People told us their independence was respected and they were involved in making decisions about their care. Staff spoke positively about the people they supported and referred to people with respect and warmth. They understood the importance of supporting people to maintain their independence and make their own decisions.

Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

The service user guide provided information to people about how the staff would respect their right to confidentiality. For example, by making sure all information held about them was locked securely away and by seeking their permission before they passed on any information to a third party.

Most people spoken with did not raise any concerns about confidentiality. However, one relative told us, "I do think the staff ought to be told about 'gossiping.' They talk about each other in front of [family member]"

and it's not professional." We fed this back to the registered manager who said they would address this at the next staff meeting.

Is the service responsive?

Our findings

People and their relatives were satisfied with the way their care was provided and had formed strong bonds with their regular carers. Relatives told us, "They [care workers] are very on the ball with all [family members] care needs. Staff communicate well with us and with each other so any changes needed are sorted quickly," "We had a few teething problems at the beginning but now everything has settled down and great. They provide care for [name of person using service] but always make sure [spouse] is okay too," and "When we have any problems or concerns we contact the manager and she sorts things out quickly and easily. When we have said what team of carers we would like she [registered manager] has accommodated this and now we couldn't be happier. Most carers go the extra mile and some do just what they have too, but [name of person using service] care needs are always completed before they leave."

One relative told us, "The service is trying to provide us with regular carers but this is difficult due to the high needs [of person using service]. We have now got used to most carers but would prefer fewer coming as some don't know [person using service] needs and we have to keep explaining their needs/difficulties and some staff haven't got time for this."

The care plans we reviewed had some information in but this varied in terms of its quality. The registered manager told us this was because new care plans were in place for people who had recently joined the service, but others who had been receiving care longer still had old care plans, that were not as detailed. The registered manager told us all people who used the service would have a new care plan in place by 7 December 2018. This was confirmed to us after the inspection.

People and relatives spoken with told us they had a care plan in their home which care workers referred to and wrote in during their visits. Their comments included, "[Name of person using service] has a care plan in place which staff come and update. They write a record of what they have done at each visit which is good for us to see," and "When they [staff from the service] first started coming the manager came out and went through the care plan with us. They also contacted other people for us such as the local authority and occupational therapists. We got equipment to help with [person using service] and got the care hours increased. They were very good when we first moved to them. They found [person using service] had a pressure wound which we didn't know about. They contacted the nurses who came out. The carers did what they were told to and it got better really quickly and it's never returned."

We saw examples of people being supported by staff to avoid social isolation. Staff encouraged and supported people to continue to follow their hobbies and interests. One relative told us, "At the social visit carers either sit with [person using service] for company or take them out shopping whatever they want to do. They always do exactly what they want. [Person using service] always speaks highly of the carers and says they get on well with them all. [Person using service] has never raised any worries or concerns about any care worker."

We saw since the last inspection, improvements had been made in the records of complaints and this allowed the registered manager to monitor these more effectively. The records reflected the three

complaints that had been recorded had been considered and responded to in a timely way and action taken to prevent similar issues arising again.

Is the service well-led?

Our findings

The registered provider was the registered manager and ran the service on a day to day basis

At the previous inspection we issued a breach of regulations because documentation required more detail so the registered manager could evidence they were monitoring and evaluating the service so that improvements were made. At this inspection we found some evidence of monitoring, however, these were not fully used and required embedding into practice. This meant the breach had not been met.

The registered manager had provided us with an overarching action plan following our last inspection, showing action, they would take to address the issue we identified at that time. However, at this inspection, there was continued evidence that shortfalls had not been consistently identified, or where they had, they had not been effectively addressed.

The registered manager did not have effective system to maintain good oversight of some areas of the day to day management of the service. They had not checked that the practice in the recruitment of staff matched the regulations and policy and procedure in place. Therefore, gaps in the pre-employment checks for staff had gone undetected, increasing the risk of unsuitable people being recruited to work with vulnerable people.

Progress with audits and action plans had not been effectively overseen. Although, there was evidence that some day to day care records were being checked by senior staff, audits were not routinely undertaken of all care records, so shortfalls had not been identified. For instance, one person's day to day records about the times they had received their care and whether they had received their medication were not kept appropriately. There was no evidence the shortfalls we saw were identified and addressed, to ensure the person was receiving safe, appropriate care.

This also indicated that some remedial actions included in the action plan sent to us had not been undertaken consistently or effectively. For example, the action plan stated as a good practice measure three references would be obtained for all staff. In the staff files seen, these had not been obtained.

Records of staff training required improvement to reflect staff were both suitable and trained to meet the requirements of their role. We found no clear record of the training staff had received or needed was available. Records available of staff supervision, showed staff had not received regular professional monitoring and support through supervision.

We spoke with the registered manager about these concerns. The registered manager and senior staff team were aware of areas for improvement in audit and governance and had introduced some quality assurance systems. There was evidence some shortfalls were being more effectively identified and improvements were being made. However, these improvements had not been introduced in a timely way and others needed to be embedded into practice.

The registered manager acknowledged that she had failed to have a robust auditing and monitoring system in place to ensure compliance with regulation 17. Following the inspection the registered manager confirmed to us that she had put in place a system for senior staff to audit all aspects of the service. After this check the registered manager said she would be carrying out a sample check of the audits to ensure they were operating effectively.

The evidence above indicates a repeated breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17: Good governance.

Most people and relatives spoken with were complementary about the care provided by staff at the service and how the service was managed. Several people told us they would recommend this service to others. One person said, "I would recommend this service to others. We have had experience of a bad service so we know what both bad and good look like and this is good." Another person told us, "I think the carers are great, but the problem with the service is the management. They don't like it if you tell them the truth. They didn't listen to me when I wanted to change my visit times. It's sorted now but I shouldn't have been spoken to that way."

It is a requirement that providers display their CQC rating prominently both within the service and, if relevant, on their website. We noted the provider's website did not show this. We raised this during the inspection with the registered manager. They told us this would be addressed immediately. Following our inspection, the registered manager confirmed this had been completed.

Some improvement had been made in the way the registered manager monitored and evaluated the quality and effectiveness of the service. For instance, since the last inspection quality surveys had been introduced to gain feedback from people who used the service, their representatives and staff. People were regularly asked about their satisfaction with the service and the registered manager included people's views in their evaluation of the service and identified areas of improvement. All the written feedback we saw from people who used the service and their relatives was positive.

The registered manager had also introduced more regular spot checks for staff. Spot checks are checks undertaken of staff's performance to ensure they are adhering to good practice and are suitably trained and skilled to meet the requirements of their roles. Although, formal supervision was infrequent, most staff spoken with spoke positively about the registered manager and felt supported by them. Staff who felt less supported told us this was because they did not feel they had received adequate training to carry out their role.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider did not ensure that staff receive such appropriate training, professional and supervision as is necessary to enable them to carry out the duties they were employed to perform.</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always ensure effective systems or processes were always in place to assess, monitor and improve the quality and safety of the service provided.</p>

The enforcement action we took:

Warning notice served.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not always operate robust recruitment procedures to ensure staff were suitable to work with vulnerable people.</p>

The enforcement action we took:

Warning notice served.