

Pathways of Hope Ltd

Pathways of Hope

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Pathways of Hope is a service that provides care to people living in their own homes. It is based in Chichester, West Sussex. It is the only service owned by the provider, who is also the registered manager. Not everyone who used the service received the regulated activity of personal care. CQC only inspect 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. At the time of the inspection there were 53 people receiving personal care. Care was provided to children and people with a range of health care conditions which included those living with Dementia, Diabetes, Parkinson's Disease and Multiple Sclerosis. Some people received multiple visits throughout the day. Four people required live-in carers.

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

Staff recruitment was not always safe or robust. Although improvements had been made since the last inspection, we continued to find concerns in relation to the oversight of some staff's recruitment.

We continued to find concerns in relation to some staff's training. Consideration of staff's skills and levels of experience had not always been made before they were deployed to support people with specific needs. For example, not all staff allocated to support people with their medicines had undertaken training or had their competence assessed.

Not enough improvement had been made since the last inspection and we continued to have concerns about the leadership and management of the service. Some quality assurance processes had been introduced to help improve the oversight of people's care, yet most planned improvements had not been implemented to ensure concerns found at the last inspection, had sufficiently improved.

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. Staff's understanding of the actions they should take if people lacked capacity was not always sufficient. We recommended the registered manager sought advice and guidance to improve staff's understanding.

People were provided with care that met their needs. Improvements had been made since the last inspection in relation to managing risks relating to people's health conditions. People told us they felt safe and were reassured by the support staff provided. There were enough staff to meet people's needs and the registered manager had been creative in finding ways to ensure there were enough staff to cover wide geographical areas. For example, they had employed staff to work as drivers to support care staff who did not drive, to attend care calls.

People were protected from the transmission and spread of infection and told us that staff always wore appropriate personal protective equipment that made people feel safe.

People's needs were assessed, and they were involved in discussions about their care. There were further plans to improve the assessment processes and guidance provided to staff to ensure effective delivery of care continued and was consistent. People were supported and able to receive support from external professionals to help maintain their health. People told us they received the correct support from staff and that staff were kind and caring. One person told us, "Staff have helped me to get better. They are only too pleased to be helpful and are very obliging. They've helped me to get my independence back."

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 17 June 2021). The service remains rated Requires Improvement. This service has been rated Requires Improvement for the last two consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of three regulations.

Why we inspected

We previously carried out an announced comprehensive inspection of this service on 27, 28 and 29 April 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in relation to safe care and treatment, staffing, recruitment, and the governance of the service.

We undertook this focused inspection as we have had concerns raised to us since the last inspection in relation to unsafe staff recruitment. We also wanted to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pathways of Hope on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and we will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified continued breaches at this inspection in relation to staffing, recruitment and the leadership and management of the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the registered manager following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the registered manager 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Pathways of Hope

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 undertaken by one Inspector and an Expert by Experience who contacted people and their relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission, who was also the registered provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection and to ensure people were able to give their consent for us to contact them.

Inspection activity started on 13 August 2021 and ended on 23 August 2021. We visited the office location on 13 August 2021.

What we did before the inspection

We used the information the registered manager sent us in the provider information return. This is information we require registered managers and 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 reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people and one relative, four members of care staff and the registered manager. We reviewed a range of records about people's care. This included eight people's care and medication records. We looked at 25 staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate the evidence found and ensure improvements to people's safety were made.



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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the registered manager had failed to ensure staff were recruited safely. 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 registered manager was in continued breach of Regulation 19.

- Safe staff recruitment was not always consistent or embedded in practice. Staff had not always been recruited according to the provider's own recruitment policy. Lessons had not always been learned. There were similar concerns to those found at the last inspection. This increased the potential risk of harm as the registered manager had not fully assured themselves that all staff were safe or suitable.
- The registered manager did not have enough oversight to ensure staff were recruited in a safe way. Pre-employment checks had not always been conducted in a timely way before staff were deployed. There was a lack of assurance that staff were safe, suitable or of good character before being allocated to support people in their own homes. For example, not enough information had been gained in relation to some staff's past employment, gaps in employment, references, proof of identification or qualifications.
- Four staff, one of whom provided live-in care, had started work before the outcome of their Disclosure and Barring Service Checks (DBS) had been received. The registered manager had not fully assured themselves that all staff deployed were safe or suitable whilst waiting for the outcome of their DBS checks. No Adults First checks had been undertaken. DBS and Adults First checks help employers make safer recruitment decisions as they can see information held about prospective staff to provide assurances they are recruiting suitable individuals.
- The registered manager told us they had assessed the potential risks staff posed whilst waiting for their pre-employment checks to be completed. When we requested these however, they showed they had not been devised until we had requested them as part of the inspection. The registered manager had not therefore ensured the staff employed were safe or suitable, prior to them being deployed to work unsupervised in people's own homes. This placed people at increased risk of harm.

The registered manager had not always ensured recruitment procedures were safe. They had not consistently ensured that staff recruited were fit, proper and of good character to help ensure people's safety. This was a continued breach of Regulation 19 (Fit and proper persons employed) of the Health and

- The registered manager had devised a recruitment checklist to help improve the oversight of staff recruitment processes, this had not been implemented in practice. This created prompts to help ensure staff had adequate references, ID checks and other pre-recruitment requirements. The registered manager told us they planned to undertake regular checks of the information held about staff recruitment to help ensure the process was more robust.
- Improvements had been made since the last inspection for some staff employed as drivers. Efforts had been made to ensure most staff had safe and suitable pre-employment checks.
- People told us staff were sometimes late attending their calls yet always ensured they stayed for their full allocated time. There had been a turnover in staff which had sometimes caused difficulties ensuring staff were able to arrive on time for people's calls when working over wide geographical areas. One person told us, "Carers have always turned up for their visit, although often they've been quite late." Staff recruitment was ongoing to increase the numbers of staff available across all areas.
- Staff, people and their relatives told us there were enough staff to cover care calls and our observations of staff rotas confirmed this. People's care calls were monitored via an electronic monitoring system to help provide assurances people received the support they required. Staff's whereabouts could also be monitored. This provided assurances to the registered manager of their safety when they were working alone in the community.
- Staff had undertaken training and had a good awareness of the signs and symptoms of abuse and how to keep people safe. If required, referrals were made to the local authority's safeguarding team.
- People told they felt safe and were fond of the staff. They felt comfortable raising issues to the registered manager if they had concerns about their care. One person told us, "It's very reassuring knowing that carers are coming to see me twice each day. It's good to know that the carers are coming if I have a problem." Another person told us, "They make me feel confident in their company."

Assessing risk, safety monitoring and management; Using medicines safely;

At our last inspection the registered manager had failed to robustly assess and act on risks relating to the health safety and welfare of people. This was because there were risks in relation to medicines management. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the registered manager was no longer in breach of Regulation 12. There was greater focus on people's assessed needs and staff were provided with clearer guidance to ensure people received care that was safe.

- One person was living with Parkinson's disease and was prescribed medicines at specific times to manage the symptoms of their condition. Measures had been taken to ensure staff were aware and call times were set to enable the timely administration of medicines.
- One person who was at increased risk of falls, was prescribed an anti-coagulant medicine. An anti-coagulant medicine can increase a person's risk of bleeding. Risks in relation to this had been considered and staff had been provided with guidance advising them of the risks this posed and any action they should take.
- One person was living with Epilepsy. Staff were provided with guidance about the type of seizures the person might experience. They were advised of the actions they should take which included the duration of seizures and when to seek medical assistance.
- Some people needed support with their mobility and staff had been provided with clear and descriptive

guidance about the equipment needed to assist people safely. The registered manager had considered people's mobility needs when arranging visits and ensured there was a suitable number of staff available to safely meet people's needs.

- People and relatives told us they were assured by the support provided by staff. People were able to continue to maintain their skills and administer their own medicines when safe to do so.

Preventing and controlling infection

- Not all staff wore appropriate personal protective equipment to reduce the transmission and spread of potential infection. Some staff were employed as drivers who supported care staff to travel between people's homes. Staff told us drivers did not wear face masks when travelling in the car with staff. This increased the risk of transmission of potential infection.

We immediately informed the registered manager who provided assurances all staff would be reminded to wear appropriate PPE when traveling in cars together, to help minimise the transmission and spread of potential infection.

- The registered manager ensured there was enough personal protective equipment (PPE) for care staff to use when providing support. People told us staff wore appropriate PPE when providing care.
- During the COVID-19 pandemic, staff had access to regular COVID-19 testing and were supported to self-isolate if required. They followed safe infection, prevention and control practices to minimise people's exposure to COVID-19.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the registered manager had failed to ensure staff were suitably qualified, competent, skilled and experienced. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the registered manager was in continued breach of Regulation 18.

- Staff's skills had not always been considered before being deployed to provide support to people with specific needs. For example, five staff deployed to support people with their medicines, had not undertaken medicines training nor had their competence assessed. Two of these members of staff were deployed to provide live-in care for one person. Another member of staff was deployed to provide overnight care for another person. This increased the risk of medicines errors occurring and people not being provided with safe or consistent support with their medicines.
- Three members of staff, two of whom provided live-in care to people, had not been supported to undertake an induction. The registered manager had not assured themselves of staff's skills or competence before they were deployed to provide support. This increased the risk people might receive unsafe or inconsistent care.

The registered manager had not always ensured staff were skilled and experienced to meet people's needs. This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most staff had undertaken an induction consisting of multiple on-line courses in one day. Staff had access to additional on-line learning relating to people's specific needs, however they had not always completed this. The registered manager had started to undertake spot checks and competence assessments to assure themselves staff had obtained suitable skills to support people appropriately.
- The registered manager had acted to make improvements since the last inspection. Staff were provided with supervision, providing an opportunity to discuss their practice and development. New staff had been invited into the office to be shown the care systems they needed to use. Some staff had been supported to work towards Diplomas in health and social care. Staff told us they felt supported and able to contact the registered manager if they had any queries or concerns.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

At our last inspection, we recommended the registered manager sought advice and guidance from a reputable source to ensure there were effective systems to assess, plan and meet people's needs.

- The registered manager had sourced new systems to improve the assessment of people's needs, yet these had not yet been implemented. They informed us once all people were transferred onto the new care planning system, they were confident the guidance provided to staff to meet people's needs, would be further improved.
- People's needs had been considered and assessed. Staff were aware of people's requirements as the electronic systems accessed by them had been set up with tasks advising them of what the person needed support with.
- One person had recently experienced a bereavement. The person's social and emotional needs had been considered and staff were advised of their bereavement and of the support the person might require whilst they were grieving.
- People were supported to maintain their health and staff worked with external professionals to ensure, when needed, people had access to healthcare services. One person told us how much staff had helped their health condition to improve following an operation. They told us, "Staff do a good job of looking after me. I had an operation and they've been with me since then. I can do a lot more for myself now and the carers have helped me to do that. They've helped me to get better."

Ensuring consent to care and treatment in line with law and guidance

At our last inspection, we recommended the registered manager sought guidance from a reputable source to ensure staff had a sound awareness of what to do if a person was unable to give their consent.

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.

- Guidance had not been sought in relation to the MCA since the last inspection. Staff had not undertaken training on the MCA, and although they told us they would involve people in decisions affecting their care, they were not aware of what action they should take if people lacked understanding to consent to some aspects of their care.
- One person's capacity had been assessed, yet this did not fully comply with the MCA as the assessment was not decision specific. This demonstrated a lack of understanding that any assessments of capacity should relate to specific decisions about people's care and should not be generic.

We recommend the registered manager seeks advice and guidance to ensure staff have an awareness of MCA and the impact this has on decisions relating to people's care.

The registered manager told us they were aware they had not followed the recommendation made at the last inspection. They explained that although they had planned to implement this, due to staffing issues they had to prioritise other areas of care provision that required more urgent improvement. They provided assurances they would seek advice and guidance to improve staff's awareness of MCA.

- People told us they were involved in day-to-day decisions affecting their care and that staff always gained their consent before offering support. A relative told us, "The carers always talk to my relative and tell them what they are going to do before they do it." One person told us, "Carers help me, and they do it so nicely. They chat to me while they are doing it and put me at ease."

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

- People's nutrition and hydration needs had been considered when planning and providing their care. Staff had been provided with guidance advising them about encouraging fluid intake when people were at risk of dehydration.
- People were supported to choose food they enjoyed eating. Staff prepared food and drink to meet people's preferences. People told us they were happy with the support staff provided.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

At our last inspection the registered manager had failed to ensure effective oversight of people's care and staff's actions. There was ineffective leadership and management of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the registered manager was in continued breach of Regulation 17.

- The registered manager had submitted action plans for each of the breaches of Regulations found at the last inspection. These provided assurances of their planned actions to make improvements and ensure compliance. We found these had not always been implemented and not all previous breaches of Regulations were met.
- Planned actions to improve oversight had not been made. For example, the registered manager told us they planned to undertake monthly quality audits of staff's recruitment files to ensure the process was robust. This had not been undertaken and although improved, we continued to find concerns in relation to unsafe staff recruitment.
- Systems and processes were not always effective to enable the registered manager to have enough oversight. Information about staff's pre-employment checks and employment history was not well-maintained. The systems operated did not enable the registered manager to easily access information to provide assurances of safe staff recruitment.
- Quality assurance systems were not always effective. It had not been identified that some staff were not being recruited safely nor that staff had not always received appropriate training to meet people's specific needs before being deployed.
- Recommendations made at the last inspection had not always been acted upon to ensure improvements were made. For example, we recommended the registered manager sought advice and guidance for staff about MCA. This had not been acted upon and staff continued to demonstrate a lack of understanding

about assessing people's capacity to make specific decisions.

- The registered manager had not always been open and transparent. When we asked for assurances relating to some staff's recruitment these could not be provided at the site visit. When concerns were found, we requested evidence of an assessment of risk for each member of staff. The registered manager advised us these had been in place at the start of staff's employment, however, records showed these had not been created until we had requested them.
- The registered manager had failed to make enough improvements since the last inspection. The service has now been rated as Requires Improvement at the last two consecutive inspections. There have been continued breaches of Regulations 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at the last two consecutive inspections.

The registered manager had not ensured they assessed, monitored and operated the service to minimise risk or continually improve the service provided. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us there had been a turnover in office staff which had affected their ability to implement all their planned improvements. They provided assurances that staff had now been recruited to ensure the planned improvements could be made and embedded in practice.

- Some quality assurance systems had been introduced since the last inspection and were still being fully embedded in practice. Audits had been conducted which identified that staff were not always taking appropriate action when documenting issues relating to people's care. Staff had been reminded of the importance of reporting concerns and issues to the office to ensure appropriate actions were taken in a timely way.
- Improvements had been made to some people's care records since the last inspection. Staff had been provided with better quality information to help them meet people's needs. The registered manager had plans to further improve the quality of care provided to people. They had sourced new care planning systems to improve the guidance provided to staff about people's needs.
- The registered manager had informed us when there were incidents or concerns relating to people's care. This helped us to have oversight to ensure appropriate actions had been taken. People and relatives told us they were confident that issues and concerns would be discussed and shared by the registered manager.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People and relatives told us they were involved in decisions affecting people's care. They told us they were able to contact the registered manager if they had any concerns or queries and our observations confirmed this. We observed staff communicating with people who contacted them with queries about their care packages. One person told us, "I know [registered manager] and have spoken to them on many occasions. We did the assessment together when the carers started here. We agreed what support I needed and that's what they do."
- People were treated equally and with respect. The registered manager had worked with external professionals to help ensure people's differing needs were met. For example, one person was living with physical disabilities. Partnership working had helped them access equipment to help them maintain their mobility and independence.
- Staff told us the registered manager was always available to respond to any support they might require.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 (1) (a) (b) (2) (a) (c) (3) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.</p> <p>The registered person had not ensured persons employed for the purposes of carrying on a regulated activity were of good character or had the qualifications, competence, skills and experience which were necessary for the work to be performed by them.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.</p> <p>The registered person had not ensured that there were:</p> <p>Sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed.</p> <p>That staff had received appropriate support, training professional development, supervision and appraisal as was 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>Regulation 17 (1) (2) (a) (b) (c) (d) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p> <p>The registered person had not ensured that systems and processes were established and operated effectively to:</p> <p>Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>Maintain securely such other records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity and in the management of the regulated activity.</p> <p>Seek and act on feedback from relevant persons in the carrying on of the regulated activity for the purposes of continually evaluating and improving such services.</p>

Evaluate and improve their practice in respect of the processing of the information.

The enforcement action we took:

We issued a Warning Notice to the registered provider and they are required to become compliant with Regulation 17 by 5 November 2021.