

# Greenwich Association of Disabled People

## Greenwich Association of Disabled People

### Inspection report

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



### Overall summary

This inspection took place on 11 March 2015 and was announced. At the last inspection on 18 and 23 June 2014 we found the service was meeting all the regulations we looked at.

Greenwich Association of Disabled People (GAD) specialises in providing personal care and support for people with a range of physical and learning disabilities and mental health needs. It was set up as a centre

offering a range of service to enable deaf and disabled people to be more independent through a range of services and support programmes. The service supported 85 people in their own homes at the time of the inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

Risks were not managed well as risk assessments and care plans were not always in place in relation to all risks to people.

Medicines management was unsafe due to the recording and auditing systems in place. The system for recording medicine administration was error-prone, and omissions in recording were not always identified by office staff and investigated.

Recruitment systems were unsafe as they did not ensure a full employment history was taken for personal assistants (PAs) and that gaps in their employment histories were explored. In addition, the agency did not routinely collect evidence that people had the right to work in the UK and we found three PA files lacked this evidence.

There were enough PAs employed to support people using the service.

People felt safe and PAs had a good knowledge of how to recognise and report abuse. However, they had not all received recent training in this. In addition, the risks of financial abuse to people were not being managed well due to a lack of risk assessment and auditing systems.

People were at risk because PAs were not well supported through a system of supervision, appraisal and training to carry out their roles. Most PAs did not understand their responsibilities under the Mental Capacity Act 2005 and most had not received training in this. The Mental Capacity Act 2005 is in place for people who are not able to make some or all decisions for themselves.

People were positive about the PAs providing care and support to them and found them kind and caring. People were supported to access social activities and advocacy service.

PAs knew people's preferences through working with them for periods of time but these were not always recorded. Although people told us they were involved in planning their care, their views were also not always recorded in their care documentation. This meant PAs did not always have this information to refer to in guiding them in supporting people appropriately.

People were supported appropriately in relation to food and drink and their day to day health needs were met. The agency supported people to access social activities and advocacy service, and were encouraged to participate in campaigns to promote the rights of disabled people.

People had confidence any complaints they made would be responded to appropriately. However, the action taken in response to complaints was not always recorded.

People and PAs were involved in running the service, including being involved in overseeing the service on the board of trustees' sub-committee and on interview panels. The service regularly sought the views of people using the service and PAs through questionnaires and they felt listened to.

The service was not well-led. The manager did not protect people from the risks of inaccurate records in respect of people and medicines management.

We found a number of breaches during this inspection and found the provider's quality monitoring systems were ineffective as they had not identified the issues we found.

The registered manager's role was more strategic than operational and they were managing several other services for GAD besides the registered service, limiting the amount of time they could devote to the registered service. In addition, the number of breaches we found indicated they were not managing the service well and did not have a good understanding of their role as the registered manager.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe. People were at risk of harm from poor risk assessment processes. People did not have risk assessments in place in relation to all identified risks to them.

The risks of financial abuse were not being well managed due to a lack of risk assessing and auditing of financial transactions. However, staff had a good understanding of the signs people may be being abused and how to report it.

The recording systems personal assistants used for medicines administration were error prone and auditing processes were insufficient in identifying when mistakes were made so they could be investigated.

Recruitment was unsafe as a full employment history was not always explored and evidence of the right to work in the UK was not routinely taken.

There were enough personal assistants employed to support people using the service.

Inadequate



### Is the service effective?

The service was not always effective. People were at risk from PAs who were not well supported through a system of supervision, appraisal and training to carry out their roles.

Personal assistants lacked understanding of the importance of obtaining consent under the Mental Capacity Act 2005 and most had not received training in this.

People received the necessary support in relation to eating and drinking and their day to day health needs were met.

Requires improvement



### Is the service caring?

The service was caring. People were involved in planning their own care and felt listened to. They were supported to access advocacy services. GAD had a campaigns group and people were encouraged to get involved in campaigning to promote the rights of disabled people.

Good



### Is the service responsive?

The service was not always responsive. Although people told us staff understood them and their likes and dislikes, this information was not recorded. People's care documentation was reviewed and people were involved in the process. However, the reviews did not ensure support plans were in place for all areas of need. People were provided with information about how to complain but records relating to how complaints were managed were not always clear.

Requires improvement



# Summary of findings

## Is the service well-led?

The service was not well-led. The service was not audited appropriately to ensure compliance with health and social care legislation. Accurate records were not kept in respect of people or medicines administration. The number of breaches we found indicated the registered manager did not have a good understanding of their responsibilities.

The organisation was led by people using the service on the board of trustees or their subcommittee. Staff also felt listened to and involved in running the service.

**Inadequate**



# Greenwich Association of Disabled People

## 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 11 March 2015 and was announced. The provider was given 48 hours' notice to ensure that someone would be available to assist our inspection. It was undertaken by a single inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this, as well as other information we held about the service and the provider.

During the inspection we spoke with five people using the service, two relatives and six personal assistants (or 'PAs', the staff providing care and support to people). We also spoke with the chief executive officer (CEO), a field supervisor, a team leader, a senior advocate and an administrator, a Greenwich Association of Disabled People (GAD) ambassador who leads on the organisations disability campaigns and a trustee. We looked at five people's care records, five staff recruitment files and supervision records for 36 staff, as well as records relating to the management of the service.

# Is the service safe?

## Our findings

People had basic risk assessments carried out in relation to their home environment, moving and handling and medicines administration, although these were not always fully completed. In addition, there were no other risk assessments carried out by Greenwich Association of Disabled People (GAD) even when people had other identified needs such as diabetes, epilepsy, pressure ulcer risk, pain management and risk of social isolation. Although information relating to these risks was sometimes available in risk assessments and care plans carried out by social services, these were not always up to date. In addition we could not confirm these social services documents were always available in people's homes for personal assistants (PAs) to review. PAs carried out financial transactions, purchasing items on behalf of some people. However, risk assessments were not always in place in relation to this.

For one person information relating to their needs around epilepsy, pain and social support was only described in a social services care plan from 2011, not in any GAD risk assessment or care plan. This person also did not have any GAD care or support plan in place at all. People told us staff knew how to carry out tasks such as transferring and one relative told us, "[The PAs] are all trained in hoisting, if we get a new device they won't use it until professionals have trained them." However, the risk assessments in place for moving and handling did not always describe how to carry out tasks for PAs to refer to in fully understanding how to transfer people safely. This meant that people who used the service were at risk of receiving inappropriate or unsafe care and support. These issues were in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person told us, "PAs never forget my meds." A relative told us that in the last year a PA had made an error administering medicines, but it was picked up by the next PA who sought medical advice. They told us how the branch PAs took the matter seriously and investigated, dealing with it to their satisfaction. However we found that medicines were not managed safely.

The way in which medicines administered to people were recorded were unsafe. PAs completed charts for some

people each time medicines were administered with the name, dosage and quantity of the medicines and the date and time they were taken. However, this information was copied down each time medicines were given, which could increase the risk of errors due to incorrect replication. For one person records were not made of each medicine administered, with PAs writing only a note to indicate they had administered medicines from a dosset box. These issues were not being picked up as part of a system to assess and monitor the service.

Of the five PAs we spoke with who administered medicines, none had not been assessed as competent to administer medicines. When reviewing records we also did not find records of competency checks being completed on PAs files. For one PA we could find no evidence they had completed any medicines training, although they had been working for the provider for almost nine years. Several PAs last received medicines training several years previously. When we spoke with PAs two told us they had received no formal training in medicines administration from GAD and had only shadowed other PAs to learn how to administer correctly. This meant people were at potential risk associated with the unsafe use and management of medicines. These issues were not being picked up as part of a system to assess and monitor the service.

These issues were in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment practices were unsafe in checking PAs were suitable to work with people. We checked five PAs folders and for three did not contain evidence of their right to work in the UK. We asked the provider to provide us evidence of these documents after the inspection and we received satisfactory evidence for two staff but not for the third. We referred this to the UK Border Agency. For two PAs a full employment history had not been sought, with any gaps in employment explored, which is required by law. These issues were in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An audit by the local authority in November 2014 identified some PAs' files did not contain references. However, GAD

## Is the service safe?

had taken action in respect of this. Checks of PAs' identification, references, criminal records checks and health conditions were consistent. People using the service, office staff and PAs told us there were enough PAs to meet people's needs.

One person told us, "I feel safe, the PAs know what they are doing." Another person said, "The PAs are very trustworthy." However, we identified that the potential for financial abuse was not being appropriately assessed and monitored. While systems were in place for PAs to record financial transactions they carried out on behalf of people, systems were not in place for office staff to audit these transactions to identify any concerns or potential safeguarding issues.

Records showed not all PAs had received training in safeguarding adults, although the CEO told us the records of PAs training were inaccurate. We asked for, but were not provided, evidence that three of the five PAs we checked had received this training. However, PAs we spoke with were aware of the signs and symptoms of potential abuse and how to report any concerns. All PAs we spoke with confirmed they had received safeguarding training. Office staff received advanced safeguarding training and knew how to respond appropriately to allegations of abuse, including reporting to, and working with, the local authority safeguarding teams. When allegations of abuse had been made against PAs the agency had acted appropriately in preventing them from working with people pending investigation, and taking the necessary disciplinary action against them when necessary.



# Is the service effective?

## Our findings

People were at risk from unsafe care from personal assistants (PAs) who were not always supported or trained well to carry out their roles. PAs did not have frequent supervision where they were able to discuss their responsibilities, receive feedback on the standard of their work and discuss training needs. We checked supervision records for 36 PAs and found supervision had not been provided regularly. For example, 22 PAs had only received one supervision in the last 12 months. We also checked appraisal records for five PAs and found one had not received an appraisal at all during their four years with the organisation. We checked the supervision policy and noted this did not contain any guidance as to how often PAs should have supervision, and there was no policy on appraisals. This lack of frequent supervision and appraisal meant PAs were not supported effectively to provide care to people.

We checked training records for five PAs and found significant gaps. Records showed PAs received refresher training at inconsistent frequencies. We asked for, but did not receive, a policy to clarify how often PAs should receive training in each topic relevant to their work. Several PAs had not received refresher training in a number of topics for several years. For example, four PAs had not received moving and handling training for over a year and half, and one PA had not received this training for over seven years. Three PAs had not received any infection control training, and two others had not received this training in over five years. We also found there was no effective system to alert managers to when PAs required refresher training.

These issues were in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, PAs told us the training they received was good and helped them in their role. Several were being supported to achieve diplomas in Health and Social Care including the registered manager. They recently achieved level 5 diploma in managing health and social care for children and young people and the CEO who was completing a diploma at the same level.

People's mental capacity to make specific decisions was not being assessed in line with the MCA 2005. Of the five PAs' records we checked, four had not received training in the Mental Capacity Act 2005 (MCA). Most PAs we spoke with were unsure of what the MCA was and how it applied to their role. Care plans did not show whether people's mental capacity had been assessed. We asked for, but did not receive, a policy on the Mental Capacity Act to guide PAs. Some support plans and risk assessments had been signed by people's relatives. However, there were no mental capacity assessments to show the provider was acting in accordance with the person's wishes or in their best interest. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service told us PAs knew their needs and how they preferred their care to be given. Most people told us they had received support from the same PAs for some time, which meant there was consistency in the support they received and good opportunity for PAs to get to know the people they were working with well. One person told us, "They understand me." Another person told us, "I've had the same PA for years now. [They] know all about me." A third person told us, "They know about my disability and what I can and can't do." PAs confirmed they were provided with people's care documents before they met with them to understand their needs better, and office staff would also give them information verbally and they could ask any questions.

People who spoke with told us PAs were aware of their food preferences and respected their choices. One person told us, "[My relative] buys it and my PA cooks it. It tastes alright." A relative told us, "They always ask [my family member] what [they] want to eat." A PA told us how they would ask the person they worked with what they wanted to eat and then would go shopping to purchase it for them, at their request. PAs also knew to report any concerns related to people's eating and drinking to the office staff so they could put the necessary support in place.

People told us PAs supported them with their day to day health needs. One person told us, "They understand my health needs." PAs told us how they supported some people to attend their health appointments and had arranged for people's GPs to visit when they had been



## Is the service effective?

concerned about them. However, how people should be supported with their specific health needs was not always documented clearly in their support plans. This meant PAs did not always have clear guidance to refer to ensure they supported people appropriately.

# Is the service caring?

## Our findings

People made positive comments about the PAs who supported them. One person told us, “My PA is very kind, caring and very reliant.” A third person said, “I couldn’t wish for better. They are very good and do anything you want them to do.” People told us if their PAs were running late the office staff would call them and let them know, but usually they were on time, and that they stayed for as long as they were supposed to. People also told us PAs treated them in a respectful way and respected their dignity. One person told us, “My PAs are very courteous, polite and respectful. Everything is how I want it to be.”

The agency tried to match people using the service with PAs as far as possible. For example, if a person used sign language, the agency tried to match them with PAs who could meet their communication needs. The PA who the agency selected to provide support was invited to take part in the pre-assessment meeting. This was partly so the person could see if they would get on with the PA. In addition, this meeting was to clarify what care and support the person required and to check they could meet their needs. One person told us, “I got to meet the PA and see what they were like before they started supporting me.” People also told us the agency provided them with enough information to allow them to understand what the agency could offer them, through discussion and information packs.

People told us they were involved in planning their own care. One person told us, “During my home visit [before my care started] we talked about what I wanted to have done, that sort of thing.” They felt listened to and that their views were acted upon. One person said, “I feel listened to and they have gone along with changes I’ve asked for over time.” Another person confirmed GAD had been flexible in making changes they had requested.

Greenwich Association of Disabled People (GAD) provided an advocacy service to help disabled people access the same rights as non-disabled people. People told us they were aware of this service. The GAD advocate explained how their service was available for all people using the service and they helped people make decisions about their lives, living independently, education and employment, healthcare and inclusion in society.

GAD also campaigned on a range of issues facing disabled people. A GAD ambassador told us GAD had set up a campaigns group of volunteers. They held meetings and recent campaigns focused on disability hate crime, mobility cuts to care and closure of services. They explained how people using the service were encouraged to participate in campaigns.

People we spoke with told us their PAs supported them exactly as they wanted. They said PAs knew the things they could and could not do for themselves and did not do “too much” for them, and in this way supported them to be as independent as they could be.

# Is the service responsive?

## Our findings

People told us the agency asked them how they preferred their care to be delivered and their likes and dislikes during their pre-assessment. One person told us, “I was happy with the questions they asked to get to know me.” However, this information was not always recorded in care documentation. This meant PAs would not always be able to refer to this information to understand the best ways to support people. These issues were in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the CEO told us they planned to introduce a new format for care planning to include this information, and would provide training on how to ensure this information was gathered and clearly recorded to office staff.

Although this information was not always recorded, people felt PAs understood them and knew their backgrounds and preferences. One person told us, “My PA has supported me for a long time. [They] understand my likes and dislikes well.” Our discussions with PAs also showed they knew the people they were supporting well. PAs confirmed they usually worked with people for long periods and got to know this information about them over time.

Basic information about what support people required was recorded in a ‘job profile’ for PAs. However, these did not always contain sufficient information to guide PAs appropriately and the necessary information was not always available elsewhere. The job profiles did not contain all information about their needs, in accordance with the needs identified by social services.

People confirmed they were involved in the reviewing their care documentation. One person said, “PAs from the office call by every year for a review and they ask me questions about what I want.”

People were supported to follow their interests and take part in social activities. One person told us, “I have been invited to coffee mornings.” Other people confirmed they had been too, and had also been invited to parties to celebrate events such as Christmas. A PA told us how they regularly supported a person to go swimming, which the person enjoyed. GAD offered a range of services to support people have a better quality of life. These included supporting people to get jobs, with jobs clubs and employability training and opportunities for voluntary work within GAD; weekly group exercise sessions for people with limited mobility; social groups including a dementia café and providing independent support to families. GAD also worked with other disability focused organisations on a project named “Into Sport” to tackle barriers disabled people face in accessing sport, and support disabled people to view sport and physical activity as a relevant lifestyle choice.

People were provided with information about how to complain in an information pack they were provided with when they began using the service. One relative told us, “If I have any concerns I call GAD and they sort it out.” They told us they had complained to GAD in the last year and GAD had dealt with it to their satisfaction. Another person told us, “I have a folder with policies and procedures in it, including complaints. I know how to complain.” A third person told us they had never had to complain but were “confident [the service] would respond” if they had reason to. Complaints received by GAD were recorded electronically. However, there were not always clear records showing the way complaints were handled and the outcomes for people.

# Is the service well-led?

## Our findings

The service was not well-led. The manager did not have effective quality assurance processes in place to assess, monitor and improve the quality of the service people received. Systems for checking people received medicines as prescribed were inadequate. PAs brought medicines administration records (MAR) into the office irregularly, often only every six months or more. Recent MAR were not available in the office for several people for us to audit. For one person we checked MAR for two weeks and found six days when there were no records of them receiving a morning medicine. The field supervisor told us they had audited these sheets. However, these errors had not been picked up. They told us they checked through MAR at random, but there was no record of these audits. These issues were not being picked up as part of a system to assess and monitor the service.

When we checked care plans and risk assessments we saw they had been reviewed in the past year. However, these reviews had not provided up to date information about people's wishes and had not ensured that care plans and risk assessments were comprehensive, and in place, in all areas of need.

We were provided with a GAD 'Quality Manual' when we requested the service's policy on quality assurance. This was a detailed document which gave an overview of quality processes for the organisation as a whole and in line with a quality management standard (ISO 9001) the organisation recently achieved. The policy gave no practical guidance on auditing areas such as personal assistants (PAs) files, medicines management, care plans and risk assessments, financial transactions, mental capacity act compliance, PAs training, supervision and appraisal. During our inspection we found that audits in these areas were either not taking place or were ineffective in assessing and monitoring the service.

These issues were in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service did not maintain accurate and complete records of people and other records relating to staff. Care plans did not include people's preferences, where and

when they liked to eat and any additional support they required. This meant PAs did not have information available to refer to if people were unable to express their needs clearly.

Care plans did not always document how PAs should support people to be as independent as they wanted to be. This meant PAs did not always have written guidance as to how to encourage people to do as much as they could for themselves to allow them to retain some control and independence.

These issues were in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had been registered since August 2014 and did not come from a background related to managing registered care services. Our findings indicated people were at risk from the service being managed by a registered manager who did not have a good understanding of their responsibilities under the Health and Social Care Act 2008. We identified a number of breaches of legal requirements. In addition, people using the service and PAs were not all aware who the registered manager was and few had had contact with him. One person told us, "I don't know who the manager is, I haven't heard from them." Several PAs incorrectly referred to the CEO as the manager and were not sure of the role the registered manager played in the service.

During our inspection we were also unable to evidence the role they played in managing the registered service. Minutes of a recent board highlighted their focus on securing partnerships, referrals, completing proposals for funding, developing networks and involvement in projects to improve people's employability, as well as overseeing a young people's service. The minutes also reflected the registered manager's directly saying they were struggling to find time to commit to all their responsibilities. These issues meant the service lacked strong, visible management and leadership from the registered manager.

However, overall oversight of the organisation as a whole was provided by the board of trustees. The trustees were unpaid volunteers with various relevant skills. A sub-committee supported the board of trustees and a proportion of them were people using the service, so in this

## Is the service well-led?

way the service was user-led. Both groups met regularly to discuss issues relating to all services provided by GAD, including the registered service. Recent topics discussed by the sub-committee included safeguarding, HR issues, tender updates and coffee mornings.

GAD had a clear ethos to empower every person no matter what their disability. Their mission was to be a force for positive change in society's perception of disabled people, to support human rights for all disabled people and to be a source of empowerment for disabled people living, working or studying in the Royal Borough of Greenwich. PAs were aware of the ethos and mission statement and were committed to empowering the people they supported.

People were involved in developing the service. People were included in interview panels for new PAs and office staff, as well as trustees and/ or sub-committee members. Their views of their service were captured in various ways. At least once a year a member of office staff visited them to

ask their views on the service and these were recorded. This was in addition to the bi-annual questionnaires. People were also asked to complete a questionnaire about each PA who worked with them. The service reviewed this information and addressed issues which were raised. In addition twice a year the agency sent out questionnaires to people using the service and PAs to gather their views of the service overall. Summaries and action plans were created based on the findings. The most recent summary of the questionnaire for people using the service showed most people rated the service they received 'good'. Most people said if they needed to alter the duties of their PA they felt confident changes would be made.

PAs were also involved in developing the service. This was through annual questionnaires and occasional group meetings held in people's houses involving all people providing support to that person. PAs told us they felt listened to, involved and respected by the agency.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person did not ensure the service acted in accordance with the Mental Capacity Act 2005 when people lacked capacity to consent.

Regulation 11(3)

### Regulated activity

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not ensure care was provided to people safely through assessing the risks to their health and safety.

Regulation 12(1)(2)(a)

### Regulated activity

Personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff did not receive appropriate training, supervision and appraisal to enable them to carry out their duties.

Regulation 18 (2)(a)

### Regulated activity

Personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Recruitment procedures were not established and did not operate effectively to ensure staff had the necessary experience for the work and the information specified in schedule 3 was available in relation to all staff.

Regulation 19 (1)(b)(2)(a)(3)(a)

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not ensure the service: assessed, monitored and improved the quality and safety of the services and risks relating to the health, safety and welfare of people, including mitigating these risks. The registered person did not maintain an accurate, complete and contemporaneous record in respect of each person.</p> <p>Regulation 17(1)(2)(a)(b)(c)</p>