

Care Preference Ltd

Care Preference Limited

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Inadequate



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

Care Preference provides personal care and 24 hour support to people in their own homes, many of whom suffer from conditions such as neuro muscular disorders and other various physical disabilities. The people who use the service are mainly young adults. The office is located in Salford Quays, Greater Manchester.

We carried out our inspection of Care Preference on 28 September 2015. At the previous inspection in September 2013, we found the service was meeting each of the standards assessed.

There was a registered manager in post. 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.

Summary of findings

During the inspection we found three breaches of regulation with regards to Fit and Proper Person Employed, Good Governance and Staffing. We are currently considering our enforcement options in relation to these breaches.

We checked to see if staff who were employed by Care Preference had been recruited safely and looked at nine staff recruitment records. Of the nine files we looked at, four of them did not have appropriate Disclosure Barring Service (DBS) checks in place. Another two of the files contained DBS checks that had been received after staff had commenced employment. We also found that eight of these members of staff did not have two references in place before they commenced employment. The recruitment policy and procedure stated that new recruits must have a DBS check and two references in place before they could start working with vulnerable people. This is a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to fit and proper persons employed.

We checked to see what training staff had available to them to support them in their role. We did not see any evidence that staff were trained in subjects such as safeguarding, infection control, moving and handling or health and safety. The manager said that when new staff started they were asked to read various policies and procedures, but that no formal training was provided as part of their initial induction or on going development. The manager also said that they undertook 'Competency' assessments to ensure that staff had the correct skills to undertake their role. However, we were not shown evidence that these competency checks were undertaken on a regular basis, for each member of staff. This is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to Staffing.

We asked the manager what Governance Systems were in place to ensure the quality of service was being monitored effectively. We were told that 'Pop Ins' and 'Competency Checks' were undertaken to ensure that staff were working to a high standard and that things were being done correctly. We were unable to see that

these checks were undertaken on a regular basis for each member of staff. The manager said these had been the responsibility of a previous member of staff who had now left the company.

The manager said that no other formal auditing processes were in place to ensure good governance, which would cover areas such as staff recruitment, medication, staff training and infection control. This meant that if there were concerns in these areas, the manager would be unaware, because regular quality assurance checks were not being undertaken. This was a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to Good Governance.

People who used the service were central to the recruitment process and were able to state if they were comfortable with certain members of staff looking after them before staff were employed.

The people we spoke with told us they felt safe as a result of the support they received from staff at Care Preference.

People said they received their medication at times they needed them, which gave them an increased feeling of safety as a result.

We looked at how the service managed risk. We found individual risk assessments had been completed for each person and recorded in their support plan. There were detailed management strategies to provide staff with guidance on how to safely manage risks and also ensure people's independence, rights and lifestyle choices were respected.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. Each person who used the service had their own rota in place which identified which staff would be supporting them on each day. The people we spoke with said there were sufficient staff available to support them. Additionally, they told us that the 'on call' arrangement made them feel safe, knowing that other staff would be available to provide their care at short notice.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS)

Summary of findings

provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. At the time of the inspection, there was nobody using the service who was subject to a Deprivation of Liberty Safeguards.

Staff who worked for Care Preference were required to provide support to people in order to ensure they received proper nutrition. Some of the people we spoke with said they were unable to prepare their own food, but

that they were given the opportunity to go to local shops and chose the kinds of food they liked. They also said they could be present in the kitchen during food preparation, to ensure the food was cooked to their liking.

There was a complaints procedure in place. We looked at the complaints log and saw complaints had been responded to appropriately, with a response given to the individual complainant.

The staff we spoke with were positive about the leadership of the service.

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?

Not all aspects of the service were safe. This was because appropriate recruitment checks were not in place before staff began working with vulnerable adults.

People who used the service said they felt safe as a result of the support they received from Care Preference.

There were sufficient numbers of staff to look after people, with 'On call' arrangements in place to cover any shortfalls or staff absence.

Requires improvement



Is the service effective?

Not all aspects of the service were effective. This was because the staff induction and training was limited to reading policies and procedures and observing existing members of staff.

The manager said that staff training was competency based, although we could not see consistent records to show these checks were undertaken.

We were told that staff received a 'Three month review' / Supervision to ensure there were opportunities for them to discuss their work and report concerns where necessary. However, we found inconsistencies with these records and could not see these had been completed for each member of staff.

Inadequate



Is the service caring?

The service was caring. We received positive comments about the care and support people received from staff at Care Preference.

People said that they had developed good relationships with the staff who supported them and thought of them as friends.

People said that staff treated them with Dignity and Respect and that staff tried to promote their independence wherever possible.

Good



Is the service responsive?

The service was responsive. We saw people who used the service had access to a range of services such as SALT and Dieticians and were referred to these agencies when required.

People had detailed support plans in place which provided information about the kinds of support they required as well as any social interest they had or aspirations they had for the future.

There was a complaints process in place and we saw appropriate responses were provided to people who had complained.

Good



Summary of findings

Is the service well-led?

Not all aspects of the service were well-led. The manager told us there was no formal auditing process undertaken at service, We were told that the quality of service was monitored via 'Pop Ins' and Competency checks, but we could not see that they had taken place for all staff.

There was no system in place to ensure that staff were recruited safely and had access to a robust induction and relevant training. These were areas where we had found shortfalls during the inspection.

The staff we spoke with felt the service was well managed and were supported to undertake their work.

Requires improvement



Care Preference Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 28 September 2015. The inspection was carried out by one adult social care inspector from the Care Quality Commission.

This inspection was announced on the Friday 25 September to ensure that the manager would be available at the office to support the inspection and provide us with any information that we needed.

Prior to the inspection, we reviewed information we held about the service in the form of notifications received from the service. We also made contact with professionals from the local authority around the time of our inspection to seek their feedback about the service.

At the time of the inspection, there were 14 people receiving services from Care Preference. During the inspection we spoke with four people who used the service, six members of staff and the registered manager. We also spoke with two family members of people who received care and support. We spent a day at the head office looking through various documentation such as support plans, staff personnel files and policies and procedures. We also spent a day contacting staff and people who used the service to seek their feedback about how the service operated.

Is the service safe?

Our findings

We spoke with four people who used the service who told us they felt safe as a result of the support they received from staff. One person said to us; “I totally feel safe. I used to have big issues with this previously, but this is no longer the case with Care Preference”. Another person said to us; “It is re-assuring knowing that somebody is there looking out for you”. A further person added; “This was a problem with a previous company I used and I really did not feel safe. Now I know there is somebody there for me who I can trust”.

The family members we spoke with also felt their relatives were safe as a result of the support they received. One relative said; “I have no worries whatsoever about my son being safe. We would change companies if that was the case, but we don’t need to”. Another relative told us; “My son isn’t very street wise sometimes when he is out in the community. The staff go with him though and always see that he crosses the road safely and gets to where he needs to go”.

We discussed safeguarding procedures with the staff we spoke with during the inspection and asked how they would recognise the signs of any potential abuse taking place. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. One member of staff said; “I have not needed to report any Safeguarding incidents so far. I would keep an eye out for bruising or if people were becoming reclusive all of a sudden”. Another member of staff said; “I think I would use my common sense. In this job you get to know people well and what their personalities are like. Bruising is an obvious one or if they were unusually quiet”. A third member of staff added; “I’m well aware that certain people try to take advantage of others and it is our job to not let that happen”.

We checked to see if staff who were employed by Care Preference had been recruited safely and looked at nine staff recruitment records. Of the nine files we looked at, four of them did not have appropriate Disclosure Barring Service (DBS) checks in place. Another two of the files contained DBS checks that had been received after staff had commenced employment. We also found that eight of these members of staff did not have two references in place before they commenced employment. The recruitment policy and procedure stated that new recruits must have a DBS check and two references in place before they could

start working with vulnerable people. The manager told us they had prioritised getting staff in post to provide care before ensuring that appropriate checks had been undertaken first. We were shown a matrix, which highlighted staff who did not have appropriate DBS checks and references in place, however we saw no evidence these had been followed up.

We found the registered person had not protected people against the risk of associated with employing fit and proper persons. This is a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to fit and proper persons employed.

We looked at how the service ensured there were sufficient numbers of staff to meet people’s needs and keep them safe. Each person who used the service had their own rota in place, which identified which staff would be supporting them on each day. The people we spoke with said there were sufficient staff available to support them. Additionally, they told us that the ‘on call’ arrangement made them feel safe, knowing that other staff would be available to provide their care at short notice. One person said to us; “There really are enough staff. The on call arrangements are fantastic and at short notice as well”. Another person said; “I would say there are enough staff. If certain staff are unavailable then cover is provided. They always let me know in advance and that is important to me”.

We looked at how the service managed people’s medicines and found the arrangements were

safe. At the time of our inspection, not all of the people who used the service received support with the administration of their medication. Those that did used 28 day prescriptions, which were repeated each month enabling staff and people who used the service to collect the medication together from the pharmacy. The people we spoke with told us they had no problems or concerns with the administration of their medication and received it at the times they needed it. One person said to us; “Thankfully I can physically still take my medication by myself. I always get them at the times I need them and I know the staff keep an accurate record and keep track of what it going on”. Another person said; “I would definitely say I get them at the times I need them. I know when I need them myself, but knowing staff are also aware is even more re-assuring”.

Is the service safe?

We looked at how the service managed risk. We found individual risks were detailed within people's support plan. Some of the areas of risk that were covered included using the shower, assistance with transfers, food preparation, medication, workplace/home environment and moving and handling. We saw there was information provided about any risks that were present and what action needed to be taken. We also saw risk assessments were updated if

something changed. In one instance, a burglary had occurred at the house of a person who used the service. This had occurred, because the key had been left in the lock of the window. In response, CCTV had been installed at this persons home as well as a face recognition system, which was embedded into the front door and would identify people who were being allowed in.

Is the service effective?

Our findings

We checked to see what training staff had available to them to support them in their role and if there was a robust induction in place. We did not see any evidence that staff were trained in subjects such as Safeguarding, Infection Control, Moving and Handling or Health and Safety. There was also no training matrix available and no training certificates to show, which courses staff had completed. The manager said that when new staff started they were asked to read various policies and procedures, but that no other formal training was provided as part of their initial induction or ongoing development within their role. The manager also said that they undertook 'Competency' assessments to ensure that staff had the correct skills to undertake their role. However, we were not shown evidence that these competency checks were undertaken on a regular basis, for each member of staff.

We spoke with staff and asked them about the training they had received from Care Preference. One person said to us; "When I started I was sent the policies and procedures by email, but I wouldn't say that it was sufficient. Bearing in mind I was completely new to the company I was just expected to get on with it. I have not received any training from Care Preference where you would get a certificate when you complete the course. Nobody has ever been out to do a competency check either or watched me work and I have been with the company for a year". Another member of staff said; "Luckily I had received training in a previous role, but I've not done much with Care Preference". Another member of staff said; "I was able to shadow another member of staff when I started but they had only been with the company a few weeks themselves".

We found that staff were not effectively supported to undertake training, learning and development to enable them to fulfil the requirements of their role. This is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to Staffing.

We were told that staff received a 'Three month review' / Supervision to ensure there were opportunities for them to discuss their work and report concerns where necessary. This covered areas such moving and handling, domestic duties, communication and current relationships with the people they support. However, we found inconsistencies with these records and could not see these had been

completed for each member of staff. The manager told us these had been the responsibility of a previous member of staff who had now left the company. One member of staff said; "I have received one (supervision) since I have been with the company but they are not every three months".

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. The manager told us that there was nobody using the service who lacked the capacity to make decisions for themselves. We found that staff had not received any formal training in this area, to strengthen their knowledge base.

As part of the inspection, we asked people who used the service if they felt staff sought their consent before carrying out care tasks. One person said to us; "The staff always ask me for my consent. They always ask me what I would like to do when I first see them in the morning. I am assisted with my personal care and they always consult me first". Another person said; "When providing care and support the staff ask my permission. We know each other well now and they know what I like". A third person said; "The staff usually take direction from me when I would like certain things to be done. Being able to control certain things is important to me".

We also spoke with staff and asked how they aimed to seek consent from people before providing care or support. One member of staff said; "I would ask for people's consent in all areas. For instance with household tasks, cleaning or giving people their medication. It is important to do things when people are ready as they have set routines in place". Another member of staff said; "I'd always ask they want support first. I assist some people to have a 'Strip wash' and always make sure it is what they want first otherwise I wouldn't do it".

Staff who worked for Care Preference were required to provide support to people in order to ensure they received proper nutrition. Some of the people we spoke with said they were unable to prepare their own food, but that they were given the opportunity to go to local shops and chose the kinds of food they liked. They also said they could be present in the kitchen during food preparation, to ensure

Is the service effective?

the food as cooked to their liking. One person said to us; “I like going shopping with the staff and choosing what I want. They cook good food for me. They know how I like to be fed”. Another person said; “I usually go into the kitchen and watch the food being made. If I can contribute in some way then I try where I can”.

We saw that people had access to relevant health professionals as required. We saw from looking at people’s care plans that people visited health services such as doctors, dentists, opticians and podiatrists. One person said; “I need support from the staff to attend my appointments and they come with me”.

Is the service caring?

Our findings

During the inspection we spoke with four people who used the service. They told us they were happy and spoke positively about the care and support they received. One person told us; “No problems whatsoever. They have been very good to me”. Another person said; “I think it is very good what they do. It also makes things a lot easier for my family and takes the pressure of them knowing that I am well cared for”. A third person added; “I would say they are very good. They do exactly what I need”.

The family members we spoke with also said they were happy with the care and support provided by Care Preference. One family member said; “It is just what we want. Everything is done as we like. They consider which staff are recruited based on what my son requires. Care Preference are very concerned about the people they support and carefully choose the correct staff”. Another relative added; “It’s really good. Very good actually. My son went to hospital not long ago and needed to stay overnight. The staff stayed with him all night though and made sure he was not on his own, which was good”.

The people we spoke with told us they liked the staff who supported them and said and thought of them as friends. One person said; “The staff are all really good. I have been with Care Preference for a while now and have some of the same staff from the beginning. I kept in touch with previous staff members once they had left, because we got on so well with each other”. Another person said; “The staff are all nice people who are caring in their own way”. Another person said; “All the staff are great. They are spot on”.

When we asked family members for their impressions of the staff we were told; “All the staff are very good. If there is a problem then they deal with it. The company runs as it should and I think it is a shame that others are not always the same”. Another relative said; “The staff employed are excellent. They are suited to the clients, which is important. They get on really well with my son and always seem to be laughing when I see them together”.

The people we spoke with said that they felt treated with dignity and respect by staff. One person said; “The staff

support me to the toilet and also with taking my clothes off. The staff are very good with this though and make me feel respected. If I ever go out with my friends or family they also give me time to myself, which shows respect”. Another person said; “I don’t have any problems with how the staff treat me. It is definitely a two way thing”. Some of the comments from relatives also included; “My son needs support with personal care. They assist with toileting and showering. They are fine with all that”. Another relative said; “Yes they treat my son with respect. Certainly from what I can see they do anyway”.

Staff spoke with were also able to provide examples of how they aimed to treat people with dignity and respect when providing care. One member of staff said; “I treat people equally and just like any other person. I would never discuss aspects of peoples care with others out of respect. I’ll always close windows or cover people with a towel when providing personal care”. Another member of staff added; “Some of the people I support need help getting on and off the toilet. Once I have assisted them with this I will leave the room to give them their privacy”.

People told us that staff promoted their independence as much as possible when delivering care. One person said to us; “I would say that they staff give me the ability to do things that I would otherwise be unable to do. I have been supported to go on holiday and that is really important to me”. Another person said; “My independence is promoted a lot more than it was previously and it all started with Care Preference I would say”. A third person said to us; “I do quite a bit of volunteer work and the staff support me to attend these sessions. Once I am there though they just let me get on with it myself”. Some of the comments from relatives also included; “We like how he has become independent from us over the years. He comes to our house for tea on a Sunday and doesn’t really stay long. We know that is because he is happy and is coping on his own independently with the help of Care Preference”. Another relative said; “It’s difficult to say really as my son is quite dependant on staff. They do encourage him to brush his teeth and go to the toilet on his own though”.

Is the service responsive?

Our findings

The people we spoke with and their relatives felt that the care and support they received was responsive to their needs. One person said to us; “I have a team of four staff who support me all the time between them. They help me with personal care, cooking, cleaning and laundry. All of this allows me to live independently on my own”. Another person said; “The staff support me to attend university, with personal care and to attend an acting group. I don’t think I would be able to do these things without the support”. A relative also said; “If anything changes they do something about it. My son has also gained weight and looks much better for it. He is doing very well at the minute”.

The people who used the service lived independent lives and were encouraged and supported to undertake activities within the local community. At the time of our inspection, 12 of the 14 people lived in their own accommodation whilst receiving support from staff, who were onsite 24/7. Several of the people were involved in voluntary work, whilst others were undertaking degrees at local universities or other learning courses. People were also supported to go on holidays and told us that this was important to them. Two people also had access to an ‘Adapted Vehicle,’ which meant they were still able to drive and go to places of interest, despite having a physical disability. One person said to us; “The staff come with me to my lectures and help me take notes. It is a real help”. Another person said; “Driving the car gives me some freedom”.

During the inspection we looked at the support plans of three people, although the manager and people who used the service referred to them as ‘Care Contracts’. We found they provided an overview of people’s current physical condition and what their medication requirements were. There was also detailed information about the types of equipment people used and if any adaptations needed to be made to their home environment. For instance, one person had a ‘Wet room’ installed at their home, which made it easier for them to have a shower when they wanted to.

We also found there was information about people’s daily routines such as completing domestic duties, attending

social engagements and receiving personal care. We also found there was detailed information about people’s social lives and the kinds of things they enjoyed doing in their spare time. There was also information available about people’s families, friends, travel and ambitions for the future. For instance, one person had been attending university where they were looking to pursue a career as a solicitor and were supported by staff to attend their lecture sessions.

We found that the people who used the service were central to the service they received. For instance, people who used the service were central to the recruitment process and were able to state if they were comfortable with certain members of staff looking after them before staff were employed. One person said to us; “I was very involved with the recruitment process. It means that I don’t get supported by people that I don’t necessarily like”. Another person said; “I’m sure in other places, staff started working with people regardless, however with Care Preference, we have a big say”. A member of staff also added; “I felt I had a good interview, but I wasn’t just thrown into the role. We had to check first that the person who I would be supporting was happy with me first”.

There was a complaints procedure in place. We looked at the complaints log and saw complaints had been responded to appropriately, with a response given to the individual complainant. The people we spoke with and their relatives said they had not needed to make a formal complaint and that ‘smaller issues’ were addressed at the time. One person said to us; “Honestly, there is nothing I have ever needed to complain about. I have full faith it would get sorted. I know the team quite well now so know what they are like”. Another person said; “I have found in the past that a member of staff was not compatible with what I needed and this was changed straight away”. A relative added; “I’m confident a complaint would be handled correctly”.

The service used a feedback system, which analysed the performance of staff to see if people who used the service were happy with the support they received. This provided a focus on cleaning and infection control, medication and any overarching comments from people about things they might like to change.

Is the service well-led?

Our findings

There was a registered manager in post. 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.

We asked the manager what Governance Systems were in place to ensure the quality of service was being monitored effectively. We were told that 'Pop Ins' and 'Competency Checks' were undertaken to ensure that staff were working to a high standard and that things were being done correctly when providing care to people. The manager said that the expectation was that each member of staff would receive a 'Pop In' every six weeks as part of the 'Competency Assessment Check'. We were unable to see that these checks were undertaken on a regular basis for each member of staff, as appropriate records had not been maintained for us to see. The manager said these had been the responsibility of a previous member of staff who had now left the company.

The manager said that no other formal auditing processes were in place to ensure good governance, which would cover areas such as staff recruitment, medication, staff training and infection control. This meant that if there were concerns in these areas, the manager would be unaware, because regular quality assurance checks were not being undertaken. This was a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to Good Governance.

As part of the inspection we asked people who used the service and their relatives about the management of the service. One person told us; "I would say the service is well-led. I think they are spot on. They are on top of all of the recruitment and make us feel involved. They respect my independence well as I am a private person". Another person said; "They are well organised and will always tell us about any changes that happen". A third person added; "I do. I think the service is managed in a way that has a family feel to it". Some of the comments from family members also included; "The manager is fine although I don't see him a lot. I think setting up a company like this was a great idea" and "Great. The manager is always checking my son is happy".

We also spoke with staff and asked them about the leadership of the service. One member of staff said; "There is always somebody on call. They are supportive". Another member of staff said; "I have never had any issues with the manager. He seems to get things done". A third member of staff said; "He looks after his staff. He also looks after the clients as well. Communication always seems to be pretty good".

During the inspection we saw good examples of Partnership Working with other agencies in order to provide good quality to care to people. Some of these agencies included the Wheelchair Service, Respiratory Specialist, Physiotherapists, Dieticians and Speech and Language Therapists (SALT). The manager said that not all people required the services of these particular agencies, but that they were available when required, if particular advice or input was needed.

The staff we spoke with told us that they enjoyed their work and were passionate about providing good support to people. One member of staff said; "I love this job. It is going really well so far. No issues whatsoever". Another member of staff said; "It's going really well. I like supporting people and am also interested in the conditions they have". A third member of staff said; "It's great. I'm really enjoying it. The role is interesting and I am hoping to progress further with this kind of work if I can".

There were a range of different policies and procedures in place for staff and management to refer to. This would ensure that correct systems and processes were followed, which would enhance the quality of service provided to people. Some of these policies included whistleblowing, safeguarding, moving and handling, confidentiality, equal opportunities and infection control. The policies were up to date and had been reviewed as recently as February 2015.

At the end of our inspection we shared our feedback with the registered manager and spoke about our concerns in relations to staff recruitment, staff training and having robust quality assurance systems in place. The manager listened to our feedback and demonstrated a willingness to improve systems within the organisation, which would hopefully result in people receiving a better quality of service as a result.

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	Regulation
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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
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	Appropriate systems were not in place to monitor the quality of service and ensure good governance.
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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

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There were insufficient systems to ensure staff received appropriate support, training, professional development, supervision and appraisal as is necessary.

The enforcement action we took:

We issued a Warning Notice with regards to this regulation.

Regulated activity

Personal care

Regulation

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

Appropriate recruitment checks were not undertaken before staff commenced employment.

The enforcement action we took:

We issued a Warning Notice with regards to this regulation.