

# Maryland Care Agency Limited

# Newham

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Newham is a domiciliary care agency which provides personal care to people living in their own home. At the time of the inspection 51 people was using the service.

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

We found recruitment practice to be unsafe. This meant we could not be assured that staff employed were of good character and safe to work with people. Risk assessments lacked detail on how to mitigate the risks people faced. Staff deployment was not always effective, and staff were not always on time for care visits. Therefore, we could not be assured that people's need were always met. Accidents and incidents were not always recorded, and complaints were not dealt with in line with the providers policies and procedures. The management did not identify the areas where improvements were needed to service delivery.

Systems for monitoring the quality of the service were ineffective in identifying some of the issues found during our inspection. Audits were not routinely carried out.

Staff training was not effective enough to ensure staff understood their responsibilities in reporting and acting on abuse. Staff competency to administer medicines was not comprehensively assessed.

People were not always 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 did not always support this practice. We found the principles of the Mental Capacity Act 2005 were not always followed by the service. We have made a recommendation in relation to the consent and the Mental Capacity Act.

People and relatives told us they felt safe with care staff who treated them with dignity and respect. People were involved in decisions about their care and staff were described by people and relatives as caring and kind.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 22 May 2018)

### Why we inspected

This inspection was carried out to follow up on concerns raised about the quality of care, safeguarding and the management of the service.

We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

## 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.

We have identified breaches in relation to staff recruitment, staffing levels, staff training and supervision, complaints and management of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider 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.

<b>Is the service safe?</b> The service was not always safe.	<b>Requires Improvement</b> ●
<b>Is the service effective?</b> The service was not always effective.	<b>Requires Improvement</b> ●
<b>Is the service caring?</b> The service was not always caring.	<b>Requires Improvement</b> ●
<b>Is the service responsive?</b> The service was not always responsive.	<b>Requires Improvement</b> ●
<b>Is the service well-led?</b> The service was not well-led.	<b>Inadequate</b> ●

# Newham

## 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

This inspection was carried out by two inspectors. An Expert by Experience made calls to people and relatives. 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure the registered manager was available when we visited the office.

Inspection activity started on 25 June 2021 and ended on 1 July 2021. We visited the office location on 25 June 2021.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with seven people who used the service and twelve relatives about their experience of the care provided. We spoke with 11 staff members, including the registered manager, four care coordinators and seven care workers. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. 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 provider to validate evidence found. We looked at training data, call logs, two care plans and associated risk assessments. We spoke with the local authority commissioning team.

# 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 good. At this inspection this key question has deteriorated to requires improvement. 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.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- People were not always kept safe from risks to their health and wellbeing. Risks had not always been assessed and there was not always guidance to show staff how to reduce the risk of harm. For example, moving and handling, risk of falls, pressure sores and risks related to acquiring an infection such as COVID-19.
- Medicines were not always managed safely. Care staff supporting people to take their medicines had received some training but the provider did not have a system to check they were competent to administer medicines.
- People's care plans were unclear as they contained conflicting information. It was not always clear if people required support with prompting to take their medicines or whether staff needed to administer their medicines.
- There was lack of guidance for staff which would describe the reasons medicines had been prescribed, and any information which would alert staff to adverse reactions to keep people safe.
- Some prescribed creams were recorded but there were no clear instructions of how these prescribed creams should be applied. This meant there was a potential risk of incorrect administration.
- There were no management audits which would identify medicines errors and ensure people had received their medicines as prescribed. This posed a risk to people because the registered manager did not have the oversight needed to be able to pick up on potential medicines errors and take appropriate action to ensure people were kept safe.
- Medicine administration records (MAR) were unclear and did not always reflect medicines listed in people's medication plan. For example, medicine prescribed to a person to reduce the risk of heart failure was listed on the MAR but not included in the daily medication plan. Therefore, we could not be assured the person received their medicines as prescribed.
- Systems for dealing with incidents and accidents were not robust and did not show evidence of learning. An incident reported to the CQC had not been recorded and we found no evidence of learning or discussions with staff.
- The registered manager told us accidents and incidents were recorded, however, there was no system in place for management oversight to consider lessons learnt from incidents and reduce the risk of reoccurrence.

We found people were put at risk of harm because the provider failed to adequately assess risk and safely administer medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Staffing and recruitment

- Recruitment procedures were not safely established, and appropriate checks were not carried out prior to applicants being employed.
- All staff files reviewed contained several gaps, including incomplete application forms, gaps in employment not explored, references were inconsistent and were not always verified and criminal record checks for one staff member was from a previous employer dated several years before working with the service. Therefore, we were not assured that staff employed were of good character and safe to work with the people they cared for.
- We informed the registered manager of our findings and they told us they welcomed the feedback and would address the above concerns immediately.
- Concerns about poor recruitment practice was also expressed by the local authority commissioning team, following our inspection.

We found people were put at risk of harm because the provider failed to follow safe recruitment practice. This was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff did not always arrive on time to deliver care. Whilst most people were happy with the care provided by care staff, we received mixed feedback from people using the service and relatives about staff time keeping, in particular at the weekends. One person told us, "I am happy with the service, the only problem with weekend staff, they don't come on time." A relative told us, "My [relative] needs two carers and one carer comes on time but the other is always late, so everything [care] is delayed. This relative also told us one care staff failed to turn up, they contacted the office but was disappointed as the care staff was not replaced on this occasion.
- The registered manager told us staff used an electronic system to sign in and log out at the end of their visit. On the day of our inspection visit the care coordinator responsible for allocating the rota and using the system was not available, the registered manager or staff in the office did not have access to this information. This meant information about the running of the service was not accessible.
- The care coordinator responsible for organising and allocating care staff told us the system helped them to monitor staff attendance, they told us, "We know if calls are missed or late. Clients will also call and tell you. We can monitor double ups, even if they are minutes apart it will tell us what time each carer arrived and left. It's a good system." However, this was in contrast with feedback received from people using the service and relatives.
- Records of calls reviewed showed two staff did not always arrive to provide care. This meant people's needs were not always met as sufficient staff were not deployed to provide care. This put people at risk of harm.

We found people were put at risk of harm because staff were not appropriately deployed to meet people's needs. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with care staff. One person told us, "I feel safe and happy with regular care staff because [they] know my needs." Another person told us, "We trust them [care staff] and they trust us." A relative commented, "Carers are trustworthy, we trust them, and they trust us. Sometimes carers do small shopping for my [relative] from the local shops. Carers administered his medication and update with record of daily notes."
- Safeguarding records were not available during our inspection and not all staff knew about the



whistleblowing policy and the external authorities to report to. This meant systems for ensuring staff understood their responsibility for reporting and acting on abuse or allegations of abuse were ineffective.

- The registered manager told us, staff completed safeguarding training and were aware of the reporting procedures.
- Where allegations of abuse had been identified the registered manager carried out an investigation and provided information to the relevant safeguarding authority. However, following our inspection, we were made aware of safeguarding concerns which had been substantiated but the provider had not submitted notifications to the CQC as required to do so by law.

#### Preventing and controlling infection

- People and relatives told us they felt safe with how staff supported them because they always used appropriate personal protective equipment (PPE) when providing care. This helped to reduce the risk of the spread of infection.
- Staff practiced good infection control and prevention and were provided with sufficient PPE. A staff member told us, "They [office staff] order PPE, we haven't had any shortages. There was one time in the pandemic when we were short, but they addressed it." Another staff member told us, "I've had infection control training. I haven't had Covid-19 training. I observe hand hygiene and wear PPE, apron, gloves and mask."
- During our inspection visit staff wore masks and observed social distancing requirements. This helped to minimise the risk of the spread of infection.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and relatives told us the service assessed their needs prior to people joining the service.
- However, needs assessment records were not retained by the service. The registered manager told us these had been shredded once the care plan and risk assessments were created. This meant we could not confirm people's needs had been fully assessed in line with national guidance to ensure the service was able to appropriately meet people's diverse needs and achieve the best outcome.

Staff support: induction, training, skills and experience

- Staff were not always supported to effectively carry out their role. A staff member told us, "They've [provider] sent videos, but to me I prefer it [training] on a one to one basis. They are YouTube videos.... that's not how I think training should be done."
- A Relative expressed their concerns about staff not being trained to use equipment used to deliver personal care. They told us, "Maryland needs to train their staff before sending them over to my [relative], and they also need to be aware of [people's] individual needs."
- Staff did not always receive regular supervision but told us the registered manager was supportive. A staff member told us "I don't have them [supervision] on a regular basis, I have had one. That probably needs to be stepped up a bit." Another staff member told us, "No not regular, if I have a problem, I can call her, and she will help me." This meant staff may not always benefit from discussions about their work to enable them to be more effective.
- An office staff member told us they observed staff as part of their supervision, but this was not always recorded. This meant we were not assured staff received support to effectively carry out their role.
- The registered manager told us staff training is delivered by them using practical aids and training videos such as YouTube.
- Despite records of training showing staff had completed mandatory training in various areas, including, raising concerns and whistleblowing, moving and handling and the MCA, this had not always been effective. For example, some staff lacked knowledge of whistleblowing procedures and did not know the external authorities, such as Police, local safeguarding authority or CQC, to report concerns to should they not be happy with the action taken by the provider. We also found mental capacity assessments were incorrectly completed by staff who did not understand why they had done the assessment. Therefore, we were not assured training had been effective in ensuring staff always understood their role and responsibilities in delivering care.

We found people were put at risk of harm because the provider failed to provide effective training and

support to staff. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's nutritional and hydration needs were met.
- One relative told us, "Care staff always check with my [relative] to make sure what [they] prefer to eat today so they can warm it up." Another relative told us, "My [relative] can eat by themselves, [care staff] only assist to prepare breakfast for her."
- Staff told us most people could independently feed themselves, but they provided support to some people at mealtimes. Most staff had completed food hygiene training prior to joining the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us they worked with various health professionals to assist people to meet their health needs. Records of emails seen confirmed this.

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

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.

We checked whether the service was working within the principles of the MCA.

- The service did not always work within the principles of the Mental Capacity Act 2005 (MCA) when completing a mental capacity assessment. Assessments carried out by office staff and signed off by the registered manager, were not always appropriately completed. For example, for one person staff had recorded the reason the person may not be able to make decisions was due to, 'reduced mobility. Osteoporosis.' In the main mental capacity assessments showed people had capacity, however, we could not be assured where people lacked capacity this was always in accordance with the requirements of the MCA.
- We informed the registered manager of our findings and they told us staff completed training in the MCA and people were always asked for their consent before care staff provided care, however, improvements were needed in this area.
- People were supported to make their own decisions about their care. People and relatives told us care staff asked their permission and gave them choices before providing care. A relative told us, "They [care staff] always ask consent from my [relative] before offering personal care and [staff] respect my [relative's] dignity."
- Staff understood the importance of asking people for their permission before providing care. A staff member told us, "You have to communicate with people, try and help them and ask them would they like this. Ask them as you go along."

We recommend the provider seeks advice from a reputable source in relation to completing mental capacity assessments in line with the Mental Capacity Act 2005.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant although people were supported, treated with dignity and respect and involved as partners in their care, the lack of good systems did not always support this.

Ensuring people are well treated and supported; respecting equality and diversity

- Although people and relatives spoke highly about the care provided by staff, the lack of robust systems and processes failed to support an atmosphere where people were respected and received good care.
- People's diversity was not always respected because the service did not always record people's preferences for care in line with their protected characteristics, such as gender preference, sexuality and cultural needs. Care plans included a section for staff to record people's spiritual and cultural well-being, but these had not been used to personalise people's care.
- People and relatives told us staff were caring, respectful and always treated people well. One person told us, "Care staff are very kind and friendly." Another person said, "Carers are polite and pleasant." A relative told us, "Carers [care staff] are very sympathetic, thoughtful and sociable with my relative."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved in decisions about the care provided by the service. One person told us, "If I have an appointment, I tell the care staff to come early or after my appointment we have a good relationship, they are like a friend and we talk and discuss lot of things."
- Records showed people were asked about their views of the care they received from care staff.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and staff encouraged their independence.
- Relatives told us staff encouraged people to do things for themselves. A relative told us, "during [person]'s personal care, I heard the care staff was very polite and was encouraging my [relative] to do for [themselves] what [they] can manage to do. The care staff also explained how to do this."
- Staff provided examples of how they encouraged people's independence. A staff member commented, "I encourage them [people who used the service] to do as much for themselves. If they can do it, I let them do it." Another staff member told us, "That [encouraging people's independence] is one of the most important things, get them to do things for themselves and not just doing it for them. Overtime you encourage them to do it for themselves."
- Care plans documented areas where people were more independent, for example, during personal care. This showed staff encouraged and maintained people's independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Systems for reporting and responding to complaints were not accessible to people using the service. Information about complaints made in relation to people using the service were not available on the day of our visit. The registered manager directed us to where complaints were logged, however, no records were available, despite a complaint made by a relative to the service in 2020. This was not in line with the providers complaints policy and procedure. Therefore, we were not assured operating systems for recording, handling and responding to complaints were effective.

Systems for responding to concerns, complaints were not robust, this demonstrated a breach of regulation 16 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014.

- People and relatives told us they knew how to make a complaint if they were not happy with the service. One person told us the service was responsive after they told them they were not happy with the care being provided. They commented, "I am so delighted to have new care staff who are very reliable and pleasant." This person also told us if the care staff had ten minutes to finish, they would always ask whether there was anything they could do. A relative told us, "Carers are very polite and my [relative] is very comfortable with them. They [care staff] are professional and responsive."
- Staff knew about the complaints procedure and able to advise people on what to do should they wish to make a complaint. A staff member told us, "I would write the complaint down and it would go in the complaints book and I would report it to [the registered manager]. [Registered manager] would investigate and respond to complaints. I haven't seen any complaints come in."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place and reviewed, however, these were not always written in a person-centred manner and lacked details of people's preferences for care, such as gender for care staff and how they liked care to be delivered. We were not able to evidence how the needs assessment had informed the care planning process as these documents had been destroyed by the provider.
- Daily notes of care provided by the service sometimes referred to people receiving 'personal care.' These did not always provide details of the personal care being given.
- However, the above notwithstanding, people told us staff were caring and understood their needs. Relatives told us the service was responsive to the needs of their family members. A relative told us care staff had contacted them after they noticed changes in their health, they commented, "Carers are very polite and my [relative] is very comfortable with them [care staff]. They [care staff] are professional and responsive." Another relative told us their family member received, "Good companionship with their carer who also

speaks their language and also laugh and joke with them."

Meeting people's communication needs; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented in their care plan. For example, one care plan stated, "Carers to speak clearly and coherently due to [person's] hearing impairment." Another care plan stated, "[Person communicates very well, fluent in English."
- Staff understood the importance of communicating with people according to their method of communication.
- People were supported to maintain relations and avoid social isolation.
- A person using the service told us, "Due to my health, sometimes my mood is low, and the care staff have good knowledge to understand my situation. They (care staff) try to communicate in an effective way to cheer me up." Another person said, "During COVID-19 I felt very isolated but their [care staff] visits [helped me with] my loneliness."

End of life care and support

- The registered manager told us no one using the service currently received end of life or palliative care.
- Records showed staff had completed training in end of life care should this be required in the future.

# 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 good. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The provider did not have systems in place to ensure they had a good oversight of the service. There were no records of audits and or an action plan to demonstrate how they planned to improve the service.
- The registered manager had not identified the shortfalls we found during this inspection. There was a failure to identify poor records management, for example, with regards to medicines, complaints and incidents. There were lack of robust risk management and ineffective processes to ensure staff were appropriately deployed and had the training and guidance they needed to keep people safe from the risk of harm.
- There was a failure to maintain accurate and fit for purpose care records. For example, care plans did not reflect person-centred care or that robust needs assessments had been carried out. Staff files did not contain sufficient pre employment checks. Whilst we did not identify any direct impact, if accurate and contemporaneous records were not in place, this had the potential to put people's health, safety and well-being at risk.

People's health, safety and well-being were at risk because systems for monitoring the service were not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection the registered manager told us they welcomed our feedback and said they would address the concerns raised during our inspection visit.
- The local funding authority told us the provider had been responsive to the improvements needed and is working towards meeting the improvement plan put in place by them.

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

- We were not assured people's concerns and complaints including safeguarding incidents would be listened to and investigated appropriately. Complaints made had not been recorded with evidence of investigations or outcomes.
- There was no documentation to show how duty of candour had been followed. It was not clear what process had been followed to ensure the registered manager had been open and transparent following incidents and safeguarding outcomes.
- Notifications of allegations of abuse had not been submitted by the service, some of which had been

substantiated by the local safeguarding funding authority.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was approachable and respectful. One person told us, "I am happy with the service and the care staff who look after me well. The manager is very respectful and approachable." A relative told us, "We would be stuck without them [care staff], very responsive and reliable service, you can trust them. The manager also does spot checks to make sure we have enough PPE in place."
- Staff told us the registered manager was approachable and listened to ideas. Comments from staff included, "Whenever I need support, I get it. They are a good manager not rigid, they listen and take advice as well," and "I am supported by the [registered manager], any problems I can call her anytime. She is always there on the phone."

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

- The registered manager understood the importance of equality and providing a service that met the needs of people using the service. However, care records required improvement to ensure people's diverse needs were recorded.
- People spoke positively about the management of the service and said management were approachable and easy to talk with.
- Relatives told us the manager carried out regular spot checks to ask their views about the service and the care they received. A relative told us, "The manager visits on and off to my [relative] to make sure [they] get the right support according to [their] needs."



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured risks to people were effectively assessed and mitigated and medicines safely managed.  Regulation 12 (1)(2) (a)(b)(g)
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  The provider failed to respond and act to concerns and complaints.  Regulation 16
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had not ensured adequate checks had been carried out to ensure staff were safe to work with people.  Regulation 19.
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured adequate

numbers of suitably skilled and competent staff had been deployed to meet people's needs and ensure staff received sufficient training and supervision.

Regulation 18(1)(2)

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance, assurance and auditing systems had not effectively assessed, monitored and driven improvement in the quality and safety of the services provided and ensured compliance with regulations.</p> <p>Regulation 17(1)(2) (a)</p>

### **The enforcement action we took:**

We issued the provider with a Warning Notice.