

MoreLoved Care Ltd

# MoreLoved Care Ltd

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

MoreLoved Care Ltd is a domiciliary care service providing personal care to 11 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

People's care records and risk assessments were not comprehensive, did not always reflect people's care needs and were not always person-centred.

Quality assurance processes were ineffective and did not highlight the concerns we have raised throughout this report. The registered manager was well-liked by the people they cared for and their relatives. Prior to the inspection, they had commissioned external consultants to help them to address some shortfalls within the service. This process was on-going.

During this inspection process the Home Office revoked the provider's licence to sponsor foreign nationals to work for the company. This meant the provider had to use agency staff to cover care calls. The poor quality of the care records could mean people received inconsistent care and support from unfamiliar staff.

Most people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, we found the paperwork relating to 1 person did not follow the requirements of the Mental Capacity Act 2005 (MCA).

End of life care planning was not thorough. People's communication needs were not always taken into account to reduce the risk of discrimination. People's protected characteristics were not considered when care was planned. People's hobbies and interests, likes and dislikes were not always recorded in their care records.

People felt their medicines were well-managed; however, improvements were needed to ensure records relating to the management and administration of medicines were consistently completed.

People found staff to be kind and caring. They felt safe when staff were in their home. Staff followed infection prevention and control practices to keep people safe. Incidents were investigated and reported where needed. The paperwork for 1 incident was not fully completed; the registered manager told us they would address this.

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

This service was registered with us on 7 November 2022, and this is the first inspection. The service was previously registered with the CQC since 9 February 2021 with a different registered manager. Some of the concerns we investigated during this inspection related to the previous registration.

#### Why we inspected

The inspection was prompted in part due to concerns received that some of the staff were not permitted to work legally in the UK. A decision was made for us to inspect and examine those risks.

We found evidence that the provider needed to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

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

#### Enforcement and Recommendations

We have identified 3 breaches in relation to safety, person-centred care and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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.

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

**Requires Improvement** ●

# MoreLoved Care Ltd

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was completed by 2 inspectors and an expert by Experience. 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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.

We reviewed information we had received about the service since registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted the Home Office to gain information about the issues regarding the staff.

We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 5 relatives about their experience of the care provided. We spoke with 3 care staff, a care coordinator, senior support worker, quality assurance consultant, HR consultant and the registered manager.

We reviewed a range of records. This included all or parts of 7 people's care records, medication administration records and the daily notes recorded by care staff. We looked at 4 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures and training records.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated 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

- The risks to people's health and safety had not been appropriately assessed and managed.
- Guidance was not always in place for staff to reduce risks to people's health and safety. For example, a person was recorded as a 'choking risk' and they required thickener in their fluids. No care plan was in place to guide staff on how to use the thickener. Records showed there had been no discussion with healthcare professionals regarding the risk of choking. This could place the person's health and safety at risk.
- We found the management of people's pressure sores to be inconsistent. For example, a person who had a pressure sore required 4-hourly repositioning. Whilst there was evidence the repositioning was being completed, there was no record of monitoring their wound for signs of deterioration and no evidence of professional involvement to guide staff on reducing the risk to this person.
- One person was assessed as having breathing difficulties and required the use of a ventilator. No care plan or risk assessment was in place for this. Another person was described as "fully dependent" in terms of their vision. However, there was no explanation what this meant and how staff should support this person. The provider could not assure themselves the person was receiving care in accordance with best practice standards and guidance.
- We noted 2 people had their fluid intake recorded each day as they were at risk of dehydration. Whilst records showed they received regular drinks, there was no recommended minimum daily amount, nor were the daily totals monitored to ensure they stayed hydrated, and their health was maintained.

The provider's failure to assess, monitor and mitigate risks to the health, safety and welfare of people using the service placed people at increased risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager acknowledged they needed to improve the way they assessed, monitored, and mitigated the risks to people's care. They had commissioned a quality assurance consultant to assist them with reviewing all care records and risk assessments to ensure they reflected people's current needs. Examples of improved care records were sent to the CQC following the inspection. These required embedding into practice.
- People told us they felt staff provided care in a way that reduced the risks to their health and safety. A relative said, "The carers are just as good as nurses. They know all the family now, and it is working very well."

### Staffing and recruitment

- At the time of inspection there were sufficient suitably trained and skilled staff to meet people's needs.

- During and following the inspection the provider had their overseas staff sponsorship license suspended and then removed. Overseas staff no longer worked for the provider. To ensure people continued to receive care and support, agency staff were used whilst permanent staff were recruited. This meant the provider was able to ensure that all care calls were completed. However, due to the poor quality of the care records and risk assessments, this could increase the risk of people receiving inconsistent care from unfamiliar staff.
- We reviewed staff recruitment files for British nationals. We found 1 staff member did not have relevant references within their file. This placed people at risk of receiving care from unsuitable staff. The registered manager told us they would review all staff files to ensure all relevant paperwork was in place.

#### Using medicines safely

- People received their medicines safely; however, the records used to record and monitor people's medicine management were not always completed appropriately.
- People told us they received their medicines safely. One person told us there were, "no problems" with the way staff helped them with their medicines.
- One person received their medicines covertly with their meal. Some guidance was in place for staff to follow to administer these in a safe and effective way. However, there were no instructions for staff to follow should the person refuse their meal. The registered manager told us they would address this.
- Some people received their medicines on an 'as needed' basis. This meant staff needed to assess whether a person required their medicine in accordance with agreed administration protocols. The protocols for when these types of medicines should be administered were not always clear and could lead to inconsistent administration. The registered manager told us they would review all these records and update accordingly.
- We saw examples of staff receiving an assessment of their competency to provide medicines in a safe way. The registered manager had the systems in place to address shortfalls in performance; this included re-training for staff, further spot-checks or removal from administering medicines.

#### Learning lessons when things go wrong

- When things went wrong, the provider acted by investigating and addressing any issues relating to people's health and safety.
- Incidents records did not always include details of investigations completed and action taken to prevent reoccurrence. The registered manager told us they would review this process to ensure all incident logs were fully completed. This would help to reduce the risk to people's on-going health and safety.

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

- People were protected from the risk of abuse and neglect.
- People and relatives told us they or their family members felt safe when staff were in their or their family member's home.
- The registered manager reported any abuse concerns as required. They carried out investigations and where needed took action to address any concerns. This helped keep people safe.
- Staff received safeguarding adults training, and they understood how to report concerns to the registered manager and to external agencies.

#### Preventing and controlling infection

- There were safe and effective measures in place to reduce the risk of the spread of infection and COVID-19.
- People told us staff wore gloves and aprons whilst carrying out personal care and continued to wear face masks. People told us they had felt safe and protected throughout the pandemic.
- Measures were in place to prevent visitors to their office from catching and spreading infections.
- The provider's infection prevention and control policy was up to date



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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's needs and choices were not always assessed or referred to when care plans were formed. This increased the risk of people receiving care which did not reflect their preferences.
- The registered manager acknowledged this and told us the monitoring of these records would form part of improved quality assurance processes.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had an understanding of the Mental Capacity Act 2005 (MCA). They understood that where people were not able to make informed decisions for themselves, then an assessment to determine the most appropriate decision, in the person's best interest, was required.
- Most people were able to make decisions for themselves. However, 1 person was unable to make a decision about their medicines and therefore it had been determined that the medicines were to be given covertly.
- The registered manager told us the decision to do this had been made by the person's primary care provider in accordance with the person's GP and pharmacist. Responsibility for administering the covert medicines was then delegated to MoreLoved Care staff. We asked the registered manager for copies of the person's care records and paperwork relating to this decision as they were not available during the inspection. At the time of writing, we had not received this paperwork.

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

- Where required, people were supported to eat and drink enough. Many people were able to prepare their own meals, or, where required, staff offered some support.
- The provider supported a person who wanted culturally specific food. Guidance was provided for staff on how to prepare this food. On occasions the registered manager had cooked this food for the person, and also shown staff how to cook this food.
- For other people, there was little evidence that their food choices in respect of religion, cultural background or dietary requirements had been assessed or recorded in care records.
- Care records were occasionally contradictory. For example, for 1 person it was stated in one section of their care records that they were 'unable to prepare own meals and snacks'. In another section of their records it stated, 'can prepare simple snack of sandwich a hot drink and can cook microwave meal.' This could mean the person received inconsistent support with their meals.

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

- There were limited examples of health and social care professionals being involved with decisions when people's care needs had increased.
- Some people had health conditions that would benefit from health professional guidance. Although we were told by the registered manager that professionals had been consulted, it was not always recorded within people's care records. We noted some people may benefit from the input of a tissue viability nurse, speech and language therapist and dietician.
- The registered manager told us during the review of care records they will assess whether input from these professionals was required, and if so, would consult with people who used the service and make the necessary referrals.

Staff support: induction, training, skills, and experience

- Staff received training, induction and supervision to enable them to perform their role.
- People and their relatives felt staff had the right skills for their role. One person said, "They seem to be (well trained). Everything is OK with them. They not only look after me physically, but they help my mental health as they are such lovely people. I can talk to them if I am feeling a bit upset – we talk about anything, and they also get on well with my family."
- Records showed staff received the required training for their role; staff also received supervision of their role, including regular spot-checks of their performance. meaning people received care from skilled staff.
- There were some inconsistencies about the dates staff had completed their training. We report on this further in the 'Well-Led' section of this report

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for, or treated with dignity and respect.

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

- People were asked for their views about their care needs by the registered manager when they were carrying out spot-checks on staff performance.
- The registered manager told us they sent surveys to people and their relatives every 3 months to gain their views on the service. Records showed only 2 responses had ever been received. The registered manager had not followed this up to enquire why many people had not responded. Additionally, the registered manager had not taken into account people's varying communication needs, which could prevent some people from expressing their views in written format.
- For example, 2 people had a learning disability; the provider had not assessed their ability to understand their care records in the current format.
- People and relatives we spoke with were happy with the care provided.

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

- There was limited information within people's care records about their protected characteristics. The registered manager had limited understanding of the Equality Act 2010 and had not used the Act or subsequent guidance to help form appropriate care plans.
- Although people did not raise concerns with us about this part of their care, it is important that people's care is provided in a way that reduces the risk of discrimination.
- Staff completed equality and diversity training. People did not feel discriminated against.
- People felt well treated and supported by staff. They told us staff were kind and caring.
- One person said, "I would say they are kind, they are very caring, and smile a lot, which is nice." Another person said, "I think caring is in their culture. They are very caring."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- A relative described the process staff followed before providing care. They said, "They always tell us what they're going to do before they do it and ask permission first. They say, "Is that OK?," they are nice people."
- Care records contained some information for staff to follow to ensure personal care was provided in a respectful way that took into account people's varying levels of independence.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People's care records were not person-centred. There was little recorded evidence of people's wishes, hobbies, interests, and personal preferences.
- Although people told us they were happy with the care they received, care plans followed a standardised format with little evidence of person-centred care planning.
- In many of the care records we looked at, specific areas of care such as mobility, preparing meals, vision and medicines were recorded as 'fully dependant.' There was not always an explanation what this meant for that person, or how staff should support them.
- We saw a person's personal care plan stated, 'wash body as normal.' There was no explanation what the 'normal' process was. This person received 4 calls per day. The instructions for the staff for the 3 later calls stated, 'complete morning routine'. If staff followed this process that would mean the person would receive 4 'strip washes' per day. It was not clear if that was what the person needed and/or wanted. No effort had been made to personalise the information for each of the four calls in the day.
- Another person had been described as having 'behaviours that could challenge' which could lead to them becoming destructive in their home. The care plan stated there was a 'trigger' to this 'behaviour' but failed to state what that was. This would make it difficult for staff to offer personalised support to reduce the risk of those reactions.

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

- Care records contained limited information about people's personal interests, hobbies and what things were socially and culturally important to them.
- Although people and relatives told us staff knew them or their family members well, understood what care was needed and had built positive relationships with them, it was clear staff had done this without the support of detailed, personalised care records.
- Where some social activities had been recorded, such as a person liking to go shopping, there was little guidance for staff on how to do so in the way the person wanted. For example, whether the person liked to go into shops alone, whether they needed support with their money and how to ensure they were not vulnerable when away from their home.

End of life care and support

- We were informed that 1 person was receiving end of life care.
- The registered manager told us the person did not wish to discuss an end-of-life care plan and therefore there was not one in place. However, there was no record of this conversation having taken place. Therefore,

we could not be assured that the person's views had been taken into account. The registered manager acknowledged this and stated they would ensure care records contained evidence of these conversations to accurately record people's wishes.

The provider had failed to ensure people's care records were appropriate, met their needs and reflected their preferences. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After this inspection the registered manager provided updated versions of some care records which showed efforts had been made to include more person-centred information. They planned to continue making improvements in this area.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was unaware of the Accessible Information Standard.
- The provider had not yet made alternative arrangements available for people who may require their records to be provided in alternative format. For example, a person who was visually impaired may wish to have their care plans provided in a larger and/or different font. People with a learning disability may also require their records to be provided in an alternative format to aid understanding and encourage involvement with care planning.
- The registered manager told us they would include discussions about people's preferred access to records during their initial assessment before care is provided, and they will also discuss this with people already receiving care. .

#### Improving care quality in response to complaints or concerns

- Systems were in place to ensure complaints and concerns were responded to appropriately.
- People and relatives told us the registered manager welcomed complaints and concerns. A relative said, "I tend to email [the registered manager], and things get sorted – they are very good."
- The complaints procedure provided people with guidance on how to complain to the provider and how they could escalate their complaint to other agencies if they were not satisfied with the provider's response

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Systems for identifying, capturing and managing organisational risks and issues were ineffective. Some legal requirements were not met and were not understood by the registered manager.
- As stated in the 'Safe' section of this report, the Home Office had recently revoked the provider's licence to sponsor foreign national workers to work for this company. This was because they had failed to comply with the contractual terms of the sponsorship agreement for each worker. This has meant the provider has had to recruit agency workers to cover some of the shifts to ensure care calls could still be completed. Due to the poor quality of the care records, this could result in people receiving inconsistent care from unfamiliar staff.
- The provider's systems failed to highlight the concerns we found regarding medicines, assessment of risk, care plans, person-centred care and adherence to the Mental Capacity Act. There was little analysis completed when audits were completed. Auditing processes were ineffective and did not lead to improvements being identified or implemented.
- Records were often not accurate or up to date. For example, we asked for a copy of the provider's training matrix. On this matrix it stated that nearly all of the 17 staff had completed all their training courses on the same day. This was not possible as staff had different start dates and some staff would have been completing care calls.
- The registered manager provided us with a revised version of the training matrix, which included the correct dates each course had been completed. The failure to have the correct version in place meant the provider would have been unaware when staff required refresher training. Some courses such as moving and handling and safeguarding required an annual refresher. Failure to do so could mean people received care and support from staff whose training and knowledge was not up to date, placing their health and safety at risk.

The provider did not have effective governance systems in place to assess, monitor and improve the quality and safety of people's care. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had commissioned the assistance of external consultants to help them to respond to the concerns of the Home Office and improve quality of care records and audit processes. Both of these were recruited prior to our inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- Some effort had been made to gain feedback from people and the staff; however, there was not a structured process in place to act on that feedback.
- People's views were recorded by the registered manager; however, we saw little recorded evidence that the registered manager used these views to help improve the service or to make changes to people's care.
- Team meetings were held where staff were able to give their views.

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

- People felt there was a positive approach by staff, they felt staff helped them achieve positive outcomes.
- Many people also praised the registered manager, they stated they were approachable and acted on concerns. A person said, "Nothing is too much trouble for [the registered manager]. They are brilliant and they have built a really good team. I can call them anytime, and they will always sort anything out."
- People told us they would recommend the service to others. A person said, "I have been with various agencies over the years, but I never thought that I would find an agency as good as this – it's brilliant. I am hoping this will go on forever!" Another person said, "We've been with 3 or 4 different agencies in the past, but these are the best – no problem to recommend them."
- The registered manager acknowledged that whilst people were satisfied with their care there was a risk that the poor-quality care plans and risk assessments and lack of person-centred information could see people's positive experiences reduce.

#### Working in partnership with others

- Records showed there were some attempts to involve other health and social care professionals where needed. For example, input had been requested from a person's social worker for guidance regarding a specific care issue.
- As stated in the 'Effective' section of this report, more needed to be done to engage with health professionals in relation to health matters such as tissue viability, dehydration and choking risks.

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

- The provider had processes in place to ensure if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to ensure people's care records were appropriate, met their needs and reflected their preferences.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The failure to assess, monitor and mitigate risks to the health, safety and welfare of people using the service placed people at risk of harm.</p>



This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have the systems in place to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. .</p>

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

We issued a Warning Notice.