

# London Borough of Redbridge

# Oakfield Lodge

## 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Oakfield Lodge is registered to provide care and support to people living in specialist 'extra care' housing in London Borough of Redbridge. Not everyone who lived in the housing received personal care from the service. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. People using the service lived in their own flats or bungalows within a gated community where there were 73 properties. The service was providing personal care to 29 people at the time of the inspection.

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

At our last inspection in 2018 we found breaches of regulations on safe care and treatment, good governance and staffing. At this inspection we found little improvement had been made and therefore further improvement was required; specifically, risk assessments were not personalised and did not always address people's medical conditions, staff had not completed their mandatory training, and quality assurance systems were not up to date or effective in monitoring or improving care.

Some staff had not received regular supervision. New staff received inductions, though their training was incomplete. This meant that people being care for may be receiving care from people who had not been trained in all aspects of their role.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; however the policies and systems in the service did not support this practice because staff had not received training on the Mental Capacity Act since 2012.

There were safeguarding systems and processes in place that helped protect people from the risk of abuse. There were robust recruitment procedures in place. Staff used infection control practices. Incidents and accidents were recorded, and actions completed to mitigate their risk of reoccurrence.

People were supported with their health care needs and the service worked with other agencies to ensure people received good care. Food and fluid preferences were recorded for people. People's needs were assessed before they used the service, so they service knew whether they could support people or not.

People and relatives told us staff were caring. Policies and procedures at the service supported equality and human rights. People expressed their views and had input into their care. People's privacy and dignity were respected.

The service was able to work with people who were at the end of their life. We have made a recommendation about recording end of life wishes as this was not systematically completed as best practice guidance recommends. People knew how to make complaints and the service responded appropriately when complaints were made. Care plans recorded people's needs and preferences. The

service supported people with communication needs and sought to ensure people were not isolated in their homes.

People thought highly of the management. The management acted responsively to concerns. People and staff were able to feedback about the service which was then acted upon by management. The service had links to the local community and with other health and social care providers.

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

The previous rating for this service was requires improvement (published 26 November 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified continued breaches in relation to safe care and treatment, good governance and staffing.

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.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Oakfield Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with the registered manager and four care staff. We also spoke with one health and social care professional.

We reviewed a range of records. This included five people's care records and multiple medicine administration records. We looked at four staff files in relation to their recruitment. We also viewed a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider regarding risk assessments, training and safe recruitment to validate evidence found. The provider sent us documentation we sought.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

At our last inspection the provider had not taken steps to fully assess and mitigate risks to people's health and safety. Nor had they recorded any actions being taken or lessons being learned when things went wrong. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that whilst improvement had been made the provider was still in breach of regulation 12.

- Risks to people were not always identified or mitigated against. We found an instance where a person had been recently hospitalised and their risk assessment had not been updated. This meant it was unclear whether staff knew the risks to the person and whether there were any precautions which should be taken with respect to their health and wellbeing.
- Another person's needs assessment, completed by a local authority social worker, explicitly named the risks to them. Namely, risk of further health deterioration, risk of self-neglect, risk of falls, risk of malnutrition, risk of skin breakdown, risk of environment and risk of isolation. These risks were not explored and mitigated against, in a risk assessment. The risk assessment in this person's care plan was from November 2017 and had not been updated.
- We highlighted this to the registered manager who explained that an updated version of the person's risk assessment had been created in February 2019 but had not been transferred to their care plan. The updated risk assessment covered two risks; falls whilst mobilising and slips whilst in the bathroom. These entries were repeated on all risk assessments we saw in the five care plans we looked at. Therefore, the risks identified in the needs assessment had not been mitigated against in the person's risk assessment.

We found no evidence that people had been harmed however, the provider hadn't taken steps to fully assess and mitigate risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

The registered manager and provider were aware of the issues with risk assessments and felt that the service had made improvement since our previous inspection given they had created a new template. Following our inspection, they provided us with three risk assessments that we had requested they complete. These updated risk assessments were an improvement on previous risk assessments and adequately identified risks to people and provided mitigating actions against those risks.

- Accidents and incidents were recorded by the service. At the previous inspection of this service we found

lessons were not being learned when things went wrong; this had been addressed at this inspection. One staff member said, "We report [incidents and accidents] to supervisor on duty. We make a record. The record is then kept in their files." We saw that incidents and accidents were recorded appropriately and mitigating actions followed up to ensure similar incidents were averted where possible. We saw one example where an incident led to the registered manager referring a person to a specialist health care service, so they received the necessary support.

#### Staffing and recruitment

- The provider completed checks on staff before they were recruited to ensure they were safe to work with people. Following the inspection, the service provided us with evidence that all staff had provided proof of identification, applications and employment histories to the provider before starting.
- The provider also completed Disclosure Barring Service (DBS) checks on prospective staff. DBS checks are made by employers to ascertain the suitability of employees to work with vulnerable people. They state people's criminal convictions and or whether they've been added to any lists which would mean they were unsuitable to work with vulnerable people.
- People told us there were sufficient staff. One person said, "Always someone here to help you no matter what." We looked at the staff rota and saw there were sufficient staff employed to meet people's needs. The registered manager was able to show us when it was felt people's needs had increased, social workers were invited to review people's needs and decide whether to increase their care hours.

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

- People told us they felt safe. One person said, "Yes I do feel safe." There was a safeguarding policy and procedure in place. Records confirmed the registered manager raise safeguarding concerns with the local authority.
- Staff members told us they received training and knew what to do if they suspected abuse. One staff member said, "Straight away I would report to [registered manager]." However, at the time of the inspection the seven staff members had not had any safeguarding training.
- During the inspection the registered manager told us that there was safeguarding training planned for December 2019. Following the inspection, the provider informed us that aside from one long term absence, four of the staff who had not received any safeguarding training were agency staff, who had worked for them for many years, and would have been expected to have had training on this from their agency employer. However, we saw no evidence to indicate the provider had assured themselves of this training. The provider has stated this is something they will seek to rectify with their human resources department when employing agency staff.

#### Managing medicines safely

- People told us staff assisted them with their medicines. One person said, "They help me every day [with medicines] and yes they are good with it." Staff received training on how to administer medicines, their competency was assessed after training, and they were spot checked while in people's homes. However, spot checks were infrequent. We have spoken with the registered manager about this and have been assured their frequency will increase.

#### Preventing and controlling infection

- Staff told us they understood infection prevention and control. One staff member said, "We have equipment for that. Gloves, boots, aprons, take the gloves off and put them in a yellow bag before you leave the flat." However, not all staff had completed training on Infection control. The registered manager had requested this from the provider's learning and development team but was unsure when training would take place.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Staff support: induction, training, skills and experience

At our last inspection the provider had not taken steps to ensure their staff had the knowledge and skills to fulfil their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Staffing. At this inspection we found that little improvement had been made the provider was still in breach of Regulation 18.

- Following our last inspection, the registered manager had created a training needs analysis and a staff training matrix. The training needs analysis had been completed in January 2019 and identified that all staff needed training considered mandatory by the provider, on twenty topics including equality and diversity, fire safety awareness, medicine administration and Mental Capacity Act 2005 (MCA) and deprivation of liberty awareness as well as numerous other training.
- Other than medicines administration training, this analysis had not been acted upon and therefore staff had not been provided with the skills and knowledge required to provide safe care and support.
- The training matrix, which was not up to date on the first day of our inspection but completed for us by the second day, identified that no one had completed all their mandatory training.
- Similarly, the registered manager had created a supervision matrix to assist with the supervision of staff. We saw that it was essentially a calendar; prospective dates of supervision to be held between manager and care worker. It did not highlight whether any meetings were actually undertaken. We spoke with one staff member who stated they had not had any supervision in the last year, though others assured us, and records confirmed, they had met for supervision with the registered manager.

The provider hadn't taken steps to ensure their staff had the knowledge and skills to fulfil their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Staffing.

Following the inspection the provider sent us evidence that they have reduced the mandatory course topics required by their extra care service to be more specific to the service they provide and provided evidence staff had undertaken the majority of these updated courses.

- Staff completed inductions when they started work so that they knew what they were supposed to be doing when they began working with people. Staff learned about the various aspects of how the service worked and policies to read. Inductions were then signed off by the managers within the service. The

inductions for new staff we saw had incomplete training sessions to undertake. The registered manager told us these would begin in December 2019.

#### 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. 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.

- People told us staff asked their consent before providing care and support to them. One person said, "Yes [staff seek my consent]." Staff confirmed this. One staff member told us, "We have to have their consent with whatever we assist them." However, we noted from the training matrix that no staff had up to date training on Mental Capacity. The last time staff had received training on Mental Capacity, which was considered mandatory by the provider, was in 2012. The registered manager had requested training from the provider's training development and engagement team but was unable to provide a date by which training would be done.
- Care plans recorded whether people had the mental capacity to make decisions. People's care needs assessments were completed by local authority social workers who were able to complete mental capacity assessments. Any information regarding people's capacity was also recorded on the local authority database which the registered manager had access to.

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

- People were supported with their health care needs. One relative told us, "They take [family member] to the doctor. If they didn't look well, they would book them an appointment." We were also told that staff went "above and beyond" in this regard and that the registered manager was known to take people to the local GP surgery to ensure they were seen promptly.
- The service had good links with health care professionals. We spoke with a visiting health professional whilst at inspection and they said, "This is one of the better places we visit in terms of staff being aware of what's going on... When [staff] and [registered manager] are on there are on no issues, they refer patients appropriately." The service held hospital passports for people so that important information could be provided to health care professionals if necessary.
- The service worked with a range of social health care professionals. People, staff and records confirmed that there was various interaction with health and social care professionals. We saw and heard evidence of the service working alongside GPs, district nurses, social workers and pharmacists.

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

- People were supported with food and fluids. Records confirmed that when necessary people were supported with food and fluids and their intake was recorded so as to monitor their diet and share information with health care professionals.
- People could choose to eat food provided at the extra care setting. There was a communal restaurant that people could use if they wished too. People told us they could choose what to eat and their cultural and health needs were considered. One person said, "They will never offer ham, pork [to the person]. They are

thoughtful about the religious side of things."

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

- People's needs were assessed before they began using the service. Social workers completed needs assessments with people and ensured whether the service was able to meet people's needs. Assessments sought to ensure that people's care was delivered in line with appropriate best practice, highlighting their needs and preferences in a personalised way. Assessments covered people's health and wellbeing needs, what was important to them and details about professionals engaged in supporting them.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. At our last inspection people told us staff did not always respect their privacy. At this inspection we found this had been addressed. One person said, "They listen to me and respect my privacy." People's confidential information was stored on password protected computers or in lockable filing cabinets. There were policies to support data protection and people's confidentiality.
- People told us their independence was promoted. One person said, "I am allowed to do what I want, but they will help me if I want." Staff understood the importance of promoting people's independence. Staff told us they promote independence One staff member said they do so, "By encouraging them. We will ask people to do things we know they can do."

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

- People and relatives told us staff were caring. One person said, "Whatever I ask, I don't even have to ask, they do it." A relative told us, "The ones I know well yes - extremely caring."
- Policies supported people's human rights, identifying relevant law and principles. There was guidance on how people should be treated in the carer's handbook. There was also a service user handbook which outlined people's rights and the expectations they should have around the service. These included a right to live as independently as possible, right to be comfortable and that the provider promoted equality and diversity within its services.
- Staff told us they worked with people who had diverse needs. One staff member said of working with Lesbian, Gay, Bisexual and Transgender (LGBT) people, "We do [work with LGBT people] and we have in the past. No, the care wouldn't be different."

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

- People and relatives told us they were involved in their care decisions; They were supported to be involved through regular meetings and communication. One relative told us, "I spoke to [registered manager] and they said they'd sort it, and it has been sorted." Care plans contained needs assessments that were reviewed regularly. These reviews involved people and their relatives ensuring they had input into the decision making around people's care.

# 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 remained the same. This meant people's needs were met through good organisation and delivery.

### End of life care and support

- At the time of our inspection no one was at the end of their life. However, the service worked with other agencies to ensure that people received the care they needed. People and relatives told us the service knew what people wanted in respect of their end of life wishes. One relative said, "We have discussed end of life with [person] and it's all on their file." However, the service did not regularly record that they were having end of life discussions with people.

We recommend that service follow best practice guidance around recording people's end of life wishes.

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

- People and relatives knew how to make a complaint and told us they would feel able to do so. One relative told us, " I have complained. [Person] had a bruise and I wasn't notified about it, I complained to [registered manager] and we had a meeting and [area manager] came down and there was an investigation."
- Complaints to the service were recorded and dealt with appropriately. We saw complaints were investigated and where necessary other agencies were involved to ensure people were receiving the right care. However, we noted there was some out of date information in people's care plans regarding comments, compliments and complaints and the Care Quality Commission. We discussed this with the registered manager and they said they would make changes following the inspection.

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

- People told us they got the care and support they needed. One person said, "Yes I do [get the care and support I need]." Care plans contained information about people's health needs and care preferences. Care plans were kept in people's homes where both people and visiting staff had access to them.
- Staff knew how people liked things done. One person said, "Yes, they know what I like." Staff we spoke to confirmed this and were able to tell us how they got to know people. One staff member said, "Talking to them and asking them things. When I go in I read the care plans and read the handovers."

### Meeting people's communication needs

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.

- The service supported people with communications needs. Assessments gathered information about

people's communication needs and the service provided information in formats how people wanted. This included reading to people, getting interpreters and having documentation interpreted. We observed the registered manager supporting someone with communication needs, ensuring they were supported with their needs at an upcoming health appointment.

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

- People were supported to avoid social isolation. Staff raised concerns of isolation with the staff team and efforts were made to involve and include people with activities or events according to their wishes and preferences. The design of the service, an extra care setting, promoted involvement and inclusion. Though people lived in their own flats, there were communal areas where people congregated, and the service promoted activities. People and relatives told us they enjoyed the activities provided by the service. One person said, "They have parties, barbecues in the summer, charity days, singer comes to." Whilst another said, "It's like Butlins [holiday camp known for entertainment.]"

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to take proper steps to ensure there were effective systems to assess, monitor and mitigate risks to the health and safety of people to improve the quality and safety of the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that while some improvements had been made further improvement was required and the provider was still in breach of this regulation.

- Quality assurance systems and processes were not sufficiently robust. Whilst some systems had been put in place to improve the oversight of training and supervision, it was apparent that they were ineffective given that completion rate of staff training was poor and a staff member told us they had not received supervision. Similarly, these systems and processes had done little to improve the standard of risk assessment and risk mitigation.
- The service had failed to complete regular spot checks. These checked medicines and worker's competency providing care, and also provided an opportunity for management to meet with individuals and receive feedback. We looked at five care plans and saw that no spot checks had been completed for six months, though the checks state they were due every three months.
- The local authority quality assurance team had visited the service in April 2019 and produced a report that highlighted similar issues to those we identified at inspection in August 2018, including concerns about risk assessments. This indicated that our concerns from the previous report had not been addressed and they had still not been addressed when we inspected in November 2019. This showed an inability to address concerns which had previously been highlighted.

We found no evidence that people had been harmed, however, quality assurance systems were either not in place or robust enough to demonstrate safety was effectively monitored or managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they had worked hard to improve the service since our last inspection and would continue to do so. They explained their ability to complete some tasks had been hampered by a change of administration staff, but new staff had now been bedded in. Following the inspection, they

informed us they had completed spot checks on all service users and provided us with evidence of spot checks on three people who we had asked them to.

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

- People and relatives regarded management and staff positively. One relative said, "[Registered manager] for me is amazing, [staff] are also amazing." Another relative said, "I think [registered manager] is amazing and extremely good, they listen and engage extremely well with us." We read compliments that the service had received highlighting staff were thought of positively.
- The service had a statement of purpose and a service user guide; both highlighted the aims of the service, to provide quality person-centred care to people in their own homes.

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 registered manager understood and acted responsibly and responsively when things went wrong. One relative told us about a meeting they had with the registered manager following a complaint that had been investigated, "The meeting was good and [registered manager] gave me enough time. The outcome was fine, and I agree with it. [Registered manager] notified me of the steps." We looked at complaints and saw that the registered manager and the provider had dealt with these in a professional manner and took responsibility for their duty of care.

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

- People and relatives were able to provide feedback. One relative said, "I have been offered but I don't like to do it." We saw survey results posted on a wall in the service and these indicated that people felt supported.
- The service held staff meetings. Staff told us these were useful. One staff member said, "We have them regularly, every month or so and on nights. If we got any people with concerns, we can raise them." Meeting minutes we saw contained topics focused on people and staff welfare.

Working with others

- The service was managed by the local authority and had professional relationships with other departments within the authority as well as with and other health and social care providers. The service had also forged links with other local community services such as a local nursery and local faith services. These relationships were maintained to the benefit of people using the service.

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 done all that was reasonably practicable to assess, monitor and mitigate risks to ensure the safety of service users.

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	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not operate an effective system to assess, monitor and improve the quality and safety of the service provided.

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

We issued warning notices to the registered manager and the provider

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured their staff were trained sufficiently to complete their roles.

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

We issued warning notices to the registered manager and the provider