

Northstar Home care Limited

NorthStar Home 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Northstar Home Care is a domiciliary care service providing care and support to people living in their own homes. The agency provides help and support to adults with a variety of needs. The service provides a range of care services including; assistance with personal care, preparation of meals, medication administration and companionship. At the time of our inspection two people were using the service.

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

We found systems were not in place to demonstrate clear management and oversight of the service. A thorough system of auditing and checks were not completed, and records were not always accurately completed and maintained. The registered manager and nominated individual acknowledged that improvements were needed to demonstrate compliance with the regulations.

Safe recruitment processes were not in place to ensure the suitability of those applying to work for the service. A structured programme of induction, training and support needed to be implemented to make sure staff had the knowledge and skills needed to support people safely. The registered manager had relied on personal knowledge of staff rather than evidencing a thorough recruitment and training process had been followed.

Medication plans did not accurately reflect the level of support provided by staff. Appropriate medication training and assessment of staff competency had not been completed to check practice was safe. A review of administration records showed information was not always accurate and complete.

Initial assessments had not been completed by the provider prior to commencing support to ensure the service was able to meet the needs of people.

The Statement of Purpose and policies and procedures needed to be revised and updated. Information should reflect the service provision, so people knew what to expect from the service and staff were guided in how this was to be delivered. We have made a recommendation about the implementation of the Accessible Information Standard (AIS).

Staff rotas were not in place to show how work was co-ordinated in line with people's contractual agreement.

Care plans provide relevant information about the support people wanted and needed. Areas of risk had been assessed and planned for. Records showed that people had been involved and consulted with about their care and support. 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.

People's relatives spoke positively about their experiences. They said they had been consulted with and

were kept informed. We were told that staff treated their family members in a respectful and dignified manner. Staff were described as "Very mindful and go the extra mile."

We were told there were no current complaints or safeguarding concerns about people who used the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection - This service was registered with us on 11/02/2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the registered manager. A decision was made for us to inspect and examine those risks.

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

Enforcement

At this inspection we have identified breaches in relation to initial assessments, staff recruitment, training and development, incomplete and inaccurate records, policies and procedures and quality monitoring systems. A further breach was found in the Care Quality Commission (Registration) Regulations 2009 with regards to the service's Statement of Purpose.

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 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 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

NorthStar Home 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 Care Act 2014.

Inspection team

The inspection team comprised of two inspectors, one from our registration team.

Service and service type

This service is a domiciliary care agency. It provides personal care and support to people living in their own homes.

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

The inspection took place on the 3, 10 and 11 July 2019 and was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. On the second and third day we spent some time contacting people's relatives and staff by telephone.

What we did before the inspection

We reviewed information we had received about the service since registering with the CQC. 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

During our inspection we spoke with the relatives of two people by telephone to seek their views about the service. We spoke at length with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. In addition, we also spoke with three support staff and contacted a social worker involved in the care of one person.

We reviewed the care files for two people, medication administration records (MARs), three staff recruitment files and training and development records as well as information about the management and oversight of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This key question has not previously been rated as this is the first inspection for the service. At this inspection this key question has been rated as 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.

Staffing and recruitment

- Robust recruitment procedures were not followed when appointing new staff.
- We reviewed the files for three staff, records showed references had been provided by the registered manager and not someone independent of the service. There were gaps in employment for one person and interview records to evidence the suitability of candidates were not completed for all staff.
- We noted concerns about historical issues which had not been disclosed as part of the application process or discussed at interview. We raised this with the registered manager who acknowledged they had previously worked with staff at another agency and "already knew about the offence" and "had not wanted to make staff feel uncomfortable".
- We also found relevant Disclosure and Barring Service (DBS) checks were not in place prior to staff commencing their employment. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The nominated individual and registered manager told us difficulties had been experienced in processing checks and therefore an alternative provider had to be sought. This had resulted in a delay in completing checks for staff. Evidence of this could not be provided. We were advised that an outstanding check for one member of staff had been received following the inspection.

Robust recruitment procedures were not in place to ensure the safety and protection of people who used the service. This meant there was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Due to the current size of the service, we found enough staff were available. Where necessary the registered manager and nominated individual provided support to people.
- It was not clear how people's support was co-ordinated and planned. The service did not utilise staff rotas to show that contractual arrangements were being met; nor were people provided with a record of staffing arrangements so they were aware which staff member would be visiting. The registered manager told us, "I just communicate with the team" and that information about shifts was shared using 'WhatsApp'.
- People's relatives told us, "[Relative] doesn't like change, they always have the same people visiting" and "They have known [relative] for a while so understand what's needed."

Using medicines safely

- Systems to demonstrate the safe management and administration of people's medicines needed to be improved.

- Staff told us they would, "Open the blisters and give people their medication." This was confirmed by people's relatives who said that medication would be delivered and staff, "Will give it to them [relative]."
- Both people who used the service or their representative had consented to receiving support with their medication. However, information in their care plan and risk assessments did not accurately reflect how this was provided. The registered manager told us plans would be updated.
- Staff told us they had completed medication training as part of the induction. Information seen showed that brief information had been shared about the completion of medication records. There was no evidence of formal training in the safe administration of medication having been completed or that a competency assessment had been completed to check staff practice was safe.

Systems to evidence clear management and administration of people's medicines needed to be improved. This meant there was a breach of Regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were assessed. These explored areas such as, medication, moving and handling and falls. It was unclear on the moving and handling assessment how the level of risk had been determined so the appropriate action and support was in place to help minimise potential risks. When asked the registered manager was unable to explain how this had been established.
- We saw that fire safety and environmental assessments were also completed in people's homes. These explored fire safety, detection and evacuation as well as the safety and suitability of the environment. Assessments were completed on commencement of support. We were told these would be reviewed annually or if the person's needs changed.
- Only one person currently supported by the service had a key safe at their home, which staff had access to. This is where keys are kept in a secure locked box outside the person's home and can only be accessed by people with the code. We saw the key safe number was kept confidential.
- We were told the registered manager and nominated individual provided out of hours 'on-call' support in the event of an emergency or issue arising. One person's relative said, "I have their contact numbers if I need them."

Systems and processes to safeguard people from the risk of abuse

- Whilst systems to ensure the safety of protection of people could be improved, people's relatives told us they were happy with the level of care and support provided. One person's relative told us, "We have no concerns at all, brilliant the way they look after us all."
- Staff told us they had discussed safeguarding people from abuse and whistleblowing as part of the induction programme. However, a review of staff files found no evidence of the information discussed or that more formal training had been completed since commencing their employment. Staff spoken with said if they had any issues or concerns they would report it to the manager.
- The 'employees handbook' provided staff with relevant policies and procedures about the safety and protection of people. These included, safeguarding from abuse, handling service user's money and whistleblowing.
- On the first day of our inspection we were told by the registered manager that staff were not handling people's finances. However, during our discussions with staff and people's relatives it was established that staff would handle money when shopping for people. One staff member told us the transaction would be recorded and receipts provided. We followed this up with the provider who told us this was not part of people's support plans. We asked for this to be explored further and where necessary included in the person's care plan.
- We were not made aware of any current safeguarding issues or concerns involving people who used the

service.

Preventing and controlling infection

- Staff spoken with confirmed that personal protective equipment (PPE) such as disposable aprons and gloves were provided. Staff spoken with said, "Everything is available, we can also request face masks if we've got a cough."
- Basic information about the management and control of infection was covered in the staff handbook. Staff spoken with said that as part of the induction programme relevant policies and procedures were discussed. A checklist was also completed confirming receipt of their uniform, hand gel and disposable gloves. There was no evidence of staff having completed formal training in this area.

Learning lessons when things go wrong

- The registered manager and nominated individual acknowledged that systems to demonstrate compliance with the regulations was required.

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 key question has not previously been rated as this is the first inspection for the service. At this inspection this key question has been rated as 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; 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- People using the service were not subject to restrictions. We saw that people who used the service, or their representatives had signed care records to evidence their consent and agreement to the care and support provided. People's relatives told us, "They involve all of us" and "[Relative] is always involved, regular discussions about what they want and need."
- Information was available to guide staff in consent and capacity. Whilst staff knew how to offer people choice when offering support, we found staff had little understanding of the MCA. A review of training records and discussion with the registered manager confirmed training in the MCA had not been provided.
- We were told people using the service had been transferred from hospital or another service. Whilst an assessment had been provided by the person's social worker, a further assessment as part of the transfer of service had not been completed by the provider. One relative told us they had been in a planning meeting prior to support commencing, however a review of records found no evidence of this.

Without comprehensive assessments service providers cannot make an informed decision about whether they are able to safely and effectively meet the person's needs. This meant there was a breach of Regulation 9(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- People's relatives said they felt staff were knowledgeable and knew how to support their family member in a safe way. We were told, "Yes, they have the skills, we're happy and so is [relative]" and "They're professional and caring."

- There was evidence on staff files of an induction checklist which had been completed during the recruitment process. This referred to working practices, policies and procedures and employment rights. Staff spoken with said this 'training' had been provided by the registered manager.
- The training record for the service was provided by the nominated individual following our initial visit. Information showed that all three staff had completed training in a range of topics, for example, health and safety, infection control, safeguarding, dementia, moving and handling, medication and basic life support. We noted that all three staff had completed the courses over the same two-days. However, dates for the training did not correspond with staff commencing employment nor was their evidence of such training having been completed.
- Staff were said to have previous care experience or continued to work for another agency where training had been completed. However, the registered manager had no evidence of such training nor had they completed assessments of staff competency to check their practice was safe. This did not demonstrate the services policies and procedures were being followed.
- We saw evidence the registered manager had completed a 'train the trainer' course in moving and handling and facilitated training to staff. This training had been completed in 2016. There was no evidence of any updates in this training or of any other training completed to make sure practice was current and up to date.

A formalised system of staff training, development and support needs to be implemented so that staff have the knowledge and skills needed to support people safely and effectively. This was a breach of Regulation 18(2) 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 relatives said they would generally organise shopping and prepared meals for their relatives. We were told, "We do the bulk and carers will do an extra bit of shopping" and "They will make light meals."
- Staff told us they would ask the person what they would like them to make and would check adequate food and drinks were available throughout the day. They commented, "I ask [person] what they would like to eat, offer a choice", "The family are always on top of things, I just warm things up" and "I make some breakfast and do supper before I leave."
- Information about people's eating and drinking including their likes and dislikes were included in the care records. Where people may be at risk of malnutrition or weight loss, we were told staff would liaise with the person's family and their GP.
- Food hygiene training was completed by staff following the inspection.

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

- People received consistent support from staff who knew them. Where necessary additional support was sought from relevant healthcare professionals such as GPs and district nurse. People's relatives told us, "Any concerns they will liaise with us" and "If really urgent they will call the GP, then let us know."
- Staff spoken with knew people's health care needs and how to access additional support if this was needed. They said any changes in people's needs were communicated so they were always kept informed.
- Where people may have to be transferred between services an 'emergency form' was available detailing people's personal details, medical history and current medication.

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 key question has not previously been rated as this is the first inspection for the service. At this inspection this key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's relatives told us staff were "very respectful" toward them and their family member. We were told staff knew people well and offered consistent support. Their comments included; "Friendly bunch", "Flexible and accommodating", "They've been absolutely brilliant" and "Can't fault the carers."
- Relatives were happy with how their family members were cared for and said that staff had developed meaningful relationships with people. One relative told us, "They are interested in the client and respect individuality."
- Information within the staff handbook included an 'equality and diversity' statement. Staff told us how they promoted and supported people to follow routines of their own choosing. We were told that visits were flexible and that enough time was always made available.

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

- People's relatives said their family members were able to express their wishes and feelings and staff listened to and acted upon them. We were told, "At the start they [staff] did a few extra days to get to know [relative]" and "They do what [relative] wants to do when [relative] wants to do it."
- Care records considered people's views and showed they were involved in making decisions about their care and support so that it was provided in a way that met the individual needs of people. Information was person centred and included what was important to them, such as routines, hobbies and activities as well as their likes and dislikes. One comment included, "Staff want to know [relative] interests so they have meaningful support."

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us their family member was supported to be as independent as possible. One person's relative told us, "They [staff] are good at helping to reinforce [relative] independence whilst keeping them safe."
- Staff were able to describe how they supported people in a sensitive way helping to protect their privacy and dignity when offering personal care.
- Staff spoke about people in a kind and respectful way. They understood they worked in people's own homes and needed to be mindful of this.

Is the service responsive?

Our findings

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

This key question has not previously been rated as this is the first inspection for the service. At this inspection this key question has been rated as 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; 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

- We were told an initial six-week review would be completed followed by an annual review to check the package of care in place was meeting the person's needs. People's relatives and staff said the registered manager was very visible and regularly visited people to check the support provided was in line with the agreed care plan. Relatives told us, "'A' star for communication" and "We've had quite a lot of contact."
- We were told that people followed routines of their own choosing. The nominated individual was said to regularly visit one person offering same gender support and companionship.
- Care records we looked at provided information about people's individual needs, wishes and preferences. Records included a pen picture of the person and explored all areas of daily living, such as, communication, personal care, eating and drinking, daily living, choice and control, keeping safe, medical history and medication list. Plans explored people's individual needs, agreed goals and outcomes.

However, some improvements were needed to ensure records included or accurately reflected the level of support provided, such as medication administration, shopping tasks as well as names and dates recorded in full. Clear and accurate records need to be maintained in relation to the care and support people receive. This was a breach of Regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- Basic information was available to people and their families about what to expect from the service. In discussion with the registered manager and nominated individual alternative formats had not been considered; such as different languages or different formats, i.e. larger font. We have recommended the provider refers to the Accessible Information Standard (AIS) and takes relevant action, where necessary.
- The nominated individual said if necessary interpreters could be accessed to better communicate with people who do not have English as a first language.

Improving care quality in response to complaints or concerns

- People's relatives told us they had no issues or concerns about the service received. We were told,

"Anything to worry about isn't a problem, they are very accommodating."

- A 'welcome pack' was to be developed, which would include a copy of the complaints procedure. A review of the procedure clearly explained the process followed and relevant external agencies who can be contacted if needed.
- We were told no complaints or concerns had been received about the service; however, systems were in place for the recording and responding to any issues brought to their attention.

End of life care and support

- The service was not providing end of life care to people. As part of the care planning process people were asked about any 'advanced care plan', however these were not completed.
- As part of the service improvement plan this area should be developed further should this area of support be provided.

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 key question has not previously been rated as this is the first inspection for the service. At this inspection this key question has been rated as 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

- Prior to this inspection we had received concerns about the management and conduct of the registered manager. During the inspection we found the registered manager and nominated individual did not have a clear understanding of their legal responsibilities.
- Systems to demonstrate clear management and oversight of the service had yet to be implemented. We found the registered manager placed significant reliance on their previous knowledge of people and staff and had failed to provide evidence to demonstrate compliance with the regulations.
- Several areas required improvement to ensure the safety and protection of people. In addition to poor recruitment processes and the lack of initial care assessments, we found organisational policies and procedures were not followed or accurately reflected practices to follow. The staff handbook referred to comprehensive training and development, which had not been provided. This also referred to staff maintaining their registration with the NMC, however the service was not registered to provide nursing care; nor did they employ nursing staff. Information about the service also referred to another agency, this was said to be due to a printing error.
- Whilst audits were completed to the log books, records were not always completed in full, with people's names and dates and times of visits and tasks completed did not always correspond.
- The registered manager and nominated individual acknowledged that improvements were needed to demonstrate robust management systems were in place. This information is important as it helps to identify areas of improvement and ensure good quality outcomes for people using the service.

Effective quality monitoring systems need to be implemented to evidence clear management and oversight of the service. This was a breach of Regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In light of changes in commissioning arrangements the provider was exploring alternative areas of support. The statement of purpose and service user guide need to be updated to accurately reflect the service provision. This was a breach of Regulation 12, Schedule 3 of the Care Quality Commission (Registration) Regulations 2009.

- People's relatives described the registered manager and nominated individual as, "Professional and caring" adding "It's personalised to the individual."

- Staff spoken with said they understood what was expected of them and felt supported in their role. The registered manager and nominated individual were described as, "Always accessible", "Out there doing things" and "She [registered manager] is hands on, so can address things straight away."

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

- Staff felt well supported, adding, "They [registered manager and nominated individual] are good at listening and understanding."
- People and staff were provided with an 'on-call' number which was available outside of office hours should they need any advice or due to unforeseen emergencies.

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

- Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events which happen in their services. The registered manager was made aware of their regulatory obligations and had informed CQC of significant events, where necessary. No complaints or concerns were identified during the inspection.

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

- Due to the current size of the service the registered manager was very visible, providing both direct support as well as maintaining regular contact with people, their relatives and staff. People's relatives told us, "We've a good rapport", "Know them quite well" and "We've had quite a lot of contact."
- The staff team comprised of the nominated individual, registered manager and three staff. Occasional staff meetings were held as well as updates and information shared through 'WhatsApp' so they were kept informed.

Working in partnership with others

- The registered manager and staff worked closely with other services so that people's assessed needs were appropriately met, and their health and well-being was maintained.
- Due to changes in commissioning arrangements the registered manager and nominated individual were exploring how they could develop the service, working with other agencies / communities across the local area.

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 Registration Regulations 2009 (Schedule 3) Statement of purpose The services' Statement of Purpose for needed to be reviewed to reflect up to date and accurate information about the service.
Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Comprehensive assessments were not carried out enabling the service providers to make an informed decision about whether they were able to safely and effectively meet the people's needed.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems to evidence clear management and administration of people's medicines needed to be improved.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing A formalised system of staff training, development and support needs to be implemented so that staff have the knowledge and skills needed to support people safely and effectively.

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>Effective quality monitoring systems need to be implemented to evidence clear management and oversight of the service. A thorough systems of auditing and checks were not completed and records were not always accurately completed and maintained.</p>

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Robust recruitment procedures were not in place to ensure the safety and protection of people who used the service.</p>

The enforcement action we took:

Warning Notice