

Frendy Integrated Services Ltd

FHS24 Nursing+Care Agency

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 2 and 4 October 2018 and was announced.

At the last inspection, we found concerns with medicine management, people with specific health needs had not had risks considered and recruitment processes were not in line with legislation. This led to two breaches of Regulation in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan to show us how they were going to resolve the concerns and in what timescale.

During this inspection we found there had been improvements with most medicine management and assessing people's health needs. However, we found continuing issues with the recruitment process. We also found several new concerns including how well led the service was.

FHS24 Nursing and Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and live in carers when it is required. It provides a service to, older and younger disabled adults including people on the autistic spectrum. The agency also provides unregulated services such as care staff to nursing and care homes and support in the community for people who do not require personal care.

This service provides care and support to four people living in their own homes and three of them were under supported living arrangements. This was so that they can live in their own home as independently as possible. People using the service required up to 24-hour support from staff due to their disabilities or needs. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living or care in people's own homes; this inspection looked at people's personal care and support.

Not everyone using FHS24 Nursing and Care Agency receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The care service for people with learning disabilities has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. "These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

The service had a registered manager in post who is also one of the directors. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager is supported by the managing director to run the service.

The service was not being well led. Although the management had developed positive relationships with people. People and their relatives were happy with the support they received. We found systems were not identifying concerns found during the inspection. There was not a demonstration by the management of learning from previous inspections. Notifications to other bodies were not always being completed in line with current legislation.

People using the service thought they were kept safe. Most medicines were managed safely. Some improvements were made during the inspection with records around 'as required' medicines and temperature checks for medicine storage. Risk assessments were now carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. Recruitment systems continued to fail to follow current legislation.

People were protected from potential abuse because staff understood how to recognise signs of abuse and knew who to report it to. However, systems were not always in place to manage potential safeguarding incidents. Staff had been trained in areas to have skills and knowledge required to effectively support people. People told us their healthcare needs were met and staff supported them to see other health professionals

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible. Staff understood the processes when people lacked capacity to make decisions. People were supported, when required, to eat a healthy, balanced diet. Success had been found when people wanted to lose weight to become healthier.

Care and support was personalised to each person which ensured they could make choices about their day to day lives. Care plans reflected people's needs and wishes and they had been involved where possible. People knew how to complain and there was a system in place to manage them. Although, none had been received since the last inspection.

People told us, and we observed, that staff were kind and patient. People's privacy and dignity was respected by staff. Improvements could be made with some language used when recording care that was provided. People's cultural or religious needs were valued and they were involved in decisions about the care and support they received.

We found two breaches of regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of regulations in the Care Quality Commission (Registration) Regulations 2009.

You can see what action we told the provider to take at the back of the full version of the report.

We made two recommendations. One was about safeguarding processes and the other was about how information is shared with people who use the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People were not protected from the risks associated with poor staff recruitment.

People could expect to receive their medicines as they had been prescribed. Some improvements were still required for medicines practices.

People had risks of potential abuse or harm minimised because staff understood the correct processes to be followed. However, systems to manage potential abuse incidents were not in place.

People were protected from risks because care plans contained guidance for staff and risk assessments were in place.

Is the service effective?

Good 

The service was effective

People were supported by staff who had the skills and knowledge to meet their needs.

People had decisions made in line with current national guidance.

People had access to medical and community healthcare support.

People's nutritional needs were assessed to make sure they received a diet that met their needs and wishes.

Is the service caring?

Good 

The service was caring.

People could make choices and staff respected their decisions.

People's privacy and dignity were respected most of the time by staff.

People's needs were met by staff who were kind and caring. Staff respected people's individuality and spoke to them with respect.

People could exercise their religious and cultural beliefs.

Is the service responsive?

The service was not always responsive.

People did not always have information shared in line with current national guidance.

People's needs and wishes regarding their care were understood by staff. Care plans contained important information to provide guidance for staff.

People knew how to raise concerns and there was a system in place to manage complaints.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The registered manager was not fulfilling their legal responsibilities because notifications were not being sent to the commission.

People were not using a service which had clear external scrutiny to ensure they were receiving care and treatment in line with their needs. There was only informal internal scrutiny which did not identify all concerns found on inspection.

People were supported by a management who had not always made changes to systems when it was identified things could be improved.

People were not supported in a service which was always up to date with current best practice.

People benefitted from using a service which had staff who felt supported and listened to.

Requires Improvement ●

FHS24 Nursing+Care Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 and 4 October and was announced.

We only gave the service 24 hours' notice of the inspection visit because prior to the inspection we had received concerns. We gave some notice because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 2 October 2018 and ended on 4 October 2018. It included spending time in the office, visiting two people in their own homes and speaking with staff. We visited the office location on 2 and 4 October 2018 to see the registered manager and speak with staff; and to review operational records including recruitment, safeguarding and policies and procedures.

It was carried out by one adult social care inspector.

The provider had not completed a Provider Information Return (PIR) because one had not been requested. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection we looked at things which would have been on the PIR. We spoke with other health and social care professionals and looked at other information we held about the service before the inspection visit.

We spoke with two people who used the service. We spoke with the registered manager, the managing director, five members of staff. Following the inspection, we spoke with one member of staff on the telephone.

We looked at two people's care records. We observed care and support in people's own homes. We looked at staff files, information received from the provider, safeguarding records, accident and incident records,

the complaints and complements system, medication files, environmental files, statement of purpose and a selection of the provider's policies.

Following the inspection, we requested further information including an action plan on concerns found, training records, updates to concerns found with recruitment and other documents relating to the service. We received all this information in the time scales given.

Is the service safe?

Our findings

At the last inspection we found the service were in breach of Regulations 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed safely. People with specific health needs had not always had them considered. Recruitment for staff did not ensure people were kept safe. Following the inspection, the provider sent us an action plan to show us how they were going to resolve the concerns and in what timescale.

During this inspection, we found there had been some improvements. Most medicine was now managed safely. People with specific health needs had care plans which provided staff with clear guidelines. However, we continued to find concerns with the recruitment and small elements of medicine management. New concerns were found with safeguarding procedures in the service.

Recruitment was still not being completed in a way to keep people safe. It was not in line with current legislations. Neither was it carried out in line with the provider's policy and procedures. Staff were being employed prior to all checks being completed and one member of staff had no interview prior to starting work. Their interview record stated, "Retrospectively completed" and the dates recorded demonstrated this. Three staff had criminal record checks by a different company. One was already in their staff file, whilst two were sent following the inspection on site.

We were provided two different sets of employment dates for one member of staff by a director. There was nothing recorded in their staff file to demonstrate which was the correct date. One person's previous employment records did not match their employment history. Two staff had references with no identification to demonstrate it was from a previous employer. The registered manager and provider showed us several other reference requests to demonstrate they did ask for references. None of these matched the references to demonstrate they were from a previous employer. A third member of staff had no references in their staff file. The registered manager and a director told us they had previously been employed but had shredded the old paperwork. By not completing adequate pre-employment checks there was a potential risk people would have inappropriate staff working with them.

The registered manager and managing director told us they take photocopies of original documents and then they got lost so had to do them again. There were multiple times when the registered manager and managing director informed us they had shredded certain documents. This did not match the information provided by local authorities who had visited. The registered manager said they, "do everything we can do get references". They were now aware they could not use criminal record checks from other providers when employing new staff. Following the inspection, the registered manager updated us on actions they had taken to improve the recruitment. We liaised with the local authority and the immigration service about the concerns we found.

This is a breach in Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although staff knew what to do to protect people from abuse concerns were found with the systems in place to manage potential abuse. Staff knew about how to identify abuse and where they should report it. Staff told us they thought the registered manager would do something. However, one person had been an alleged victim of abuse. The records in relation to this potential safeguarding did not match those within the local authority about sequence of events and actions taken. Another potential safeguarding incident had occurred. This had been partially investigated by the provider. No contact had been made with other agencies in relation to the concerns. There was no timeline of events or actions to demonstrate lessons had been learnt within the safeguarding records. We spoke with the registered manager who agreed it was a potential safeguarding and she was unable to locate the records. By not informing other agencies such as the local authority safeguarding team and the Care Quality Commission it was not clear how people had been kept safe.

We recommend that the service seek advice and guidance from a reputable source, about the management and learning from potential safeguarding incidents.

People were supported by enough staff to meet their needs and wishes. One person told us they thought there were enough staff. Another person told us they preferred to know who was supporting them in advance. One member of staff explained they had set days to work which helped the person know who was supporting them. They said, "I think there are enough staff". There was no formal system being used to write the rota and ensure staff were not working shifts which were too long. The provider had been looking at electronic systems they could use to improve how staff were informed about their shifts. There were occasions when the registered manager and director would step in and complete shifts to ensure people received the care they required.

The registered manager told us, "Recruitment has been a challenge". They explained they looked outside of the local area for staff as they have a house staff can rent rooms in. Priority was always given to staffing the regular packages prior to offering care staff to other services. The provider was actively looking for new staff in a variety of ways.

People's medicines were mainly managed safely. One person told us, "Staff help with my medicines in the morning and night". Another person said, "They sort out tablets for me. I always have enough tablets". There were times they were reluctant to take their medicines. One member of staff told us they would explain to the person why the medicines were important although respect their wishes if they did not take them. There were systems in place should the person risk a decline in health from repeatedly refusing their medicines.

Storage of medicines was mainly safe. Regular stock checks were taken to ensure no medicine went missing. Improvements were made during the inspection to monitor the temperature of the stored medicines. Further improvements were required in relation to the guidance for staff around 'as required' medicines and topical creams. Staff could tell us when people needed their 'as required' medicine. However, there was a large turnover of staff which meant there was a risk of topical creams and 'as required' medicine being administered inconsistently. The registered manager and staff actively started making improvements during and following the inspection.

People who could become anxious and upset were supported in a way that kept themselves and others safe. This could lead to behaviours which would challenge themselves or others. There were clear guidelines and risk assessments in place for staff to follow. One person told us they could get angry and throw things out windows. The member of staff knew what to do if this happened to keep the person safe. The person told us they had felt less angry recently due to the support they received from staff. The staff member told us there was a focus on preventing the anxiety from escalating. Another person could become incredibly upset

around food. Staff supporting them were clear on what to do in these situations and how to keep the person and others safe.

The registered manager told us every four months they analysed the behaviour monitoring charts. This meant they could identify any patterns that had occurred and make any necessary changes. It includes reviewing the staff who worked with the person. Staff were aware of people's individual needs. They could explain strategies they used to reduce a person's anxiety and lessen the chance of behaviours which could challenge.

Although there were systems in place to prevent the spread of infection when people were supported these were not always used. One member of staff explained they can get gloves and aprons from the office. However, one person told us when members of staff support them in the shower the staff were not always wearing gloves and aprons. By not always using protective equipment during high risk times there was a risk a person could become unwell due to the spread of infection.

Is the service effective?

Our findings

Since the last inspection the registered manager had introduced a new assessment for care plans. They had also been working on documentation around the Mental Capacity Act and people's human rights. 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.

Most people they supported had the capacity to make daily decisions for themselves. One person with capacity had consented to their kitchen being locked to support them with a health condition. They explained to us, "It helps me". Another person had chosen not to go out to the community that day. This had been respected by staff.

When people lacked capacity to make a specific decision we checked with members of staff they understood the principles. One member of staff demonstrated they did. A decision was being considered for one person which was outside our regulatory powers. The member of staff clearly talked us through the decision being considered. They explained how if the person lacked capacity a best interest would need to be taken involving several other professionals and the person's family.

People were supported to see different health and social care professionals to meet their needs. One person was regularly visited by a specialist nurse to provide support and guidance. The staff worked collaboratively with them to ensure the person's health needs were met. Another person saw specialists in relation to their health condition. They also went and gave talks on their health condition to educate other people and professionals about it. One member of staff explained they work closely with other health professionals to meet a person's needs.

When people's health declined staff would seek support from other health and social care professionals. One person had a potential recent decline in health leading to an increased number of falls. Staff had taken appropriate action on each occasion. This included when they had hurt their head badly they attended hospital for some tests to check they were alright.

People were supported to eat a healthy, balanced diet when they required support. One person told us staff regularly cooked for them. One member of staff explained they cooked the main meals. The person could prepare hot drinks, breakfast and sandwiches for themselves. At all times staff were promoting independence. The person was listened to with their food preferences. They helped to complete the shopping. Another person had incredibly specific guidance in place to ensure a health condition was managed appropriately. All staff were aware of the guidelines in place and the person had consented to them. By following the instructions, they had supported the person to lose a considerable amount of weight.

People were supported by staff who had received training to meet most of their needs. One person told us

they thought staff had enough training to meet their needs. One member of staff said, "The training is very good. We do it online". Another member of staff told us, "Generally we have enough training". New staff shadowed experienced staff before working on their own with a person. This meant they could find out the needs of the person and how to support them. One member of staff said, "I had some shadow shifts" before they started working alone with people.

Members of staff told us they received unannounced 'spot checks' from office staff and members of management. This was to ensure their practices were safe and in line with current best practice. One member of staff told us, "We get spot checks. They [meaning the management] come without notice". Records reflected these were taking place. However, when actions were identified there was no system to ensure they were followed up and resolved. The registered manager said they just remembered to follow up the actions.

Is the service caring?

Our findings

People were supported by kind and caring staff who knew them well. One person told us when they get upset watching television they have a, "Little cry". Staff would comfort them and cheer them up. Another person informed us they liked the staff who were working with them. When asked why they said, "I just do like them". One member of staff was able to explain the type of programmes which upsets the person and what they look out for when supporting them.

Compliments reflected the care being provided by staff to people. One compliment read, "Excellent committed service. Carers are calm and patient with extremely high standards". It continued, "Very approachable and inclusive. Very much a team with family members" and finished with, "This is reflected by the vast improvement in behaviour of our son". Other compliments read, "The majority of staff are professional and helpful" and, "Excellent communication, reliable staff who undertake the role very well".

People were supported to remain in contact with their friends and family. One person told us about how their relative visits them and the journey they take. Members of staff also supported people where there were more difficult family dynamics. One member of staff explained it was important the person could see their family. Therefore, they supported them during and after these visits to make sure they remained happy.

People were supported by staff who respected their cultural and religious beliefs. One member of staff said, "I respect people's different backgrounds". It was clear in care plans that people's cultural and religious needs had been considered when planning their care.

People had their privacy and dignity respected by staff. When people were supported with intimate care staff knew to take their time, involve the person and encourage independence. One member of staff made it clear they treated people as they wanted to be treated. They said, "Privacy is very important". When people started receiving care they could state a preference to the gender of staff supporting them. This was respected by the provider and staff. However, there were occasions the language used in reports was not reflective of dignity and respect. The registered manager said they were continuing to work on this because many staff spoke English as a second language.

People were encouraged to make choices and staff respected them. They could choose when they got up and whether they were going out in the community. One person had a pet and recently wanted to increase the number of pets they had. Staff had supported them to choose the pet and get the equipment required to have a happy, healthy pet. Staff knew the people well so could identify when a person was struggling to express their choices. They then offered appropriate support.

Is the service responsive?

Our findings

We discussed with the registered manager and staff how they promoted communication and information sharing in line with the Accessible Information Standard. The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand. The registered manager was not aware of it or how they were meeting the standard. Staff informed us they helped people read information about themselves. The registered manager explained they used the positive relationships some people had with other professionals. For example, one person knew a nurse well and they often helped explain more difficult concepts to them. No work had been completed on exploring different visual methods of communicating information yet.

We recommend that the service seek advice and guidance from a reputable source, about the Accessible Information Standard.

People's care plans reflected their needs and wishes. One person told us they chose not to look at their care plan. They said, "People in the office do my care plan". Another person's care plan outlined their health needs which informed staff how they should support them. Each person's care plan had key details which provided guidance for staff to follow. For example, all people had daily routines to provide instructions to staff about how to meet the person's preference. One person had a specific health condition which required special consideration to food. All staff were aware of the guidelines and information within the person's care plan.

Each care plan listed how the person preferred to express themselves. This meant staff who were new or agency staff had required information. Support plans contained guidance about the person's preference and desired outcome of the support. All staff were aware of the information within the care plans. Staff could demonstrate how they supported people to achieve their desired goals.

There were information leaflets about specific health needs. If people had a health condition such as epilepsy there was additional monitoring charts in place. One member of staff explained they used these to help them identify new patterns. This would then inform them about how the person was supported and how regularly checks were made. The registered manager informed us since the last inspection they had worked hard on improving people's care plans.

Daily records had been introduced since the last inspection to log important things which had occurred. These provided outlines of how the person had been supported each day and the activities they got up to. Staff informed us it helped them see what had happened on days they were not working. It began to provide the opportunity for the registered manager to monitor if any patterns were occurring in people's support.

People's care plans were regularly reviewed by staff and the management to ensure they were up to date. One person's care plans had several records of reviews. Each part of their care plan was reviewed and people were involved in this through discussions. By involving people and those important to them they were ensuring staff had up to date information.

We do not regulate whether people have activities when using a service registered for personal care. It was clear staff were supporting people to live a rich and fulfilled life. During the inspection the director was phoning up a person to arrange an activity with them. We saw people were being supported to access the community and participate in a range of things. One person was planning with their staff going to the circus and how they would take photographs whilst there. Another spoke about their love of birds.

People knew how to complain and said they felt listened to. One person told us they would, "Ring the office if not happy and speak with whoever answers". They agreed something would be done with what they said. There was a complaints system in place. We saw this had been followed for complaints in relation to parts of the agency we do not regulate. These had been managed in line with their procedures. There had been no complaints for the part of the service we do regulate since the last inspection.

Is the service well-led?

Our findings

At the previous inspection, in September 2017, we found the service was not always well led. During this inspection we continued to find the service was not well led. The registered manager was the controlling person for the provider. There was no external scrutiny. This meant there was a lack of assurance around the monitoring and sustainability of the service. There continued to be a repeated breach in the Regulations around recruitment.

Although some systems had been established for recruitment, safeguarding and supervision they were not being consistently followed. Concerns were raised about the management of safeguarding incidents with the registered manager and managing director. This was because records did not demonstrate lessons learnt or actions taken to reduce the risks. The information provided at the inspection did not always match the records of the local authority. Ongoing concerns were found with the recruitment at the service which was not in line with legislation.

The managing director and registered manager continued to monitor care and planned ongoing improvements using an informal approach. This approach was not always identifying concerns found during the inspection. For example, they had not identified issues with the medicine management in relation to 'as required' medicine and monitoring storage temperatures. The registered manager explained the management were hands on in the service because it was still small so thought they could identify concerns and rectify them. There were few records to show how they audited things, then reviewed patterns and learnt from errors.

The registered manager and managing director were not demonstrating they were learning from previous inspections. Despite information being provided to the registered manager at the inspection in September 2017 in relation to best practice around medicine administration not all of this had been followed. For example, clear guidance was not always available with the daily medicine administration charts for staff to follow in relation to topical creams and 'as required' medicine. Improvements had not been made with the recruitment of new staff and notifications were not being sent in line with statutory obligations.

The registered manager and managing director were not demonstrating they were keeping up to date with current best practice. For example, during the inspection we found neither were aware of the Accessible Information Standard. Despite being signposted at the inspection in September 2017 to current national guidance around medicine management we continued to find small issues. Staff administering medicines were not always having their competency checked regularly. The registered manager told us they completed this as part of a spot check. However, there were no details about how a member of staff's understanding of administration practices.

There were no formal systems to gain feedback from people, their relatives and other health and social care professionals. The registered manager told us they "Worked hand in hand" with people's families. Although care plans contained some information there was little recorded about how they had improved the service.

There were times during the inspection we requested information and documents which should be readily available which were not. For example, we requested the training records for staff and specific documents related to staff member's recruitment. We also requested copies of rotas and one safeguarding record. The registered manager and managing director told us they were unable to produce some of them due to members of staff leaving. Other documents we were informed they had shredded. Following the inspection, we had to formally request some of this information to allow us to make a judgement on the service.

This is a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Notifications to the Care Quality Commission (CQC) were not being sent in line with current legislation. One potential safeguarding was identified during the inspection where a notification was not sent. There were other incidents identified which had not been notified. For example, one person had recently had police involvement due to two incidents we were made aware of. On another occasion a person had increased falls resulting in attending hospital. None of these had been notified to CQC. The local authority were unaware of a recent hospital visit. The registered manager was not aware of their legal obligations to notify CQC. By not informing CQC or other agencies of incidents independent monitoring of people's care was unable to be carried out.

This is a breach in Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People told us they liked the service they were receiving. The registered manager and managing director had developed positive relationships with them. One person explained they were regularly visited by the registered manager and we saw records confirming this. The managing director appeared to have a positive relationship with one person when we heard them talking on the telephone.

Most staff were positive about the support they received from the managing director and registered manager. One member of staff, "I feel supported. It is a blessing. I have supervisions and annual reviews". Another member of staff said, "They are approachable. If you can approach or have a cup of tea. Never scared to ask anything". They [meaning the management] do all they can to support us. I am happy". However, concerns were raised by one member of staff during the inspection about some of the conduct they witnessed by the management.

There was a relaxed atmosphere in the office of the service and most staff told us they were very happy in their work. Comments included; "If I want to know anything I ask" and, "I enjoy working here". The registered manager told us there was an open door policy at the service and some staff confirmed this. During the inspection we saw staff come to the office and the managing director going to give other staff lifts.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify the Care Quality Commission in line with their statutory obligations.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure people received safe care and had not fully put in place systems to monitor the quality of care people received. Those which were in place had not operated effectively to ensure compliance.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to recruit new staff in line with current regulations to keep people safe.

The enforcement action we took:

We have served a warning notice to the provider to make improvements within a fixed timescale in line with the regulations.