

A S Care Limited

Kestrel House

Inspection report

14-16 Lower Brunswick Street
Leeds
LS2 7PU
Tel: 0113 242 8822
Website: www.carewatch.co.uk

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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?

Inadequate



Is the service well-led?

Requires improvement



Overall summary

This inspection was announced and took place on 5 June and 6 July 2015.

Kestrel House provides domiciliary care services to people in their own homes in Leeds and Wakefield. At the time of our inspection there was a registered manager in place. 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.

At our last inspection on 19 August 2014, the service was in breach of regulations 9 care and welfare and 23 supporting workers of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to Regulation 9 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found the provider was still in breach of regulations 9 person centred care and 18 staffing.

People who used the service told us staff did not always arrive on time and on some occasions did not arrive at all; people told us they did not always feel safe. Staff had

Summary of findings

a good understanding of safeguarding and told us they would have no hesitation in reporting to their managers if they had any concerns about people who used the service.

Where staff administered medication we found it was administered appropriately. There were occasions where the recording of creams was not always accurate. We found risk assessments in most people's care files, although we also saw some risk assessments were missing. Staff told us they assisted people to maintain a nutritional diet as identified in their care plan.

Staff told us they received training which prepared them to undertake their role effectively, this included core subjects which were updated annually. Whilst we did not see evidence of mental capacity assessments in the care files we reviewed, we found staff were able to explain the principles of the act.

Staff we spoke with told us they had not received recent supervisions and whilst the provider had implemented a supervision and appraisal matrix this had not had time to be embedded into the service.

People told us staff were generally kind to them and treated them with dignity and respect. People said if they had any concerns they would speak with the manager of the service. We found people had made complaints and some people were unhappy with how the service was delivered.

We saw conflicting information in people's care files and in some cases information about people's change in healthcare needs had not been updated in the relevant sections of their care files.

The provider carried out audits of the service and gave people who used the service the opportunity to give their opinions of the quality of the service. However, we found the audits had not identified some of the concerns we identified during our inspection.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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. Some people told us staff could be late and sometimes not arrive at all. Some people told us they did not always feel safe. Other people told us they felt safe with Kestrel House staff. Recruitment procedures were designed to keep people safe.

Medication was administered as prescribed although we found when creams were administered they were not always recorded.

Risk assessments in most cases were completed; however, we found some were inconsistent or missing.

Requires improvement



Is the service effective?

The service was not consistently effective.

Staff were not adequately supported by means of supervisions and appraisals. Staff training was up to date and specialist training was available.

People's nutritional needs were managed by staff, where appropriate.

Staff had a good understanding of the Mental Capacity Act (2005). We saw signed consent documentation in people's care files, however, in some cases people's documented ability to sign the consent was confusing.

Requires improvement



Is the service caring?

The service was caring.

People we spoke with told us staff were kind to them and treated them with dignity and respect.

People's independence was maintained where possible.

Care plans were compiled with the involvement of people who used the service.

Good



Is the service responsive?

The service was not responsive.

We saw information in care plans was conflicting and inconsistent and did not always give staff information they required to deliver care safely.

People's care needs were regularly reviewed. Where people's care needs had changed this was not always reflected in their care file.

Complaints were logged and responded to within the provider's policies and procedures. Some people we spoke with had complained on several occasions which had not always resulted in the desired outcome.

Inadequate



Summary of findings

Is the service well-led?

The service was not always well led.

There were systems in place to monitor the quality of the service; however, the systems did not always highlight areas for improvement.

Some people who used the service told us they had been contacted by the management team; others did not know who they were. People were able to make comment about the service during annual surveys.

Staff told us supervisors and managers were approachable and had opportunity to give their opinions during staff meetings.

Requires improvement



Kestrel House

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 5 June and 6 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service.

This inspection was carried out by two inspectors, a specialist advisor in governance and an expert-by-experience, who is a person who has personal experience of using or caring for someone with dementia who uses this type of care service.

Before we visited the service we checked the information that we held about the service and the provider including notifications and incidents affecting the safety and well-being of people. We spoke with the commissioners for Leeds and Wakefield and reviewed information with regard to on-going safeguarding investigations.

We spoke with 21 people who used the service and five relatives. We looked at various records held at the service including audits. We reviewed 13 people's care files some of which were seen with people's consent in their homes. We spoke with the registered manager, the care manager, the business development manager and seven members of care staff.

Is the service safe?

Our findings

Some people we spoke with told us they had concerns about staff being late and in some cases not arriving at all. One person said, “At the moment it’s hit and miss. He’s got no carers today so I’ll have to put him to bed.” Another person said, “I feel safe. It’s just knowing what time they are coming.” Others said, “The service I get at the moment is not very good. I have had three missed calls and I’ve had to sleep in my clothes.” “They are sometimes late in the morning. They are supposed to come at 8:00 am and they sometimes turn up at 11:30 am or 12:00 pm.” “There are a lot of times that they don’t turn up. Last weekend they didn’t turn up for tea time. They are not very reliable with times and sometimes they don’t come at all.” “She (staff member) shouted at me in the street and said they were not coming again. One person said, “It’s disappointing when they don’t turn up until 11:30am and I’m still in bed.” Another person said, “I’ve cancelled some of the evening calls because they come too early and I want to go to bed when I want to.” Others said, “They’re supposed to be here about 9:15am but they don’t come until later. In the evening they are sometimes very early. I’m fed up of complaining.” “It depends on who is on duty as to what time they come. It doesn’t matter to me.” “If I want them to come early they do their best to sort it out.”

We concluded this was a breach of regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We reviewed the medication records of 13 people who used the service and found most contained detailed information about people’s medicines and how they should be administered. Although in some people’s medication information had not been updated in their files which were kept in the office. For example, we saw where people’s medication needs had changed we were unable to ascertain if the provider was administering the person’s medication as the information was conflicting. We looked at the medication administration records (MAR) for four people and saw most were accurately completed. However, on one occasion we saw a person was prescribed creams which had not always been recorded as being administered in their MAR. A member of staff we spoke with confirmed the creams had been administered and it was a recording error. We were assured this would be rectified. People we spoke with were happy with how their

medication was administered, one person said, “They come twice a day to give me my tablets.” Another person said, “They give me my medication and make a meal. They rub my back with a special cream.”

We reviewed the up to date medication policy which outlined the levels of medication assistance, roles and responsibilities of the care and support workers, incident, prescriptions, disposal of medication, medication planning, safe storage of medication, record keeping, communication and training. The care manager told us competency was checked by a senior member of staff. We also saw the provider used the Leeds Multi-Agency Policy on Assistance with Medication In Domiciliary Settings, together with Wakefield Safe Delivery of Medicines and Personal Care as reference documents.

Most people we spoke with told us they felt safe with Kestrel House staff. People said, “I feel safe when they are in here.” “I feel very safe with them and we have a chat now and then. One member of staff [person’s name] stays and watches the television with me sometimes.” “I know the people that come and it makes me feel safe.” “My carer is very good. I feel safe with her.” However, some people said, “It’s mainly the same people, although sometimes they don’t let you know. I get annoyed when they don’t tell you and a stranger turns up.” “If you don’t know the carer you don’t feel safe.” “I recently had to bin a couple of carers because of bullying. They didn’t only bully me but colleagues as well. Kestrel House (Carewatch) responded quickly, straight away.”

Staff we spoke with had a very good understanding of safeguarding and were able to confidently describe what they would do should they suspect abuse was occurring. Staff told us if they had any concerns they would speak with their supervisor. Staff told us they had received safeguarding training which they thought gave them a good understanding of the types of abuse and the signs to look out for.

We spoke with the registered manager and care manager about staffing numbers. We were told staffing had been a concern and a challenge since our last inspection; however, there was an ongoing recruitment campaign to enable the provider to fulfil all people’s care requirements. A person we spoke with said, “The service is very good although occasionally they go through periods of not having enough staff.”

Is the service safe?

We looked at how the provider recruited new staff safely. We saw the provider had a recruitment and selection policy in place, which was issued in July 2014 and was due for renewal in July 2015. The policy outlined the job vacancy process, the job description/person specification, publicising the vacancy, short listing interview arrangements, interviewing, offer of employment, feedback, pre-employment checks, enhanced criminal record checks, qualifications, references, induction and record keeping. We looked at six staff files and saw they contained an application form, proof of I.D, two references, and a Disclosure and Barring Service (DBS) certificate. We noted that the DBS certificate for two people was dated after their employment had started. We were assured by the care manager the person would not have started working with people until their DBS was returned.

We saw in one person's care file that there were no risk assessments completed, we pointed this out to the care manager and at our second day of inspection we found this had been rectified. Generally, risks to people were

identified and managed so people were safe and their freedom supported and protected. Risk assessment forms were completed for people using the service. The forms identified the risk and measures to manage the risk and were individualised to people's needs and requirements. Records also provided clear information for people who needed support with their mobility including what equipment was needed such as wheelchairs, walking frames and shower chairs and how this would be managed in a safe and appropriate way. When speaking to care workers, they demonstrated awareness of the importance of adhering to safe moving and handling practices. A member of staff said, "If I arrived at a call where there should be two members of staff and the second person wasn't there I wouldn't attempt to do it by myself, I would wait and if they didn't come I would call the office." One member of staff we spoke with said, "I pay close attention to the risk assessments in people's care plans and I let my supervisor know if any changes to people's care plans are needed."

Is the service effective?

Our findings

At our last inspection in August 2014 we found the provider did not have an effective system in place to ensure staff received appropriate and timely supervision and appraisal. During this inspection we found that whilst some improvements had been made the majority of staff were not being adequately supported to deliver their roles effectively. We found there was a plan in place to ensure future staff supervisions and appraisals were carried out on a regular basis. The matrix showed that in the last quarter not every member of staff had been involved in the supervision process. None of the staff we spoke with had recently had supervision. One person said, "I don't remember having supervision in the last year, although I have had some spot checks." Another person said, "I've never had a one to one or supervision, although I did have an appraisal last month." We looked at the staff files of three people and found none contained any supervision or appraisal notes.

We concluded this was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Training records showed care workers had completed training in areas that helped them to

provide support people needed and included for example, safeguarding (including a section on the Mental Capacity Act), safe moving and handling, medication competency, infection prevention and control, health and safety, food safety, all of which had been completed annually. Other areas were covered during the induction process, for example, equality and diversity and dignity and respect and Deprivation of Liberty Safeguards and the Mental Capacity Act.

The care manager showed us the 'weekly/monthly staff roster system' which highlighted when staff training was due. They told us the supervisors undertook 'spot checks' and 'field observations' to confirm staff's competency in undertaking their role. Care staff we spoke with told us they thought the induction training was very good. They said there was lots of training which they generally did in the

office. We found where staff needed specialist training this was organised. One member of staff we spoke with said, "Recently, I felt I needed some training in changing a stoma bag and this was organised straightaway."

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. People's care plans contained an agreement section to show that they had been involved in the drawing up of their plan of care and gave their consent for the care to be provided as outlined in the care plan. One person we spoke with said, "My care plan is kept up to date. They write down what they've done and times." Another person said, "My care plan is kept in the house and they keep it up to date." The care plans we reviewed did not contain mental capacity assessments, however, we found the people concerned would not require assessments as they were all able to consent to their care package.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and told us what they would do should they suspect someone's capacity to make certain decisions was in question. One person said, "A person we visit has dementia and at the moment they are able to go out each day on their own, but if I felt they were making unsafe decisions I would tell my supervisor."

We found relatives mainly dealt with people's healthcare appointments, although staff told us if people needed to see a GP or became unwell during their visit then they would call either a GP or an ambulance and would stay with the person until help arrived.

People where appropriate were assisted to maintain their nutritional and fluid intake. Staff told us they would prepare meals for people and this would be from items already purchased. Staff we spoke with were aware of people's specific dietary requirements. One member of staff told us one person needed to have pureed food. The person was able to choose what they wanted and staff would puree the food for them. We saw information in people's care plans about their meals, in one person care plan it said, 'I use microwave meals or my daughter brings me soup or meals'. In another person's care plan we saw they needed their fluids thickening, there was information for staff about how to do this and where the thickening powder was kept.

Is the service caring?

Our findings

Most people who used the service told us they received very good care from staff and were very complimentary about them. Many said staff were kind and polite and met all their needs. Some had even become friends.

People said, “I’m happy with the ladies that come.” “Usually the same two people come. We’ve got to know them quite well. It helps tremendously with my relative.” “They’re very good. My wife regards them as friends.” “I know nearly all my carers. They are polite.”

We asked people if they thought they were treated with dignity and respect. One person said, “They treat me with respect. They’re looking after me very well.” Another person said, “They are always polite and they’re all good.” Someone else said, “I get on with all the carers. They are all very respectful.” Other people said, “They are all very pleasant and social.” “They treat me with respect. They’re

looking after me very well.” A member of staff told us they always made sure the curtains or blinds were shut before delivering any personal care; they always offered to go out of the room and go back in when people were ready.

Staff we spoke with told us part of their role was to help people maintain their independence. One person told us they enjoyed their independence when preparing meals. They said they recognised they needed assistance occasionally as well as encouragement to feed themselves which care staff provided. A member of staff said, “I ask people how they want their shower or bath. I usually ask do you want leaving for a while. If people want things doing differently then I’ll try and do things how they want.” Another member of said, “A person (person’s name) wants to walk with me on her left side, I always do that so that she has some form of independence.”

We saw care planning included input from people who used the service and where appropriate their relatives or advocate.

Is the service responsive?

Our findings

At our last inspection on 19 August 2014 we found people's needs had been reviewed and some care plans had not been updated. During this inspection we still had concerns that care plans did not reflect people's current needs.

We saw the care plans for 13 people who used the service. Whilst some contained detailed information others lacked consistency and information was conflicting. In one person's care file it stated the person was blind in their left eye. In another section of the care file it stated the person was blind in their right eye. In the communication, sight, and hearing outcomes section it stated, 'I don't have any problems or worries'. There was no information to aid staff in how best to assist this person or how this affected the person. Most sections of the person's care file had been signed by the person to say they agreed to the information, however, in the risk assessment section it stated 'UTS (unable to sign) due to sight'. This meant the person had not had the opportunity to sign to say they agreed to this section of their care plan.

The person's care had been reviewed in October 2014 and under the heading, 'does the current care plan still meet the customer's needs', yes had been ticked. Under the comments it stated 'requires support now with medication/morphine patch' this had not been updated in the main body of the care plan. We found in the medication section of the care plan it stated district nurses were taking over the task of administering the person's morphine patches. We were unable to clarify who was administering morphine patches from information contained within the person's care plan.

We saw in the person's risk management plan for the identified risk of 'heart attack' it stated the person should be prompted with their medication, we were unable to ascertain if that was just in the event of symptom's occurring as in the medication section of the care plan it stated the person administered their own medication.

In another person's care file we saw an entry dated 2011 for 'what existing support do you have' it stated 'physiotherapist – this is just temporary and has not started yet, just waiting for a start date'. We could not see any evidence this had occurred or why a physiotherapist was required.

In the person's care file in the section for emotional outcomes, it stated the person got very upset and emotional at times as part of their condition. We found the section lacked detail about how staff should assist the person during times of upset.

The person's care had been reviewed with them in March 2015 and it stated they were fine with the quality of care but they were unhappy with the times and not turning up. We could not see any evidence the times of care had changed or the complaint of staff not turning up had been acted upon. Under the review section for incontinence it stated, 'got worse needs more toileting', however, this had not been updated in the personalised care/support plan.

We looked at the care file of a person in their home and saw it stated they were receiving five visits a week, staff told us they were actually receiving six visits per week. The person's medication record stated they were having 'creams' administered, however, we were told by a family member that care staff no longer administered creams for the person.

One person's care file contained no risk assessments which we pointed out to the care manager. During our second visit we found the risk assessments had been completed, however, we found conflicting information in the person's care file. For example, in the risk assessment for medication dated 14 June 2015 we saw it stated the agency were not prompting or administering the person's medication. It then went on to say 'at the moment I do not need my carer to administer my medication. I only need them to prompt me if I forget'.

In the section 'about your home' it stated the person did not have regular or irregular visitors, however, in a section about family members it stated the person had a daughter, grandson and granddaughter who regularly visited the person.

Information in the care plan stated the person had dementia but there was no information about how this affected the person. It also stated, 'I can get upset when I talk about my late husband, carers to offer reassurance to lift my mood'. There was no further information to assist care staff in how they would offer reassurance.

We saw there had been a 'customer review' in May 2015 which stated 'now is diabetic tablet and diet controlled at

Is the service responsive?

moment'. This was not recorded anywhere else in the care file, care staff would therefore, not have information about how this affected the person or what symptom's to look out for which would require medical assistance.

In another person's customer review it stated 'at present time bed rest Monday, Wednesday and Friday on lunch call'. This information had not been recorded elsewhere. We saw a 'service user consent form' which stated 'I only want to use my bedside rails on the left side.' This information was not recorded in the person's moving and handling care plan or their moving and handling risk assessment.

The person's moving and handling risk assessment under the section 'do you have any health issues which need to be considered? e.g. tissue viability/joint problems it stated, 'yes, foot can be painful and needs careful handling'. We could not see this recorded elsewhere, this meant we were unable to ascertain why the person's foot was painful and therefore, staff would not know either.

People we spoke with told us the time of their calls was not always what they had agreed. "At the moment I am having different carers. It's confusing as I don't know who is coming and at what time." Relatives told us, "His main carer is absolutely fantastic. She knows exactly how he is and what his needs are. The others are not so good." "The organisation is very poor. I'm going to complain to social services. The last time I complained I did get someone to look into it for me. They were meant to change my mother's care in February but they've never done it."

We concluded this was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Other people we spoke with told us they were very happy with the service, comments included, "They help me to get dressed and go to the toilet. I am happy with the service. I've never had to complain about it." "They know what to

do when they're used to it. They record what they do in the care book." "Everything is ok now. Things improved when my daughter complained." "The girls are worth their weight in gold; they are very good with me. I love them. They always talk to me." "I've never had to complain, over a number of years." "My care plan is kept up to date. They write down what they've done and times."

We saw the complaints summary, which detailed the date, summary of concerns, investigation, action taken, outcome and the date the complaint was closed. For the Wakefield area between August 2014 and the date of our inspection we saw 14 complaints recorded which had all been resolved in a timely manner within the stipulated 20 working days. The range of complaints were related to the following areas: time of calls, medication, timing of calls, missed calls and care plans. For the Leeds area between August 2014 and the date of our inspection we saw 26 complaints recorded which had all been resolved in a timely manner within the stipulated 20 working days. Complaints related to the following areas: missed calls, time of calls and attitude of staff. The registered manager told us lessons learnt had not been shared with staff. This meant that complaints were not used as a learning tool to ensure improvements in the service.

Some people we spoke with told us they had complained about various issues, comments included, "I ring up so regularly to complain it's becoming an embarrassment." "He doesn't like male carers but they keep sending them." "I've complained but they say that I will put up without a night call on Tuesday, Wednesday and Thursday." Other people said, they had no cause to complain, one person said, "If I had a complaint I would ring up the number I have for the headquarters. They listen to me. I have no problems with them at all." Another person said, "I've never had to complain about the service."

Is the service well-led?

Our findings

We were provided with a copy of the Wakefield punctuality report dated 25 May 2015 which stated 77% calls were on time. We saw audits and quality assurance systems were in place to assess and monitor the quality of service people received, these included regular in-house audits, for example: care report sheet audit which was conducted in May and June 2015 and no concerns were identified. Medicines MAR sheet audit conducted in May and June 2015, where no concerns were identified. However, we concluded these audits had not identified the areas for improvement identified during our inspection.

We spoke with people who used the service about the leadership of the service and found mixed responses. One person said, "They are lovely girls but the best one I had has left. She was brilliant, really good. They mess the staff about, that's why she left." Another person said, "The last time I saw a supervisor was about seven months ago. I'm not sure who that is now." Someone else we spoke with said, "The management expect a lot of the girls, to get from one place to another." "They don't seem to keep carers. I've had seven leave in the last year." Other comments included, "I would change the attitude of the carers and managers. I am sick of complaining." "Every now and again one of the supervisors calls to ensure that everything is alright. She sits with us and asks us if there is anything we need and checks the records. Occasionally she comes to do a shift." "We're making a decision as to whether to move to another company." "I see the supervisor now and again. If I have any complaints I can ring her up." "When we complained my daughter spoke to the manager. I don't know who the manager is."

We concluded this was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they monitored the quality of the service by: telephone monitoring on a two monthly basis with people who used the service (via care co-ordinators), annual service users survey, six monthly supervisor reviews, and they also said they were trying to arrange service user forums.

The registered manager told us how they ensured everyone knew the vision and values of the service. They said, "Induction and the business development manager's role is

crucial. We hold staff meetings monthly in Wakefield and we are replicating this in Leeds." We saw a copy of the 'care and support worker handbook' that was given to all employees this stated the company mission, values and aims.

We asked the registered manager if they thought staff were happy working at the service, they said, "It's a challenging sector they are generally happy, the co-ordinators are happy, the carers have gripes."

We were told the greatest achievement of the service was, "Winning franchise of the year award for the North."

It was clear the registered manager and care manager were aware of the challenges the service faced. Whilst these areas were identified we were unable to see sustainability, however, the registered manager said, "The care manager and the business development manager will turn the weaknesses around."

The care manager showed us the Wakefield action plan, which detailed the following: 'recruit 6-10 workers by end June 2015 and to implement the escalation protocol immediately'. The registered manager told us they had organised the training programme locally for June 2015 and they had introduced monthly monitoring of key performance indicators related to the escalation protocol. We were shown the Leeds action plan, which detailed the following: 'clearer communication needed between carer and co-ordinator and there was a workshop planned for June 2015, call monitoring and a shorter term solution, co-ordinators speaking to carers during the afternoon and confirming calls with them verbally, carers need to understand the severity (carers meeting every 4 weeks), office processes, poor on call practices, carer performance management'.

We saw the results of the service user's survey from December 2014 which was based on a high percentage of responses. Feedback was predominantly positive, 89% service users were happy with the service. The main themes for improvement were related to whether care workers asked service users to sign their time sheets. The registered manager told us care staff would only be paid when their time sheets were signed. The action identified was 'to remind care workers of the importance of completing time sheets, by quarterly meetings, within supervisions and by memos'. General comments were positive about the care delivered.

Is the service well-led?

We were shown the annual staff survey results by the care manager from December 2014 where seven staff had responded which was a very small percentage of staff employed by the agency. Positive themes included: staff were happy with their supervision sessions, they felt they were provided with adequate equipment, knew who to contact for support and advice and received adequate training. The biggest concern was regarding the travel time allocated.

One member of staff told us they always found managers approachable. Another member of staff said, they attended staff meetings and found them useful. We were told best practice was shared at these meetings and managers were receptive to change. We saw the staff meeting minutes which showed staff had the opportunity to have their opinions heard.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had not ensured that persons employed received such appropriate support, supervision and appraisal as was necessary to enable them to carry out the duties they are employed to perform.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not ensured there was a robust system in place to monitor the quality of service people received.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Service users were not protected against the risks of receiving care or treatment that is inappropriate or unsafe, because the planning and delivery of care did not meet people's needs and ensure the welfare and safety of service users.

The enforcement action we took:

We issued a warning notice.