

Jaika Healthcare Limited

Administrative Office Jaika Healthcare

Inspection report

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Date of inspection visit:
15 September 2022

Date of publication:
12 December 2022

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Administrative Office Jaika Healthcare, is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 12 people with personal care at the time of our inspection.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The provider's recruitment practices were not safe or robust, which meant people were at risk of being supported by unsuitable staff. Records such as risk assessments had not always been completed in relation to known risks to people or plans developed for managing these risks.

There was a lack of provider oversight which meant risks to people's safety had not been identified and responded to appropriately. Systems to monitor the quality and safety of the service were ineffective and placed people at the risk of harm.

People and relatives, we spoke with said they felt safe. However, staff training was inconsistent and people were not always supported by staff who had the skills and knowledge to meet their needs. For example, where people required the use of equipment to aid their mobility, staff had not completed moving and handling training with the provider and there was no record the provider had completed competency checks. Following the inspection, the provider submitted evidence two staff had completed manual handling training prior to their employment with the provider.

The provider had not followed their own policy in the administration of medication. When people required medicines to be administered 'as and when required' there was no guidance in place for staff to follow so they would know when to give the medicine. There were no patch charts for medication patches and no record for the count and disposal of controlled drugs. Staff had not completed medication training.

There were no audits in place. Audits need to be implemented to provide clear and robust information and evidence of outcomes for people. The lack of systems meant the provider had failed to identify the areas for improvement found at this inspection including the care planning, risk assessments, staff training and safe recruitment processes.

Relatives gave us mixed views on the provider's communication regarding people's care. Staff working for the provider told us they felt supported.

The provider was open and receptive to the areas of concern identified in the inspection and after the inspection the provider gave us a service improvement plan detailing what improvements they plan to make.

We noted that prior to the inspection the provider had identified the need to recruit and train more staff therefore, they had taken the decision to transfer six packages of care to another agency.

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 25 November 2021 and this is the first inspection. The provider commenced providing personal care on 05 June 2022

Why we inspected

The inspection was prompted in part due to concerns received about the safe care and treatment, staffing levels and staff recruitment practices. 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, caring, responsive and well-led sections of this full report to see what actions we have asked the provider to take.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and take further action if needed. We have identified four breaches of regulation in relation to the safe care and treatment, fit and proper persons employed, staffing and governance processes in monitoring the quality of the service being delivered to people.

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

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of Inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Administrative Office Jaika Healthcare

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection there were 12 people using the service.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. The registered manager is also the provider.

Notice of inspection

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 would be in the office to support the inspection.

Inspection activity started on 15 September and ended on 26 September 2022. We visited the office location on 15 September 2022.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff including the provider (who is also the registered manager), the care co-ordinator and two care workers. We also spoke with two healthcare professionals.

We reviewed a range of records. This included eight people's care records and medication records for two people. We looked at the two staff members files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this service since it was registered. This key question has been rated Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- The Provider did not have clear care plans or risk assessments in place which detailed the support people required prior to our inspection. This lack of robust risk assessments and care plans meant people were at increased risk of harm.
- No risk assessments or care plans had been completed for three people with specific healthcare needs, which meant staff had no written guidance on how to safely meet their needs. This means people were at risk of staff providing unsafe care and not identifying signs of deterioration in their health condition.
- Where one person needed staff support with moving equipment, no risk assessment had been completed to alert staff to the associated risks. We also found that staff had not received training from the provider in using the equipment. Information submitted after the inspection showed staff had completed training in previous employment, but there were no records of competency checks being completed by the provider. This places both the person and staff at high risk of injury and accidents.
- Where people required support from staff with healthcare needs such as catheter care and stoma care, the provider had not developed an accompanying care plan to guide staff how to safely support people with this aspect of their care. We also found that staff had not received training from the provider in providing this care.
- There was no evidence that the provider regularly reviewed staff skills to make sure they were able to respond to people's changing needs.
- The lack of written information about how to support people was unsafe because if the current staff became unwell and agency staff needed to be relied on, there was insufficient information for them to meet people's needs.
- During the inspection we spoke with the provider and care coordinator about how calls were scheduled and how late, missed and short calls were monitored. At the time of the inspection we found that travel time between calls had not been scheduled and there was no effective system in place to monitor the length of calls times.
- Electronic call records showed that some calls were significantly shorter than the agreed and commissioned length of time. The provider told us they were monitoring these and were in the process of contacting the local authority to review these packages of care. However, there was only a record of this being done for one person at time of the inspection. This had put some people at risk of not having their full care needs met.
- Although people and relatives we spoke with said they were happy with call times and call durations; one care staff member told us, "There's no travel time built in-between calls. Means you are running late especially in morning and teatime."

Using medicines safely

- Care providers should have policies and procedures that include information on record keeping for their staff to follow. The provider's medication policy states, 'Use a Patch Chart to indicate the date and position of the patch so that sites can be rotated.' The inspection found and staff confirmed to us that where medication patches were in use, guidance was not provided to staff and a patch chart was not in place.
- At the time of inspection there was no guidance for people's PRN 'as and when required' medications. This meant staff did not have instructions to follow so they would know when to give these medicines consistently and in a way that managed the persons health condition or pain. We spoke to two staff who confirmed there were no PRN medications guidance in place.
- Where people received controlled drugs (medication that is controlled in the way it is used, handled, stored and distributed); we found there had been no agreement of who could dispose of controlled drugs or a stock balance check as required by the provider's own medication policy. One member of staff commented, "There needs to be more guidance these aren't drugs for messing about with."
- We found some inconsistent information regarding medication. For example, we looked at one care plan and found medication listed that was not included in the person's MAR (Medication administration record). This had put the person at risk of not receiving all their prescribed medication or receiving medicines they were not prescribed.
- The provider's own medication policy stated that staff must be suitably trained to administer medication. Following the inspection, the provider submitted records showing that one member of staff had received training whilst in previous employment. A second member of staff had received training, but this was not until seven weeks after starting employment. There were no records that staff competencies to administer medication had been monitored and assessed in line with the providers own policy.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people were always safe and received appropriate care and treatment. This placed people at the risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives, we spoke with were happy with the medication support they received.

Staffing and recruitment

- The provider had not adhered to safe recruitment practices. This had placed people at risk of being supported by unsuitable staff.
- The provider had not always obtained two suitable references prior to staff commencing employment. We checked two staff files and references had not been obtained prior to care staff commencing work. One member of staff only had one reference, which was dated after they had started work. There was no record of references for the second member of staff. This meant the provider did not follow their own recruitment policy which stated, 'Staff cannot be employed unless at least two satisfactory written professional references have been obtained.'
- We discussed this with the provider who told us they had attempted to obtain references, but there was no record of this. This meant that the provider did not follow their own recruitment policy or adhere to regulations to ensure that staff employed were suitable to work with people.
- Where DBS (Disclosure and Barring service) checks had been obtained for staff that revealed disclosures, the provider had not completed risk assessments in light of matters disclosed. The provider had not followed their own recruitment policy and had not carried out risk assessments to consider any potential risk and to record any actions needed to mitigate the risk.
- The provider did not have a process to record staff recruitment interviews. Two staff told us telephone interviews had taken place but there were no records of these.
- We looked at two staff files and we found that full employment histories had not been provided. This

meant that the provider did not follow their own recruitment policy which states, 'applicants should have submitted a full employment history i.e. from leaving school. Applicants must be asked about any unexplained gaps in their employment history.'

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe recruitment. This placed people at the risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We checked training records for three staff and found two staff had not completed training in infection control. The provider advised us following the inspection a timetable for completion of all training would be put in place.
- During the inspection people told us that care staff wore the correct personal protective equipment during calls. Personal protective equipment (PPE) includes items such as gloves, aprons and masks.
- One relative told us, "[Staff] always have masks and gloves and they always change gloves."

Systems and processes to safeguard people from the risk of abuse

- Staff training records showed one member of staff had not received safeguarding training therefore we could not be assured they would be able to identify and report concerns if people were at the risk of abuse.
- Two staff members we spoke with had a good understanding of how to safeguard people from abuse, they were able to explain how to protect people they supported.
- People told us they knew how to raise concerns or make a complaint. One relative told us, "Any issues [provider's name] calls or messages me or can call him. He calls me all the time to make sure things are okay."

Learning lessons when things go wrong

- There were no records of any accidents or incidents, therefore we were not able to check records to see what action had been taken in response or how the provider was using the information to reduce the likelihood of a reoccurrence.
- The provider had not sought formal feedback from people using the service, as it was still a new service. Gathering this information would provide them with information on how to improve the service they provide. The provider had received some positive comments and feedback but their lack of processes and systems exposed people to the risk of harm.



Is the service effective?

Our findings

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

This is the first inspection for this service since it was registered. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The agency employed three care staff plus a care co-ordinator. The staff training records showed us that two staff had not completed the provider's induction training including training in topics such as infection prevention and control, fire safety awareness and equality and diversity training. This is in breach of the provider's own recruitment policy which states, 'Training in equality and diversity will be provided as a mandatory topic for all new staff during induction.'
- Staff training records did not include any specific training in health conditions that people who were being supported had. There was not a plan in place for any training for known health conditions such as; catheter or stoma care. One member of staff commented, "It's not good enough, staff should be trained."
- Two staff told us although they had not shadowed other staff when starting, they had completed a number of double calls in order to get to know people and how they preferred their care.
- As it was still a new service care staff had not received supervisions at the time of the inspection, however they told us that they had to opportunity to speak to the provider for advice and support if they needed to.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the effective induction and training of staff. This placed people at the risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Assessments were completed and recorded information on people's life histories and preferences.
- People and relatives we spoke with, said care was delivered in line with people's individual choices.
- We spoke with two healthcare professionals who both commented that communication with the provider was good.
- Staff we spoke with knew people's needs and wishes well.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA.

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

- We checked training records and found two out the three care staff had not completed training in people's rights under the MCA and when to act in their best interests to ensure people's safety and welfare was maintained.
- Staff told us how they offered choice and respected people's choices.
- People we spoke with also told us that care staff members spoke to them and gained consent. One relative told us, "They [staff] always ask her consent."

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

- People and relatives told us they were happy with the support from staff and one person told us, "They [staff] do me what I want to eat." However, training records showed one out of the three care staff had not completed food safety training.
- We saw from records that people were able to make their own decisions of what meals they would like.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Whilst individual care staff members may be caring the provider's systems and processes do not mean people are always cared for.

Respecting and promoting people's privacy, dignity and independence

- The provider's lack of some systems and processes meant that people had been at risk of receiving care that did not meet their needs.
- We received mixed views about care staff. Two relatives said that there had been a number of different staff to provide care and this was not always communicated. One relative commented, "We didn't know who [was coming to provide care] until they arrived."
- One relative commented they felt staff were respectful not only of the person they provided care to but other members of the family too. However, two other relatives said staff could be more caring. One relative told us, "Some [carers] are better than others, some didn't communicate with [relative's name] they did care in silence.I can tell which ones care and which ones don't."

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

- There was no evidence of people's views about the service being gathered and reviewed to ensure the service was meeting their needs. However, we were provided with copies of two compliments which the provider had received. The provider told us they speak to people regularly and one relative we spoke with confirmed this, but there was no documentation to support this.

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

- We received mixed feedback from people and relatives about the care they received. Two relatives said staff were respectful however, two other relatives felt staff could be more respectful in their support of people.
- Staff recognised people's individuality and the importance of treating everyone as an individual. Staff told us how they supported people to meet their individual needs and wishes. However, training records showed two out of the three staff had not completed training in equality and diversity.

Is the service responsive?

Our findings

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

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

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

- Care plans were not in place for known health conditions, this meant people had not been able to contribute to and agree the care plans for some aspects of their care.
- People and relatives told us they were happy with the care provided and staff told us they provided responsive care. One member of staff commented sometimes people were tired and may not want things done in the morning, therefore they would change things around and they would try again on later calls.
- We saw examples where the provider had responded to requests for changes, for example, when people had requested changed dates for their care and support.

Improving care quality in response to complaints or concerns

- One relative told us they had made a verbal complaint. We discussed this with the provider who confirmed they had received a call and action had been taken in response, however this had not been recorded.
- The provider told us they had received no written complaints. A complaints policy was in place whereby they would be logged and responded to.
- Three relatives told us they would feel able to complain if the need arose and they would ring the office if they had any problems.

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.

- We spoke to the provider who said that they were aware of the AIS, but they did not have any alternative formats for communication in place at this time and none had been required. They advised if the need arose, they would seek guidance from professional bodies in providing information in appropriate formats.

End of life care and support

- The service was not supporting anyone with end of life (EOL) care at the time of the inspection. The provider told us he would liaise with relatives and healthcare professionals to ensure people's wishes were followed.

Is the service well-led?

Our findings

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

This is the first inspection for this service since it was registered. This key question has been rated Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the point of registration with CQC the provider confirmed that robust processes would be in place for care planning, medication, staff recruitment and staff training. This inspection found these processes had not been implemented as needed to meet regulatory requirements.
- The management of safety, risk and governance had not been effective. We identified concerns about people's safety during the inspection, that the provider systems had not identified.
- There was not a robust auditing system in place. This meant the service had not been operating effectively and had failed to identify the concerns we found during the inspection.
- The provider had failed to identify that accurate records relating to people's care were not being maintained, to ensure staff had access to consistent and accurate information about people's support needs. This meant people had been at risk of not receiving their required and assessed care.
- The providers systems had failed to identify that at the time of inspection care plans for specific known health conditions were not in place to provide care staff with knowledge of the persons condition and how to support them. We also saw that risk assessments for known risks to people were not in place and this had placed people at risk of harm.
- At the time of the inspection medication audits were not in place. Two medication audits were completed after the inspection (promoted by CQC inspection) on 21 and 24 September 2022 for one person. These audits identified that staff were making recording errors that had not previously been addressed.
- A lack of medication audits meant the provider had not identified gaps in electronic medication administration records (EMAR). The inspection found gaps in EMAR records for two people over a three day period. Following the inspection, the provider showed these were a systems error, however they acknowledged the gaps in recorded medication administration had not been identified and investigated until found in the inspection.
- A lack of medication audits meant the provider had not identified that guidance for PRN ('as required') medication was not in place at the time of the inspection along with charts to record the location of medication patches and application of prescribed creams.
- A lack of audits meant the provider had not identified that the recruitment policy to ensure safe recruitment had not been followed and recruitment practices had placed people at the risk of harm.
- The provider was not able to evidence that all care staff had received appropriate manual handling and medication training whilst in their employment. Some staff had completed training whilst in previous employment but there were no records of competency checks being completed by the provider.
- The provider advised us how they kept up to date with Government guidance in relation to COVID-19.

However, they confirmed although they had issued COVID-19 tests to staff they had not kept a record of the test results; therefore, we could not be assured that guidance had been fully followed.

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

- The provider was reactive to the areas of concern identified in the inspection, but had not identified the concerns prior to the inspection. Following the inspection, the provider gave us a service improvement plan detailing what improvements they planned to make and a schedule of planned audits going forward.
- We noted that prior to the inspection the provider had identified the need to recruit and train more staff therefore, they had taken the decision to transfer six packages of care to another agency. It is of concern that the provider had accepted these packages of care without the required level of trained staff and processes in place to meet their needs. The provider advised this reduction in packages would provide time for staff to complete training and for the required records and processes to be put in place.

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

- People and relatives said they felt able to speak with the provider and care staff members at the service when needed.
- At the time of the inspection there was not a system in place to plan or hold care reviews with people , or obtain feedback on the quality of the service to discuss the quality of the support and service they receive and their satisfaction with the service or if they wanted any changes to their care. We saw evidence of compliments from people using the service and their relatives about the care and support they received.

Continuous learning and improving care

- The provider was not able to evidence that care staff had received appropriate manual handling and medication training. They had not sourced the training needed to meet people's care and support needs safely
- After the inspection the provider sent us with a service improvement plan identifying the need to implement and improve the following processes; care planning, risk assessing, medication, staff recruitment, auditing systems and training specific to people's care needs.

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

- The registered manager understood their responsibilities about duty of candour and promoting an open and honest culture.
- Staff we spoke with told us that they felt provider was approachable. However, they stated improvements were need in the information provided to support staff in their role. One member of staff said, "Staff need more information and guidance."

Working in partnership with others

- We contacted two health professionals as part of the inspection. They told us that when placements had been made, there had been good communication with the provider.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that people using the service received safe care and treatment.</p> <p>The provider failed to ensure that all care plans and risk assessments were in place and there was robust and safe administration of medication.</p>

The enforcement action we took:

A Notice of proposal was issued to impose positive conditions, to help guide the provider with improving the safe care and treatment for people using the service.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to implement robust systems and processes to ensure they had oversight of the service and identify where improvement needed to be made.</p> <p>The provider failed to ensure they carried out audits thus failed to identify the concerns we found during the inspection</p>

The enforcement action we took:

A Notice of proposal was issued to impose positive conditions, to help guide the provider with improving the safe care and treatment for people using the service.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure that robust and effective recruitment practices were in place.</p>

The enforcement action we took:

A Notice of proposal was issued to impose positive conditions, to help guide the provider with improving the safe care and treatment for people using the service.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure the robust and effective induction and training of staff.</p>

The enforcement action we took:

A Notice of proposal was issued to impose positive conditions, to help guide the provider with improving the safe care and treatment for people using the service.