

Proactive Medicare Limited

# Proactive Medicare

## Inspection report

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24 September 2018

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Proactive Medicare provides personal care to people living in their own houses and flats and specialist housing. This service is a domiciliary care agency and primarily provides a service to older people. The domiciliary care agency office is near to all major bus and train routes.

The inspection was carried out between the 18 September 2018 and 24 September 2018. At the time of the inspection, there were 14 people using the service.

At our last inspection in April 2017 we rated the service as 'Requires Improvement.' Breaches of the legal requirements were found in relation to Regulations 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). At this inspection, we found not all improvements had been made and the overall rating of the service remained 'Requires Improvement'. This is the second time the service has been rated as 'Requires Improvement'.

The service had a registered manager in post and they were formally registered with us in August 2018. 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.

Our key findings across all the areas we inspected were as follows:

Improvements were required to the service's governance arrangements to assess and monitor the quality of the service. The current arrangements had not identified the issues we found during our inspection. Had these arrangements been more effective, it is envisaged that the shortfalls identified would have been addressed sooner. The incidence of 'missed' and 'late' calls at the service were not being monitored. Audits relating to medicines were not effective as they had not picked up where there were gaps or anomalies. Neither were these analysed month on month, together with people's support plans to ensure consistency and to monitor trends for future learning.

Improvements were required to the registered provider's recruitment practices to ensure these were robust and safe. This remained outstanding from our previous inspection to the service in April 2017. Medication practices and procedures required strengthening to ensure these were in line with good practice procedures and guidance. Not all people had received their prescribed medication because of the morning and lunchtime call times were too close together. Where concerns had been raised and the registered manager notified relating to staff's poor practice, this had not been considered or raised as a safeguarding concern with the Local Authority or Care Quality Commission; and internal investigation arrangements were not as robust as they should be.

People told us they were safe and had no concerns about their safety and wellbeing. Risks to people were

identified and managed to prevent people from receiving unsafe care and support. The domiciliary care service was appropriately staffed to meet the needs of people using the service. People were protected by the service's arrangements for the prevention and control of infection.

Newly employed staff received an induction to carry out their roles and responsibilities effectively. Staff received mandatory training to meet people's needs, though a review was required to determine the appropriateness of too many training courses completed in one day and the potential impact this may have on staff and people using the service. Suitable arrangements were in place for staff to receive supervision at regular intervals and staff confirmed they were supported by the registered manager. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported by staff as needed with meal preparation and the provision of drinks. People received appropriate healthcare support as and when needed from various professionals and services.

People told us they were treated with care, kindness, dignity and respect and were supported to maintain their independence where possible. People told us they received a good level of care and support that met their needs. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished their care to be delivered.

Support plans were in place to reflect how people would like to receive their care and covered all aspects of a person's individual circumstances. End of life care arrangements were managed well and compliments were received from people about the domiciliary care service's input and staff's compassion for people nearing the end of their life. Information about how to make a complaint was available and people told us they were confident to raise issues or concerns.

There was a positive culture within the service that was person-centred, open and inclusive. Efforts were made to seek people's and others views about the quality of the service provided, however no responses had been received.

We have made recommendations about medication practices and procedures, safeguarding and protecting people and staffs induction arrangements.

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

## 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 consistently safe.

Recruitment practices and procedures were not being operated effectively to ensure people were safe.

Arrangements in place did not always protect or safeguard people from abuse or harm.

Medication practices and procedures required improvement to ensure people received their prescribed medication as they should.

There were enough staff to support people safely.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff received training relevant to their roles and responsibilities, although consideration should be given to review the number of training courses studied on one day.

Newly appointed staff had received an induction and appropriate arrangements were in place for staff to receive regular supervision and an annual appraisal.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

Staff protected people from the risk of poor nutrition and dehydration. People had their health needs met and were referred to other healthcare professionals when needed.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were supported by kind and caring staff who knew them well.

People's independence was encouraged and their rights to

**Good** ●

privacy and dignity upheld.

People were encouraged to express their views and to make choices.

**Is the service responsive?**

**Good** ●

The service was responsive.

Although improvements were required, people's needs were assessed prior to the commencement of the service being agreed. Support plans were in place detailing their care and support needs.

Support was flexible and staff responded to individual needs. People were supported to receive appropriate end of life care.

There was a complaints policy and process in place and these were managed well.

**Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well-led.

Although quality assurance arrangements were in place, required improvements had not been made or sustained to demonstrate the service was always being run in the best interests of people using the service.

# Proactive Medicare

## 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 was a comprehensive inspection. This inspection took place on 18, 21 and 24 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that the registered provider or manager would be in. The inspection team consisted of two inspectors.

The registered provider sent us their Provider Information Return [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We did not use this information as the PIR was submitted in November 2017, and we could not be assured information remained current. We also reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with three people who used the service, two relatives, four members of staff, the registered manager and the service's coordinator. We reviewed four people's care files and five staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, the arrangements for managing medicines, staff training records, staff duty rotas and complaint and compliment records.

# Is the service safe?

## Our findings

Safe was previously rated as 'Requires Improvement' at our last inspection on the 21 and 28 April 2017. The registered provider's recruitment practices were not safe and had not been operated in line with their own policy and procedures or within regulatory requirements. The registered provider shared their action plan with us on 14 June 2017 and this provided detail on their progress to make the required improvements and to be compliant by 19 June 2017. At this inspection, we found that not all the required improvements had been made as stated, and safe remained rated as 'Requires Improvement.'

Staff recruitment records showed the registered provider's recruitment practices continued to not be safe and operated in line with their own policies and procedures or with the fundamental standards. Staff recruitment records for five members of staff showed not all references were provided in writing; many were received by means of a telephone conversation. Most references were received after staff had commenced in post and one staff member's reference was not received from their most recent employer. A full employment history was not evident for one member of staff and there were gaps in their employment which had not been explored.

Not all Disclosure and Barring Service [DBS] certificates were received prior to a member of staff commencing employment at the service. New members of staff who work with adults can begin work before their DBS certificate has arrived, using the 'Adult First' system, but this should only happen if the safety of people using the service would be put at risk if the person did not commence employment. The 'Adult First' check is a service that allows an individual to be checked against the adults' barring list while waiting for the full DBS check to be completed. No rationale to demonstrate the reasons for not waiting for the full DBS check had been completed and no evidence to show the above decision to commence employment had been risk assessed.

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

The Medication Administration Records [MAR] for three people were viewed. The MAR for two people showed there were unexplained gaps on the form. It was not always possible to determine from the notes made by staff at each visit, if the person had received their medication or not; and if this solely related to a recording error. The MAR for another person revealed they did not receive their prescribed lunchtime medication on three consecutive days as this could not be administered as the morning and lunchtime calls were too close together. The care coordinator, who accompanied the inspector during the 'home visits,' was unaware of this but was asked to undertake an investigation to look at lessons learned and to ensure this did not happen again.

We recommend the service review current guidance relating to medicines management, to ensure they meet best practice guidance and relevant legislation.

Information held by the Care Quality Commission demonstrated there had been no safeguarding concerns

relating to the service following our last inspection in April 2017. Staff training information showed staff employed had achieved up-to-date safeguarding training. Staff demonstrated a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff were confident the registered manager and care co-ordinator would act appropriately on people's behalf to keep people safe.

However, where concerns had been raised and the registered manager notified by others relating to a member of staff's poor practice, this had not been considered or raised as a safeguarding concern with the Local Authority or Care Quality Commission. Although an internal investigation had been completed by the registered manager, this was not thorough or provided sufficient evidence to show how outcomes had been reached. For example, interviews with people using the service and those acting on their behalf, including a written statement, had not been considered by the registered manager as part of their investigation. Furthermore, where concerns had been raised about the length of time the member of staff had stayed at the person's home, the service's electronic system which can confirm and record staff's 'start' and 'end' times had not been checked. This did not provide an assurance to demonstrate information available to the registered manager had been fully explored, accurately reflected outcomes or followed safeguarding policies and procedures to protect people from abuse.

We recommend the service review current guidance from the Local Authority and Care Quality Commission about safeguarding people from abuse and the risk of harm, to ensure they are meeting best practice guidance and relevant legislation.

People told us there were always sufficient numbers of staff available to provide the care and support as detailed within their support plan. People confirmed most people stayed for the time allocated and in some instances stayed longer to ensure all required care and support had been completed to meet the person's comfort needs. Not all people using the service felt they received care and support from the same 'core' group of care staff. One person told us, "I never have the same carers, I don't know who's coming most of the time, but those who come are very good and I cannot fault them." A second person told us, "I don't know who's coming each visit, it doesn't matter really, but it would be nice to have the same ones." People told us they were not always notified if staff were running late. One person stated, "There have been times when we are still waiting at 10.00pm for the carers to turn up. We cancel as it is too late, I like them [staff] to come around 8.00pm/8.30pm." Others told us although there were times when staff were delayed, this had not impacted on the care and support provided.

The registered manager told us an electronic system was used to record staff's 'start' and 'end' times when completing a call to a person's home. Although this should have enabled the management team to monitor the incidence of 'missed' and 'late' calls at the service, the registered manager was unable to confirm the frequency of these as the electronic system was not working as efficiently as it should and the data provided could not be relied upon.

People told us they were safe and had no concerns about their safety and wellbeing, whilst receiving support from the domiciliary care service. One person told us when asked if they felt safe when staff entered their home, "Oh, yes I am safe." Another two people confirmed they had no concerns about their safety or welfare. Key safe arrangements were in place as a means of providing access for staff to enter their home and to keep individual's safe. Care was taken to ensure the key safe and code numbers were only available for those authorised to enter the person's home.

Risk assessments were in place relating to people's moving and handling needs and environmental risks. Since our last inspection to the service in April 2017, other risks relating to people's health and wellbeing

had now been considered. For example, people's catheter care, risk of falls and poor mobility, risk of choking whilst eating and, where one person had a Percutaneous Endoscopic Gastrostomy [PEG] feeding tube fitted. This enabled a person to have their nutritional and/or medication needs met when their oral ability was compromised or not possible.

We looked at the registered provider's arrangements with regards to safe infection control practices. People told us staff wore aprons and gloves when providing care and staff confirmed they had sufficient supplies of personal protective equipment such as gloves and aprons, which they could access from the domiciliary care service office. Staff told us, and records confirmed, they received infection control training and spot checks were completed by the management team to ensure effective infection control measures were in place and being followed by staff.

# Is the service effective?

## Our findings

Effective was previously rated as 'Requires Improvement' at our last inspection on the 21 and 28 April 2017. Not all staff had received appropriate and up-to-date training, for example, 'practical' moving and handling training. Not all newly employed staff had received a robust induction. Supervision and 'spot visits' to monitor staff's practice and performance were not routinely undertaken at regular intervals. The registered provider shared their action plan with us on 14 June 2017 and this provided detail on their progress to make the required improvements and to be compliant by 19 June 2017. At this inspection, we found that improvements had been made but further action was still required relating to completing the 'Care Certificate' in a timely manner and ensuring where concerns are raised relating to a staff members performance, this is followed up and monitored. Effective remained rated as 'Requires Improvement.'

Since our last inspection to the service in April 2017, all staff employed, including newly appointed staff, had received mandatory training in line with the registered provider's expectations in key areas. However, we found that most training received by staff was completed within one day. This included staff who had no previous experience within a care setting. For example, the staff training records for four members of staff appointed since April 2017, showed they had completed between eight and 10 courses, including 'practical' moving and handling training all in one day. This did not provide an assurance that staff were competent following their training. Although the latter was highlighted we found no evidence to suggest staffs' training was not effectively applied at this time and people received inappropriate care.

Staff received an induction comprising of both mandatory and specialist training appropriate to the needs of the people they supported. Newly appointed staff received an introduction to the organisation and a staff handbook, which provided important information about the organisation as well as policies and procedures. In addition to this, staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience, competence and professional qualifications already attained. Furthermore, staff were required to undertake and complete the Skills for Care 'Care Certificate' induction programme, where they had no previous experience within a care setting or achieved a National Vocational Qualification [NVQ] or Qualification and Credit Framework [QCF]. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life. However, although some staff had now been employed for several months, they had still not completed the 'Care Certificate'. We found no set timeframe for the completion of the 'Care Certificate' had been agreed with each member of staff.

We recommend the service review current guidance and ensure staff complete the 'Care Certificate' within a reasonable timeframe.

Staff told us they felt supported by the registered manager and care coordinator. One member of staff told us, "Absolutely, I have been supported." Supervisions were now regularly completed and these comprised of face-to-face meetings and 'spot check visits.' The latter is where the provider's representative calls at a person's home during a visit by a member of care staff. This is so they can observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations.

Although the above was positive, where issues had been raised about a member of staff's performance and practice, there was no evidence to show how this had been monitored. For example, following concerns raised about one member of staff's conduct, the registered manager had completed an investigation and subsequent incident report. This detailed the member of staff would receive an additional induction and further training. No evidence was available to show additional induction and training had happened. Following discussions with the registered manager, they confirmed this had not been undertaken. Neither was this recorded within the staff member's annual appraisal of their overall performance.

Where staff were involved in people's nutritional support they did so as required to meet people's needs. People told us staff supported them as needed with the provision of meals, snacks and drinks to ensure their nutritional and hydration needs were met.

Where appropriate people had access to health professionals as required. People told us if there were concerns about their healthcare needs they would discuss these with their family member or alternatively with a member of staff. The management team told us if staff were concerned about a person's health and wellbeing they would relay these concerns to the care co-ordinator or the registered manager for escalation and action.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received Mental Capacity Act 2005 (MCA) training and were able to demonstrate an understanding of the requirements of the MCA and what this meant for people using the service. People told us staff always sought their consent prior to providing support.

## Is the service caring?

### Our findings

Caring was previously rated as good at our last inspection on the 21 and 28 April 2017. At this inspection caring remained rated as good.

People using the service and those acting on their behalf were complimentary and satisfied about the care and support received and provided. People told us they were treated with the utmost care and kindness; and received the care and support they should and was agreed as part of their care package. One person told us, "The carers are very good, lovely in fact and I can't fault them. I like it that you can have a laugh and a joke with them [staff]." The person's relative told us, their family member had their favourites, particularly one member of staff. They told us, "The young one in the morning is absolutely terrific." A second person stated, "The care in my view is very good, the support I receive is not rushed, I cannot knock the girls." A third person told us, "The care ain't bad, no it's good, I can't grumble, the girls are very nice."

People received a good level of care and support that met their needs. People advised they had a good rapport and relationship with the staff who supported them. One person told us, "I cannot knock the staff, they achieve the care and support I need. The rapport with staff is very good and is 50% of the care in my view." People confirmed they were treated with respect and dignity always, for example, care was taken by staff to preserve a person's dignity when providing personal care and people were spoken to, using their preferred name. One person told us, "Although I have only been receiving a service for a short while, I am always treated well, with respect and dignity."

People confirmed they were supported by staff to be as independent as possible and were actively encouraged to do as much as they could for themselves, according to their individual abilities and strengths. For example, one person told us they could attend to some aspects of their personal care with staff assistance. Another person told us they could administer their own medicines with the support from their family member.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People and their relatives confirmed they had been involved in decisions about the care and support to be provided prior to the service being agreed; and this had been used to develop their support plan. People and their relatives had been given the opportunity to provide feedback about the service through the undertaking of reviews and satisfaction surveys.

## Is the service responsive?

### Our findings

Responsive was previously rated as good at our last inspection on the 21 and 28 April 2017. At this inspection responsive remained rated as good.

Arrangements were in place to assess the needs of people prior to the service being agreed. This ensured the service could meet the person's needs and provided sufficient information to guide staff. People and their relatives told us an assessment of their needs had been carried out and they were involved in this process. However, minor improvements were required at this inspection, to better evidence these arrangements as currently there was ambiguity between the initial assessment and the completed support plan.

People told us they received good personalised care that was responsive to their needs. Where people's care and support needs changed, adjustments were made to people's care package to ensure their care and support needs continued to be met, particularly where their physical healthcare needs had declined.

Support plans covered all aspects of a person's individual circumstances and needs. This included the level of support required, the number of staff required to provide support each visit, the length of time for each visit, call time preferences and additional duties and tasks to be undertaken. People's equality and human rights characteristics, such as those relating to age, disability, ethnicity, religion or sexual orientation, were considered when assessing people's needs. No-one currently using the service had different cultural needs that were required to be met.

There was evidence to show the content of the support plan had been agreed with the person who used the service or those acting on their behalf. Staff told us they never went into a person's home without having read all relevant information about the person and this was provided prior to their first visit to the person. We found that staff employed at the service were knowledgeable and had a good understanding about the care needs of the people they supported.

Guidance on how to make a complaint was given to people when they first started using the service. We found that suitable arrangements were in place for people if they had a concern or were not happy with the service provided to them. All people spoken with confirmed they had not had reason to make a complaint. A complaints log was not maintained to aid an analysis of trends and reporting. We looked at the service's record of complaints and found issues raised had been managed, investigated and responded to in a timely manner. Where appropriate the registered manager had held meetings with the complainant to evidence openness and transparency.

A record of compliments was maintained to capture the service's achievements. Where one person received a 'sleep-in' service, their relative stated they were very grateful that the domiciliary care service provided the same staff member. Specifically, they wrote, "We always felt confident that my relative was in safe hands." The relative confirmed they would recommend the domiciliary care service to others.

The registered manager told us they were not currently providing care for people who were at the end of

their life. However, there was evidence to demonstrate that care and support had been provided to support people who were nearing the end of their life. Compliments were received from a NHS palliative care team specialist and a care coordinator from a local hospice about the quality of care and support provided by the domiciliary care service. Their comments praised the management team and staff for their compassion, care and collaborative working with external agencies. A relative wrote to the service stating, "Care staff were supportive and did everything possible to offer them [family member] comfort until they passed away. Commitment by the service that [family member] was able to remain in their own home, as was their final wish, until the end of their life."

All staff employed at the domiciliary care service had received end of life training to meet people's needs.

# Is the service well-led?

## Our findings

Well-led was rated as 'Requires Improvement' at our last inspection in April 2017. At this inspection, we found that well-led remained rated as 'Requires Improvement.'

Since our last inspection to the service in April 2017, changes had been made to the management team of the domiciliary care service. The registered provider was no longer the registered manager. The deputy manager was promoted to the role of manager and was formally registered with the Care Quality Commission on 7 August 2018.

The registered provider and manager had responded and acted since our last inspection in April 2017 to rectify some of the shortfalls we identified in relation to staff induction, training and supervision, however, some risks had not been fully mitigated.

Our findings at this inspection demonstrated the registered provider and manager had not made all the required improvements to achieve compliance with the fundamental standards or to attain a better-quality rating above 'Requires Improvement'. Specifically, robust arrangements continued to not be in place to recruit staff safely and demonstrated the registered provider's recruitment practices continued to not be operated safely, in line with their own policies and procedures or with the fundamental standards. Improvements were also required relating to medicines management. Not all people had received their prescribed medication because of the morning and lunchtime call times being too close together. Where concerns had been raised and the registered manager notified relating to a member of staff's poor practice, this had not been considered or raised as a safeguarding concern with the Local Authority or Care Quality Commission and the internal investigation was not as robust as it should be.

The incidence of 'missed' and 'late' calls at the service were not being monitored. This was in part, due to the service's electronic system not being 'fit for purpose' and the data provided could not be relied upon, as advised by the registered manager. This meant the registered provider and manager were reliant on people using the service, relatives and staff making them aware where 'missed' and 'late' calls occurred. Audits of the Medication Administration Records [MAR] showed these were completed once returned to the domiciliary care service office. However, these were not effective as they had not picked up where there were gaps or anomalies on the MAR form. Neither were these analysed month on month, together with people's support plans to ensure consistency and to monitor trends for future learning.

Although staff had received mandatory training, a significant number of courses were completed on one day by staff. The registered provider and manager could not assure themselves that staff were competent following this training. Suitable arrangements were not in place to show staff were supported to complete their formal induction ['Care Certificate'] within a reasonable timeframe. Improvements were also required to ensure where concerns were raised about a staff members conduct and performance, this was followed up and monitored.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

It was evident from our discussions with the registered manager and staff team that there was an open, transparent culture with a willingness to learn from incidents and events. Staff, people who used the service and their relatives were all complimentary about the registered manager. Comments included, "The manager is friendly and very approachable; and I feel very supported. If I have any concerns or questions I know that I can contact them," and, "The management team are great, the manager is so supportive and has gone out of their way to help me; this has been most appreciative."

Systems were in place to receive people's feedback about the service. The registered provider sought the views of people, their relatives and staff about the quality of the service provided and what it was like to be an employee. The registered manager stated satisfaction surveys to people using the service and their relatives were sent out in October 2017 and February 2018. Surveys were also made available for staff to complete in April 2017, however no responses were received for any recipients. Despite the above, telephone calls were made to people between Christmas and New Year 2017 to check their welfare. Satisfaction surveys were in the process of being resent to gather people's and others views and a suggestion box for staff had been put in place at the office.

Information available showed and staff confirmed, they received regular memos and messages from the domiciliary care service, to ensure they received 'key' information and messages. For example, in July 2018, a memo was sent to all staff regarding the extreme hot weather conditions. Staff were reminded to promote people's and their own fluid intake and to ensure everyone was wearing appropriate sensible clothing. In addition to the above, the registered manager had introduced a quarterly newsletter, commencing September 2018. This was very informative, providing 'key' information, for example, important dates, equipment updates; and an interesting article for staff about the Care Quality Commission entitled, 'CQC is Coming' with a subtitle 'Brace Yourself Winter is Coming' based on the popular television series, Game of Thrones. Although the titles were jocular, the text was explanatory about what staff should expect as part of an inspection, with reference to the fundamental standards.

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 17 HSCA RA Regulations 2014 Good governance  People who use services were not supported by the arrangements to assess and monitor the quality of service provided. The arrangements in place were not as effective as they should be to ensure compliance with the fundamental standards.

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  Safe recruitment practices and procedures were not in place.

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

We issued a Warning Notice. The date for compliance to be achieved is 31 October 2018.