

Prime Care Domiciliary Limited

Prime Care Domiciliary Ltd

Inspection report

5 Queen Street
Horsham
West Sussex
RH13 5AA

Tel: 01403734011
Website: www.primecareltd.com

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 21, 22 and 23 November 2018 and was announced. We inspected the provider's office on 21 November 2018. The provider was given 24 hours' notice as the service provides a domiciliary care service. We wanted to ensure that the person using the service was able to take our call and that staff were available to speak with us. On 22 and 23 November 2018, we contacted the person that used the service as well as one member of staff for their feedback.

Prime Care Domiciliary Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It can provide a service to older people and younger adults. At the time of the inspection there was only one person who received the regulated activity. CQC only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service was registered in September 2017 and is the only service owned by the provider. The management team consisted of two providers, one of which was the registered manager. A registered manager is a '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.

Not all risks to the person's safety had been considered or mitigated sufficiently. Recruitment practices were not robust. The registered manager did not work in accordance with their own policies and procedures or legislative requirements. They had not taken appropriate measures to ensure that staff were suitable to work with the person before they began work. This was an area of concern.

There was a lack of oversight and quality assurance audits. Shortfalls that were identified as part of the inspection had not been picked up on acted-upon by the registered manager. This related to the lack of safe practices when recruiting staff as well as the insufficient monitoring and supervision of staff. The management of medicines, the lack of involvement of the person in decisions that affected their care and the lack of reviews to ensure guidance for staff was current, were also issues that had been identified as part of the inspection. There was a lack of understanding about the Mental Capacity Act 2005 (MCA) and how the person should be supported in accordance with this. Quality assurance surveys did not gather sufficient information to provide the registered manager with the person's feedback on the service they received. The lack of oversight did not enable the registered manager to learn from situations to ensure that they continually improved the service. These were areas of concern.

The person told us that they were involved in day-to-day decisions and that staff provided them with choice. However, the registered manager and staff had not always ensured that the person was involved in their care. Decisions had been made by others and these had sometimes conflicted with the person's own wishes. The person was not supported to have maximum choice and control of their life. Staff did not support them in the least restrictive way possible; the policies and systems at the service did not support this practice.

Staff knew how to keep the person safe. They had undertaken training and knew what to do if there were concerns about the person's safety. There were sufficient staff to ensure the person's needs were met. Risk to the person and their environment had been considered. Staff were provided with personal protective equipment to ensure that infection control was maintained.

The person's needs had been assessed before they had started to use the service. Staff were provided with guidance as to how to meet the person's needs.

The person told us that staff supported them to prepare meals and that their choice was respected. Staff had liaised with the person's relative if they were concerned about the person. This enabled them to have access to external healthcare professionals to maintain their health.

The person told us that staff were, "Very good". They told us that the staff were kind and caring. They told us, "They stay as long as they need to. One of the things I like is that you can talk to them. I know about their families and they know about mine. It is nice to have the same people coming rather than different people".

The person told us that the staff were mindful of their privacy and supported them in a sensitive way. They were complimentary about how staff supported them to remain independent.

The person was provided with information about how to make a complaint. They told us that they had not had reason to complain but knew that their relatives would contact the registered manager if they had concerns.

This is the first time that the service has been inspected. They have received a rating of Requires Improvement for the first time. We found two 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. Full information about CQC's regulatory response to the more serious concerns found during this inspection will be added to the inspection report after any representations and appeals have been concluded.

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

The registered manager had not assured themselves that staff were suitable to work with the person that used the service.

Medicines were not always managed safely.

There were sufficient numbers of skilled and experienced staff to ensure people received visits on time and in accordance with their needs.

Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding people's safety.

People were protected from infection and cross contamination.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The registered manager had not always ensured that staff were suitably supported to enable them to carry out their role.

People were asked their consent before being supported. There was a lack of understanding about working in accordance with the Mental Capacity Act 2005 (MCA).

People were cared for by staff that had undertaken training and had the skills to meet their needs.

Staff liaised with the person's relatives to ensure that they had access to external healthcare professionals to maintain their health.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

The person's wishes were not always respected and this did not promote dignified care.

Requires Improvement ●

The person was supported by kind and caring staff who knew their needs well.

The person's privacy was maintained and their independence promoted.

Is the service responsive?

The service was not consistently responsive.

The person had not always been involved in discussions or decisions about their care.

Reviews had not taken place to ensure that the care the person received reflected their current needs and preferences.

The person was made aware of their right to complain. Attempts had been made to obtain some feedback to ensure the service was meeting the person's needs.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

There was a lack of oversight to ensure that the service was meeting the person's needs. Policies and procedures were not always followed in practice.

The person and a member of staff were complimentary about the leadership and management of the service.

Requires Improvement ●

Prime Care Domiciliary Ltd

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.

The inspection took place on 21, 22 and 23 November 2018 and was announced. The provider was given 24 hours' notice as they provide a domiciliary care service. We wanted to ensure that the person using the service was expecting our call and that staff were available to speak with us. The inspection team consisted of one inspector.

The service was registered in September 2017 and this was the first comprehensive inspection. Before the inspection we looked at information we held about the service. Due to technical problems, the provider was not able to complete a Provider Information Return. 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 took this into account when we inspected the service and made the judgements in this report.

During our inspection we spoke with the registered manager. After the inspection we contacted the person who used the service and one member of staff. We reviewed records about the person's care as well as records that related to how the service was managed. These included three staff records, the provider's statement of purpose, their policies and procedures and health and safety risk assessments.

After the inspection we asked the registered manager to send us information that was not available during the inspection. This related to medicine administration records (MAR) and records relating to the safe recruitment of staff. The registered manager provided these within a timely manner.

Is the service safe?

Our findings

When asked if they felt safe in the presence of staff, the person told us, "Oh yes, they're always there to make sure I'm okay". However, despite this positive comment, we found areas of practice that required improvement.

The provider had not always assured themselves that staff were safe to work with the person they supported. The provider's recruitment policy stated the requirements that needed to be in place before staff started to support people. It advised that two written employer references as well as a verbal discussion with the member of staff's previous employer should take place. It stated that, without exception, a Disclosure and Barring Service (DBS) check should be completed. It went on to advise that should there be any issues with either of these steps that a risk assessment should be completed to assess staff's suitability to work with people and that if needed a discussion with CQC should take place. The provider had not worked in accordance with their policy or with best practice guidance about employing staff.

Pre-employment checks had not been carried out in line with the provider's policy. The registered manager had not undertaken Adults First or DBS checks before staff started to work with people. An Adults First check enables an employer to carry out a check against the DBS barred list. Dependent on the results, this can sometimes mean that the member of staff could begin work whilst waiting for their full DBS results. Instead, the provider had used DBS checks from members of staff's former employers to assure themselves that staff were suitable to work with people. In the CQC guidance about compliance, 'Essential standards for quality and safety: Disclosure and Barring Service Checks 2017' it states what providers must do to ensure staff are suitable to work with people before they begin work. It states, 'Providers should risk-assess different roles and look at their responsibilities and activities to determine if staff are eligible for a DBS check. We would expect provider's to be able to show they have undertaken this risk assessment, especially where they have decided not to undertake a check'. The registered manager had not undertaken a risk assessment to assure themselves that the staff they were employing were suitable. A DBS application for one member of staff had been made on the day the inspection had been announced. This was over two months since the member of staff had started to support the person. Another member of staff had not had an Adults First check or a DBS application made, despite them working with the person unsupervised for a period of almost four months.

The registered manager had not sufficiently assured themselves, as far as was possible, that staff were able to work, were of good character and were fit to work in their service. New staff worked alongside the registered manager for their first visit to the person. Following this staff supported people unsupervised. 'Essential standards for quality and safety: Disclosure and Barring Service Checks 2017' state that, 'All staff receive a comprehensive induction that takes account of their recognised standards within the sector and is relevant to their workplace and their role. It is undertaken when they start their job and is completed before they are allowed to work unsupervised'. It goes on to state, 'The provider should contact people using the service at weekly intervals to monitor their satisfaction with the care provided. They should inform the person using the service about any outstanding information and tell them when it is received'. At the inspection, the registered manager stated that staff would only be employed if they had experience within the health and social care sector. When asked, they were unable to evidence an induction taking place. They

explained that this had not been required as staff already had the necessary skills and had been supported at their first visit to the person. The registered manager had not ensured that staff received a comprehensive induction and had instead relied on the learning and development that staff had completed with their former employers. They had not contacted the person using the service on a regular basis to inform them that there was outstanding information in relation to pre-employment checks to ensure their safety. Neither had they ensured that the person was satisfied with the care provided.

Another member of staff, who did not have unsupervised contact with people and who no longer worked at the service, had not had appropriate checks undertaken to assure the provider that they were suitable to be employed. A DBS and a risk assessments to assure people's safety had not been conducted in a timely way. The provider had not ensured that they complied with their own recruitment policy by ensuring that there were two written references, as well as a verbal discussion with the member of staff's former employer, before the member of staff began work. Recruitment files contained one written reference. After the inspection the registered manager sent us another reference for the member of staff.

The provider had not ensured that staff that were employed were of good character and had the appropriate qualifications, skills and experience which were necessary to perform their role. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicine were not always managed safely. The person was assisted to take their medicines by trained staff. They told us that staff dealt with their medicines and that they were happy with the support that they provided. Records showed that a member of staff had raised concerns about the administration of medicines. Medicine administration records (MAR) as well as blister packs, which contained the medicines that had been prescribed by the person's GP and dispensed by their pharmacist were used. These provided staff with guidance as to when to administer medicines. Daily records showed that staff had been advised, by a non-medical professional, that the times of one of the medicines should be changed. Staff had changed the time that they were administering the medicines despite this practice conflicting with the prescribing guidelines. Staff had alerted the registered manager to this within the daily records, however, it was no apparent what action the registered manager had taken in response to this.

Records showed that 'as and when required' medicines had been prescribed. The registered manager had not ensured that staff were provided with guidance to inform their practice to ensure that they were supporting the person to have their medicines in a consistent way. Records to document the medicines that the person was prescribed were stored within the person's home as well as within the office. Records held within the office showed that they were not kept up-to-date to reflect the person's current medicines. There was a potential risk that appropriate documentation was not in place so that information about the person's medicines could be passed to relevant external healthcare professionals if required, such as if the person had to attend hospital. MARs to document when staff had given the person their medicines were not routinely checked by the registered manager to assure themselves that the person was receiving their medicines on time and as prescribed. There were no MARs stored within the office and it was not evident that these had been checked within the person's home to ensure that medicines were being managed safely. The management of medicines is an area of practice that needs improvement.

There was sufficient staff to cover the person's visits. The person confirmed that they had never experienced any missed calls and that staff supported them within the agreed times. Rotas had been designed to ensure that the person received visits in accordance with their needs and preferences. Records of the times staff had visited the person showed that they had stayed for the allocated time. New staff were allocated to work with more experienced staff. This helped ensure that staff were aware of the person's needs so that they could support them effectively.

Staff had undertaken appropriate safeguarding training with their former employers. This enabled them to carry out their role and ensure people's safety. Safeguarding policies informed staff of what they should do if they had concerns about people's safety. Staff knew the signs and symptoms to look for that might indicate a person was at risk of abuse and knew what to do if they had concerns about a person's safety. The person confirmed that they were aware of who to speak to if they were unhappy about any aspect of their care. They explained that they felt safe as they had a personal alarm that they could use if an accident were to occur.

A risk assessment for the person's home helped ensure that the environment was safe for both the person and staff. This identified the hazards, the risks these posed and the measures taken to reduce the risk to the person. Staff were made aware of risks to the person's safety through their care plan. Risk assessments and care plans were stored in the person's own home, as well as in the office. This meant that they were accessible for staff and they were aware of how to support the person appropriately.

The registered manager and staff were not risk averse. This was confirmed by the person who told us that staff enabled them to do as much as they could for themselves but that they were there if they needed any support. The person could maintain their independence and skills. Records showed that they continue to visit the local shops to run errands. The person told us that this was important to them and that staff enabled them to continue to do this.

There had been no accidents or incidents that had occurred. The registered manager told us that should any occur that these would be recorded and monitored. This would enable them to identify patterns and trends, reflect on practice and embed any learning.

There were suitable procedures to ensure that people were protected from infection and cross-contamination. Staff were provided with personal protective equipment and clothing and the person confirmed that these were used.

Is the service effective?

Our findings

Feedback from the person who used the service complimented staff's abilities and skills. They told us that they felt that they were well-cared for and that staff knew them and their needs well. Despite this, we found an area of practice that needed improvement.

The person who used the service was supported by staff that were knowledgeable and had the skills to meet their needs. One member of staff had been supported to undertake a diploma in health and social care with their former employer. The registered manager told us that only staff who had appropriate skills would be recruited to help ensure that they could effectively meet people's needs. Learning and development courses had not been provided to staff by the registered manager. They told us that staff who did not have experience of working in health and social care, or who did not hold appropriate certificates, would be supported to attend training with an external training provider. Records showed that one member of staff had attended a supervision meeting with the registered manager to provide support and enable them to reflect on their practice.

There were concerns that were identified at the inspection, in relation to recruitment practices. The registered manager had not taken appropriate measures to assure themselves that staff were suitable to work with the person before they began work. The registered manager had not ensured that staff had access to a comprehensive induction and on-going monitoring and supervision to mitigate potential risk that this might pose. It was not evident that observations of staff's practice had taken place on an on-going basis to enable the registered manager to be assured that staff were demonstrating effective and safe care. When the registered manager was asked if they conducted observations, particularly with new members of staff, they were unable to provide evidence that this had taken place. They confirmed that was completed at the first visit to the person but were unable to provide evidence of this taking place after this time. The supervision and monitoring of staff's practice is an area of practice that needs to improve.

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.

The person who used the service confirmed that staff, "Always ask me what I want and if everything is okay". However, there was a lack of understanding about who was responsible for making decisions on the person's behalf. Records showed and the registered manager confirmed, that the person's relatives were fully involved in their care. Records showed that staff had sometimes taken instructions from the person's relatives and that they had been the sole-decision makers in relation to some aspects of the person's care. This related to a restrictive practice as well as issues to do with the person's medicines and the care provided. The person did not lack capacity to make their own decisions, yet staff had not involved them in decisions that affected their care and had instead taken instruction from the person's relatives. Records showed that this, at times, conflicted with the person's wishes. The registered manager and staff had not

ensured that the person was fully involved in decisions that affected their care. This is an area of practice that needs to improve.

When required, the person had been supported to prepare food and drink. They told us that staff always asked them what they wanted to eat and prepared this for them according to their wishes. Records showed that staff had learned that the person liked to eat fish each Friday as this had been a tradition they had held throughout their life. Staff had stated, 'I will try and cook fish dishes every Friday'. This demonstrated that staff were aware of the person's preferences and supported them in way that respected these.

The person's needs had been assessed when they first started to use the service. These assessments considered the person's physical and emotional needs. Staff had liaised with the person's relatives to ensure that the person was supported to live a healthy life and have access to external healthcare professionals when required.

Is the service caring?

Our findings

Staff were described by the person as, "Very good". They were complimentary about staff's caring and compassionate nature and told us that they felt reassured when staff were with them. Despite this, we found an area of practice that needed improvement.

Records did not always demonstrate that when the person had expressed their wishes that staff had respected these. Decisions had been made on behalf of the person and staff had been advised to support the person in accordance with the decisions. Language that was recorded in the person's care records raised concerns that the person's own wishes about their care were not being respected. This did not demonstrate dignified care. This was fed back to the registered manager, who once it was brought to their attention, recognised that this was not respectful of the person's own wishes. This is an area of practice that needs improvement.

Records did not contain information about the person's life before they had started to use the service. This is sometimes recorded to provide staff with information about 'the person', their life experiences, employment and family life. However, this did not impact on the person's care as the person received consistent care from two members of staff. The registered manager had ensured that the duration of the visits were sufficient to enable staff to spend time with the person. Staff knew the person well. The person told us that staff knew them and took time to have conversations with them. They told us, "They stay as long as they need to. One of the things I like is that you can talk to them. I know about their families and they know about mine. It is nice to have the same people coming rather than different people".

Records showed that staff had demonstrated that they cared about the person's wellbeing. They had informed the person's relatives if there were concerns or changes to the person's care so that external healthcare advice could be sought.

The person told us that they liked the way that staff supported them as it enabled them to retain their independence and continue to do as much as they wanted to do by themselves. They felt assured that staff were there if they needed and took comfort in this. The person told us, "I do appreciate them".

Information about how people could seek support from external professionals was included within the person's care plan. It advised them of advocacy services that could be used should they need support to express their needs and preferences. An advocate can support and enable people to express their views and concerns, access information and services and defend and promote their rights.

The person told us that staff respected their privacy and that they were sensitive to their needs. Information related to the person's care was kept confidential. Records were stored in the person's own home or within secure cabinets within the office.

The person's diversity was respected. Information about their religious preferences was recorded in their care plan. This ensured that staff were aware of the person's religious needs and that the person practised

this outside of their visits.

The person was supported to maintain contact with those that were important to them. They told us they continued to enjoy trips to the local shops and that the support that was provided worked around those times to enable their trips to continue.

Is the service responsive?

Our findings

The person was complimentary about the responsiveness of the service. They told us that they were involved in day-to-day decisions that affected their care. Despite this, we found an area of practice that needed improvement.

The person told us that staff always asked them before supporting them with anything. It was not apparent, however, that the person had themselves been involved in discussions about their care needs and the support that they required. The person told us that, although they did not have any concerns about the care that was provided, they had not been involved in discussions or decisions about their care. Records confirmed this. It was not apparent that the registered manager or staff had included the person within the discussions to ensure that they remained happy with the care they received.

The person's needs had been assessed before they started to use the service. Care plans were devised and provided information to staff to guide their practice. These contained detailed information to advise staff of how they needed to support the person to meet their needs. Care plans stated that reviews would take place every six weeks or sooner if changes occurred. It was not evident that reviews of the person's care had taken place. Daily records documented changes in the person's needs such as changes to their medicines and the impact that these had on their care. However, care plans and guidance for staff had not been updated to reflect these changes. Records held within the office about the person's care did not appear to reflect the person's current needs.

A quality assurance survey had been sent to gain feedback about the care the person had received. This had been completed by the person's relative. When the person was asked if they had been asked for their feedback about their care they told us that they had not but that they had no concerns about their care. The involvement of the person in discussions about their care as well as the on-going review of their care to ensure that staff are provided with up-to-date guidance, are areas of practice that need to improve.

The person's communication needs had been assessed before they had started to use the service. Staff had been advised of the aids that the person used to assist their vision. This ensured that staff supported the person to have access to these when required. The person did not require information to be adapted to meet their needs.

The provider had a complaints policy in place which was provided to the person when they first started to use the service. The person told us that they did not have reason to complain. They explained that if they had concerns they would raise these with their relatives who would contact the registered manager. There had been no complaints received since the person had started to use the service.

The person had a personal alarm that enabled them to call an external emergency response centre for help should they have an accident when alone. This provided them with a means of calling for assistance when needed and meant that they could independently remain in their own home.

Is the service well-led?

Our findings

The person and the member of staff were positive about the leadership and management of the service. The person told us that they sometimes saw the registered manager when they provided them with support. A member of staff told us that the registered manager was, "Very supportive, any questions I have or if I have a doubt they're there". Despite this, there were concerns with the registered manager's overall ability to maintain standards and ensure sufficient oversight of the service. This did not enable them to ensure that the systems and process in place met people's needs and assured their safety. We found areas of practice that required improvement.

Prime Care Domiciliary Limited, is a privately-owned service which provides care to one person living in their own home. The service was registered in September 2017 and is the only service owned by the provider. The management team consisted of two providers, one of whom was the registered manager.

The provider's philosophy of care stated, 'Individual choice and personal decision-making are the right of all service users and will be supported by all the people who work here'. It was not evident that this was always implemented in practice. The person had not always been involved in decisions that affected their care. The registered manager and staff had not always ensured that they fully involved the person in planning or contributing to their on-going care needs.

There was a lack of oversight and quality assurance audits to assure the registered manager that the systems and processes in place were meeting the person's needs and the service was safe and effective. Shortfalls that were found at the inspection had not been identified by the registered manager. This related to the lack of safe practices when recruiting staff as well as insufficient monitoring and supervision of staff. The management of medicines, the lack of involvement of the person in decisions that affected their care and the lack of reviews to ensure guidance for staff was current were also issues identified as needing to improve. There was a lack of understanding about MCA and how the person should be supported in accordance with this.

Quality assurance surveys had been sent to gain feedback. This had been based around one of the key questions asked as part of a CQC inspection, is the service Safe? The survey did not encourage any further feedback about the person's care and it was not evident what other mechanisms were used to obtain the person's feedback about the care that they received to ensure that it met their needs. The survey had been completed by the person's relative. It did not provide them with the opportunity to comment fully about the person's care and only asked them to provide feedback on the safety of the service. This did not enable the registered manager to sufficiently monitor their service.

The provider had policies and procedures to provide guidance to staff to ensure that they worked in line with the provider's and legislative requirements. These were not always adhered to. There were concerns about the safe recruitment of staff that were identified as part of the inspection. More information about this can be seen within the Safe section of this inspection report. The provider and registered manager had not ensured that they followed their own policies or CQC guidance about compliance, 'Essential standards for

quality and safety: Disclosure and Barring Service Checks 2017'.

The registered manager did not work in partnership with external agencies to provide them with an opportunity to learn from other sources of expertise and share good practice.

The provider had not assessed or monitored risk, neither had they improved the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A member of staff was complimentary about the way the service was managed. They told us that they felt supported and able to seek assistance from the registered manager if they had any queries. As there was only a small staff team, the registered manager and staff communicated with one another on an informal, regular basis.

The registered manager demonstrated their awareness of the Duty of Candour CQC regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'. Records showed that the person's relatives had been kept informed of changes to the person's care.

Although no events or incidents had occurred within the service that required notifications to be sent to CQC, the registered manager was aware of their responsibilities. They were aware of when they needed to notify us of certain events that occurred at the service to enable us to have an awareness and oversight of these to ensure that appropriate actions had been taken.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) (d) (i) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p> <p>The registered person had not ensured that systems and processes were established and operated effectively to:</p> <p>Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>Maintain securely such other records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity.</p>

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 (1) (a) (b) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.</p> <p>The registered person had not ensured that persons employed were of good character or had the qualifications, competence, skills and experience which were necessary for the work to be performed by them.</p>

The enforcement action we took:

We have issued a Warning Notice as the registered person had not assured themselves that they had employed fit and proper persons. They are required to become compliant with this Regulation by 31 December 2018.