

Divine Care Provider Ltd

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Inspection report

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Date of inspection visit:
19 July 2018
24 July 2018

Date of publication:
18 September 2018

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 19 and 24 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that staff would be available to meet with us.

At the last inspection on 31 May and 2 June 2017, we found that the provider was in breach of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance). We rated the service as 'Good' in effective and caring and 'Requires improvement' in safe, responsive and well led with an overall rating of 'Requires improvement'.

We asked the provider to complete an action plan to show the improvements they would make to the key questions of safe, responsive and well led to at least Good.

We found some improvements had been made to the service when we returned on 19 July 2018. However, the service was in breach of Regulation 18 (Staffing) and continued to be in breach of Regulation 17 (Good governance). We rated safe, effective, caring and well led as 'Requires improvement' as the training of staff, quality monitoring and management oversight needed action to be taken. Responsive was rated as 'Good' as care plans were person centred and up to date. We have judged their overall rating to be 'Requires improvement'.

Divine Care Providers is a domiciliary care service. It is registered to provide the regulated activity of personal care to people in their own homes including older people, people with dementia, people with a physical and sensory impairment, mental health and younger adults. At the time of the inspection, there were 44 people using the service and 23 care staff supporting them.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The system for the induction, training and supervision of staff was not sufficiently effective or robust to ensure staff had the necessary information, skills and knowledge to carry out their role effectively.

There were insufficient staff with the right skills and knowledge to care for people safely. The registered manager and other managers had to provide care to ensure the rota was covered. The management and monitoring of staffing and recruitment practices needed improvement.

A robust system to manage, monitor, measure and review the quality and delivery of the service was still not in place. The provider had not invested time and resources into making the service well led. The lack of investment and improvement did not provide evidence that the service was well led and managed.

The assessment, recording and reviews of people's needs and associated risks had been improved in order to keep them safe.

Staff had knowledge of the safeguarding procedures and were clear about the actions they would take if they saw, heard or suspected any abuse or harm to people they supported.

People received their medicines as prescribed and the records had been improved to make the administration more effective. Infection control procedures were in place and protective equipment was available to staff.

Staff supported people with their meals and drinks so that they maintained their health and wellbeing. Staff were proactive in making sure people's healthcare needs were met. The service worked well in partnership with other professionals and people received the health care support they needed.

The service worked in line with other legislation such as the Mental Capacity Act 2005 (MCA) to ensure that people had as much choice and control over their lives as possible. People or their representatives had consented to their care.

Staff were kind, generous and caring. People said they were listened to, involved in their care arrangements and had built up good relationships with staff.

People received care which was responsive to their needs. Care plans were up to date, clear and written in a respectful and person-centred way. People were enabled to maintain their independence and follow their interests.

People knew how to make a complaint if they needed to. Complaints were recorded and dealt with appropriately. A process was in place to seek people's views about the service through regular reviews of their care.

The management team were visible, accessible to staff and people who used the service. Staff told us they were supported and appreciated.

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?

Requires Improvement ●

The service was not always safe.

There were not always sufficient staff, with the right skills, to keep people safe.

The service looked into incidents and concerns but did not actively use this information to improve the service.

Staff recruitment processes were not always robust.

Risks to people's health and wellbeing were assessed and recorded.

People received their medicines as prescribed and records were checked to ensure these were administered correctly.

The service had effective infection control measures in place and staff had access to protective clothing.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not receive appropriate training to make them effective in their role.

Where people were supported to eat and drink, they had sufficient to meet their needs.

The service worked well with other professionals and provided people with effective healthcare support.

People had consented to their care and staff were aware of people's rights under the Mental Capacity Act 2005.

Is the service caring?

Requires Improvement ●

The service was not always caring.

The management did not always show they provided a quality service to people.

People who used the service were treated with kindness and compassion by the care staff who supported them. Their privacy, dignity and independence was respected and promoted.

People and their families were fully involved in making decisions about their care arrangements.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care from staff who were responsive to their changing needs.

Care plans contained relevant information about people's requirements and circumstances.

There was an effective complaints system in place and people were confident their concerns were dealt with swiftly.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There was lack of oversight of the management of the service.

There was not a robust system in place to monitor, measure and review the quality and delivery of care including training and competence of staff.

Information about people was shared appropriately.

There was a strong and consistent staff team who thought the managers were open and accessible.

Divine Care Provider 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 19 and 24 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that staff would be there to meet with us.

Before the inspection we reviewed the information we held about the service including any safeguarding concerns and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

The inspection started on 19 July 2018 and was undertaken by one inspector. We visited the office location on 19 July 2018 to see the manager and office staff and on 24 July 2018 made telephone calls to people who used the service.

During our inspection we spoke with the nominated individual (the person responsible for supervising the management of the regulated activity), the registered manager, care coordinator and four care staff. The nominated individual and registered manager are directors of the company.

We also spoke with five people who used the service and two relatives on the telephone. We reviewed five people's care records. We looked at four staff recruitment and training files and records relating to the management and quality of the service.

We asked the provider to send us information in relation to quality assurance and staff recruitment after the visit, which we received.

Is the service safe?

Our findings

Safe was rated as 'Requires improvement' at our last inspection on 31 May and 2 June 2017 and we found a breach of Regulation 12 (Safe Care and Treatment). This was due to concerns with managing risk. At this inspection, we found that whilst improvements had been made, people using the service were not always safe from harm. We judged safe as 'Requires improvement.'

Improvements had been made as to how risks to people's health and well being were managed and recorded by the registered manager. Risk assessments identified when people were at particular risk, for example, malnutrition and dehydration, pressure ulcers, pain and memory loss. Ways to manage the risks were recorded and reviewed on a regular basis.

The assessments were sufficiently detailed and up to date for staff to know how to deal with the risks identified. We saw that risks relating to use of equipment and the environment were completed. In one person's file, there was a handling plan which provided pictures to show the correct use of the different coloured slings they used.

Overall, people told us they were safe. One person said, "I feel very safe with the staff in my home and they respect me." One family member said, "It's hard to get used to people doing personal tasks for you but [person's name] does feel very safe with the staff and how they move them about and provide personal and practical care."

Staff knew how to protect people from the risks of abuse and harm and had undertaken training in safeguarding people. Staff shared information with the registered manager and were confident that action would be taken if they reported any actual or suspected harm to anyone. One staff member said, "There is no way I would let anything go if I felt something was wrong. You have to deal with things quickly as you just don't know how serious it could get." The registered manager raised safeguarding alerts quickly with the local authority where they were concerned for a person's safety and wellbeing.

We were told by the nominated individual and staff that there were sufficient staff available to support people safely. Two new staff had recently been employed and were on induction. The registered manager told us that they were having difficulty in covering the rota on occasions and needed to do some more recruitment for staff. However, we found that a staff member on induction had been put on the rota to work as part of the shift as another staff member could not be found to cover. Improvements were required to the rota arrangements to ensure sufficient staff with the right skills and experience were always available to care for people.

People told us that staff were usually punctual and stayed the full time with them. They had regular staff but understood when other staff needed to cover for holidays and sickness. They told us that sometimes the managers covered shifts if staff were not available and had not been let down without a visit. The nominated individual confirmed that an on call system was in place for evenings and weekends covered in turn by themselves, the registered manager and senior staff.

Recruitment files showed that staff had completed an application form outlining their previous experience and employment history. Satisfactory references, identification and a Disclosure and Barring Service (DBS) check had been undertaken. Risk assessments were in place if additional assurances about a person's suitability to work with people were needed.

Some gaps in employment were identified in two of the staff files and the applications forms contained minimal information. The nominated individual was asked to follow this up. This they did, and confirmed after the inspection, that they had reviewed all staff files and gaps in employment had been completed with risk assessments in place where appropriate.

Systems were in place for the administration of people's medicines. Staff undertook online training in how to administer and prompt people with their medicines and the nominated individual, registered manager or senior staff instructed new staff in how to complete the medicine administration record (MAR). We discussed the updated medicines policy and procedure with the nominated individual. They agreed the policy and procedure was not user friendly, accessible or easy to follow for the staff and would discuss this with the registered manager.

It was clearly recorded if a person was responsible for taking their own medicines. People who needed assistance with medicines told us they were prompted and supported to take them, at the right time. The records we saw showed that staff administered medicine for people correctly, including any creams or eye drops. This included recording the reasons why they had not witnessed a person taking their medicines, for example, if a family member came and had lunch with them, they went out or did not want or need to take them. This meant that any changes to the taking of their medicines could be monitored and reviewed. Family members were appreciative of this, One family member said, "We know what is happening about [person's name] taking their tablets and it is reassuring to know someone is keeping an eye on them."

Staff told they were provided with protective equipment such as aprons and gloves. Staff gave us examples of how they carried out infection control procedures when going to people's homes and when carrying out personal care and practical tasks. People told us that staff washed their hands when coming into their homes and wore their gloves. They also looked smart in clean uniforms. One person said, "I am very clear with them [staff] about infection and cleanliness. I do remind them about it, not that they don't know, but just because I am so fussy about making sure I keep safe and well."

Staff knew how to record, report and liaise with external professionals on people's behalf. They gave examples of when they had identified that a person's needs had changed, they were proactive in making referrals and arranging visits from district nurses and occupational therapists so that people were kept safe and well.

The nominated individual told us they investigated safety concerns regarding individuals and put in place any necessary action. However, they did not look at how lessons could be learnt from any incidents, near misses or trends across the organisation so that improvements could be made to reduce them from happening again.

Is the service effective?

Our findings

Effective was rated as 'Good' at the last inspection on 31 May and 2 June 2017. At this inspection, we found a breach of Regulation 18 (Staffing) because there was not an effective system in place for the training and supervision of staff. Improvements were required. Effective is now rated as 'Requires improvement'.

There was not a robust system in place to prepare and train staff for their role. The nominated individual for the service told us that they were the in-house trainer for the service and they had undertaken a Preparing to Teach in the Lifelong Learning Sector (PTLLS) course in March 2015 and subsequent training in moving and handling people. The certificate confirmed their training in PTLLS but that the certificate in moving and handling people did not provide evidence that the nominated individual obtained and undertook training from a certified and recognised training provider to be able to provide it competently to staff. The nominated individual also told us that they had not updated their training in this since that time.

The provider's training programme was based on staff completing online training on a computer and being trained by the nominated individual who had not undertaken up to date training in any of the mandatory subjects offered by the service. Staff had not attended any external training except for the Virtual Dementia Tour (understanding what it may feel like to have dementia) in 2018 and one person had attended a whole day's training which covered all 10 mandatory subjects.

We looked at training certificates. We saw that staff undertook their moving and handling theory part of the training via on line courses and had to complete a competency test. Certificates showed that staff had received practical moving and handling training as well. The nominated individual told us that they trained staff themselves in the practical use of moving and handling people. We asked to see the equipment they used for this but was told that the hoist had broken some time ago and needed repairing. Whilst there was a training room available, there was no equipment available for training purposes. When asked about how staff learnt about equipment, hoists, slings, and other ways in which to safely move and handle people, the nominated individual told us that staff learnt at people's homes whilst on their induction. We could not be assured that staff were adequately skilled to care for people safely.

Staff confirmed that they learnt about moving and handling people when shadowing other staff. One staff member said, "You learn on the job from the other staff who know people and their ways." The provider informed us after the inspection that equipment for the use of training had been ordered.

Staff were not provided with an effective induction process and assessed as competent before starting work. The nominated individual told us that staff shadowed more experienced staff to learn about the work before being assessed as competent. However, we were informed that a new staff member, on their induction, had provided care to a person who used a hoist to transfer without being assessed as competent to do so. One person said, "I am safe with my usual staff but they sent staff to me who were new and didn't know what they were doing. They didn't know about the sling and put it on wrong and I didn't feel safe at all." We asked the registered manager to investigate this. They told us they were having difficulty covering the rota and short of staff on that day. However, they said the other member of staff was very experienced but had not

been to that person for a long time so were not up to date with their moving and handling requirements.

When we talked with people, they had mixed views about how safe they felt with the staff moving and handling them. One person told us, "A bit more training of staff would make me feel safer." Another person said, "I think the managers should come and check them [staff] a bit more often." A family member said, "I think getting used to being in a vulnerable position such as in a sling and hoist is something that takes time. [Name of relative] has had to get used to it and they do now feel safe with the regular care staff."

People were put at risk by staff who were not trained and competent in moving and handling people safely.

This was a breach of Regulation 18 (1)(2)(a)(b) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Basic processes were in place for the supervision of staff. We saw that staff had received one supervision session in the past year and at least one spot check of them undertaking their role, including observing them assisting a person with medicines. The quality of the spot checks were discussed with the nominated individual as there was a need for this process to be more effective in supporting supervision. They agreed to record their observations of staff performance, especially in relation to medicine administration, so that this could be discussed with staff. Some staff members had received an annual appraisal. Staff told us they were supported by their colleagues and the managers. One staff member said, "I can go to anyone and know they will respond and give me the support I need." Another said, "The managers are fantastic, always there for you and we work as a team."

People told us that staff arrived on time, most of the time and didn't rush. They supported them with their meals and drinks and people had ample time to enjoy their meal where assistance was required. One person said, "I have a fresh meal and I get it at lunch time, all done nicely for me." Another person said, "They help me when I can't do a meal myself, always willing to help."

The registered manager worked well in partnership with other organisations to ensure that they delivered care and support to people quickly. We saw one example of where they were working with a family and social services to help a person access the community safely. People's needs had been assessed so that the service was sure they could meet them. People and their relatives said they had been involved in the assessment process.

The registered manager and care coordinator had got to know a range of health and social care professionals and we saw that good communication existed when liaising with GP's, district nurses, social workers and hospitals. People had consented for the service to share information between services on people's behalf.

People's day to day health care needs were met and they received appropriate support to access health and social care services. Referrals for appointments and requesting equipment were made and correspondence kept in their file and recorded on the computer system.

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.

People's capacity to make their own decisions and choices had been discussed with them and their family. It was recorded in their care plan if they had capacity, and if not, how decisions and choices were made on their behalf. We saw that people had consented to staff assisting them with their medicines and for the sharing of information about them with professionals. Staff had undertaken online training in the MCA and understood what this meant in practice. One staff member said, "I give all my people choice about what I do when I visit and most tell me anyway. Another said, "If people get confused about what to wear or what to have for their lunch for example, I explain and help them so they like what they are wearing and eating."

Is the service caring?

Our findings

Caring was rated as 'Good' at the last inspection on 31 May and 2 June 2017. At this inspection, we found that people did not always receive support in a caring way. Caring is now rated as 'Requires improvement'.

Although care staff delivered care and support to people in a caring way, the service overall did not demonstrate that they cared about the people they supported. The provider continued to fail in multiple areas and this did not convey a caring attitude towards the care of people. Failures in the moving and handling of people as well as poor quality assurance and governance placed the quality of people's care at risk.

People told us that staff were kind, warm, friendly and enthusiastic. One person said, "The service is very good, I have regular staff who treat me very well. Another person told us, "The staff are excellent, can't fault them." One relative said, "It all works well for us and we deal with the little things that come up."

People were involved in their care arrangements and staff worked with them at their own pace. People felt they mattered and had control of their day to day lives. They told us that staff listened, talked with them appropriately and went out of their way to do anything that was needed. Staff knew people, their history and circumstances. Care plans and daily notes were written in a sensitive and caring way. In one care plan we saw, it said, "Be very gentle when assisting [name of person] and go at their speed."

People told us they were glad to have regular staff. One relative said, "Having the same staff is so important to us, it all goes a bit pear shaped when one is off on holiday or something, but we manage." One staff member told us, "It's like going to your family, its familiar and I would do anything for them, like you would your family."

People told us they were treated with dignity and respect and their independence was promoted and supported. One person said, "They are very respectful of me and my home and my family, so thoughtful." Another person said, "I had choice about times, am very well treated and they ask me if there is anything they can do for me. Excellent."

Is the service responsive?

Our findings

Responsive was rated as 'Requires improvement' at our last inspection on 31 May and 2 June 2017. This related to record keeping and care plans. At this inspection, we found that improvements had been made. Responsive is now rated as 'Good'.

Improvements had been made to the risk assessments and care plans. The care plans were organised, clear, readable and easy to follow and people had contributed to the assessment and planning of their care. They had expressed their preferences, likes, dislikes and views about how they wanted their care to be arranged and delivered. There was information available in the care plans to support staff in how to care for people and reminders to staff to monitor the care of people's skin if they were at risk of pressure sores for example. However, we discussed with the registered manager a situation where staff were not aware of a person's care arrangements before providing care. We were assured by the registered manager that this had been addressed after the inspection in order that staff responded appropriately to people's needs.

Minimal information was recorded relating to people's culture, ethnicity, sexual orientation or faith except for gender, age and marital status. However, information was gathered about them. We saw some lovely descriptions of people's lives so that staff understood who people were and what was important to them, for example, how long people had been together for, important family members and past travels. People were asked if they preferred a male or female staff member to support them and their preferences were respected.

Reviews of people's care were undertaken either over the phone or by visiting them. People were asked if they were happy with the service during these calls and visits. We saw some recorded responses and feedback. For one person, it was recorded "[Name of person] can't remember that the staff support them but family and friends say they get on well with everyone." Another care plan said, "[Name of person] happy with staff except for one and they have been removed from the round." A third said, "[Name of person] is very satisfied with the service but would like a later call at 9.30. This is now in place and working well." This showed that the service was very responsive to people's needs.

Staff were aware of the ways in which people communicated. Most people could verbally instruct staff how to support them. Where people had different ways of communicating, their sensory and communication needs had been identified, recorded, flagged, shared and met. For example, staff were aware of how to support people to replace batteries in their hearing aids for example and support them to attend optician's appointments. People had access to information in different ways if they needed it. The provider was meeting the Accessible Information Standard.

People knew who to contact if they had any concerns or complaints. The registered manager responded quickly to any issues or concerns and knew people well. The complaints policy and process provided guidance for people to make a complaint or share their concerns. One complaint had been received by the service and dealt with appropriately. The person was happy with the outcome. A complaint from a staff member had also been dealt with who was not happy to continue to visit a person due to their behaviour.

The situation was dealt with and the staff member's rota was changed so they could support a different person.

The service was not currently supporting people who were at the end of their life. We did not see anyone's end of life wishes recorded in the care plans we looked at as this information had not been discussed with people at that time. We saw information from relatives saying thank you and how well their loved ones had been cared for at the end of their life. Staff undertook annual training in death, dying and bereavement to ensure their skills and knowledge were up to date.

Is the service well-led?

Our findings

Well led was rated as 'Requires improvement' at the last inspection on 31 May and 2 June 2017. We found a breach of Regulation 17 (Good governance) which included the lack of assessing risk, quality assurance and management of the service. The service sent us an action plan outlining what they would do to be compliant.

During this inspection in July 2018, although some improvements had been made to the risk assessments and care plans, improvements were still needed in relation to the monitoring of the quality of the service.

We asked the provider to send us additional information on 31 July 2018 about the people who required assistance with moving and handling and training information. This was to find out what the provider had in place for people who required this support.

Systems and processes were still not being operated effectively to assess, monitor and improve the quality and safety of the services. No overall plan had been developed to manage the service. Discussions and service decisions between the registered manager and the nominated individual (who were also the directors of the company) had not been recorded since the last inspection. No audit trail was available to show that actions and management decisions had been made and what resources were needed to develop the service. For example, the need to move offices, the amount of staff required to meet needs, the investment needed in staff training and development and the purchase of training equipment.

Clear management tasks and responsibilities had not been put in place and acted upon. The nominated individual told us that they all "mucked in together" and that it had become "a jumble of everything." There was no organised system for the effective audits of the staff files; staff competency checks on the administration of medicines and moving and handling people. Staff files did not contain all the legally required paper work to ensure staff were recruited safely. Whilst individual MAR sheets were checked on their return to the office, there was no record of how the system was working and being monitored across the service to ensure everyone was safe.

There was no management oversight of the training provided to staff, especially the practical application of moving and handling people and medicine administration. The nominated individual, responsible for the training and for overseeing the management of this, had not updated their knowledge and skills, and for example, were not using their own policy and procedures to train staff in medicine administration. Their competence to carry out their role effectively had not been reviewed or checked. As training was provided 'in-house,' the provider had not ensured that the correct equipment was in place so that staff were able to gain the correct knowledge and skills to move and handle people safely.

The satisfaction survey which was discussed at the last inspection had been reviewed. It had been reduced in size so that it asked relevant questions, was succinct and easy to complete. However, the survey had not been put into practice. Whilst the nominated individual and care coordinator told us that people were asked their views during the review process, no views from people who used the service had been used to support

the development and improvement of the service. Staff surveys had also not been undertaken to involve staff in the development of the service. The nominated individual told us that they all worked closely together so they had not seen the point of doing the staff survey.

Records relating to the management of the service were not organised, updated or kept confidential. The training and supervision systems were not up to date or comprehensive to show how they monitored and managed this area of the service effectively.

Whilst policy and procedures had been updated with current requirements by an external company, the nominated individual told us that they had not read them all and that they had not been approved by the management as they trusted that these would be correct. These documents which underpin the structure and practice of the service were not being used to keep people safe.

Records were kept in locked filing cabinets. However, we saw that information about people and staff was left on desks in the office and not kept confidential.

This is a breach of Regulation 17 (1)(2)(a)(c)(d)(i)(ii)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

The provider had a vision for the service and staff demonstrated good values, enthusiasm and commitment to support and care for people and their families in the community. Staff told us that the improvements to the risk assessments and care plans since the last inspection had been positive and they were clear, readable and up to date. One staff member said, "They were a pleasure to read".

Staff told us they enjoyed working for Divine Care Provider. They said the management had a visible presence in the daily running of the service and often worked with them. They also told us they were well supported, listened to and that they could approach them at any time if they had a problem. Staff meetings were held monthly and staff felt included in the discussions and could speak up. One staff member said, "We all work as a team, and get on well together. Another told us, "You could not ask for a better manager, kind, hands on and there for you."

A computerised communication system to log and manage information was in place. The hand-held devices used by staff for their rotas, sharing day to day information and logging in and out when arriving and departing people's homes was working well. The management had made people and staff aware of how their information was used in relation to the General Data Protection Act which had recently come into force.

The service worked openly with other services to support joined up care. They made referrals and shared appropriate information with other agencies for the benefit of those they supported.

The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not have an effective system in place for the training, supervision and support of staff.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have a robust system in place to monitor, review and improve the management and quality of the service.</p>

The enforcement action we took:

We issued a warning notice due to lack of management oversight and the monitoring of the quality of the service.