

# JPA Cleaning and Care Services Ltd

# Easy Hub

## Inspection report

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

**Inadequate** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Easy Hub is a domiciliary care service providing personal care to people in their own homes. The service is registered with CQC to provide support to older people, people living with dementia, people with physical disabilities, people requiring mental health support, people living with sensory impairment and younger adults. At the time of our inspection there was one person using the service.

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

### People's experiences of using this service and what we found

The provider did not have appropriate systems and processes in place to keep people safe. Staff were unable to demonstrate the required level of competency for their role. The service was not following national guidance for the prevention and control of COVID-19. The provider had not sufficiently assessed the person's needs. The person's risk assessment and care plan did not contain enough detailed and personalised information to ensure staff were able to provide the person with safe, person-centred care that met their needs and preferences. The provider did not learn lessons and share learning with staff when something went wrong.

The provider had not followed safer recruitment practice and staff were not recruited safely. Staff did not receive the training and support they needed to ensure they could provide safe and effective care.

The provider had not established systems and processes to effectively monitor and mitigate risks and improve the quality and safety of the service. The systems and processes that were in place were not operated effectively. The provider did not have sufficient policies and procedures in place and the policies that were in place were not suitable for a care service. The culture of the service was not person-centred.

The registered manager was not always available or contactable and they lacked knowledge and understanding about how to establish and operate the systems and processes required to ensure good governance. This meant we were concerned about whether they were able to carry on the regulated activity and manage it.

Notwithstanding the above, we found staff were kind, caring and knew the person well. Staff supported the person to live a healthier life and achieve their goals. Staff knew the person's likes, dislikes and preferences and communicated with the person in ways they could understand. The person's equality characteristics were considered, and they were well treated and their dignity was respected. The provider worked well with other organisations and professionals when it was required.

The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible and in their best interests.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 12 February 2019 and due to the service not providing a regulated activity for a period of time, this was the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, safeguarding people from abuse or improper treatment, fit and proper persons employed, staffing, requirements relating to registered managers and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

**Inadequate** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Easy Hub

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 27 May 2022 and ended on 1 June 2022. We visited the office location on 27 May 2022.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered with CQC.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the person who used the service about their experience of the care provided. We spoke with three members of staff, including the registered manager and care workers.

We reviewed a range of records. This included the person's care records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated inadequate.

This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

- The provider had not always assessed, monitored and managed risks to the person.
- The provider was unable to show how they had carried out a needs assessment for the person. The person's risk assessments were not always completed, and their risk assessments and care plan did not always contain detailed and specific information for staff to manage risks safely.
- The person's care plan stated they were living with a specific health need and associated health risks. Their care plan stated they required support with their "everyday needs" because they were at risk of falling and injuring themselves. However, the provider had not completed a falls risk assessment for the person and there was no information for staff in the person's risk assessment and care plan about how staff should support the person to prevent and manage falls.
- A member of staff said the risk of injury to the person from falling was serious. They also said they had needed to be careful when supporting the person with moving and handling to avoid the person being injured. However, there was no information for staff in the person's care records about these risks or how staff should support the person with moving and handling in order to prevent them experiencing harm.
- The person was at risk of potential harm when using their bathroom because the equipment used to support them using the shower was not suitable. Staff had made the provider aware there was a risk to the person when they used their bathroom. However, this information was not recorded in the person's risk assessment or care plan and there was no information for staff about how to mitigate these risks and support the person safely when providing personal care.
- Not all staff were aware the person was at risk of falls and not all staff knew the person was at risk of injury due to their specific health needs and associated health risks. They said they did not know what information there was for staff to support the person with moving and handling in a personalised way to prevent injury to the person. This meant not all staff knew the risks to the person, how to mitigate them or how to support the person safely.
- There was no information for staff about whether the person's wheelchair was safe to use, what the risks were when the person used it in their home or how staff should support the person to use their wheelchair and mitigate any risks when doing so. A risk assessment of the equipment the person used had not been completed. This meant the person was at risk of potential harm when they used their wheelchair in their home.
- The person told us they lived with more than one specific health need and associated health risks. They said the service knew how to support them with their other specific health needs. However, this was not recorded in their risk assessment or care plan and there was no information for staff about what risks there were to the person from their other specific health needs. This meant the provider failed to assess all the known risks related to the person's health needs.

- The provider's reviews of the person's risk assessment had not identified the issues we found during our inspection and therefore, the reviews were ineffective.

The provider's failure to sufficiently assess, monitor and mitigate the risks to the person was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- The provider's infection prevention and control (IPC) practice did not always reduce the risk of spreading infections.
- The provider's infectious diseases policy did not contain any information for staff about COVID-19. This meant staff did not have sufficient information about how to prevent and control the spread of COVID-19.
- The provider had not carried out individual COVID-19 risk assessments for the person or staff. This increased the risk of potential harm to the person and staff from COVID-19 because the provider did not know whether the person or any of the staff were in a higher risk category. This meant the provider did not know how to reduce the risk to them if they were more vulnerable to COVID-19.
- The provider had not recorded the results or any information about staff COVID-19 tests. Staff said they carried out a COVID-19 lateral flow test each time before they went to the person's home and reported the result to the registered manager. However, without recorded evidence of staff testing, it was not possible to confirm the provider's COVID-19 practice and staff testing were in line with government guidance.
- Staff had not completed IPC training with Easy Hub. They had previously completed IPC training with a former employer. However, the provider had not assessed their competency around IPC.

The provider's failure to establish and operate systems to ensure the prevention and control of infection was further evidence of a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The person confirmed staff always wore Personal Protective Equipment (PPE) when providing them with support.

#### Learning lessons when things go wrong

- The provider had not always learned lessons when something had gone wrong.
- The provider had an accidents and incidents policy in place and a book in which to record accidents and incidents. However, accidents and incidents had not always been recorded. The provider had not recorded any details about an injury the person had experienced. The provider said they did not know whether the person had experienced an accident or an incident.
- The provider had not shared any information about the accident or incident and the potential causes with staff and there was no information for staff about how to support the person to mitigate a similar accident or incident. This meant the provider had not always learnt lessons and shared learning with staff to improve the service and the quality of care.

The provider's failure to operate systems and processes to learn lessons to improve the care provided was further evidence of a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff felt comfortable to approach managers and report accidents and incidents when things went wrong.
- The person felt comfortable and confident to speak with staff and management about any concerns or issues.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes did not always sufficiently safeguard the person from abuse.
- The provider did not have a safeguarding policy in place.
- Not all staff had completed safeguarding training with Easy Hub. They had previously completed safeguarding training with a former employer. However, the provider had not assessed their competency around safeguarding.
- Staff lacked sufficient knowledge and understanding about the types of abuse people could experience, how to recognise signs of abuse and how to report abuse to external organisations. They also lacked knowledge and understanding about whistleblowing and how to raise concerns outside of the service. This meant staff lacked sufficient safeguarding competency and the person was not always sufficiently protected from abuse.

The provider's failure to operate effective systems and processes to safeguard people from abuse was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The person said they felt safe with staff and the service.

#### Staffing and recruitment

- There were enough staff to support people safely. However, the provider had not followed safer recruitment practices and had placed the person at risk by failing to ensure staff were safe and suitable to provide care and support.
- The provider had not carried out any checks with the Disclosure and Barring Service (DBS) for staff. The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Staff did have DBS checks from their previous employers.
- The provider had not gathered sufficient information about the work history and previous employers of new staff and had not obtained references for new staff.
- The provider had not carried out staff risk assessments or put any actions in place to mitigate the lack of sufficient recruitment information and any associated potential risks.
- New staff who had not been sufficiently checked during the provider's recruitment process had started working with the person without supervision one day after they had met the person for the first time.

The provider's failure operate systems to ensure staff were suitable and safe to work with people was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- The person managed their own medicines. Staff did not support the person with their medicines. Therefore, the provider did not use medicines.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider failed to sufficiently assess the person's needs and choices.
- There was no record of a needs assessment for the person and the risk assessment and care plan in place for the person were not sufficiently accurate. The person's risk assessment did not include all the risks associated with their care needs and their care plan did not always include information for staff about how to mitigate the associated risks or support them in line with their preferences.
- The person's care had not always been delivered in line with the required standards and the provider had not always followed guidance and the law.

The provider's failure to assess, monitor and mitigate the risks relating to the person's health, safety and welfare and maintain a complete, accurate and up to date record of the person's care and support was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The provider did not have sufficient systems and processes in place to ensure the person received care and support from staff with sufficient competency and skills.
- Staff had not received sufficient training and support and the provider had not always assessed whether staff had the skills required for their role.
- Staff had not received sufficient induction training for their role. This included not being given sufficient time to get to know the person receiving the service, their needs, the risks to them, the plans for how to support them and their preferences.
- Staff had not carried out any care work training with Easy Hub. They had completed care work training with their previous employers. However, the provider had not carried out any competency checks to assess whether they had the knowledge and skills required for their role.
- Staff had not received any supervision from the provider and there was no record of their probationary period with the service or any assessments of whether they were suitable for the role.

The provider's failure to provide staff with appropriate support, training, professional development and supervision was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, staff knew the person well and the person was able to say what they wanted and how they wanted things done. This ensured the person received their care in line with their choices.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported the person to eat and drink enough and try to maintain a balanced diet. They did this by supporting the person to prepare meals and eat the food they liked, in line with their cultural and personal preferences.
- The person was supported to access healthcare services and receive the right medical treatment and support when they needed it.
- Staff and management worked with other professionals to ensure effective and consistent care. The service had made timely referrals to health and social care professionals when the person experienced symptoms associated with their specific health needs.

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

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider worked with the person within the principles of the MCA. They appropriately sought and obtained the person's consent before making decisions or taking any action.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people were not always well-supported, cared for or treated with dignity and respect.

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

- The provider had not always sufficiently supported the person to express their views.
- They had not carried out any care plan reviews with the person and the person's care plan was not up to date. They had not carried out any feedback surveys with the person to obtain their views about the service they received. They had not always sufficiently supported the person with the local authority's care review process.
- However, the person was able to share their views directly with staff and management whenever they wanted and they made their own decisions about their care. In addition, the provider regularly spoke informally with the person about their care.

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

- The person told us they were well treated, supported and respected.
- The person's cultural choices were met and their diversity and equality characteristics were supported. This included their personal care and nutritional preferences.
- The person said, "I would praise the service's cultural competence, they provide me with a very high level of cultural care, I receive culturally competent care."
- The person also told us, "One of the things I brought up in previous care act assessments was cultural support and meals. Previous carers from previous care companies would give me ready meals or frozen foods and Easy Hub have been brilliant with not doing that".

Respecting and promoting people's privacy, dignity and independence

- The person told us they were supported in a respectful way that promoted their privacy and dignity and supported their independence. They said staff covered parts of their body when washing them and let them do as much as they could themselves. The person told us one of their previous care workers closed the shower curtain and sat and chatted with them until they needed some support. The person said, "[Name of care worker] put me at ease and made me feel very comfortable and made sure it was not an undignified experience".

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The provider did not have a complaint policy or procedure in place.
- The absence of a complaint policy and procedure meant the provider was not properly prepared should they receive a complaint.

The provider's failure to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The person said they felt comfortable to raise issues of concern with the provider.
- At the time of our inspection the service had not received any complaints.

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

- The person's care was not planned in a sufficiently person-centred way to ensure they had choice and control and to meet their needs and preferences.
- The provider was unable to demonstrate they had carried out a needs assessment for the person and the person's care records did not always contain personalised information.
- The person's care plan was task focused and did not contain any information for staff about how the person wanted tasks carried out or how they wanted their personal care done. The care plan did not contain sufficient information for staff about the person's interests and preferred activities or how staff could support the person to be as independent as possible. The care plan had no information for staff about the person's sexual orientation, gender identity, culture, religious views or individual diversity.

The provider's failure to assess the person's needs and plan their care in a personalised and person-centred way was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, the person's care plan included information about their goals and what they hoped to achieve. Also, the person's care workers knew them well, including their likes and dislikes and preferences and the person felt they received the right support from their care workers, despite this lack of recording. The person said, "I am receiving person-centred care and care that is sensitive to my independence and my identity and affirms my identity and sense of self and empowers it, not just tolerates it".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The person was supported to achieve their chosen goals and outcomes.
- Staff supported the person with their morning care tasks so they could attend university. This helped the person avoid social isolation, follow their interests and participate in activities of their choice.
- The person organised and managed their own activities and relationships.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider followed the Accessible Information Standard when sharing information with the person.
- Staff and managers communicated with the person in ways they could understand.

End of life care and support

- No one was receiving or in need of end of life care at the time of our inspection.
- The provider had an end of life care assessment process in place should someone require end of life care support.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The provider had not carried out any audits of the service and had not identified any of the failings we found during our inspection. The registered manager lacked knowledge and understanding about how to establish and operate the required systems and processes to ensure good governance. This meant the people were at risk of receiving unsafe and ineffective care.
- The provider did not have sufficient policies and procedures in place and the policies that were in place were not suitable because they had been written for the provider's cleaning company not Easy Hub care service. This put the person at risk of potential harm because staff did not always know the correct procedures to follow.
- The provider had not ensured staff were sufficiently competent for their role. This put the person at risk of potential harm.
- The provider was not following Government guidance for the prevention and control of COVID-19. This meant the person and staff were at increased risk of potential harm from COVID-19.
- The registered manager was not linked in with any support networks and did not have sufficient systems and processes in place to continuously learn and improve the service. This meant the person was at risk of receiving poor quality care.

The provider's failure to understand quality performance and establish and operate systems and processes to effectively assess, monitor and improve the quality and safety of the services provided and assess, monitor and mitigate the risks to the health, safety and welfare of people was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The culture of the service was not always person-centred.
- The provider had not always provided the person with sufficiently trained staff that had good personalised information about them. This put the person at risk of potential harm.
- The registered manager was difficult to contact and was not always available. This was mainly because the registered manager was carrying out another job at the same time as the registered manager role. It was possible to contact the deputy manager more regularly but they were not always able to provide the information or support required and could only pass on messages to the registered manager. This meant

the service was not always sufficiently responsive.

- Staff were not provided with sufficient training and their learning and development were not sufficiently supported by the provider and registered manager. There were no staff reward schemes in place. This meant the culture of the service was not always supportive and empowering.
- The registered manager had not been honest with the person when their care worker was changed to a new member of staff. This meant the service was not always open and person-centred and did not always focus on achieving good outcomes for people.

The provider's failure to promote a positive culture that is person-centred and open was further evidence of a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider did not sufficiently engage and involve people using the service, staff, other professionals and the public.
- The provider did not have systems and processes in place to obtain feedback from the person, staff, other services and professionals involved in the person's care or the public. The provider had not attempted to formally obtain feedback about the service.
- The registered manager had not held any staff meetings and they told us they had not kept records of staff supervision.
- The provider had not considered the person's or staff members' equality characteristics in relation to the risk to them from COVID-19.

The provider's failure to seek and act on feedback for the purpose of evaluating and improving the service was further evidence of a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The person and staff were able to contact management to share their views and provide feedback in an informal way and they felt comfortable doing it.
- The person said they received culturally appropriate care, their equality characteristics were respected and they were well supported with their specific health needs.

Working in partnership with others

- The person organised and coordinated their care and support. The service worked well with other agencies, organisations and professionals when it was required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the legal requirement for them to be open and honest with people when something goes wrong.

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 9 HSCA RA Regulations 2014 Person-centred care  The provider failed to carry out an assessment of the person's needs and preferences.
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to sufficiently assess, monitor and mitigate risks to the person.
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider failed to operate effective systems and processes to safeguard people from abuse and improper treatment.
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  The provider failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints.
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and

proper persons employed

The provider failed to follow safer recruitment practices.

## Regulated activity

Personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider failed to provide staff with appropriate support, training, professional development and supervision.

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 17 HSCA RA Regulations 2014 Good governance  The provider failed to understand quality performance and establish and operate systems and processes to effectively assess, monitor and improve the quality and safety of the services provided and assess, monitor and mitigate the risks to the health, safety and welfare of people.

**The enforcement action we took:**

We issued the provider with a warning notice.