

Living Ambitions Limited

Living Ambitions Limited - Essex

Inspection report

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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

Living Ambitions Essex provides a supported living service and personal care for people who are unable to provide it for themselves because of old age, illness or disability. Where people live in their own home they receive care and support in order to promote their independence.

As there is a separation between the care and accommodation, the care they receive is regulated by the CQC but the accommodation is not. On the day of our inspection, 113 people were using the service across 28 locations, but not everyone was receiving a regulated activity. Some of the people using the service had complex needs and the frequency of the care and support depended on people's individual requirements.

Supported living

People receiving supported living services rented accommodation separately from the care that was provided by the service. These were small shared houses and bungalows. Where care staff were required to remain at the service overnight, they were provided with appropriate sleeping arrangements.

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

The registered manager had not always identified incidents and accidents that were safeguarding concerns and had not always followed safeguarding policies and procedures.

Incidents had not always been investigated thoroughly and we found little evidence that there had been lessons learnt from them.

The service had experienced a high use of agency staff at some of the supported living sites and staff told us this had made providing consistent care difficult. Whilst we did not review all 28 locations, for those staff we spoke to they told us that people had missed out on opportunities due to shortages of staff. However, the provider had implemented processes to reduce agency staff and recruit regular staff. At the time of inspection this area was improving.

Medicines were managed safely and staff were trained and observed to ensure that they remained competent.

People with high risk needs, such as risk of choking had robust risk assessments in place and staff followed these. However, not all risk assessments were up to date and some were no longer relevant to people's current needs. The service was in the process of driving improvement in these areas.

Managers were working on improving people's involvement in how the service was run in line with best practice guidance.

Staff supported people to access a range of health and social care appointments to ensure that they remained healthy. They sought advice from other health professionals if they had any concerns over

people's health and wellbeing.

People who needed support with fluid and nutritional needs were supported well.

Staff understood the importance of capacity and consent and people being able to make decisions about how they lived their lives.

Staff were caring and supported people to maintain their independence. Where staff had been found to be uncaring, managers had taken the appropriate action.

People were supported to maintain important relationships. However, it was not always clear how people had been involved in planning their care.

People did not always receive care that was person centred due to a period of high agency use. However, in areas where there had been regular sustained staff group people did receive care that supported them to live well every day. This was an area that was improving.

The provider had processes in place for people to raise complaints. This was in easy read format. The registered manager investigated complaints in line with the providers policy and procedures.

The service provided end of life care. At the time of inspection one person was receiving end of life care.

Staff told us they did not always feel supported or listened to by senior managers.

Governance systems did identify some areas of improvement needed, but improvements were slow and there was a lack of identifying lessons learnt. Governance systems did not identify all the concerns we found at this inspection.

The registered manager had not always notified the Commission of notifiable incidents. However, the service had open and transparent relationships with commissioners, the local authority quality improvement and safe guarding teams.

People were supported in the least restrictive way possible and inline their best interests. The policies. and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was good (published 6 May 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the provider notifying the Commission of notifiable incidents, safeguarding people from harm and ensuring that risks to people's health and wellbeing were identified and mitigated. Governance process in place failed to identify these shortfalls over a twelve-month period.

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

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our safe findings below.

Requires Improvement ●

Living Ambitions Limited - Essex

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of four inspectors.

Service and service type

This service provides care and support to people 113 people living in either 'supported living' setting[s], so that they can live as independently as possible, or receiving domiciliary care. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. 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. However, at the time of inspection the registered manager was working their notice. A new, but established manager was transferring from another area within the service to take over this position.

Notice of inspection

This inspection was announced. We gave the service 10 days' notice of the inspection. This was because it covered multi sites and people were often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke to 22 staff, including the registered manager, the quality manager, the regional director, locality managers and support workers. We also spoke to seven people being supported by the service.

We visited five people in their own homes to find out how they were supported, and we also made telephone calls to people receiving care and to staff working for the service.

We reviewed a range of records. This included 10 people's care records and multiple medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated and is requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Staff had undergone training in safeguarding vulnerable adults as part of their training. Staff were able to tell us the signs of abuse and how to report concerns.
- Incident records identified occasions where unidentified bruising had been found and not raised as a safeguarding concern, contrary to the providers safeguarding policy and procedures. Actions were signed off as satisfactory even when investigations had not been completed. This did not offer any assurance that staff had behaved in a way that safeguarded people from abuse, leaving people at risk or harm.
- The registered manager had identified some poor practices in the way that a few staff spoke to people. These members of staff had been disciplined and left the organisation.
- Professionals had continued to raise concerns about how some staff spoke to people. One told us, "I sometimes feel that they [staff] run the service for themselves rather than the people. Sometimes I feel they wind [person] up in the way they speak to them."
- On review of incident forms, we saw that on occasion staff described people who had refused to take part in personal care activities or behaved in a distress way described as "woke up in a bad mood," and "being stubborn." This type of language labels people as deliberately difficult, rather than recognising that there is a reason for distress or simply making a decision not to do something.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to ensure that appropriate actions had been taken following safeguarding concerns. This placed people at risk of harm. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service responded immediately during and after the inspection. Where safeguarding's had not been, raised, they were able to confirm that investigations had been undertaken and that people had not been at risk.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager reviewed the incident and accidents for people across the service, keeping a central spread sheet to identify causes, impact on the person and action taken. We reviewed 12 months of incidents and found that these were poorly recorded and often failed to identify what action had been taken to mitigate risk.
- Care managers told us they struggled to have the time to update people's risk assessments. One said, "It's a lot of work and we have several sites to cover, including managing care staff competencies and supervision. We have also had a lot of agency. It's not been easy."

- Following inspection the registered manager reviewed all incident and actions recorded and was able to identify that measures had been taken to manage risks to people.
- However, we found a lack of lessons learnt through incidents and accidents. The registered manager told us they had felt spread too thin, trying to manage such as large area. They told us, "It's been harder the last 12 months or so since the provider reduced the support staff to the registered manager."
- Risk assessments were out of date for many people we visited and some care interventions to mitigate and minimise these risks did not meet people's current needs. For example, one person had a personal emergency evacuation plan identified they were mobile, but they were not.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to ensure that people's current risks were safely managed and mitigated. This placed people at risk of unsafe care. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The service took immediate action was taken to address the shortfalls identified on our visits, and action plans were in place to ensure that records were appropriately updated.

Staffing and recruitment

- A high use of agency staff in some areas had meant that people did not always have consistent care and support from staff who knew them. We received concerns during inspection that in one area agency staff had been deployed without any existing staff support.
- There was a high turnover rate of staff. The registered manager told us they had introduced exit interviews to try and ascertain the cause. The provider had identified a high number of agency staff use and there was an organisational goal of reducing this.
- There were occasions when opportunities for people to be supported to undertake activities couldn't happen because of a lack of regular staff. One said, "It is really hard work when you're the only regular staff. I wouldn't feel safe taking [people] out with a member of staff who did not know them well."
- At the time of inspection staff told us this had started to improve, and we observed that agency use was being reduced steadily and new staff inducted into the service. One member of staff told us, "It is getting better. We had a really unstable team, but now we have new staff and they are really good, so it's much better than it was." This was echoed amongst staff we spoke with.
- The regional director informed us that they were reviewing processes to incentivise staff to work for the organisation which had worked in other areas. This included an example of a complex service where staff were offered additional payments for overtime. However, the registered manager told us, "Staff would rather do the overtime where there is additional cash incentive, if perhaps their regular place of work wasn't offering that."
- Staff underwent a robust recruitment process, designed to identify if they had the skills and values needed to care for people well.

Using medicines safely

- Staff supporting people with medicines had received the appropriate training and competency checks.
- Medicine care plans identified what medicines were for and how care staff should give them in line with people's individual needs and preferences. This included when people had medicines administered through a percutaneous endoscopic gastrostomy [PEG] A PEG is a tube that passes into a person's stomach to allow for them to receive food, fluids and medication.
- People had as required (PRN) medicine plans and clear protocols of when to give medicine.
- Audits identified errors quickly. In one case a person had received more medicine than required. Staff were open and transparent and sought medical advice and staff received additional medicine training.

Preventing and controlling infection

- Staff had access to protective clothing such as gloves and aprons to support people who required personal care.
- Staff worked with people to keep their environments clean to prevent the risk of infection.
- At the time of inspection one service had, had an infection outbreak. The registered manager and staff at the service followed the appropriate infection control procedures to reduce the spread of infection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The service had experienced significant difficulties in ensuring that staff remained up to date with mandatory and refresher training. The registered manager had difficulty in providing us with up to date figures of when people had been trained.
- Following the inspection, the registered manager sent us an updated training matrix and action plan to make the improvements needed.
- Staff told us that online training access was not fit for purpose. One said, "It is really hard to access the system as it keeps crashing and get locked out, it's really frustrating." Another said, "It is impossible to do the online training on smart phones as well. It really puts staff off from doing it and then you get reprimanded." A third said, "The biggest issue is the training, online is not very good for people like me."
- However, all staff we spoke with told us that they had been able to access additional face to face training from health professionals to manage people's individual physical health needs. This included catheter care and PEG training.
- Monitoring systems demonstrated that staff had not received regular supervisions and appraisals in line with the providers policy. This was due to the difficulties of regular staff in some areas of the service.
- A care manager told us, "It's been really difficult to make sure we see everyone, but we do regularly work in each service and so are constantly meeting with staff, working with them and observing competencies. We also have regular meetings with staff in each house."
- Staff told us that the induction to the service included face to face training and a period of shadowing senior staff. They told us that this was good. All staff completed the care certificate as part of their induction. This is 15 agreed common standards that all care staff should follow.

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

- Staff had access to the providers internet page and to a variety of resources to help guide practice. This included case study reflections of how people could be supported well.
- Whilst the service was designed to meet the principle's for registering the right support, to ensure that people could live their lives to the fullest, this had not always been possible due to staffing concerns discussed in this report. However, the service was taking proactive measures to improve in this area.
- People were supported to attend physical health checks in line with best practice. Staff had access to easy read material to explain what these checks were for.

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

- People were supported to eat well. Staff supported people depending on their needs, such as with

shopping, cooking and designing nutritious meals according to people's preferences.

- People had access to pictorial menus where this was needed to support people to have a choice and to know what they were having.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff had contacted dietitians and speech and language therapists when they needed advice and support for people who were losing weight, overweight or at risk of choking. One person we visited had a clear plan to follow for food consistency. Food, although pureed was presented in an attractive way.
- People were supported to attend the dentist, opticians and various other health appointments, including annual health checks.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care staff had received training and understood the principles of MCA. People had a variety of capacity assessments that identified how decisions had been reached if a person lacked the capacity to make specific decisions.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Whilst most people able to speak to us told us that staff were kind, health and social care professionals had continued to voice concerns that staff were not always kind, as discussed in the safe domain. We also found that language used by staff to identify people who had distressed behaviours was not always caring.
- People who were able to speak to us, told us staff were kind and treated them with respect. One person said, "I like the staff they are nice to me."
- People seemed comfortable in the presence of care staff, smiling and laughing to responses when staff were talking with them.
- Staff used appropriate tactile responses to people to offer comfort when they were unable to verbally communicate or had significant sensory loss.
- Staff were able to describe how people liked to be supported. One person was delighted to show us around their home and engaged in gentle banter with staff in a relaxed way. When asked if they were happy at the home, they told us, "Yes."
- As people made close relationships with staff, they often missed them once they left. Staff encouraged these relationships to continue when appropriate. One member of staff told us, "We take [person] out to meet old staff sometimes which [person] really likes."

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

- Some people did not have family to advocate for their needs and had to rely on staff to support them in all aspects of planning their care. However, in some cases it wasn't possible to identify if people had been offered advocacy support. For one person, staff told us, "We sometimes contact advocacy, but they don't always come."
- One person wanted to sleep on a mattress on their floor as it made it easier to move around their room. Staff had facilitated this and helped them to live in the way they wanted safely.

Respecting and promoting people's privacy, dignity and independence

- Three people told us about their romantic relationships and explained how staff supported them to maintain these. One said, "The staff are helping me get better at looking after myself, so I can move into a flat with my [loved one] and be independent."
- People told us that their privacy and dignity was respected, and staff supported them to be independent.
- Staff helped people to access training courses and community groups to enhance their skills and promote independence. One told us, "They [staff] help me go to college. I am learning lots of things."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- Although care plans were written in a person-centred way, such as identifying people's preferences, we found that most reviewed were out of date and in some cases no longer relevant to people's needs. The registered manager told us there had been an issue with their computer system for recording care plan updates.
- The registered manager showed us a action plan which identified that care plans and risk assessments needed updating and we saw that there were already improvements.
- People who were able told us that staff supported them to live in the way they wanted. This included accessing community activities when available, including educational courses.
- People had been supported to get a pet. Staff told us of one person, "They [person] used to isolate in their bedroom, but now they come out more and are much more animated. They really enjoy taking care of an animal." This intervention had given the person a sense of purpose.

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

- We contacted social and health professionals who carried out checks of peoples commissioned care. They gave examples of one person who had wanted to have a car to access the community, however, there were insufficient staff able to drive them. They told us this was not a good use of the persons money when a car had been paid for by the person.
- Some professionals told us that they had found some staff seemed reluctant to engage in new ideas for activities to support people to take part in the local community and this meant that people were not always supported to engage with their local communities.
- Some staff told us that staffing shortages had caused people to miss out on opportunities, "Staffing can be a problem, when there is just two staff here we just have to get on with it, we can't go out into the community we just do personal care and stay in. However, it is getting better now we have more regular staff."
- Some people were supported to maintain relationships with loved ones by using a computer tablet. Staff told us about one person, "They love to see and hear their loved one. They can see [person's] physical movements. The communication is easier face to face and has made a big difference to them both."
- Staff supported people to arrange get togethers with friends and family, including large celebrations such as Christmas and birthday parties.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people had difficulty communicating their needs verbally. In these cases, staff had various tools to support them. One service had various photographs of places relevant to the person, such as the doctor's surgery, local shop and church.
- In one person's home we saw a notice board that clearly displayed information for the day, such as activities that were taking place such as?

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. A number of concerns had been raised by external health and social care professionals about activities and staff behaviour. The registered manager had taken action to address these concerns with individual staff.

End of life care and support

- At the time of inspection one person was receiving end of life care. The registered manager had organised end of life training for staff with the local hospice.
- People who were able to have discussions had information in care plans about their preferences and wishes if appropriate. For those without loved ones, staff told us they would look into developing end of life plans to include their known preferences and work with external health and social care professionals to keep people comfortable, where possible in their own homes.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had not informed the commission of all the safeguarding's that had been raised internally and externally by the service.
- They had not always notified the commission of incidents and accidents where people had experienced harm. The registered manager told us, they had not realised that they needed too.

We found no evidence that people had been harmed however, systems were either not in place or robust enough that ensure that notifications would be made in line with registered requirements. This placed people at risk of harm. This was a breach of Regulation 18 (Notifications) of the Registrations Act (Regulated Activities) Regulations 2009.

- The new manager and regional director responded immediately during and after the inspection, having undertaken a review of incidents, actions and notifications, identifying failings and investigating each individually to ensure that no harm had come to people. They immediately put in place measures to ensure that all notifiable incidents would be reported in line with their registered requirements.
- The service employed a governance lead, however some of the shortfalls identified during the inspection, in particular to incidents and accidents in the safe domain had not been identified through governance processes.
- Care managers carried out regular audits of the quality of care provided to people in their homes. These identified some of the shortfalls we found at this inspection, and deadlines were in place to make the necessary changes took place. However, one manager told us, "It's really hard to juggle the paperwork and all the other things we have to do across sites. Its pressured, I'm not sure we will get it all done."

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection. They confirmed they had started to review and implement new governance processes to ensure that governance oversight improved.

Continuous learning and improving care

- The service had experienced a high turnover of staff. They told us senior leaders were not always visible and they didn't always feel supported. The regional director told us they were looking at new ways to reward them for their good work.
- Where the provider had consistently failed to address identified concerns, such as out of date risk assessments; care plans; training and supervision, there had not been enough action to identify the causes of these failings and how to support the registered manager and care staff to address it.

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

- Some staff felt that senior managers did not listen to concerns and were dismissive of them. One said, "I never see the manager." Another said, "The manager came once to a meeting but didn't follow up on things. It wasn't very caring."
- Most staff told us that care managers were approachable, listened to them and supported them in their everyday work with people. One said, "I feel very supported by my care manager, they are very good." Another said, "if I need support, they will give it."
- Care managers carried out regular spot checks on how staff were carrying for people, including medication checks.
- The registered manager held a meeting every Monday with care managers to discuss the progress being made and any difficulties they were experiencing. Care managers told us that the registered manager was supportive. One said, "They are supportive, but obviously we need to get things right."
- The provider acknowledged staff successes and achievements at both local and national level. When a compliment was received about staff, the registered manager sent them a personal card to say thank you.

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

- The registered manager had introduced co-production meetings with people using the service. These were arranged monthly and people were invited with their staff to discuss potential new activities, get together and helping them plan for special occasions. At one meeting, people wanted to know more about staff members lives, so there had been interviews with staff about what they liked doing.
- The service issued people with a quarterly newsletter called 'News and views.' The newsletters identified events, such as the Christmas party, and photographs of people's achievements.
- The service were reviewing how they could involve people in more creative ways to check competencies of staff.

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; Working in partnership with others

- The registered manager and provider were transparent about some of the issues the service was facing regarding staffing and their training system. They were putting actions in place to make improvements.
- A commissioner told us that during a recent meeting the provider had been transparent about staffing and training difficulties and produced an action plan to tell them what they were doing to about it.
- The provider had a duty of candour policy. Investigations into incidents and safeguarding concerns identified when the service had needed to improve. This was shared with appropriate agencies, staff and people and their families when appropriate.

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 Registration Regulations 2009 Notifications of other incidents The registered person had not always notified the Commission without delay of specified incidents which occurred whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity. |
| Regulated activity | Regulation |
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health and safety were not always up to date. Accidents and incidents were not always robustly investigated, doing all that is reasonably practicable to mitigate any such risks. |
| Regulated activity | Regulation |
| Personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes to identify, investigate, immediately upon becoming aware of, any allegation or evidence of abuse were not always managed effectively. |
| Regulated activity | Regulation |
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |

Systems and processes in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity were not always effective.