

Hayes Staff Recruitment Limited

Hayes Staff Recruitment Limited (Hayes Branch)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 11 and 12 January 2017 and was announced.

The last inspection took place on 2 February 2016. At this inspection, we found the agency was not meeting all the required Regulations. In particular, we observed that people were not always safe as the agency did not ensure safe management of medicines, people had not consented to their care and treatment, and there were no effective systems in place to assess, monitor and improve the quality of the service. The agency had supplied us with an action plan telling us they would make the necessary improvements. At the inspection of 11 and 12 January 2017, we found improvements had been made and further improvements were needed in some areas.

Hayes Staff Recruitment Limited is a home care agency which provides personal care and support to children and adults with learning disabilities, physical disabilities and mental health needs. The majority of people have their care funded by the London Boroughs of Ealing and Hillingdon.

At the time of our inspection, the agency provided approximately 722 hours of support on a weekly basis to 85 people out of which 29 received personal care.

There was a registered manager in post. The previous registered manager left the agency in September 2016, a new manager took over in October 2016. 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 and associated Regulations about how the service is run.

The agency carried out investigations into all accidents, incidents and complaints raised by the people using the service and their relatives but had not notified CQC of these as potential safeguarding alerts.

People and their relatives told us they felt safe when receiving support from the agency.

Staff received safeguarding training. They were able to describe potential signs of abuse and were aware of the agency's safeguarding policies and procedures.

The agency had systems in place to ensure staff administered medicines in a safe way and as prescribed.

Staff received medicines training and a medicines policy was available to staff for guidance.

Risks to people's health, safety and welfare had been assessed, management plans were in place and the agency had taken action to minimise the risks of harm.

The agency had robust recruitment procedures in place to ensure only suitable staff were appointed to work

with people who used the service.

The agency had a booking and rota system in place to ensure that all calls were covered. The agency was working on implementing a staff allocation system to ensure continuation of care in case of a sudden staff absence.

CQC is required by law to monitor the implementation of the Mental Capacity Act (MCA) 2005. The agency met the requirements of the Mental Capacity Act 2005. Where people did not have the capacity to consent to specific decisions the staff involved relatives and other professionals to ensure that decisions were made in the best interests of the person and their rights were respected.

Relatives told us they were happy with the care received from the agency and that staff had sufficient skills and knowledge to ensure the best support for people they cared for.

Staff received a detailed induction prior to starting their role as a support worker.

Staff members completed a range of training and there were systems in place to ensure all staff training was up to date.

Staff received effective support in the form of regular one to one supervision, practice observation and yearly appraisals of their practice.

People's health and wellbeing was monitored on a daily basis and staff alerted the agency and other professionals if someone's health needs changed.

People had their dietary needs monitored and staff had guidance to ensure they supported people with food intake in a safe way.

People told us they were treated with dignity and respect by the staff who supported them.

People and their relatives said they were involved in making decisions about their care and that it was reviewed on a regular basis.

The agency had a complaints procedure in place, all complaints were dealt with in a timely manner and the majority of people and their relatives said they were satisfied with the outcomes.

The agency completed monthly audits and the outcomes were used to improve the service quality.

The agency had their own quality assurance survey that was completed by the people who used the service and their relatives on a yearly basis.

Staff members told us the agency was well led, there was a culture of open communication and they could ask the management team for support if needed.

The agency worked in close partnership with the local authority and external health professionals. There was evidence of on-going communication between both parties.

There were up to date policies and procedures available for staff guidance.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

The agency was working toward ensuring that all support visits were carried out as planned.

The agency had made improvements to the management of medicines and medicines were administered in a safe way.

The agency investigated all safeguarding matters as they arose and staff understood how to ensure people they supported were safe.

People had risks to their health and wellbeing assessed.

The service had robust recruitment procedures in place to ensure only suitable staff were appointed to work with people who used the service.

Is the service effective?

Good 

The service was effective.

The agency had made improvements in regards to recording people's mental capacity and ability to make decisions and this was reflected in peoples' care plans.

Staff received regular training and support.

Staff supported people to have sufficient food and fluid intake and have a healthy diet.

Staff supported people in maintaining good health and in having access to healthcare professionals.

Is the service caring?

Good 

The service was caring.

The staff treated people with care, compassion and respect.

The staff were ambitious for people in relation to encouraging their progress and personal development.

Staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People had their care planned. People's key care needs, spiritual and religious wishes and their hobbies and interests were taken into consideration.

People had care plans that were holistic and person centered and the staff knew the needs of people they supported.

The agency allocated staff to people using the service according to their needs and preferences and staff skills and experience.

People's care was regularly reviewed and people and their relatives were involved in the review process.

The agency had a complaints procedure in place and dealt with complaints in a timely manner.

The agency had their own quality assurance survey that they asked people and their relatives to complete on a yearly basis.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The agency did not always report to Commission all incidents as required by the law.

The agency had made improvements in regards to their quality assurance and monitoring systems and made them more effective and consistent.

There was a registered manager in post and their leadership was visible at all levels.

There was an open, transparent and inclusive culture within the service which was evidenced by open and positive communication.

The agency received positive feedback from other professionals and stakeholders.

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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 agency is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 January 2017 and was announced.

The agency was given 24 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone was available.

The last inspection took place on 2nd February 2016 when we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we gathered information from a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed other information about the service such as service satisfaction questionnaires that are sent to people using the service and their relatives prior to our visit and from notifications the service is required to submit to the Care Quality Commission.

During the inspection, we met the registered manager who had been in post since October 2016 and we

spoke with a deputy service manager, a care and support reviewing officer, a recruitment officer, a social care coordinator and six care workers.

The majority of people using the service had a learning disability and we were not able to speak with them on the phone, however we contacted fourteen family members to ask about their relative's experience of the service. We also spoke directly with three people using the service.

We contacted and received feedback from four external stakeholders and health professionals about their experience of working with the agency.

We looked at the care records for four people who used the service, the staff recruitment and support records for five members of staff, the agency's record of complaints and compliments and the agency's records of audits and quality monitoring.

Is the service safe?

Our findings

At the inspection on 2 February 2016, we found the agency had not always managed peoples' medicines safely. At this inspection we found that improvements had been made.

Since the last inspection the agency had implemented a variety of systems to ensure that staff knew what medicines were prescribed to people they supported and how to administer them. We looked at people's files and each person had a completed list of current medicines, the prescribed dosage and when it should be taken. There were also additional protocols for people with specific health conditions and required medication.

We looked at the Medicines Administration Records (MAR) for three people using the service and we saw that they were completed as required.

People who were in receipt of PRN (when required) medicines had a PRN protocol in place stating why the medicine was prescribed and when it should be administered. Additionally, the agency introduced a PRN medication counting sheet where staff recorded each PRN administration and the reason why it was given.

Staff received medicines training and a medicines policy was available to staff to use as guidance.

The agency had a booking and rota system in place to ensure that all calls were covered and staff members knew who they were assigned to visit that week. People and their relatives told us that the agency sometimes had difficulties in allocating suitably trained staff in case of sudden staff absence or during weekends. One person said, "I think they are really well trained in the care they deliver. If we get the same carers then it's absolutely fine but its weekends when everything falls apart and we are frequently being let down. They do ring to tell us that nobody is available but my child gets really upset and it means that the rest of the family can't do what we would like to do." A second person said, "I think they are very short staffed and there is a high turnover of staff which means there is no consistency. My relative is fully aware despite her problems and doesn't respond well to having different people."

The registered manager told us that the agency had an on call system used to ensure that all unexpected absences were covered. However, they advised that if the assigned staff member was not suitably trained to support a person with specific needs, the agency might have to reschedule or cancel the call rather than assign an inexperienced worker. They understood the impact this had on the person and their family and always made sure people were informed about the change. In order to ensure such situations were rare the registered manager had trained all members of the office team to be aware of the skill set of the agency's workforce and to be able to deal with sudden rota changes. They also told us they were working toward allocating more than two regular staff members to support one person to ensure continuity of care in case of a sudden absence.

The agency had procedures designed to keep people safe. The management team carried out investigations into all safeguarding concerns. We saw examples of such investigations that included a written account of

the safeguarding event, relevant correspondence and a list of actions taken to address the concern.

People and their relatives told us they felt safe when receiving support from the agency. One family member said, "I honestly have no concerns that my relative isn't safe with them (staff members)."

Staff received safeguarding training. We spoke with six staff members who were able to describe potential signs of abuse and were aware of the agency's safeguarding policies and procedures. We saw evidence of staff communicating their safeguarding concerns with the management team immediately on its occurrence.

The Safeguarding policy was available for staff guidance.

Risks to people's health, safety and welfare had been assessed and management plans were in place. We looked at risk assessments for four people using the service. All four people had a current general risk assessment in place. Additionally, we saw evidence of additional, specific risk assessment depending on the individual risk to a person's health and wellbeing.

The agency had robust recruitment procedures in place to ensure only suitable staff were appointed to work with people who used the service. Many of the staff employed by the agency had previous experience in caring for vulnerable people. The agency had an aptitude test, which was an initial screening questionnaire to establish the exact level of an applicant's experience in social care. Suitable candidates were then invited to complete an application form and attend a formal interview. We looked in personal files for four staff members and we saw that all required recruitment paperwork was in place.

Is the service effective?

Our findings

At the inspection on 2 February 2016, we found that the agency did not always follow the principles of the Mental Capacity Act 2005. At this inspection, we found that improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager informed us that since our last visit, the agency introduced a mental capacity assessment and a decision assessment tool. Its outcomes were recorded in people's care files. By doing so, the agency ensured where people lacked capacity to make decisions and were unable to consent, there was a record showing that care had been planned in their best interest by the agency, commissioners and the person's representative. We looked in people's files where we saw that newly assessed people had a mental capacity assessment in place. Where people lacked capacity, additional documents were completed stating which decisions people were able to make. This included emergency medication or day-to-day decisions. People who were receiving support from the agency prior to introduction of these assessments only had brief information about their capacity recorded in their care files. The registered manager explained that those people would have their capacity discussed during their next care plan review. This meant the staff would not have information on which decisions people could make until these reviews took place. We discussed these matters with the registered manager who said they would update mental capacity assessments for all people using the service immediately.

Family members confirmed that the agency discussed the mental capacity of their relatives with them. One family member told us, "We had a meeting where we had a long conversation about capacity and how much my relative is able to make her own decisions."

All files we looked at had an appointee for health & finances form completed. This document stated if a person had a legal representative to manage their health and finance matters and their legal powers in relation to these matters.

We saw evidence that people or their representatives who had Lasting Power Of Attorney for health and welfare matters signed their consent for care and treatment.

Staff received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty (DoL) training. They understood the principles of the MCA and were able to give us examples of how to implement it. One staff member told us "if someone wanted to make an unwise choice, depending on the risk, I would explain to them why it is unwise. We would liaise with the manager who would involve other professionals. A second staff member said, "Yes, I know about MCA and DOL. We had training. It means I have to be aware that people I care for have choices. We are not to tell them what to do but keep them safe."

The majority of people and their relatives we spoke with were happy with the care received from the agency. One person told us, "They do everything we need. They are very respectful of my relative and what they want to do."

The registered manager told us and the staff confirmed they received a detailed induction prior to starting their role as a care worker. The induction consisted of eLearning and classroom training that included such courses as safeguarding and person centred care, moving and handling (theory and practice), the Mental Capacity Act 2005, managing challenging behaviour and medicines administration. Additionally new staff members were required to complete up to 20 hours of shadowing of their more experienced colleagues. One staff member told us they felt they needed more shadowing hours in order to feel more confident in supporting one person and the agency was happy to offer it. We looked into files for six staff members and we saw records of completed training and shadowing hours.

The agency had a system in place to ensure all staff members had completed courses the agency considered mandatory. A recruitment officer was responsible for regularly checking and reminding staff if they were due to refresh their training. Staff files showed that all training courses were up to date and repeated on a yearly basis. The staff told us that additional, specialist training was available for staff to help them care for people with specific needs. We saw evidence of such training being provided. Two staff members had a certificate of attendance for Epilepsy, Rectal Diazepam and Buccal Midazolam training in their file. Staff were also encouraged to express their training needs. We saw in supervision notes and the staff told us that they requested additional sign language training and they were waiting for the training to be scheduled.

Staff received effective support in the form of regular one to one supervision, practice observation and yearly appraisals of their practice. On inspection of supervision and appraisal documents we saw that staff regularly discussed their work with people they supported as well as their likes and dislikes about their role and their professional progress. Six staff members we spoke with told us they could also contact the office at any time to request additional support if needed. The registered manager provided a supervision audit with clear information on when one to one meetings and observations were due.

The agency monitored people's dietary needs. We saw in one person's file that they were at risk of choking and they needed their food to be blended. The person's care plan consisted of detailed instructions for the staff on how to prepare the person's food. These included guidance from the person's GP and a Speech and Language Therapist (SALT) team. We also saw that staff completed daily food and fluid charts, therefore they could monitor the person's nutritional intake and inform relevant professionals in case the person's health changed.

The agency supported people to maintain good health and have access to healthcare services. The staff told us they monitored people's health on a daily basis and alerted the agency and other relevant people if someone's health needs changed. One person told us, "They do keep an eye on how I am and they quickly notice if I'm not well. They let my family know and I think they let their office know as well." One member of the staff team said, "If (person's name) has a temperature a worker calls their GP and asks what to do". A second staff member told us, "I went to the dentist with one person; they always want to go with me as I hold their hand to support them." We looked at people's care files and we saw a variety of professional recommendations included in peoples' care plans. This included directives from an occupational therapist on how to support a person with restricted mobility. We also saw evidence of on-going communication between the agency and other professionals such as local authority representatives, GPs and community nurses.

Is the service caring?

Our findings

People and their relatives told us they were happy with the care and support they received from the agency. They told us the staff were compassionate and respectful. One person said, "I'm really very happy with the carers. I have no criticism at all of the people who come; they are very good, kind and gentle." A second person told us "I have the same staff pretty much during the week and they are marvellous. It does me good to see them." A family member said, "Overall I'm very happy (with the carers). They are really good people whose hearts are in the job and are very kind to my relative."

We also looked at the records of compliments submitted to the service. They included notes from families of people who used the service. One entry stated, "Without you (the agency) my relatives wish to remain at home would not have been possible". A second entry read, "By you giving (person's name) that little extra help and that little extra time, they have managed with your guidance and support to secure a job and to you I am so very grateful for that."

Staff spoke with compassion about people they cared for. One staff member told us, "I respect people. We have a lovely bond." A second staff member said, "It is about building a rapport and communicating with people we care for."

Staff were ambitious for people in order to encourage their progress and development. One staff member told us, "I help them (people), but if they are capable of doing something, I will encourage them to do things for themselves." We also looked at supervision and yearly appraisal documents where staff discussed how they worked towards improving the life experience of people they supported.

Staff showed concern about people's health and wellbeing. We looked at people's daily care notes, daily handover notes and other types of correspondence between the agency and people and their family members. We saw evidence that staff shared any concerns about people's wellbeing with the management team and relevant external professionals. Some care notes had fewer details than others and at times they only described personal care offered during the visit. We discussed this with the registered manager. The told us that they were in the process of addressing poor recording. They provided us with a poor records and concerns log, which they used to collect examples of recording that needed improving. We also saw minutes from recent staff meeting where this issue was addressed with the staff team.

People told us the staff treated them with dignity and respect. Staff told us they would ensure that personal care was given in private with only staff present. They said, "if I am providing personal care and relatives are there, I ask them to leave the room, and I protect their dignity at all times." and "they (people) need to feel comfortable, I ensure that (when giving personal care) I cover them and talk to them about what I am doing."

Is the service responsive?

Our findings

At the inspection on 2 February 2016, we recommended that the agency sought advice and guidance on documentation to ensure staff knew what mattered to people and that people were receiving care that is centred on them as an individual. At this inspection, we found that improvements had been made.

The agency assessed all new clients and the information gathered was then used to form a person's care plan. We looked at care plans for four people using the service. Three people had new care plans which were holistic, person centred, and they contained information on people's key care needs i.e. dietary requirements, mobility levels, and behavioural challenges as well as their hobbies, interests, spiritual and emotional needs. The registered manager told us that they introduced care plans in a pictorial form and therefore people who were not able to read could more easily understand their care plans. A care and support reviewing officer told us that this had enabled people to become involved in the planning of their care. All new care plans consisted of information on people's emotional, spiritual and religious needs and their personal wishes and preferences. The agency was in the process of updating all care plans to the new format.

The staff we spoke with knew about care plans and were able to tell us about specific care needs and personal likes and dislikes of people they supported. One staff member told us, "A person I support often shows challenging behaviour, I try to remove them from the situation and encourage going back when they get themselves together." A second staff member told us they frequently took one person to line dancing lessons, bingo or keep fit classes. A third staff member told us, "I go (with the person) to the cinema or do whatever they would like to do that day. I read care plans but you really get to know the person when you are working with them."

People and their relatives told us that care plans were reviewed annually and they felt involved in making decisions about their care. The agency had a care and support plan reviewing officer who was responsible for ensuring that all care plans were up to date. They met with each client to discuss any changes to their care needs and this information was then used to form an updated care plan. Staff told us they were informed about any changes. One staff member said, "Care plans are quite detailed and we consult them regularly. Care plans are sent to us by email so we can be informed at all times. I find them useful." A second staff member said, "People have their own care plans in their home, plus we get them by email so we can always access them. It is useful."

The care and support plan reviewing officer showed us a care plan audit table which clearly identified which persons' care plans needed to be updated and when and which actions needed to be taken following reviews. The above evidence showed that the agency involved people and their relatives in the planning and reviewing of their care and treatment.

The agency had a social care coordinator whose role was to ensure that people and staff members were matched according to people's needs and staff skills and experience. One person told us, "I really like to have younger people around because I suffer badly from depression and to have somebody with energy

coming in brightens me up." The agency listened to people's needs and were happy to change staff allocations if needed. One relative told us, "We had one carer who was kind enough but for some reason my child just didn't take to them. When we let the service know they were very understanding and they provided someone else." A second family member said, "Occasionally I have asked for a different carer or for one particular carer to be allocated to me and the manager is excellent. She can't always do it, but she moves heaven and earth to put it in place if she can."

The service had a complaints procedure in place that was given to people using the service at the start of at the commencement of their support from the service. Staff and family members were aware of the process and were able to identify what they could do in case of any concern or complaint.

The complaints folder showed that all complaints were dealt with promptly and consisted of information on what the issue was, how it was dealt with and what actions were taken to avoid the situation happening again in the future.

The majority of people and their relatives who had made a complaint to the agency stated that it was resolved to their satisfaction. One person told us they were not happy with the way the agency dealt with their complaint.

The agency carried out a yearly quality assurance survey so people who used the service could comment on the care and support they received. The quality assurance survey was in a pictorial form, which meant that all people using the service, including those who were not able to read, were able to participate. Nearly all of the people taking part in the survey said they had confidence in staff, they had a good relationship with people using the service and their choices and preferences were taken into consideration at all times.

Is the service well-led?

Our findings

At the inspection on 2 February 2016, we found that the agency had quality audits related to medicines administration and care plan reviewing in place, however they were not always effective. At this inspection, we found that improvements had been made.

The registered manager informed us that the agency carried out monthly medicines audits to ensure the correct administration and recording of medicine. We saw evidence of such audits in the form of MAR audits and records made by the registered manager on the PRN medication counting sheet. We also saw an example of correspondence from the registered manager to the staff team giving feedback on the outcomes of audits and reminding the staff of the correct procedure and good medicine administration practice.

The registered manager was aware of their responsibilities for reporting certain incidents to the Care Quality Commission (CQC). An incident had occurred, which the agency had referred to the local authority as a safeguarding alert. The local authority had not accepted the referral and the agency had taken the appropriate action to investigate and make sure the person was safe. However, they had not notified CQC at the time. There had been two complaints since the last inspection where people had alleged that they had been harmed or were at risk of harm when being supported by the agency. The agency had investigated these but had not notified CQC of these as potential safeguarding alerts, which they should have done. We talked with the registered manager about ensuring that any reportable and significant event was reported to the CQC to meet legal requirements. They confirmed they would ensure this was actioned in the future.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

The agency had a registered manager who had been in post since 1 October 2016. They had worked at the agency for the past four years. They had completed a National Vocational Qualification (NVQ) level 2 and 3 in Health and Social Care and Level 5 Diploma in Leadership for Health and Social Care and Young People's Services. The registered manager had over five years' experience of working as a front line worker supporting vulnerable people. They gained their management skills and knowledge working as a deputy manager at the agency.

Staff members told us the agency was well led. They were happy working for the agency and they appreciated the support received from the registered manager and the office team. One staff member told us, "The manager is very up with everything. They are always there to help." A second staff member said, "The service is running fine. The manager is good. They are very approachable and available anytime."

The agency provided us care plan audits, which the registered manager or a person nominated by them carried out on a monthly basis. Both documents consisted of information on what was audited and what actions were taken where necessary. We also saw evidence of other effective auditing taking place such as audits in relation to staff recruitment, supervision and training.

The registered manager received positive feedback from people using the service, family members, the staff

and external stakeholders.

Staff and people using the service frequently visited the agency's office. The agency had a culture of open and transparent communication. People using the service were encouraged to share their experience about the care and support they received. The staff were encouraged to discuss any issues with the registered manager. The agency had recently introduced monthly office team meetings and staff meetings. We saw the minutes from these meetings and we observed that staff had the opportunity to speak about their experience of working for the agency as well as share their ideas on how the service offered could improve.

The agency had daily handovers for the office staff and had recently introduced a communication book. Therefore, all matters discussed, such as sudden staff absences, reporting on people's wellbeing or communication from family members could be shared with staff who was not present.

Hayes Staff Recruitment worked in close partnership with the local authority and external health professionals. We saw records of communication between the service and social workers, occupational therapists and community nurses.

Following our inspection, we contacted the quality assurance team at the London Borough of Hillingdon who recently conducted their own audit of the agency. They told us they were happy with the outcomes of their review as the agency took on board all recommendations given following the audit and completed all agreed action within the stated timescales.

The agency had received positive feedback from other professionals who we contacted before our visit. One professional told us, "In our experience (4 clients) we have always found Hayes Staff to provide staff with the skills and knowledge needed to support people they work with."

The service had a folder of policies and procedures that staff were aware of and had access to. These had been regularly reviewed and updated and the most recent review of policies and procedures had taken place in October 2016.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person must notify the Commission without delay of any injury and/or any allegation of abuse in relation to a service user.</p> <p>Regulation 18 (1)(2)(a)(b)(e)</p>