

Select Lifestyles Limited

# Select Lifestyles Limited

## 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?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Select Lifestyles Limited is a supported living service providing personal care to people with learning disabilities and autistic people living in their own homes. People are supported over 25 different properties with some people living in self contained flats and others living in shared accommodation. Not everyone who used the service received personal care.

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. At the time of the inspection there were 67 people receiving personal care.

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

#### Right Support:

People had not always had all of the risks associated with their care assessed, monitored or mitigated. Some people's care plans needed further information about how to reduce risks in their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always provide evidence that this practice had been carried out with recorded documentation.

Staff supported people to take part in activities and pursue their interests in their local area. Staff enabled people to access specialist health and social care support in the community and people were supported with their medicines in a way that promoted their independence and achieved the best possible health outcome.

#### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People could communicate with staff and understand information given to them because staff supported

them consistently and understood their individual communication needs.

#### Right Culture:

Systems to oversee the quality of the service had not always been effective. We identified that learning from incidents and analysis of trends and themes had not always taken place.

Staff evaluated the quality of support provided to people. However, people had not always been involved in these reviews.

The service enabled people and those important to them to work with staff to develop the service. However, systems were not in place to demonstrate how this feedback had been acted on or reviewed for the effectiveness of the action taken.

The registered manager was quick to respond to the concerns identified on inspection. However, systems needed improving to ensure concerns were identified to enable a culture of continuous improvement.

Staff placed people's wishes, needs and rights at the heart of everything they did.

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

#### Rating at last inspection

The service had moved address since our last inspection. The last rating for this service under the previous registered address was requires improvement (Published October 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service, and in part due to concerns received following a local authority quality visit to the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well Led sections of this report.

#### Enforcement

We have identified breaches in relation to how people were supported safely and in the governance systems at the service.

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 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 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 effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Select Lifestyles Limited

## 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

3 Inspectors and 1 assistant inspector carried out the inspection.

#### Service and service type

This service provides care and support to people living in 25 'supported living' settings, so that they can live as independently as possible. 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure there would be people at the office to speak with us.

Inspection activity started on 21 March 2023 and ended on 18 April 2023. We visited the location's office on the 21 March and 23 March and visited people in their supported living settings on the 28 March 2023.

### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authorities who work with the service. 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. All of this information was used to help us to plan our inspection.

### During the inspection

We visited 2 locations and spoke with 5 people. We carried out a video call with 1 person. We carried out phone calls to 6 relatives about their experience of care. We spoke with 14 staff members including the nominated individual, registered manager, locality managers, managers, care staff and the training officer. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We carried out observations of people's care.

We reviewed 6 care plans and records relating to monitoring of people's care needs. We reviewed 4 staff members files to review the recruitment processes in place. We viewed records relating to training and how the quality of the service was monitored.

# Is the service safe?

## Our findings

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

At our last inspection at the previous registered location, we rated this key question requires improvement. At this inspection the rating has remained 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.

### Assessing risk, safety monitoring and management

- The provider had not followed their own medicines policy in relation to specific training staff needed to support people with insulin administration. Some staff who had received insulin training from an appropriate healthcare professional had not had any checks made on their competence since their training five years ago. Newer staff had been trained by the in-house trainer who was not a healthcare professional. This left the person at risk of receiving unsafe support with their insulin. We raised this concern with the registered manager who took immediate action to ensure people's safety.
- The provider had not considered an alternative means of recording this person's insulin administration despite being aware of concerns with the electronic system in place. There were gaps in recordings of the insulin administration which meant the provider could not confidently state that the person had received their insulin as prescribed. The provider had arranged for an alternative electronic medication recording system to be implemented which was introduced during the inspection.
- People had not always had all the risks associated with their care reduced or mitigated. We identified that further information was needed around risk assessments for the use of bed rails, and advice had not been sought from a pharmacy where thickener was being added to medications. Adding thickener to a medication can alter the effectiveness of the medication. In addition, where people were at risk of sore skin guidance for staff on how often to support a person to move needed to be more precise and we noted periods of six hours where a person had not been moved which increased their chances of getting sore skin.

We found no evidence that people had been harmed. However, systems in place to ensure people received safe care were not sufficiently robust. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people experienced emotional distress there were support plans in place. Staff were able to tell us how to support people at these times and tailored this to individual needs. A relative told us, "They seem like they know what they are doing in regards to managing clients with [name of person] type of behaviour."
- Staff were trained in the use of restrictive interventions and the training was certified as complying with the Restraint Reduction Network Training standards. Staff informed us that de-escalation techniques were used first and restraint would only be used as a last resort.
- We identified areas where risks to people's care had been assessed and mitigated appropriately. For example, where people needed food prepared in a safe manner. Relatives told us that staff understood the risks associated with their loved one's care and one relative told us, "They know what the protocols are to make sure he stays safe."

### Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and immediate action was taken by the service to raise safeguarding alerts with the local authority, where necessary. However, additional steps taken to review these incidents such as reviewing care plans had not been clearly recorded. The provider had not ensured all learning and action from individual incidents had been taken.
- Additionally, we identified that incidents had not been analysed to identify possible trends for an individual, trends at the individual property or across all the services. This meant there had been missed opportunities for learning from incidents to reduce reoccurrence.

### Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received training in recognising different types of abuse. Staff knew people well and worked well with other agencies. One staff member told us, "I would raise a concern to the manager so it can be investigated. They would take it seriously."
- Staff understood how to raise concerns through whistleblowing. The provider had introduced a means of staff sharing feedback or concerns anonymously which gave staff an additional route to raise concerns. One staff member said in relation to whistleblowing, "I have not had to raise concerns, but I would be listened to."

### Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- Staff recruitment and induction training processes promoted safety. Each property had an established team of staff who knew people's individual needs and wishes. One staff member told us, "[name of person] likes to have the same staff team around him because he has autism."
- Each property was staffed 24/7 enabling people to have access to staff support at all times. The numbers of staff per property was based on people's individual assessed need. The registered manager informed us that staffing levels were reviewed and increased where people's needs had changed.

### Using medicines safely

- People could take their medicines in private where appropriate and safe.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- Apart from the concerns identified around insulin administration, people were supported by staff who had received training and competency checks around safe medicines administration. There were regular audits carried out to ensure oversight of medicine management.

### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Staff used personal protective equipment (PPE) appropriately and in line with guidance.
- There were checks in place to monitor and oversee infection control practice.



# 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 our last inspection of this key question at the previous registered location we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people lacked capacity to make certain decisions in their care, records of MCA assessments and best interest decisions had not been made. The provider had not followed best practice around records of assessing mental capacity and best interest decision making.
- Attempts had been made to record how people made decisions about specific aspects of their care. However, the terminology used in some of these records demonstrated some lack of understanding of the MCA.
- A relative informed us about how staff ensured the person was supported with making decisions. They told us, "They are very good at sitting down and talking with [name of person] at a mature level. They will speak to him and don't tell him what to do."
- Staff knew people well and could describe how they supported people to make decisions about their care based on people's specific communication methods. Staff worked with people in the least restrictive way.
- There were systems in place to provide oversight of Court of Protection applications. This ensured any restrictions on people's care were kept under review.

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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. This included consideration of people's cultural needs and information gathered

from previous places of support.

- Completed assessments were used to start to formulate care plans for people and included person centred information around their likes and dislikes.
- People were able to view the properties they may be living in and then offered a tea visit, overnight stays and spending time with existing people living at the property to see how they get on.
- Consideration was given to the compatibility of people living together prior to a new person moving in.

Staff support: induction, training, skills and experience

- The service had a dedicated training team who supported new staff through induction and in mandatory training to aid their knowledge of the people they were supporting. Specific training was provided based on people's needs. One staff member told us, "What we are trained for is pretty thorough."
- The provider had invested in three staff who were mental health first aid trained to support the staff team with their well-being.
- Staff received support in the form of supervision and recognition of good practice. The staff we spoke with felt well supported in their roles. One staff member told us, "On a daily basis I can go to my manager and if there is a problem I can speak about it, I don't have to wait for supervision."

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

- People were involved in choosing their food, shopping and planning their meals.
- People who needed meals prepared in a specific way to reduce their risk of choking received support to eat and drink in a way that met their preferences as far as possible. Guidance was available for staff to ensure people were consistently supported in a safe way.
- People were able to eat and drink in line with their cultural preferences and beliefs.

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

- Whilst people had oral health assessments in place we identified that these needed more detail around the specific support people would need to maintain good oral health. We signposted the registered manager to good practice guidance around this which was disseminated to the services where people received support.
- People had hospital passports which were used by health professionals and to support people in the way they needed.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. This included, for example, when specific support needs changed, and advice was needed from occupational therapy or speech and language therapy.
- People benefitted from a staff team who had worked with them for a long time and therefore could notice changes in health needs more easily and escalate as needed. One relative described how this had benefitted a person in relation to their healthcare needs and told us, "The carers are there, are very aware and know what to do."

# 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 our last inspection of this key question at the previous registered location we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were patient and used appropriate styles of interaction with people. Staff members showed warmth and respect when interacting with people.
- People were well matched with their designated support worker and as a result, people were at ease, happy and stimulated. For example, one person required support from a staff member who spoke their first language, and this had been facilitated.
- Relatives shared positive feedback about the support their loved ones received. A relative told us, "They are very intuitive of their clients... They get to know their quirks and what works for them and how to calm them down." Another relative told us, "[Staff] are friendly, accommodating and lovely." A further relative told us, "I cannot thank them enough for caring for my [name of person]."
- Staff enjoyed their role in supporting people. One staff member told us, "I love it. I really do enjoy my job. I love to see a smile on their faces." Another staff member told us, "I like the fact the clients' needs are always first."
- One staff member gave a specific example around how they had supported people to develop skills and told us, "It's the improvement I am seeing with the service users. I am proud of the service user I am working with. The person was non- verbal and now speaks some and asks for me."

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

- People were given time to listen, process information and respond to staff and other professionals.
- Staff supported people to express their views using their preferred method of communication.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. A relative informed us of how the service kept them informed of any changes in care and told us, "The staff will contact me and discuss [changes] and I am involved in how to take that forward with [name of person]."
- People were supported to express their ideas for improvements to their homes such as decorations or plants in their gardens
- People had key workers and most people had core staff teams due to their complex needs or because some people needed to trust staff over time first before working with them.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this.
- Staff knocked on doors and waited permission to enter people's property.

- Staff understood their role in supporting and promoting people's independence. They had a good understanding of how to promote and encourage independence as far as possible and one staff member told us, "That's what we are there for to promote her independence."
- Care plans detailed the need for treating people with dignity and how to carry out care in a certain manner to ensure the person was respected.

# Is the service responsive?

## Our findings

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

At our last inspection of this key question at the previous registered location we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

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

- People and those who were important to them were involved in directing and making decisions about their daily care and in the development of care plans. However, staff had not used a person-centred approach to provide people with an opportunity to review their care plans and instead care records were reviewed by staff. Carrying out reviews with people would provide further opportunities for them to have a say about their care.
- Relatives felt involved in their loved one's care. One relative told us, "They communicate with me very well and they let me know what is happening."
- People had key information recorded in their care plans such as life history, likes and dislikes and information about their health and well-being. Staff spoke about tailoring the level of support needed to individual's needs.
- Staff offered choices tailored to individual people using a communication method appropriate to that person.

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.

- Staff ensured people had access to information in formats they could understand. For example, picture cards were used and key information such as the complaints procedure and service user guide were available in easy read formats.
- People had individual communication plans/ passports that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Initial assessments described people's needs in relation to accessible information.

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 provider had planned events that people could take part in regularly. This included monthly discos, where the themes were decided by people, and a yearly fun fayre.
- People were supported to attend activities they were interested in. This included social clubs, college and

people went on holidays all over the world. One relative told us, "She does like going out and there will be someone available a lot of the time to accommodate that." Another relative told us, "They will always try to do things that he wants."

- People were supported to maintain contact with those who were important to them. This included via mobile phones, video calls or visits from loved ones.
- People's individual interests were understood and supported. For example, one person enjoyed arts and crafts and was being supported to go to a craft store. Another person supported a football team and attended these football matches.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and processes to monitor any complaints received.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One person told us, "If I was worried, I would talk to the staff." They further confirmed, "I haven't had to complain though I am happy with things."

End of life care and support

- No one was receiving end of life care at the time of the inspection. The registered manager informed us that the person and relatives would be involved with decisions around end of life care should this become necessary.
- A staff member reflected on the support they had given to a person when they had needed end of life care. They shared with compassion the ways the person had been supported to stay at home and how the person is still remembered and celebrated on their birthday.

# 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 our last inspection at the previous registered location, we rated this key question requires improvement. At this inspection the rating has remained 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; Continuous learning and improving care

- The providers governance systems to ensure care plans contained up to date and key information around risk mitigation was not always effective. For example, the level of staff support one person needed had not been updated and specific information about how a person would like to be supported with personal care was not always available.
- The provider sought feedback, through questionnaires, from people, those important to them and staff. Whilst the registered manager could tell us how these had been responded to, there was no records to evidence how feedback had been responded to, a review of whether the actions taken had been successful or analysis of feedback across the service.
- The providers oversight of their own systems to monitor care had not always been effective. The provider had not identified that actions taken as a result of an incident had not been recorded and analysis of incidents had not taken place. In addition, a lack of oversight had meant the provider had not notified us of 4 safeguarding incidents that had been reported to the local authority safeguarding team. The registered manager has informed us of these retrospectively.
- Systems to monitor people's experience of care had not consistently been effective. Care plan reviews with people had not taken place and whilst key worker reviews were present, they only asked the person 2 questions about their care. This had not given people full opportunity to feedback about their care. Outcomes that had been set for people were at times care based and not aspirational to what people may want to achieve in their lives and there was no reference to how people had been involved in deciding on these outcomes to ensure they were meaningful.
- The providers oversight of how people were supported under the MCA had not been consistently effective. The provider had not identified where records of mental capacity assessments and best interests decisions were needed.
- The providers oversight of training provided to staff had not identified where records of staff training were missing. Induction training had covered topics such as infection control and supporting people with learning disabilities but there was no record to say these training topics had been refreshed with staff. Some staff had worked at the service for several years and there was a risk that their knowledge would not be up to date. The registered manager advised us that refresher training had been provided and that the training records would be updated to reflect this.

Systems were not robust enough to demonstrate effective monitoring of the quality and safety of the

service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a management structure in place and access to resources to enable them to make improvements in the service. Each property had its own manager overseeing the daily running of the service and locality managers to monitor the services through spot checks. Relatives gave positive feedback about the communication with the managers of the properties and one relative told us, "If I have any concerns or if there is anything I want to discuss with her she is easily approachable."
- The provider had planned investments in the service. The new electronic medication system was introduced during the inspection and new care planning and monitoring software was in the process of being introduced. The expectation was this new system would enhance oversight of the services and issues would be identified more quickly.
- Audits had been carried out on key areas across the service such as medicines and finance. In one service this had highlighted issues with the lack of content in daily records and as a result additional training around this issue was provided to staff.

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

- A relative shared positive feedback about the service and told us, "This is the best place that [name of person] has ever been. I have nothing to worry about with [name of person] being at Select Homes. The staff and people there love her. It is clean and spotless. I have nothing to complain about." Another relative told us, "I am very happy with the care that [name of person] receives there." A further relative told us of the benefits of a consistent staff team and said, "There is a [member of staff] there at the moment who [name of person] has taken to and she tries to do her best for him all the time."
- Staff felt respected, supported and valued by senior staff which supported a positive staff culture. A staff member told us, "Yes 100% I feel supported. All my managers have been supportive but [name of manager] goes above and beyond."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. One staff member told us, "The managers are lovely... If I had concerns they would listen to me." They further said, "I can make suggestions for people's care, and they listen."
- One staff member we spoke with described what they liked most about their role. They told us, "I just think it's rewarding. Watching people fulfilling their lives and able to do so much. That's down to us." They further told us, "We are one big family we know the service users so well."

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 their responsibility to give honest information and suitable support, and applied duty of candour where appropriate.

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

- People were able to feedback their views through a service user forum. Quarterly meetings were held where people could discuss what they would like to change and themes for upcoming events.
- People's achievements were celebrated. Where people had been successful or achieved something important to them this was published in the company newsletter as a way of celebrating this.
- Staff meetings took place to enable staff to feedback their views. The provider had also introduced awards for staff to recognise individual achievements. These included long service awards and employee of the month.



- One manager told us, "We have monthly managers meetings. There is shared learning in those meetings, ideas and concerns, we get to learn from other services. It is interesting and it is useful. We can help other managers with what we have experienced, and they do the same."

#### Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped to improve people's wellbeing.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured all risks associated with people's care had been mitigated. 12 (1) (2)(a)(b).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured effective and robust systems were in place to monitor the quality and safety of the service. Regulation 17(1)(a)(b)(c)(e).