

Future Health And Social Care Association C.I.C. Bunbury Road

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

This inspection took place on 16 February 2018 and was unannounced. We last inspected this service in January 2017 and it was rated Requires Improvement overall. At this inspection we identified several concerns and found further improvements were still required. The service was rated 'Requires Improvement' overall for the second time. We met with the provider in April 2018 to discuss how they would address our concerns, such as their response to safeguarding matters and ensuring safe medicines management. We identified three breaches of the regulations, and we have served a notice of decision for breaches of Regulations 13 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches relate to the provider's safeguarding policies and processes and their governance. The notice of decision served, requires the provider to provide a monthly report to the Commission outlining their review of those concerns, remedial action taken and an action plan to meet the regulations to ensure the quality and safety of the service. We also identified a breach of Regulation 18 of the Health and Social Care 2008 (Registration) Regulations 2009. We are deciding our regulatory response to this and will issue a supplementary report once our decision is made.

Bunbury Road is a respite service offering accommodation and support for a maximum of five female service users with mental health support needs. At the time of our inspection, three people were using the service. There was a registered manager in place who was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection was prompted in part by information of concern shared with us by the local authority. This was in relation to the provider's poor and delayed response to an allegation of sexual abuse. We ensured this information was shared with relevant partner agencies such as the police and as a result this inspection did not examine the circumstances of the incident. However, this information and our inspection findings identified concerns around how incidents and safeguarding matters were responded to. Although two people we met told us they felt safe and safeguarding training was being refreshed, systems did not protect people using the service from abuse because incidents had not been fully investigated. Actions had not been taken as a result such as referrals to relevant partner agencies as required.

We identified breaches of the regulations because risks and incidents were not appropriately recorded or responded to in order to protect people and ensure the safety of the service. Quality assurance processes did not always effectively monitor and improve the safety of the service. Planned improvements had not always been made or processes followed as planned. Some findings reflected a positive and person-centred culture including the approach of staff and the service project lead's ongoing improvement plans.

Although one person told us they were happy with their medicines support, some issues identified at our last inspection had still not been fully addressed to ensure people received their medicines safely. People

told us they had felt more settled over their time at the service due to improved health. People's needs were monitored and referred to community health teams by staff as needed. Systems were in place to support safe recruitment practice.

Incidents and risks were not routinely discussed with staff, records relating to people's support were not always accurate and staff meetings were not held as often as planned. This did not help promote learning or develop staff skills and knowledge for their roles. Staff had not received all mandatory training and this was still underway since the last inspection. People were satisfied with the support of staff and described their improved health and wellbeing. People were supported to make choices with their meals and with accessing other healthcare services as needed.

People told us staff were kind and caring. Their feedback showed they valued the approach of staff. People had the privacy they needed and their independence was promoted. Systems were in place to involve people in their support plans and monitor their wellbeing. One person told us they felt able to complain and this was encouraged during residents' meetings.

You can see what action we told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People were not protected because concerns, risks and safeguarding matters were not always appropriately responded to.

Further improvements were required to medicines management and records to achieve consistently safe practice.

People told us they felt safe.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The service had not always made sure staff had the skills and knowledge to deliver effective support through sufficient information sharing and training.

People told us they were satisfied with the support they received. People were supported as needed with their decisions, with meals and to access further healthcare support.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring, and supported them well.

People were involved in agreeing and reviewing their support plans.

People's independence was encouraged and people had the privacy they needed.

Is the service responsive?

Good ●

The service was responsive.

People reported improved health and wellbeing while using the service.

There was a complaints process which people could access if they had concerns.

Is the service well-led?

The service was not consistently well-led.

Systems and processes failed to assess, monitor and improve the quality and safety of the service. The Commission and other relevant partner agencies had not been informed of incidents and events as required.

People and feedback often described a positive and supportive service. There was a permanent service project lead who had plans to improve aspects of the service.

Requires Improvement 

Bunbury Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 February 2018 and was unannounced. This inspection was prompted in part due to information of concern shared with us by the local authority. This was in relation to an allegation of abuse. We shared the concerns of the local authority of the provider's poor and delayed response to this allegation. We ensured this information was shared with relevant partner agencies such as the police and as a result this inspection did not examine the circumstances of the incident. The information shared with CQC indicated potential concerns about the management of risk, and how the provider safeguarded people from the risk of harm and abuse. We examined those risks during our inspection and were not assured appropriate action was always taken to protect people. We identified a breach of regulations and have taken enforcement action in relation to this.

The inspection was conducted by an inspector and a specialist advisor. A specialist advisor is a professional with current practice knowledge and expertise who assists our inspections. As part of our inspection planning, we reviewed the information we already held about the provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Providers are also required to notify the Care Quality Commission about specific events and incidents that occur at the service, such as any safeguarding matters or serious injuries to people using the service. These help us to plan our inspection. As part of our inspection, we spoke with a member of the commissioning team and contacted the local Healthwatch to seek their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our visit, we spoke with two people, the service project lead, a deputy manager and the registered manager. The service project lead was based at the service and responsible for directly supporting people and staff. The registered manager and deputy manager had some oversight and management of the service

along with the provider's other registered services. We observed a staff handover and the support of another person using the service. During and following our inspection, we also sampled records relating to health and safety, staffing and quality assurance. We spoke with a social worker involved in one person's care and support. We sampled three people's support and medicines records and two staff files.

Is the service safe?

Our findings

At our last inspection in January 2017, we rated this key question 'Requires improvement' because safeguarding processes and medicines management were not consistently safe. At this inspection, we found sufficient improvements had not been made, and shortfalls in safeguarding processes and the management of medicines, failed to always keep people safe. We therefore rated this key question 'Requires Improvement.'

At our last inspection in January 2017, only one staff member had received up-to-date safeguarding training. At this inspection, staff had recently received, or were currently receiving safeguarding training and the service project lead and other management told us how they would identify and report abuse. People also told us they felt safe. However, we identified a breach of the regulations due to failures by the provider and registered manager to identify and respond effectively to allegations of abuse. Our inspection was prompted in part by information of concern shared with us by the local authority, about an allegation of sexual abuse and the provider's poor and delayed response to this. The provider did not appropriately respond to this allegation, failing to immediately inform relevant partner agencies such as the police and the Commission, and were instructed to do so by the local authority. Although the registered manager told us they had learned from this, our inspection identified other incidents and safeguarding matters which had not been investigated and responded to appropriately to protect people. We prompted the provider to review their processes and inform relevant partner agencies of another separate incident as appropriate.

Systems to ensure incidents were investigated and appropriately responded to were not effective. Incidents had not been fully recorded and investigated, including an occasion when one person had reported not feeling safe. Another person's risk assessments had not been updated to help staff understand how to promote the person's safety, although the person had been involved in incidents during their stay which had put them and others at risk of harm. Staff were not routinely informed of incidents or given routine opportunities to discuss these. This did not promote staff learning, their safety as lone workers or the safety of others using the service. Our discussions with the registered manager and deputy manager demonstrated they had limited awareness of incidents that had occurred. Our discussions did not assure us they always understood their role in ensuring people were safe and that partner agencies were informed of incidents and safeguarding matters as necessary. This meant people could not be assured risks and significant concerns would be effectively responded to and shared to help protect them from harm.

Failure to establish and operate effective systems to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We considered our regulatory response to this and issued a notice of decision in relation to improvements required around this regulation on 27 April 2018.

At our last inspection in January 2017, people's medicines records were not accurately maintained and audits had not helped address this. We also found staff had not always undertaken medicines training and competency assessments to ensure they knew how to support people safely. At this inspection we found staff had since received training. However, assessments had not been carried out to ensure staff were

competent to provide medicines support. Medicines management processes still failed to meet current good practice guidelines. For example, medicines administration records were incomplete and did not always clearly specify the medicines people had taken. This meant it was not possible to confirm people had taken their medicines safely and as prescribed. There were no effective means of checking medicines were stored at the correct temperatures to ensure they remained effective. We found the provider had still not taken effective action to address this following the same feedback at an inspection of the provider's other registered services in August 2017.

One person told us they were supported well with their medicines and took these on time. They commented, "I feel much better with my medicines." We saw this person was discreetly supported with their medicines and they signed records with staff to confirm they had taken them. Records reflected the amount of medicines in storage and were regularly restocked by people's community health teams. The service project lead, had good oversight of people's medicines, for example, they were aware of the medicines this person took and why. We saw they also contacted a community health team to prompt a review of another person's medicines to ensure they received medicines which met their latest care needs.

The two people we spoke with told us they felt safe. Staff monitored how people were, how they spent their time, and alerted people's community health teams if people's needs changed or they had concerns about their health and wellbeing. One person told us, "When I first came, I was scared and didn't trust anyone. I was very ill... A few weeks, days later I found I'm in a safe place." They told us they spoke to staff if they felt worried about others at the service or for their own mental health. This enabled staff to provide further support if necessary. In one instance we saw the service project lead promptly contacted a community health team due to concerns that another person was unwell. People told us they felt safer and their health improved over their time at the service and we saw people's health was monitored by staff.

Other systems were in place to promote people's safety during their time at the service. For example, people's rooms were checked on a weekly basis as a condition of their stay. This was to help promote people's recovery and ensure prohibited items which might prevent people's conditions from improving were not brought into the service. Staff also helped keep the building clean and tidy to control and prevent the spread of infection and conducted routine health and safety checks to keep people safe from risks posed by the environment. One person confirmed fire drills took place regularly, and we saw information about fire safety was made available to people and staff.

We checked whether recruitment checks were always completed as planned to ensure the safety of the service. It was not possible to view staff recruitment records during our inspection, as this information was stored at the provider's head office. After our inspection, the registered manager sent us records for two staff members we selected at random. We saw checks had been completed through the Disclosure and Barring Service (DBS) and reference checks. For the staff member most recently recruited, these checks had been carried out safely and before the staff member started in their role. The second staff member who had worked at the service over a longer period of time had continued to complete DBS checks to ensure their continued suitability. Systems were in place to support safe recruitment practice and help reduce the risk of people being supported by staff that were unsuitable.

People were regularly supported by the service project lead who knew people's specific needs and how to protect them from their associated risks. People were also supported by bank staff who were employed at other similar locations run by the provider. This ensured people were supported by the number of staff identified in their support plans as necessary to keep them safe.

Is the service effective?

Our findings

At our last inspection in January 2017, we rated this key question 'Good'. At this inspection we rated this key question, 'Requires improvement' as the service had not ensured staff had the skills, knowledge and experience to deliver support.

Systems were in place, such as handovers and a communication book, to help staff share information with one another, such as how people were, how people had spent their time and any input from professionals involved in their support. This ensured staff were aware of people's preferences and helped them monitor that people were well. However, staff did not always have access to current guidance and information about people's specific risks to help promote their safety. Significant information about people's risks had not always been included in their support plans and incidents were not routinely discussed during staff meetings or staff supervisions. Staff meetings had not been held as often as planned and the service project lead told us they did not brief staff about incidents during supervisions or otherwise. This meant staff did not always have the information they needed to support people effectively. We discussed this with the service project lead who told us they would review how information was shared with staff.

The provider's training arrangements meant staff could only complete one training course at a time, and could not start another training course until the previous one was complete. We found staff had not always completed an induction or mental health awareness to complement their experience and develop their understanding of people's needs. Improvements were ongoing in this area and the registered manager told us about further training plans for staff in response to people's changing needs. Since our last inspection, staff training had been arranged to ensure staff received training identified as mandatory for their roles such as first aid, fire safety training, medicines management and safeguarding. This would help provide staff with consistent and current guidance for their roles. Since our last inspection, plans had also been put into place so that moving forward, staff who joined who were new to working in health and care support settings could complete the 'Care Certificate.' The Care Certificate provides a set of minimum care standards for new staff to cover as part of their induction.

People told us they were satisfied with the support received and described how this had made them feel safe and well. One person told us they felt, "Very safe and happy," and healthier during their time at the service. They told us, "Staff are kind, they help with everything, paperwork, meals." People's routines and whereabouts were monitored by staff and reported to other health professionals if concerns arose about people's wellbeing. People told us they were happy at the service and one person told us they liked their bedroom. The service project lead told us, "I think the place is really therapeutic, nice in the summer." We saw the garden had been decorated and the service project lead was considering other ways to make the service more attractive and welcoming to people.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. People were able to make their own decisions and therefore it had not been necessary for applications to be made to deprive people of their liberty. We saw people came and left the service as they pleased and spent their time as they chose. Staff showed an understanding of their responsibilities in relation to the MCA, and had received some guidance in this area. The service project lead described how they supported people to come to their own decisions, whilst promoting their wellbeing and involving other health professionals if they had concerns.

People prepared food and meals of their choice and we saw the kitchen was kept clean and ready for their use. We saw one person prepared a drink and snack in the kitchen when they wanted. Another person told us, "I used to cook and share food with some people," referring to others who had previously stayed at the service. This person's dietary needs had been recognised by the service project lead who helped ensure they could access foods appropriate to their religion and preferences. The service project lead described how they ensured people had enough to eat and made referrals for more support if needed. They told us how one person had progressed to a healthier weight over their time at the service. People were supported as needed to have sufficient amounts to eat and drink.

People were supported to maintain their health and wellbeing. People met regularly with their community health teams as part of their agreed support and oversight of their needs during their stay at the service. One person's team was promptly contacted when it was identified their needs were changing. Another person was reminded to tell their clinical team about physical symptoms they had experienced so this could be followed up. People were supported to access further support as needed to promote their health and wellbeing.

Is the service caring?

Our findings

At our last inspection in January 2017, we rated this key question 'Good'. At this inspection we found the provider had maintained this standard and the rating has not changed. People told us staff were kind and caring. One person told us, "The support is like affection from [staff]. The more I stay the better I feel." Another person told us, "I am happy here, the staff are nice and kind." The service project lead told us how they reassured one person they were safe when they became anxious. They told us they had a good working relationship with people who felt able to confide in them.

Systems were in place to help involve people in their support. 'Service user' meetings were held where people agreed house rules such as respecting one another's space and how to complain if they wanted to. Some compliments were on display at the service and people were asked to give their feedback about the service at the end of their stay. Completed feedback forms we sampled showed the majority of people's feedback was positive and included feeling listened to and respected. One person's feedback read, 'I feel like I was being listened to by staff.' There was a keyworker system in place and the service project lead had arranged for a staff member to become the new keyworker for one person as they saw they had good rapport. Keyworkers were there to talk through people's wellbeing and recovery and any support they needed.

We saw care was taken to ensure people had the privacy they needed, for example to spend time in their room or meet with their healthcare teams. A member of staff respected a person's privacy by knocking on one person's door and seeking permission before entering their bedroom. Later, when the person asked not to be disturbed, the service project lead discreetly listened out for the person, respecting their request for privacy whilst ensuring their safety. We observed staff spoke of people's support needs discreetly and with respect. People's support records also promoted this approach. We saw during our inspection visit that people were treated with consideration and respect.

People's independence was encouraged during their time at the service as part of promoting their wellbeing and recovery. People went out as and when they wanted and were supported with cooking and other daily tasks as needed. For example, one person was being helped to access a bus pass so they could attend a local religious service in the community.

Is the service responsive?

Our findings

At our last inspection in January 2017, we rated this key question 'Good'. At this inspection we found the provider had maintained this standard and this rating has not changed. People were referred to the service by their community health teams to promote wellbeing and improved mental health. People's community health teams continued to oversee their support needs and the service had been agreed as a suitable placement for people's ongoing care and support. Staff helped monitor and respond to people's changing needs during their stay through close working with community health teams. This helped provide people with a service where they had space and support and encouragement from staff. People's feedback showed the service had responded to their needs.

People described their improved mental health and sense of wellbeing over their time at the service. People were invited to discuss their sense of wellbeing, current and future goals with staff during support reviews. One person told us they took part in these, and that they felt their mental health had improved through those reviews and ongoing support from their community health team. The person spoke optimistically about their plans for their future, which included focusing on getting better, attending college and developing their confidence.

Another person told us staff had responded to their expressed needs in supporting them with accommodation arrangements. They told us they felt, "Very safe and happy," staying at the service and commented on how their health had improved over time. We saw staff engaged with people's community health teams as planned. Staff monitored people's routines and how they presented, and reported any concerning changes to people's community health teams. This helped to promote people's continued wellbeing and recovery. Commissioners of the service told us they were satisfied with how people's needs were responded to although they had also raised concerns with the provider about how incidents had been managed at the service.

As part of promoting their health and wellbeing, people were encouraged by staff to engage in routines. One person told us, "I have support from [staff and the community health team] here, reminding me things, encouragement, the support is very good... I've got stronger." The service project lead told us they responded when people chose not to continue with plans such as attending college. This helped people to review what they wanted to do and achieve goals which were important to them. Although we saw improvements were required to ensure records were always accurately maintained, we saw they were used to monitor people's progress and plans. One person expressed that their risk assessment had captured their care needs very well.

We looked at the complaints process. One person told us, "I would tell the office if I had a complaint or if I was not happy in myself." There was a complaints process and guidance on display about how to complain. The service project lead was exploring ways to make this information more accessible to people and told us they reminded people about the complaints process during service user meetings. No formal complaints had been made.

Is the service well-led?

Our findings

At our last inspection in January 2017, we rated this key question 'Requires improvement' due to poor systems and processes to monitor the quality and safety of the service. At this inspection, we rated this key question 'Requires improvement' again, and identified a breach of the regulations due to similar and more significant concerns.

The provider's governance framework did not ensure responsibilities were clear and that risks and regulatory requirements were managed in relation to incidents. This did not help ensure the safety of the service. Incidents of concern and safeguarding matters were not appropriately responded to. Incidents were not routinely discussed with staff to ensure their confidence in responding to future incidents or to promote the safety of staff and people using the service. People's risk assessments were not accurately maintained to reflect those risks and people's latest needs. The registered manager and deputy manager did not always demonstrate their responsibility for the accountability and awareness of people's safety and welfare when incidents occurred. Documentation was not available to demonstrate that incidents were reviewed for learning and prompt action taken to keep people safe and prevent similar incidents from occurring in the future. This put people at risk of harm.

Incidents were not immediately investigated and referred onto relevant partner agencies such as the police, local authority and Commission as required. This is a breach of Regulation 18 of the Health and Social Care 2008 (Registration) Regulations 2009. We are deciding our regulatory response to this and will issue a supplementary report once this decision is made.

The registered manager had failed to ensure the service continuously learned and improved. They had not taken effective action in response to concerns raised at our last inspection although they assured us they would do so. For example, at our last inspection the registered manager described plans to complete staff medicines competency assessments, however these were still not done. This meant people could not be assured they were supported by staff who knew how to support them safely.

Systems in place to assess, monitor and improve the safety of the service were still not effective and this had not been fully addressed. Our last inspection found that audits were not always completed as planned and some audits showed generic answers which did not apply to the service. This did not assure us those processes were completed effectively. At this inspection, we saw a recent audit stated that appropriate action had been taken in response to safety incidents. This was contrary to our findings that incidents had not been analysed, investigated or escalated as needed to relevant partner agencies. Checks had also failed to identify when a person's support records did not specify how staff should support them in light of risks identified through previous incidents.

At our last inspection, the registered manager could not demonstrate how people's feedback about the service had been used to assess, monitor and improve the service. The registered manager told us they intended to improve how they reviewed people's feedback to help monitor and reflect people's experiences of the service. At this inspection, we found this had still not been done. The registered manager and provider

did not produce evidence that feedback was used to assess, monitor and improve the service, for example by analysing the feedback and sharing any subsequent developments and updates with people, staff or visitors.

At our last inspection, the provider had not maintained oversight of staff training needs and when their training had expired. At this inspection, we saw that although refresher training was ongoing for staff, further improvements were required to ensure staff had all the support required to fulfil their roles effectively. We found that planned staff meetings were regularly cancelled and not rearranged. Planned opportunities for staff and management to share knowledge and receive key updates about the service and its vision were not always carried out. This did not support the ongoing assessment, monitoring and improvement to the quality and safety of the service.

Failure to establish and operate systems to effectively assess, monitor and improve the quality and safety of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We considered our regulatory response to this and issued a notice of decision in relation to improvements required around this regulation on 27 April 2018.

People we spoke with expressed confidence in the leadership of the service. Since our last inspection, a permanent service project lead had joined as of March 2017. They were responsible for the general day-to-day management of the service and provided a regular point of contact for people using the service and staff. One person told us, "[She] is a good manager because they look after us like they're our own parent." A survey response from one person who used the service in November 2017 expressed that staff and particularly the service project lead, were always available and willing to listen and help them to resolve any problems.

People's feedback reflected that the service had a supportive culture and we saw they had been encouraged to engage with the service. 'Service user' meetings were held as planned and guidance was available to people such as healthy recipes, stress management and how to raise concerns. A Women's Group baking session had been held at the service on three occasions which people were invited to attend if they wished. Plans were underway to reschedule another session. This promoted partnership working with community health teams and an opportunity for service users to meet new people.

The service project lead had plans to engage and involve people and staff in the service further. For example, the service project lead described plans to make information and guidance more accessible to people. They were also working with staff and gathering their views on what should be included in people's risk assessments. This would help ensure risk assessments were accessible and tailored to the information staff needed to understand people's support needs. The service project lead worked closely with service project leads employed at the provider's other registered services. They shared learning from incidents and developments at their respective services. We saw some examples of reference to good practice guidelines and guidance published by the Commission, although only one staff member had signed to confirm they had read this.

The provider had upheld a responsibility to the Commission in submitting a Provider Information Return as requested before our inspection and ensuring the previous inspection ratings were on display. We identified a breach of the regulations because the provider had not notified us of incidents and events at the service as required. We are deciding our regulatory response to this and will issue a supplementary report once this decision is made.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to establish and operate effective systems to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.</p>

The enforcement action we took:

We issued a notice of decision to impose a condition on the provider's registration, in relation to improvements required around this regulation on 27 April 2018.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to establish and operate systems to effectively assess, monitor and improve the quality and safety of the service.</p>

The enforcement action we took:

We issued a notice of decision to impose a condition on the provider's registration, in relation to improvements required around this regulation on 27 April 2018.