

The Council of St Monica Trust

Care and Support Service - Westbury Fields

Inspection report

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Date of inspection visit: 9 December 2014
Date of publication: 13/02/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

We undertook an announced inspection of Care and Support Services – Westbury Fields on Tuesday 9 December 2014. When the service was last inspected in December 2013 there were no breaches of the legal requirements identified.

Care and Support Service - Westbury Fields provides personal care to people living in their own homes within the provider's Westbury Fields site. People within the

accommodation have either purchased their property under lease-purchase arrangements or have a private tenancy and are accommodated within a one or two bedroomed self-contained apartment. All of the people at the service have 24 hour access to staff in the event of an emergency and there were additional facilities such as restaurants available to people. There are 51 apartments within the Sommerville complex. At the time of our

Summary of findings

inspection the service was providing personal care and support to 35 people. There were 15 people living completely independent lives requiring no personal care or support from the service.

A registered manager was in post at the time of 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.

The provider had failed to notify the Commission, as required, of a serious injury sustained by a person who used the service.

People told us they felt safe within their accommodation and the provider had made appropriate arrangements to identify and respond to allegations of abuse. Staff told us how they would respond to actual or suspected abuse. The provider had a safeguarding adults policy for staff that gave guidance on the identification and reporting of suspected abuse.

People said their scheduled care appointments were undertaken by the staff at the service as arranged and said they felt there was sufficient staff available to meet their needs. Staff told us that generally the staffing levels were sufficient and told us the current staffing arrangements worked well.

People told us they received their medicines on time. The service had suitable arrangements in place for the ordering and disposal of medicines. This allowed people to maintain their independence with their medicines. People's medicines were stored appropriately and risk assessments were in place to help ensure people's safety. Medicines records had been completed appropriately and the provider had an auditing system to monitor people's medicines.

People who received support from the staff at the service praised the level of care they received from the staff. Staff told us they were provided with regular training and opportunities to undertake additional training to meet people's needs were available. The provider had a staff appraisal and supervision process and staff told us they felt supported.

People told us that staff asked for their consent before any care was provided and that staff acted in accordance with their wishes. Staff told us how they sought people's consent prior to providing people with care, and told us how they provided care whilst respecting people's privacy and dignity. Staff demonstrated they understood their obligations under The Mental Capacity Act 2005 and how people should be supported to make safe and informed decisions. Within people's care records, where people had nominated a power of attorney should their health deteriorate, this had been recorded and the associated documentation was present.

There were reviews of people's health and care needs; however we did find the service had failed to ensure an assessment had been undertaken following a person's stay in hospital. A staff member told us there was a minor change in the person's needs however this was not reflected in the person's records due to the absence of a review. We have made a recommendation about the reassessment of people's needs.

People were able to see healthcare professionals where required and records showed that staff responded promptly to people's changing needs. Records showed that in the event of a person's health deteriorating, or if staff had identified a change a person's needs, appropriate interventions had been made. Any subsequent guidance from healthcare professionals was recorded within people's care records and staff demonstrated they were aware of people's changing needs.

There were positive and caring relationships between staff and people at the service. People praised the staff that provided their care and we received positive feedback from people's relatives and visitors to the service. People said they were involved in decisions about the care package they received and spoke positively about the communication from staff within the service. People's care records reflected people's involvement and the decisions made in their care planning.

People told us they received the care they needed and when they needed it. All said their agreed care package met their needs and some gave examples of where care had been adjusted to meet any changes in their needs. The provider had a complaints procedure and people

Summary of findings

said they felt confident they could complain should the need arise. We received positive feedback from people who gave examples of where the service had responded to a concern they had raised.

The registered manager and the deputy manager were spoken of highly by the staff, relatives and visitors we spoke with. Staff told us they worked in a supportive

environment and told us they felt they were listened to. The registered manager had an auditing system to monitor the service provision and the provider undertook internal quality monitoring measures.

We found a breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 safe. People told us they felt safe using the service and with the staff supporting them.

Staff were aware of how to identify and report abuse in line with the provider's policy and told us they would report concerns.

There were sufficient numbers of staff to keep people safe and appropriate recruitment procedures were undertaken.

People were supported with their medicines whilst their independence was promoted.

Good



Is the service effective?

The service was effective. People received care from staff that were trained and supported by the provider. Staff told us they received regular supervision and records supported this.

Where required, people were supported to prepare meals and drinks to ensure they had enough to eat and drink. People who required minimal support whilst eating were observed receiving the support they needed.

People's healthcare needs were met and the service had obtained support and guidance where required.

Good



Is the service caring?

The service was caring. People said the staff were caring and there were good relationships between them and the staff team. People said they were treated with respect by staff.

Staff were aware of people's needs and demonstrated a caring approach to providing person centred care.

People said their privacy was respected. People told us the care they received was in line with their wishes and from staff who knew how to care for them.

Good



Is the service responsive?

The service was responsive to people's needs. People made choices about all aspects of their daily lives.

People were supported to maintain their independence and social activities were available.

People said they were involved in planning their care and told us they received care which met their needs when they needed it.

The provider had a complaints procedure and people felt able to complain and were confident that they would be listened to.

Good



Summary of findings

Is the service well-led?

The service was not consistently well-led. A notification required by law had not been sent to the Commission as required.

Staff told us they felt supported and valued by the management team.

People spoke positively about the leadership within the home and that management were approachable and friendly.

The provider encouraged people and staff to express their views and opinions.

There were quality assurance systems in place and people's views and opinions were listened to.

Requires Improvement



Care and Support Service - Westbury Fields

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.

The inspection took place on 9 December and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure senior staff would be available in the office to assist with the inspection.

This inspection was carried out by two inspectors and an expert-by-experience who had experience of services for older people. An expert-by-experience is a person who has

personal experience of using or caring for someone who uses this type of care service. The last inspection of this service was in December 2013 and we had not identified any concerns.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us.

On the day of the inspection we spoke with eight people who used Care and Support Services – Westbury Fields. We also spoke with four people's relatives and two friends of people who visited. We also spoke with nine staff which included the registered manager, the deputy manager, the activities co-ordinator and care staff. We observed how people were supported and looked at eight people's care and support records.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

The people who used the service told us they felt safe within the service. One person said to us, “I’m safe and well looked after.” Another person said, “I feel very safe, I don’t go out but I am well cared for.” One person’s relative said, “Mum feels safe here and I know she is well cared for. If she has any problems someone will be there.” The service had a 24 hour porter service that also provided security for the site. There were secure pedestrian and vehicle gates to gain entry to the Westbury Fields site.

The provider had arrangements to respond to suspected abuse. Staff demonstrated an understanding of the different types of abuse and how to report it, both within the service and to other agencies. The home had a policy that gave staff information on how to identify and respond to suspected abuse. Staff told us they would have no hesitation in reporting any concerns to the service management if they suspected a person may be at risk of harm.

Risks to people were assessed and plans were in place to reduce these risks if required. Care records contained risk assessments for people. For example, we saw the service had completed a risk assessment for people in relation to their mobility and risk of falls. Where a risk had been identified, risk management guidance had been completed. For example, where people were identified at risk of falls, the mobility equipment they used to keep them safe was recorded. Where people used motorised mobility equipment such as a mobility scooters, an environmental risk assessment had been completed to minimise any associated risk to the person who used the equipment and others within the service. People had signed their assessments to confirm they agreed with them if they were able to.

We saw within records that people’s individual medical conditions were recorded and risk management guidance was available. For example, the care record for a person with diabetes showed how the condition should be managed. There was guidance on the person’s insulin requirement, the person’s normal blood sugar range and the actions to take if the person’s blood sugar was outside of either the maximum or minimum safe range. The record also showed the signs that may indicate the person was unwell as a result of abnormal blood sugar levels and the actions the staff member should take.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents to aid prevention or reduce reoccurrence. The registered manager told us all reported incidents or accident were reviewed at the time of the event. We saw from the supporting records that these events had been reviewed and any subsequent action to reduce the risk of repetition had been recorded. For example, we saw an example where an increase in falls for a person had resulted in additional care being provided to them. A formal review of accidents and incidents was currently undertaken every six months by the provider to establish any patterns or trends. The most recent analysis of accidents and incidents had not identified any clear trends.

Equipment used within people’s homes was maintained to ensure it was safe to use. The provider had a continual programme for maintenance checks of the premises and equipment which included the fire alarm systems and the passenger lifts. The servicing of the equipment had been undertaken as required and we also saw that water temperature checks and legionella testing had been completed. Regular health and safety audits were undertaken to ensure the environment was safe for people, and where required mobility equipment such as hoists and slings were serviced to ensure they were safe to use if required.

There were sufficient numbers of staff to support people safely. People told us that care appointments were met by staff when they needed them and the care they needed was given. People had a fixed call bell within their room and call bells were located throughout the service. People said their call bells were responded to quickly when they needed staff. One person told us, “If I have a problem they usually arrive very quickly. I was on the floor and I pressed my call alarm and they were there within minutes to help me.” Staff said they generally felt there were sufficient staff on duty and positive comments were received about the staffing system in operation. One member of staff told us it was unusual to not have enough staff on duty. The registered manager told us that on very rare occasions agency staff had been used to ensure sufficient staff were on duty to meet people’s needs. They said this was very unusual and any staff cover that was required through short notice absence would be covered by the regular staff at the service.

Is the service safe?

Safe recruitment procedures were followed before new staff were appointed. Within six staff files there was an application form with a previous employment history, employment or character references and photographic evidence of the person's identity. An enhanced Disclosure and Barring Service (DBS) check had been completed and the DBS certificate number was recorded within the files. The DBS ensured that people barred from working with certain groups such as vulnerable adults would be identified.

Medicines were managed safely whilst people's independence was promoted. People's medicines were available to them and people were, in the main, responsible for the self-administration of their medicine. The service had systems in operation for the obtaining and

disposing of medicines. For example, we saw that for some people a relative would collect their medicines from the local pharmacist and others would have it delivered to their apartment via the pharmacist. People did not raise any concerns about their medicine management during the inspection. We saw from records that staff prompted people to take their medicines and a record was created to show this. Each person had an individual risk assessment relating to the self-administration of medicines. This showed, for example, how the person's medicines were obtained and if they had any physical or mobility issues that may require additional assistance from staff. This could include, for example, staff opening a medicines dosset box for people who had restricted use of their arms due to a pre-existing medical condition.

Is the service effective?

Our findings

People gave positive feedback on the staff that provided their care and the standard of care they received. One person said, "Its paradise. Wonderful living here and I couldn't find a better place. The staff are so kind." People's relatives expressed their confidence in the staff that provided care within the service. One relative said, "Westbury fields is a good place for my [relative], I feel that he is very well supported and there is everything here that he needs."

Staff received appropriate training to carry out their roles. Staff said they had received training from the provider that enabled them to carry out their roles. The training record showed staff had received training in a variety of relevant topics such as moving and handling, fire safety and safeguarding. Additional training specific to the needs of people who used the service had been completed. For example, some of the staff we spoke with told us they were undertaking training in diabetes and training had also been provided internally by a specialist diabetic nurse who attended the service. The registered manager showed us a record of the provider's projected training programme for 2015 which showed staff would continually be undertaking refresher training throughout the year.

Staff were supported to effectively carry out their roles. Staff said they received regular performance supervision and records supported this. The provider had an annual document completed by staff that meant they received a one on one supervision every three months which concluded with an annual review. A sample of staff supervision records showed that the staff members overall performance was discussed together with a personal training and development plan to set short and long term objectives.

The provider ensured that new staff employed at the home completed an induction training programme. The provider's initial staff induction was completed over a three day period and included essential training such as moving and handling and first aid. The new staff member completed an induction book throughout the continual period of their induction. This book showed that the staff member had understood their role, how they could develop in the service, the duty of care they have within the trust and person centred care. The induction also included supervisions with the new staff member's inductor.

Consent to care and treatment was recorded within people's care records. Care records contained documentation that showed people had discussed and given consent for their care package. We saw, for example, people had signed to confirm they gave their consent for their information to be passed to other healthcare professionals when appropriate and to confirm they had been involved in the planning of their care. We identified that some consent forms had not been signed by the individual. A senior staff member explained that some people did not feel the need or wish to sign the form, however they stated they would ensure the form reflected the person's decision not to sign it in the future.

Staff told us they had completed training on the Mental Capacity Act 2005 (MCA) and demonstrated an awareness of their responsibilities under the MCA. Staff knew that some people within the service had a nominated power of attorney for people who may lose the capacity to make decisions themselves. People were supported to make informed decisions about their care and treatment. A staff member demonstrated knowledge of when a best interest decision may need to be held if a person lacked the mental capacity to make certain decisions for themselves.

Most of the people who used the service prepared their own meals within their apartment. For people who required the assistance of staff to prepare their meals, this was written into their care plan and staff supported the person to prepare their meals. People purchased their own shopping and organised shopping trips were done four days a week to support people with buying their food.

In addition to people preparing their own meals, the Westbury Fields site also had two restaurants that people could dine in over the lunch period. One of the restaurants was licenced so people could enjoy an alcoholic beverage with their meal if they wished. The restaurant was open seven days a week for people to use at lunch. People we spoke with spoke positively about this facility available to them. One person told us, "There is a choice of restaurants if we don't want to cook. The food is generally very good and there is always a good choice."

At the time of our inspection there was no person receiving care from the service with specific nutritional needs or anybody who had any special dietary requirements. We observed that a person who required minimal support from staff during their meal times received the care and support they needed in line with their care plan.

Is the service effective?

People were supported to use healthcare services where required. People could see healthcare professionals such as a GP or the community nursing team. People's care records displayed information that showed when staff had contacted the GP or specialist nurse in the event the staff had become concerned for somebody. Direction or

guidance from other healthcare professionals was recorded within the person's records to inform the person and guide staff. We saw examples of where guidance being given to increase the dosage of a person's medicines had been given by a GP, and this had been clearly recorded within the records to ensure staff were aware of this.

Is the service caring?

Our findings

People said the staff had a friendly and caring nature. Positive feedback was received from people and their relatives throughout the inspection. One person told us, "The staff know I have [medical condition] but they are all so kind and they know I can be difficult sometimes. They know how to look after me." Another person commented, "I feel safe. I've been to hospital earlier this year and needed a lot of care when I came back. The carers were marvellous and knew what to do." People's relatives and friends gave similar comments, all describing the service as caring and supportive.

People's privacy and dignity was respected. People did not raise any concerns about the level of privacy and dignity they received from staff at the service. Positive comments were received about the way staff interacted with them. People said staff were polite and friendly during conversations with them. We spoke with staff about how they ensured people's privacy and dignity was respected. Staff gave many examples of how they achieved this. For example, one member of staff told us, "I treat people the way I would want to be treated." Another member of staff described how they respected people's decisions and other staff gave examples of how they covered people whilst they provided personal care to maintain their dignity.

During our visit we observed good interactions between the staff and people that indicated a good relationship had been developed between them. Throughout the day there was a warm and friendly atmosphere within the communal areas of the service. Staff communicated with people appropriately which demonstrated that staff knew people well. Some of the conversations observed were light hearted banter between staff and people. One person said, "The carers here are very good here, they are prepared to have a laugh and a joke. I really like it here." In general, all of our observations demonstrated that staff were respectful towards people which contributed towards the welcoming and positive atmosphere about the service.

People's friends and relatives frequently visited. People told us that their relatives visited their apartment frequently and were welcomed by the staff. People's relatives could gain access to the site through the key coded door system. People's relatives and friends were also welcomed into either of the services chargeable restaurants for lunch should they wish. The registered manager told us that large family parties were catered for with advanced notice and people had used this facility on numerous occasions.

People were involved in decisions about their care and treatment and their independence was maintained. People told us they had been involved in making decisions about their care and treatment and people's care records reflected this. We saw that care packages had been individually tailored to meet people's needs. All of the people we spoke with were pleased with the package of care they were receiving. People and their relatives told us that communication was caring and the service kept them informed of any short notice changes that may arise such as a care appointment delay. One person told us, "If anything ever changed the staff will ring me and let me know what is happening. They keep me informed and we discuss what the best way forward is." One person's relative told us, "Carers are very good at communicating and always explain to mum what is happening."

People had the freedom associated with independent living and made their own decisions about their daily lives. People accessed the local community via their mobility scooters or local buses. During the day, one person told us, "I'm off to the pub and I'm going to watch the football." We also made observations that people enjoyed discussing their daily plans with staff and staff took a genuine interest on what the person had planned. This reflected the caring nature of the staff as described to us by the people who were accommodated on the Westbury Fields site.

Is the service responsive?

Our findings

People we spoke with said the service responded to their needs and said that their care needs were being met. We also reviewed records that demonstrated how the service had been responsive to people's needs. For example, within one person's care records, we saw that they had been discharged from hospital without a piece of medical equipment they required. The person's records showed the service had immediately responded to this by involving the person's GP and the district nursing team and the situation was rectified quickly. Another person spoke very positively about the quality of help and support they had received following their discharge from hospital.

Care records were personal to the individual and showed their agreed package of care. People confirmed they were involved in planning their care and told us their care plans were discussed with them. Records contained information for staff that showed each person's individual needs and how they liked to be supported. People's care packages were very variable which demonstrated they were unique to that person. For example, some people's care records showed how people required support with their personal care in the morning and the preparation of meals. Other care records showed how some people required no support from staff but had requested a 15 minute welfare visit twice daily from staff.

Care records communicated additional information about people to help staff to know and understand the person. Within some people's care and support records there was a document that was called a "This is Me" document. The document showed information such as the person's life history, their current level of support needed, their social circumstances and religious interests and information about their family. This information was recorded so that staff were aware of personal information about people that may aid to deliver their support in a more personalised way.

The registered manager told us that people's care needs were reviewed. These reviews were required to be undertaken every six months in line with the declaration recorded on the provider's care plans. Most people's care records demonstrated that reviews had been completed, however we found one care record that showed the service had not recorded that a review of a person's needs had been undertaken since their discharge from hospital. Staff

we spoke with told us that there had been a minor change in the person's mobility since their discharge from hospital. Staff demonstrated awareness of how to meet the person's needs, however there was no change in the person's records to demonstrate this.

There were opportunities for the people to be involved in how the service was run. There were leaseholder and tenant forums held every two to three months where people were able to make suggestions about certain aspects of the service and some communal areas. We saw from the most recent minutes that discussions were held around matters such as the garden areas, window cleaning and the communal corridor lighting. The minutes showed that where suggestions had been made by people, the resulting action had been communicated to them. For example, where people had suggested the garden area required maintenance, we saw the service had taken action to prioritise the work. Where a change in the timings of the lighting within the communal areas had been requested, this had been actioned and communicated to people it was done.

Activities were available for people to participate in. People could participate in to a wide range of different activities arranged throughout the week. In addition to the on-site activities, the provider ensured that monthly day trips were available to local towns and cities.

People and their relatives felt able to complain or raise issues within the service. The service had a complaints procedure and people told us they knew how to make a complaint if they needed to. People told us they felt things were done if they raised concerns. One person said, "If I need to complain I go to the office and they sort things out quickly. Complaints travel fast here to the right departments and things get done." A person's relative told us, "If I have any worries or concerns I know there will be a swift response and that the staff will let me know the outcome." Another relative was confident positive action would be taken following a complaint. They said, "The service reacts swiftly to any complaints, I have only ever had a few minor issues and they have been dealt with very quickly."

The home's complaint log showed that five formal complaints had been received during 2014. The registered manager and deputy manager had followed the provider's

Is the service responsive?

complaints procedure and responded within the required times. There were supporting records that showed the action taken following a complaint and the resolution upon the conclusion of any investigation.

We recommend that the provider reviews how a reassessment of people's needs is undertaken following a hospital admission.

Is the service well-led?

Our findings

The provider had failed to notify the Commission of an incident as required. During our inspection, we found a record of an incident in August 2014 where a person receiving care at the service suffered a serious injury. A notification was required by law to be sent to the Commission as a result of this and this had not been sent as required.

People said they were aware of the management structure within the home. People and their relatives told us the registered manager had “An understanding of what real care is” and they told us that the culture of the service reflected that. A person’s relative also spoke highly of the management of the service. They told us, “I really rate Jeanette [registered manager], she is excellent. Her door is open and she is very responsive if I have a complaint or any issue with the service.”

The registered manager monitored the quality of the service provided by the staff at the home. Records showed a care and support audit was used as part of the current quality monitoring system. People were spoken with about different aspects of the care they received from staff. For example, the last audit showed six people were asked about matters such as the time their care was provided, if the staff were punctual, if the staff were polite and if the staff appeared skilled at their work. No concerns were highlighted from this audit.

In November 2014 the registered manager introduced an additional staff competency monitoring system. This system involved people’s care appointments being monitored shortly after they had been completed and an audit of certain aspects of care was undertaken. For example, medicine records were checked for accurate completion, care records were checked and the cleanliness of the person’s apartment was observed. People that had received the care were also asked for their views of the care appointment. The completed audits had not identified any areas of concern.

Staff told us they felt valued and supported by the management team. All of the staff we spoke with gave positive feedback on the management within the service. One member of staff told us the registered manager and

deputy manager were “Helpful, approachable, supportive and they listen well.” Others told us the management were involved in the service and others said they felt they were well supported.

Staff told us they felt able to raise concerns. The provider had a whistleblowing policy which provided staff with appropriate details of external organisations where staff could raise safeguarding or care practice concerns about the workplace. This policy gave staff the required guidance on how to report matters externally in the event they felt unable to raise them internally. Staff we spoke with were aware of different organisations they could contact to raise concerns, for example the Commission or local safeguarding team. Staff told us that if required they would report concerns externally.

The provider had a system to obtain the views of all staff at the home. A staff survey was given to staff to allow them the opportunity to express their views and opinions on certain matters about their employment. For example, staff were allowed to anonymously comment on their management, if they felt they could develop within their employment, if they felt they were treated with respect and if they were proud to work for the provider. Although not all staff chose to complete the survey, the results shown to us during our inspection had not highlighted any major areas of concern that required addressing.

The management communicated with staff about the service. Staff meetings were held approximately four times a year. The meetings discussed matters important to the service and to the people that used it. For example, people’s care needs, activities and care appointments were discussed. Matters such as training and personal development were also discussed with staff. Staff said they had attended the meetings and told us the meetings were also an opportunity to be involved in the way the service operated. Although no specific examples were obtained, staff told us they felt they could contribute to the meetings and make suggestions to the management.

The provider had a programme of regular audits that monitored the safety of people in the home and the environment. A health and safety audit was undertaken to ensure the environment of the home was safe. Medicines audits were undertaken to ensure people had sufficient medicines and no issues had arisen from recent audits.

Is the service well-led?

The registered manager's performance was regularly monitored and discussed. The registered manager met frequently with the provider's community services operations manager to discuss their performance and the service delivery. The registered manager told us they felt well supported by the provider.

The provider had an internal quality monitoring system in operation. The service received an internal quality

assurance and service review annually. The most recent visit was undertaken in October 2014 by the provider's senior management. The service review was undertaken in the new style of the Commissions new inspection methodology around the five key questions we ask of a service. This recent audit had not identified any significant issues in the home.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The provider had failed to notify the Commission of a serious injury sustained by a service user. Regulation 18(1)(2)(a)(ii)

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.