

Complete Care Services (Preston) Ltd

# Complete Care Services (Preston)

## 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



### Overall summary

This inspection took place across six dates; 23,24,27,28,30 April & 01 May 2015 and was unannounced.

The last inspection of Complete Care Services took place on 07 November 2014. At that time we found care was not planned and delivered in a way to meet people's needs. Staff were not arriving on time or staying for the allotted

time period to provide care and support to people who used the service. The provider was found to be in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider took appropriate action and responded to people's concerns. Systems, such as call monitoring and spot inspections by the manager have improved call times and during this inspection we received feedback

# Summary of findings

from people who used the service that confirmed improvements had been made. We found the provider to be compliant with the new regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, Person Centred Care.

Complete Care Services (Preston) is a domiciliary care agency providing practical and personal care to people in the Preston and surrounding areas. At the time of the inspection there were 110 people who accessed the service.

Complete Care Services (Preston) as a condition of its registration should have a registered manager in place. 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 service had not had a registered manager in place since February 2015. The current manager was recruited in February 2015. However at the time of our inspection she had not commenced the application process to become a registered manager with the Care Quality Commission.

We found that the service provides a good standard of person centred care. Feedback from service users was positive in regards to being involved in plans around their care, support from staff and people told us that they felt safe and well cared for.

The manager had started to implement robust monitoring systems and at the time of our inspection the provider was updating and amending the service policies and procedures in line with requirements stipulated by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our findings demonstrated that the registered person did not consistently protect people against abuse and improper treatment. We found that staff did not always follow escalation procedures to ensure that the manager could appropriately assess and monitor safeguarding concerns. We also found that the manager was not fully aware of requirements to notify the Care Quality Commission when safeguarding incidents had been reported.

We looked at staff recruitment and training files. Recruitment and induction processes were found to be supportive of staff development needs. However, we found gaps in training and supervision records. The provider did not have a comprehensive training policy to highlight expected training outcomes for staff and time scales for training refresher courses.

People who used the service told us they felt involved in care decisions and we saw that service users and, or their relatives had signed care plan agreements. However, we found that the provider did not have processes in place to consider people's ability to consent, in line with the Mental Capacity Act 2005.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safeguarding service users from abuse and improper treatment, staffing and need for consent.

We also identified breaches of the Health and Social Care Act 2008 itself as well as 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 the 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 not consistently safe.

People we spoke with said they felt safe using the service; however, records showed that not all staff had received training in safeguarding adults.

We found that reporting systems at the service were not robust to ensure that service user safety was fully considered.

Staff told us that they felt confident to raise concerns; however, escalation to management level was not always achieved.

We found that individual service user risk was appropriately managed and care records reflected effective risk management, including promotion of people's independence.

We found gaps in staff medicine awareness. Training and records highlighted that not all staff had been assessed against competency, in line with the providers policy and procedure.

Requires improvement



### Is the service effective?

The service was not consistently effective.

Arrangements for staff training were found to require improvement. The providers training policy and procedure did not indicate what mandatory courses staff were required to achieve or the frequency of course refreshers.

We found significant gaps in training records including essential subjects. For example safeguarding, medicines, safer people handling, mental capacity act awareness and basic life support were not evident in the training records we saw.

Staff appointed received an induction programme, which helped them to understand the policies, procedures and practices of the service.

Although we found staff to be observed at work, formal supervisions and appraisals for staff were sporadic. However, the new manager had recognised this was an area in need of improvement.

We found that the provider did not have sufficient processes in place to ensure people were assessed in line with the Mental Capacity Act 2005, prior to consent being requested or decisions about the persons care being made on their behalf.

Requires improvement



### Is the service caring?

The service was caring.

People who used the service and or their relatives told us that the care received was "kind" and staff are "caring in nature".

Good



# Summary of findings

We found that people were encouraged to maintain their independence and were facilitated to be involved in care planning.

We observed staff approaching service users in a respectful way, whilst maintaining their dignity.

## Is the service responsive?

The service was responsive.

We found that care planning was person centred and aimed at assisting people to maintain independent living.

We found gaps in the recording of activity and information throughout the care records viewed. However, the manager told us that this was an area currently being reviewed to aid improvement.

We found that the service was responsive to complaints and feedback regarding the manager was positive.

**Good**



## Is the service well-led?

The service was not consistently well led.

There had not been a registered manager in post since February 2015. No action had been taken for the new manager to commence registration proceedings.

We found that the manager was unaware of notifiable incidents. Notifications prior to this inspection were not received in line with requirements stipulated in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the manager had started to implement more robust quality monitoring processes and we observed the service to have an open culture with strong leadership systems.

**Requires improvement**



# Complete Care Services (Preston)

## 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 23,24,27,28, 30 April & 01 May 2015 and was unannounced.

The inspection team comprised of three compliance inspectors and two experts by experience.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both experts by experience had experience of caring for someone living with dementia and physical disabilities.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us since our last inspection. We received feedback from social work professionals and commissioners within Lancashire County Council.

We contacted external health and social care professionals, a district nurse, continence nurse and dementia/End of life specialist after the inspection to request feedback. However, we received very little information.

At the time of our inspection of this location there were 110 people who used the service. We spoke with 30 people who received care, four relatives and we visited seven people in their own homes. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed.

We observed how staff interacted with service users and viewed seven peoples' care records with their agreement.

We spoke with 11 care workers, the provider, regional manager and officer manager during the course of our inspection.

We also looked at a wide range of records. These included; the personnel records of four staff members, a variety of policies and procedures, training records, medication records and quality monitoring systems.

# Is the service safe?

## Our findings

We looked at how the service responded to safeguarding concerns. We found that on one occasion the manager was not aware of a safeguarding concern communicated by the local authority safeguarding team and received by office staff at Complete Care Services.

The manager was unable to demonstrate actions taken following receipt of concerning information, which highlighted a service user had been continually calling emergency services to express they felt unsafe. The provider had not actively managed the person's needs or monitored the situation.

We found that the manager was unsure of safeguarding procedures and required support from the inspection team to understand the agencies role at maintaining effective records and the requirement to notify the Care Quality Commission (CQC) following acknowledgement of a safeguarding alert or concern. We found on four separate occasions the manager failed to notify us of safeguarding concerns.

We looked at training records and found that twelve staff had not received safeguarding training in the previous two years. The provider's training and safeguarding policy did not identify how often staff should receive safeguarding training. However, since the inspection we have received information from the provider that shows the training policy has been updated and the expectation for safeguarding training updates is now every two years.

We found this to be a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us they felt safe when receiving care and support from the agency staff. One person told us, "I could not get better care anywhere and I feel perfectly safe when the carers are here". Another person told us. "Oh yes, the girls are like family to me, I am really happy when they are here, never been a problem".

We spoke with 30 people who received care from Complete Care Services, four relatives and we visited seven people in their own homes.

We received positive comments from all people when we asked them if they felt safe when receiving care. However we received one concern from a relative who informed us

that they had previously had concerns with the staffs' ability to operate an electrical hoist for their relative. They explained that staff did not know how to operate the equipment and that they had to guide most care workers during care interventions. We discussed this matter with the manager who agreed to look into the relative concerns.

We asked other people who required the use of an electrical hoist and they told us that they were happy with the care workers knowledge and abilities to use such equipment.

We spoke with eleven care workers who told us they felt able to raise concerns with the manager. Staff told us they were confident the manager would deal with any concerns appropriately. Staff demonstrated adequate knowledge of safeguarding principles and understood whistleblowing procedures. We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns. One staff member told us, "I know about whistleblowing, because I have used it in the past at a different agency and I would use it again if I had to".

We looked at seven peoples' care records and found that accidents and incidents had been accurately recorded. Risk assessments were in place on an individual basis. One person's care records provided details of risks associated when the person leaves the house, how best to support the person to maintain independence and what to do in the case of an accident. Staff told us, "There are accident and incident forms in the care plans, which we need to fill in and the office keep a copy. I would also record everything in the care plan".

We looked at training records and found that the provider did not ensure staff were trained to respond to emergency situations. Following the inspection the provider has updated their training policy to reflect that all staff will receive basic life support training as part of the 'care certificate' training and this will be repeated every two years.

We looked at care records and found a generalised risk assessment in place, which covered areas, such as the risk of falls, in relation to steps, paths, flags and lighting. The risk assessment provided a risk score and a likelihood assessment for an incident or accident to occur. When we spoke with care workers they confirmed they had access to service users' care files and understood individual risk management for all people in their care.

## Is the service safe?

We found that care plans identified risk management in a person-centred way. One person's care plan informed us, 'Several rugs around the house and service user has been alerted to the dangers'.

We received mixed feedback regarding care workers' time allocation. Some people told us the care workers were always on time, and a few people explained that care workers were often late. However, service users did confirm that the agency informed them when a care worker was running late.

One person told us, "Staff take time to speak to me if I am worried about anything". Another person told us, "They just do what they have to do and then go". However, the majority of comments were positive.

The manager told us that call monitoring had been a focus at the agency and showed us records of frequent call monitoring and spot inspections. The manager had not received any complaints with regards to staffing and during house visits we noticed that care workers were on time and the scheduled carers attended as planned.

Four of the seven people visited had their medication administered by care staff. Staff we accompanied on visits

confirmed they had all completed the appropriate medication training during their induction. However, when we looked at training records we found that less than 50% of staff had received medication training updates, as stipulated in the provider's medicine policy and procedure; 'Medicine administration will be refreshed every three years'.

We also found gaps in staff competency assessments for administration of medicines. Training records evidenced that less than 50% of staff have been assessed against competency 'medicine supervision'. However, the manager confirmed that all staff after their induction programme will be expected to administer medicines.

We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the medication administration records and saw they had been completed, as required, with the exception of one omission in recording. We spoke with the manager who told us all staff would be reminded of the importance of completing all the required paperwork at the time of the visit.



# Is the service effective?

## Our findings

We saw the agency had a detailed induction programme (Care Certificate) in place for all new staff, which they were required to complete prior to supporting anyone in the community. This programme covered important health and safety areas, such as moving and handling, working in a person centred way and also included courses, such as safeguarding. The agency had committed to course refreshers in line with the Care Certificate modules, every two years.

We spoke with eleven care workers who told us that they had received training in courses such as, medicine administration, safeguarding and various eLearning modules, which had recently been launched at the service. However, we found that training records highlighted significant gaps in refresher courses. The providers training policy and procedure did not indicate an expected time frame for training updates. However, since the inspection the provider has evidenced an updated version of the training policy and procedure to reflect training expectations for all employees.

We found gaps in fundamental training subjects meant that staff were at risk of not being up to date with best practice health and social care principles and we felt the company needed to invest more in staff support and training.

We looked at supervision and appraisal records and found significant lapses in time. The provider's supervision policy stipulated staff would receive supervision every six months. This had not been achieved. The provider's appraisal policy stipulated staff would receive annual appraisals. However, records demonstrated that less than 50% of staff had received an annual appraisal.

These shortfalls in training and supervision of staff amounted to a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with people who used the service about the support they received to maintain good health. People told us they were happy to discuss their health care needs with their care workers and any concerns they may have about their health. A number of people shared examples of support they had received from care workers to contact their GP or other health care professionals.

People's comments included, "My carer has been coming and looking after me for a long time now and that helps build a relationship" and "They never stop when they get here and do everything I need, they even hung the washing out for me this morning, I could not fault them".

People we spoke with provided inconsistent feedback about continuity of care worker visits. Comments included, "They are regular for a week or two and then they change to different ones" and "They send the same carer for a week and then it goes back to just anyone." However during home visits we received positive feedback from people who used the service. One person told us, "I know all of my carers very well and they know me".

We spoke with the manager who told us that the service had plans to write to all service users and offer weekly visit rotas, which would show staff allocated to attend. The manager was aware that not all service users were able to remember who was scheduled to provide care.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

People told us they were involved in care planning procedures. The care records we looked at evidenced service user agreements. However, we found a lack of consideration for assessment of a person's mental capacity prior to asking the service user for consent to care and treatment or prior to making a decision on a person's behalf.

We looked at one person's care record and found that a 'do not attempt resuscitation' record had been completed by the person's GP. A record was not held on file to reflect best interest procedures, in line with the Mental Capacity Act 2005 or indication of service user agreement and understanding.



## Is the service effective?

The service did not provide staff with Mental Capacity Act awareness training and we found a general lack of understanding throughout the staff team. The manager told us she was aware this area needed development.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests.

This amounted to a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were supported to prepare meals and snacks. We observed care workers preparing food for service users and were reassured by the standard of food hygiene and encouragement for people to participate in meal preparation.

We looked at care records for seven people and found that nutritional risk assessment, preferred foods and drinks and peoples abilities were recorded throughout the related care plans.

The manager showed us evidence of referral to specialist community services, such as dieticians and speech and language health care professionals.

We recommend that the provider makes attempts to obtain records of mental capacity assessment and best interest decision outcomes from other professionals prior to recording complex decisions relating to a persons ability to consent.

# Is the service caring?

## Our findings

We received consistently positive comments from people who used the service or their main carers about the attitude and approach of staff. People spoke highly of care workers and described some very positive experiences of support they had received. Comments included, “The carers are really caring and everything that needs to be done gets done properly. I can’t praise them enough”, “I have never been so well looked after, they are worth their weight in gold and I rely on them so much” and “You make friends with them and you look forward to seeing them.”

People we spoke with often referred to the way that care workers respected their home and family life. A relative told us, “We tried other agencies and the difference now is unbelievable, the care and support is first class and if there are any problems they get in touch straight away” and “I don’t feel the carers take over the house, they are respectful”.

People told us that their dignity and privacy was protected. During house visits we observed care workers to have a friendly disposition with service users and their carers.

We saw that people were involved in the care planning process and a person centred ethos was evident throughout care records.

The service had committed to an end of life care training programme (Six Steps). Staff told us that they found this training very beneficial and the manager explained that she had been overwhelmed by care workers enthusiasm for this training. We looked at an evidence portfolio for end of life care planning and saw that the service was embracing best practice to enable person centred care.

There was information available for people about how to access local advocacy services, should they so wish. Advocates are independent people who provide support for those who may require some assistance to express their views. Signposting people towards advocacy services helped to ensure people’s rights to make decisions about their care and support were promoted.

# Is the service responsive?

## Our findings

The last inspection of Complete Care Services (Preston) took place on 07 November 2014. At that time we found care was not planned and delivered in a way to meet people's needs. Staff were not arriving on time or staying for the allotted time period to provide care and support to people who used the service. The provider was found to be in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider took appropriate action and responded to people's concerns. Systems, such as call monitoring and spot inspections by the manager had improved call times and during this inspection we received feedback from people who used the service that confirmed improvements had been made. We found the provider to be compliant with the new regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, Person Centred Care.

In general, people expressed satisfaction with the reliability of the service, although lateness of care workers was still an issue touched upon by a small number of people who used the service. We felt reassured to hear that the agency were active in informing the service user when care workers were expected to be late.

People we spoke with felt they received effective care that was based on their individual needs and wishes. Comments we received included, "I do remember when the manager came out to do an assessment. I was asked if I preferred a male or female carer and I asked for a female and that's the way it has always been. I trust them completely" and "A while back I wasn't very well and the carer who came asked me three times to ring the doctor, only for her I wouldn't have bothered".

We looked at the seven care plans for the people we visited in their homes. We saw the care plans had been signed by the service user or a family member and a good standard of person centred detail was available to enable care workers to understand the person's needs and preferences. Service user handbooks were seen and a copy of the complaints procedure had been incorporated with the care file records, for service users to be able to access.

None of the service users we visited had their finances managed by Complete Care Services. The manager told us a financial risk assessment would be conducted for any service users who had their finances managed by the service.

We found that not all interventions completed by the care workers had been recorded appropriately within the care records we looked at. Basic detail regarding the visit was recorded. However, this did not always specify the level of support people had received or the service users' experience of the service provided.

We found that an assessment was undertaken by the manager or senior care workers prior to the agency agreeing to provide domiciliary care for people who access the service. Person centred care planning included assessments undertaken to match staff with service users. This depended on people's preferences and interests. The manager told us that care planning was being reviewed for all service users. We found that the care plans recently implemented had a higher standard of person centred detail and service user involvement.

We observed care worker interactions with people in their own homes and saw a good standard of person centred care and support was provided. A member of staff told us, "If I came out and saw the person was not well, I would ring the doctor and then ring the office, so they could get in touch with the family".

There was a complaints procedure in place which gave people advice on how to raise concerns and informed them of what they could expect if they did so. The procedure included contact details of other relevant organisations, including the local authority and the Care Quality Commission. People we spoke with told us they knew how to raise concerns and said they felt able to do so.

There was a process in place for recording complaints. We viewed the records which showed six complaints had been received in the last year. The records showed complaints had been dealt with appropriately and within satisfactory timescales.

# Is the service well-led?

## Our findings

During the inspection we looked at the provider's certificate of registration with the Care Quality Commission. We found that Complete Care Services (Preston) had been functioning from two locations. Evidence suggested that the second office based in Leyland, Lancashire had been operating as an unregistered location for the previous two years. The provider was aware through their registration certificate that the regulated activity should only be operated from '19 Navigation Business Village, Preston, Lancashire PR2 6YP'. It is a breach of section 33 of the Health and Social Care Act 2008 for a provider to fail to conform with a condition of their registration. We will consider our regulatory response to this information.

We found the manager did not always notify us of serious incidents or safeguarding concerns. The manager lacked understanding of requirements stipulated under the providers registration and agreed to improve her understanding of incidents that required notification to the commission.

This amounted to a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider had as a condition of their registration that a 'Registered Manager' should be in place. 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.

We found that the service did not have a registered manager in place. The previous registered manager resigned from post in February 2015. The provider had recruited a new manager during the notice period and records showed that a thorough induction and handover period was achieved. However, no application had been submitted to the Care Quality Commission for registered manager status.

This amounted to a further breach of section 33 of the Health and Social Care Act 2008 as the provider had failed to comply with a condition of their registration.

People described the manager as 'caring' They told us she listened to their concerns. The manager would often work

out in the community to support service users and coach new care workers. We received positive comments about the manager such as, "The manager rang up and checked that I am happy with the service and I have no complaints at all", "Yes I could approach the manager anytime" and "The manager is lovely".

We asked relatives for feedback about the management of the service and received the following comments: "I know how to complain. I once reported a carer", "I feel confident that the manager listens and acts upon my concerns" and "the manager is always available if I need her, I have lots of confidence in her abilities".

Staff told us that the manager was approachable and one care worker explained, "We are encouraged to learn and progress". Another said, "The manager is very approachable, all the office staff are".

We looked at the provider's statement of purpose and found the service had a caring ethos with its main values being: 'One company, One Community – Working together'.

There were some processes in place to enable the manager to monitor quality across the service. These included the use of satisfaction surveys and reviews of care for people who used the service. The manager was able to give us some examples of measures taken in response to the feedback from people, including those measures taken to improve on staff consistency and punctuality.

The manager explained that she was currently reviewing the methods used for service users who did not have electronic call-in systems at their property. The manager explained that not all written entries in care records provided the exact time of the visit. To ensure that quality monitoring could be undertaken in a more robust way, the manager was considering a new recording system that would be cascaded throughout the care team.

The manager has started to implement robust monitoring systems and at the time of inspection the provider was updating and amending the service policies and procedures in line with requirements stipulated by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In discussion, the manager demonstrated a commitment to constant development and was able to describe a number of ways in which she kept up to date with practice developments and changes in legislation. The manager

## Is the service well-led?

also maintained contacted with a variety of external organisations with the aim to keep up to date with best

practice guidance. We saw there had been a number of developments within the service, which were in line with best practice. These included the introduction of end of life care planning and dementia focused care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>The provider did not have suitable arrangements in place to ensure that the treatment of service users was provided with the consent of the relevant person, in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11 (1) (2) (3) (4).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not have suitable arrangements in place to make sure that staff responsible for the management and administration of medication were suitably trained and competent.</p> <p>(2) (g).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not have suitable arrangements in place to make sure staff were appropriately trained to protect service users from abuse and improper treatment. The provider did not always notify us of safeguarding incidents.</p> <p>Regulation 13 (1) (2) (3).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p>

This section is primarily information for the provider

## Action we have told the provider to take

The provider did not ensure staff were suitably qualified, competent, skilled and experienced in order to meet the needs of people at the service. Regulation 18 (2) (a) (b).

### Regulated activity

Personal care

### Regulation

Section 33 HSCA Failure to comply with a condition

The provider did not have suitable arrangements in place to ensure that the service was managed by a person registered with the Care Quality Commission, as required in line with the providers registration.

### Regulated activity

Personal care

### Regulation

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

The provider did not always inform us of incidents that require submission of a statutory notification to the Care Quality Commission.