

The Sheiling Special Education Trust

Sheiling Living

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 6 and 9 July 2018 and was announced.

This service provides care and support to adults with a learning disability and autism living in a supported living setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. There were four people being supported by this service at the time of the inspection.

The registered manager had recently resigned from their post and the nominated individual told us they would be applying to cancel their registration. The nominated individual told us another manager was now managing the service and would be applying to register to manage the regulated activity. 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 was the first inspection of the Sheiling Living service since it was registered in September 2017.

Robust governance and quality monitoring systems were not being completed regularly, established or embedded within the service. This meant that some areas for improvement to keep people safe had not been identified. This was a breach of the regulations. The nominated individual shared with us their plan to improve arrangements for governance to ensure standards were met and people received a quality service.

Incident reporting systems were not always effective to ensure all required actions were taken and support required by staff was given. This was a breach of the regulations.

We had not received notifications regarding safeguarding concerns that the provider had responded to. A notification is how providers tell us important information that affects the running of the service and the care people receive. This was a breach of the services registration requirements.

Staff were able to tell us how they would report and recognise signs of abuse and had received training in safeguarding. Professionals, staff and relatives told us they had no concerns relating to abuse or safeguarding. The management team had followed their internal safeguarding protocols following incidents and actions had been taken to safeguard people. However, the provider had not reported the incidents to the local authority in line with safeguarding vulnerable adults' procedures or informed CQC. This was a breach of the regulations.

Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained and assessed as competent to give medicines. Some improvements were required to checks of

the temperature of medicine storage areas.

There were sufficient numbers of safely recruited staff at the home however some concerns were shared with us that staff were not always directed effectively to meet people's needs.

There were arrangements in place for infection control and food hygiene.

Lessons had been identified when things went wrong. This included identifying changes required to meet people's needs in the future.

Improvements were required to ensure all staff were supported to carry out their roles. The majority of staff told us they had felt more supported recently and they were now receiving supervision and morale had improved.

Improvements were required to the arrangements for mental capacity assessments and best interest decisions to ensure the service meets the requirements of the Mental Capacity Act 2005. We have made a recommendation about arrangements for recording consent to care.

People were supported to access healthcare appointments as and when required and staff followed health care professional's advice when supporting people with ongoing care needs. Records we reviewed showed that people had recently seen the GP, and a specialist healthcare consultant.

People were supported to eat and drink and staff followed any dietary advice from healthcare professionals.

People's relatives gave us mixed feedback about staff approach. One relative told us, "Some staff are excellent, some aren't". Improvements were required to ensure people were always treated with dignity and respect. For example, some staff removed people's possessions for periods of time as a sanction or sent people to their bedrooms in response to concerns about their behaviour.

We observed positive interactions between staff and people. We observed positive staff practice that focused on supporting people's independence.

People had their care and support needs assessed before moving into the service. Concerns were shared with us by some relatives that they were not always involved.

Improvements were required to how people were supported to engage in meaningful activities that met their needs. The provider told us they were taking action to address this.

The service was meeting the requirements of The Accessible Information Standard. Staff understood people's communication needs and preferences.

There was a system in place for raising complaints and relatives told us that complaints had been responded to. Improvements were required to how concerns raised were recorded and how people were supported to raise concerns.

People's relatives and health and social professionals told us that the management team were at times hard to contact and communication required improvements.

Improvements were being made by the provider on how staff were supported to meet people's needs and

care documentation. Improvements were required to the monitoring systems used within the service and the provider's governance. The current systems in place were not always effective to ensure adequate governance and to ensure people received safe care.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach under Health and Social Care Act 2008 (Registration) Regulations 2009.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Improvements were required to ensure there was a consistent approach to how risks were mitigated and risk management plans were updated.

There were enough staff to meet people's needs but staff were not deployed effectively to support people to access the community.

Safeguarding concerns were not shared with the local authority safeguarding authority as required.

People's relatives and staff told us they felt people were safe living within the supported living service.

Medicines were managed safely but some improvements were required to the monitoring of the temperature of the medicine storage areas.

There were arrangements in place to learn lessons when things went wrong.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Improvements were required to the arrangements in place for specific decisions to meet the requirements of the Mental Capacity Act 2005.

People's needs and choices were assessed, but care plans required more information and input from people's relatives and health care professionals.

Improvements were required to ensure all staff were supported to carry out their roles.

People were supported to eat and drink enough and dietary needs were met.

Requires Improvement ●

People were supported to access health care appointments and other professionals as and when required.

Is the service caring?

The service was not always caring.

People were not always supported with respect and dignity.
People's relatives gave us mixed feedback about staff approach.

Staff treated people with kindness and people appeared relaxed with staff.

Improvements were required to how people were supported and involved in decisions about their care.

People's bedrooms were personalised with their belongings.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Improvements were required to how people were supported to access activities and to follow their individual interests.

The service was meeting the requirements of The Accessible Information Standard and staff were aware of people's communications needs.

There were no systems in place to collate and review feedback from people and relatives on the service received.

There was a system in place to manage complaints. Relatives told us that complaints were responded to but the management team were not always easy to contact.

Improvements were required to how concerns were recorded and how people were supported to raise concerns.

Requires Improvement ●

Is the service well-led?

The service was not well led.

Improvements were required to how the service was monitored and systems reviewed.

Staff told us improvements had been made to how the service was managed and how staff were supported.

Requires Improvement ●

People's relatives and health and social professionals told us that the management team at times were hard to contact and communication required improvements.

The provider was responsive following our inspection to support the improvements required.

Sheiling Living

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 checked 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 6 and 9 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We did not request a Provider Information Return for this service. 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. We gathered this information during the inspection.

During the inspection we spoke with four members of staff, the house manager, lead manager for the service and the nominated individual. We spoke with two people and four relatives about their views on the quality of the care and support being provided. Some people using the service were unable to speak with us, therefore we observed interactions between staff and people using the service. We also spoke with two health and social care professionals.

We looked at care documentation relating to four people, medicine administration records, four staff personnel files, staff training records and records relating to the management of the service including quality audits.

Is the service safe?

Our findings

There was a risk that people would not receive the correct support as improvements were required to how risks were assessed, and risk management plans reviewed and updated. Some people presented behaviour which challenged staff and the service leading to incidents where they hit out at staff or other people. Positive behaviour and risk management plans lacked detail for staff to follow to ensure they were clear about managing risks and how to use physical interventions for some people to keep them safe. Plans had not been reviewed following incidents to ensure staff provided appropriate and safe care. We raised our concerns during our inspection with the management team. The management team provided assurances that actions would be taken to ensure staff were clear how to manage them.

Improvements were required to how incidents were responded to by the management team to ensure people received safe and appropriate care, and staff were protected from harm. For example, training identified for one member of staff was still outstanding. The review of incidents did not identify all actions required to minimise the risk of future incidents, or effectively identify additional support or changes to practice required by staff. The provider told us they were going to introduce electronic recording of incidents from January 2019 to improve the governance over incidents to improve timescales for any changes to be made. Staff were aware of the process to follow if there was an incident or accident at the service. Some incidents had been responded to and changes made to people's care. For example, for one person the analysis of incidents led to practice being changed for how they were supported to go out using transport. This enabled the staff to minimise the risk of recurrence.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems in place to ensure people were protected from abuse, neglect and discrimination. There were two incident reports involving two people that used the service. The management team had followed their internal safeguarding protocols and responded to these concerns and actions had been taken to safeguard people. However, the provider had not reported the incidents to the local authority in line with safeguarding vulnerable adults' procedures or informed CQC. This meant the incidents had not been investigated by the safeguarding team as required. The management team told us they would ensure that all future concerns were reported to the local authority safeguarding team.

This is a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Medicines were stored securely and people received their medicines as prescribed. Regular stock checks were undertaken. Medicines were only administered by trained staff who had been assessed as competent. However, improvements were required to ensure checks of the temperature of the medicine storage room and fridge used for the storage of medicine were carried out. The house manager told us they had taken action to remind staff to complete these checks and records. Medicines were stored centrally within an office within the supported living house. The provider told us they were planning to install locked medicine cupboards in individual people's rooms in line with good practice regarding support living service and to support people to have more control.

People's relatives told us they felt their relative was safe but three relatives thought communication could be improved how they were updated about their relative's care. Staff told us they felt confident that concerns would be responded to by the management team and did not have any concerns about other staff member's practice. Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

There were sufficient staff to meet people's needs but concerns were shared with us that staff were not being directed effectively to meet people's needs to access activities within the community. People received support from staff to meet their personal care needs, develop life skills, and access some day activities. People received care and support from staff at night as well as during the day within the supported living house and there were arrangements for managers on call in the event of an emergency. Staff told us they felt there were enough staff to meet people's needs and the service used regular bank staff where needed. One member of staff told us, "We have an amazing set of bank staff".

Safe recruitment practices were followed. Recruitment checks included obtaining references from previous employers, checking people's eligibility to work in the UK and undertaking criminal record checks. These checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

The provider had made arrangements for infection control and food hygiene. Staff had access to gloves and aprons and received guidance on their responsibilities for infection control. Staff told us they understood their responsibilities for infection control and food hygiene.

The provider had identified lessons learnt when things had gone wrong and this was being embedded within the service. For example, the provider had identified that one person required additional time and support when moving into a new home and service. There were arrangements in place that reflected that lessons had been learnt when supporting this person in the future. This had involved working with other organisations to plan this effectively.

Is the service effective?

Our findings

Improvements were required to ensure all staff were supported to carry out their roles. One social care professional raised concerns with us about how staff were being supported to carry out their role. One person told us, "When the service was first opened the support was not there. We are now supported". Another member of staff told us the staff team had not been consistently supported but this had improved over the last five months following the appointment of a house manager. Incident reporting showed a high number of incidents of staff being hit, kicked and scratched. Staff told us they had worked hard to meet people's needs and these incidents had now stopped. One member of staff told us support to staff was greatly improved. They told us, "You can't fault it now".

The majority of staff told us they had felt more supported recently to carry out their role. Another member of staff told us supervisions were now taking place and staff morale was good. The nominated individual acknowledged that support to staff should have been better. They told us they had identified the need for a house manager as well as a registered manager to improve support to the staff team. The house manager joined the staff team in February 2018.

Staff received training and support on areas to carry out their role and improvements were being implemented to ensure all staff felt competent in their role. Staff received training on areas including safeguarding adults, epilepsy, positive behaviour support and administering medicines. One member of staff told us, "I am fully trained in diabetes and epilepsy". For one member of staff, it had been identified in February 2018 that they needed more training to support people safely with behaviours that challenge. This was still outstanding. The management team provided information during our inspection that this had been arranged for the following week. Some additional support had been provided to the staff team by an internal behaviour support lead.

The provider and registered manager had systems in place to support new staff with completion of the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers new to health and social care have the skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. New staff were supported to learn how to support people's individual needs by attending an induction program and shadowing more experienced staff. However, one member of staff told us their induction training had not supported them to carry out their role to meet people's individual needs as the training provided had been too generic. The provider told us they would take action to identify additional support for this person.

Care plans did not always give clear instructions for the staff to follow so that they understood how to meet people's needs, and did not involve relevant healthcare professionals and people's representatives. For example, people's behaviour support plans, including plans that required staff to use positive behaviour support techniques and physical restraint required more detail to guide staff and had not involved external health and social care professionals. The management team told us that behaviour support plans were developed with input from an internal behaviour support lead to ensure they followed positive behaviour support approach. People that used the service could not all express their needs and the support they

required. The majority of people's relatives told us they were not involved in their relative's care planning. However, they told us staff were meeting people's personal hygiene needs.

There were needs assessments in place, detailing the support people needed with their everyday living. One healthcare professional told us that these plans were not always followed due to the lack of staff at times that were able to drive.

Mental capacity assessments had not been completed for specific decisions. Where people did not have capacity to give consent, decisions were made in their best interest with involvement from people's families. However, this was not recorded. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The house and lead manager told us they would take action to ensure the arrangements for consent to care were improved. Staff understood their roles to seek consent from people to the care provided to them.

We recommend that the provider reviews good practice guidance on recording arrangements for consent to care in line with the Mental Capacity Act 2005.

Staff supported people to eat and drink to meet their needs. People were supported to make choices about the meals they enjoyed. People's nutritional needs were reviewed including where people required modified diets, such as swallowing problems. Staff followed guidance from healthcare professionals and the information was accessible to all staff. One person had been identified as being at risk from weight loss. The staff team supported the person to attend appointments with the person's GP and specialist consultant.

People were supported by staff to attend their health appointments, including any specialist appointments they required. Relatives told us staff did not always keep them up to date with the outcome from appointments and how the service was supporting them to maintain their health. This concern was also raised with us by a health care professional. The staff team followed advice from healthcare professionals to monitor people's physical health needs. One relative told us, "They are doing a good job". Another relative told us, "They have worked hard to get [their relative] to appointments but there had been delays finding a dentist for their relative. People's health needs were assessed and planned for to make sure they received the care they needed. For example, one person required support to manage their diabetes. There was a clear plan in place that had been written with the person's input that staff followed to support this person.

Arrangements had been recently been put in place for staff to work more effectively with other services and outside agencies to deliver effective care and support to people. This included planning with other organisations how to meet people's needs in the future and identifying opportunities for people to access activities and pursue their interests.

People were supported to look after their home and carry out household tasks. This involved staff supporting people to clean, cook and report any housing issues to their landlord. One relative and one member of staff raised concerns with us about the cleanliness of the home. The house manager told us they were currently supporting people to request improvements to the maintenance of their home. This included the cleanliness of carpets and general maintenance. The provider carried out risk assessments of the supported living service and liaised with the housing provider to ensure the building was safe.

Is the service caring?

Our findings

People were not always treated with dignity, respect and their rights upheld. One relative told us that at times people were treated like children by some staff. They told us other staff were "brilliant" and had a different approach. Comments from two other relatives included, "Some staff are excellent, some aren't" and "some wonderful staff but others not so". Care records also showed that a member of staff removed a person's possessions for a period of time as a sanction and sent the person to their bedroom in response to concerns about their behaviour. We fed back these concerns to the provider at the end of our inspection. The management team wrote to us after our inspection detailing what action they would take in response to these concerns. They told us they would provide training to staff on people's rights as tenants within a supported living service and how to support each person with respect and uphold their dignity.

We received mixed feedback from people's relatives about how people were encouraged to maintain relationships with friends and family members. Two relatives told us it had been agreed their relative would be supported to skype call them each week, but this did not always happen. Three relatives told us staff did not regularly communicate with them and they had requested more information about day to day care provided to their relative. Two people that used the service did not communicate verbally and relied on staff to update them on their care. Two relatives told us that did not know who all the staff team were and did not always know who they were talking to when they called the service. This meant that they were not always able to get updates about health appointments and day to day care. One relative however gave us positive feedback about their relative was supported and they had regular contact with staff and their relative.

Improvements were required to support people to make decisions about their care, for example how they wanted to spend their time and to express their wishes. The provider told us they would take action to improve how people were supported to make decisions based on the Mental Capacity Act 2005 and arrangements for best interest decisions. Two relatives told us improvements were required how their relative was supported to make decisions and how they were involved. For example, one relative told us their relative was not always supported to wear clothes that matched, and to maintain their personal appearance. However, they told us this had recently improved in response to concerns they had raised.

We observed staff approach focused on supporting people's independence and staff treating people with kindness. People's interactions and relationships with staff were friendly and comfortable. Some people laughed and joked with staff. One member of staff told us the management team were making improvements to "See if people can do more and to see how the guys could be fulfilled". Another member of staff raised concerns about how the service supported people as there was a lack of structure and purposeful activity but there had been "some progress" recently.

People's bedrooms were personalised with their belongings, such as furniture, photographs and personal belongings to help people to feel at home. A person told showed us their room and had their belongings around them that were important to them.

Is the service responsive?

Our findings

People did not receive personalised care that ensured they were supported to engage in a wide range of activities and pursue their interests. Two health and social care professionals raised concerns with us about the lack of structured routine for people and the arrangements in place to support people to access activities. They told us they had raised concerns with the management team. Two relatives also raised these concerns with us. One member of staff also raised concern with us. They told us, "There is a lack of structure and a lack of purposeful activity. Some progress has been made recently". The management team told us they had identified that improvements were required to how people were supported to access activities prior to our inspection. Records supported this. They shared information with us that action was being taken to address this to support people to access varied weekly activities and develop life skills.

Staff knew people's individual communication skills, abilities and preferences. Some people at the service had difficulties in communicating verbally. Staff were aware of people's communication methods and how they communicated their needs, wants and wishes. For example, one person had specific communication needs and staff used 'now' and 'next' cards to support the person to understand what activities or care they would be supported with. For another person a member of staff told us they were aware how the person communicated with no verbal communication if they were in pain.

The service was meeting the requirements of The Accessible Information Standard. The Accessible Information Standard is a law that aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff communicated with people in accessible ways that considered any impairment which affected their communication. For example, staff used pictures to support people to express what day activities they were going to take part in.

A complaints process was in place and the majority of people's relatives told us the management team responded to their concerns. Comments included, "No complaints at all and communication is good" and "Things have been a lot better since I raised my concerns. One relative told us they had contacted the nominated individual to raise concerns. They told us, "Things have improved. They are responsive and I do feel able to raise concerns". However, one person's relative told us they had raised concerns but were still waiting for a response from the management team. They told us their experience was that the management team were hard to contact.

Improvements were required to how concerns were recorded and how people were supported to raise concerns. There were no records of concerns raised within the service in order to monitor how concerns as well as complaints were responded and to identify any trends. Relatives however told us they had raised complaints that they had been responded to but there were no records of these. Improvements were required to how people were supported to raise complaints or concerns and how these concerns were responded to. The management team told us they would take action to ensure there were systems in place to support people to raise concerns.

The majority of staff told us they felt comfortable speaking to the management team if they had any

concerns or wished to raise a complaint. Staff told us they felt concerns were now being listened and responded to. One member of staff raised concerns with us during our inspection about how the service was being managed and gave us their consent for these concerns to be shared with the management team. The lead manager for the service told us they would arrange to meet with the member of staff so their concerns could be responded to.

No one accessing the service was receiving end of life care at the time of our inspection.

Is the service well-led?

Our findings

Health and social care professionals raised concerns with us about how the service was meeting people's needs. One social care professional told us plans to co-ordinate activities for people agreed when the service commenced had not been implemented. They told us this had an impact on people's quality of life. A healthcare professional told us that communication by the service required improvement with health and social care professionals and raised concerns with us about how the service was meeting some people's needs. They told us they had raised this with the service to ask them to respond to these concerns. Three relatives also told us they felt communication required improvement to ensure they were more informed about how the service was meeting their relative's needs. One relative told us, "The care is fine, communication could be drastically improved but they are responsive" and "I requested a weekly update but I don't get it". Another relative told us that the management team did not respond to their calls and felt the service was not well managed.

The provider had made some improvements to improve how staff were supported to meet people's needs and care documentation. The provider had allocated additional resources in the five months preceding our inspection to drive improvements and to support the staff team to meet people's needs. These included the employment of a house manager to support the lead manager to focus on activities for people, support for staff to understand how to meet people's needs and care documentation. Improvements had been made in updating care plans, support to staff and in the completion of care records. Further improvements were required and other improvements made were not fully embedded. We raised this with the provider during our inspection who told us they would take action to address these concerns.

Improvements were required to the monitoring systems used within the service and the provider's governance. The current systems in place were not always effective to ensure adequate governance and to ensure people received safe care. The nominated individual shared with us their plan for checks and governance that would be implemented in this service to ensure standards were met and people received a quality service. There were systems in place to track incidents and accidents in the service but this was not always effective to identify action required. Not all incidents had full records of action required to ensure people received safe care. The nominated individual told us improvements were planned to ensure greater oversight over incidents in the service. Some improvements had already been introduced that included the house manager carrying out debrief meetings with staff after any physical interventions used by staff to keep people safe. Staff told us they had felt unsupported working within the service but this had recently improved.

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

Records relating to service user's confidential information to the service and the management of the service were stored securely. The house manager had supported the staff team to improve the records held about people to ensure care provided could be monitored and the language used was appropriate.

Improvements were required to the culture of the service to ensure the service was provided in line with

national guidance (Building the Right Support). This nationally recognised good practice sets out the core principles for all services for adults with a learning disability in the community. This policy includes supporting people to have a good and meaningful life and care and support is person-centred, planned, proactive and coordinated.

There had been some changes to the operational management team in the home in the five months preceding this inspection. The nominated individual told us they now had more oversight of the service and regular meetings were now in place to check the progress of improvements being made within the service. Feedback from people, relatives and stakeholders had not been sought by the management team to ask about their experiences of the service. The nominated individual told us there was a plan to request feedback from people and stakeholders in October 2018 one year after the service had started operating. Health and social care professionals told us communication needed to improve and changes were required to meet people's needs more effectively. One healthcare professional told us, "I called the service after [the person's] healthcare appointment to get an update. They [management team] didn't get back to me. I have left a few messages".

Staff told us that they had not always been supported to understand how to meet people's needs but felt this had improved recently. Records of team meetings confirmed this. The house manager told us they were now meeting with staff to talk through how staff responded to people's needs and offer guidance and support. One member of staff told us, "We are now working as a team, doing what we are supposed to do. It shows in the [people that use the service]". Three staff told us that one person who had behaviours that challenged had been more settled in the last month. Another member of staff told us, "[Name of person] is more settled and less anxious", as they had got to know the staff team and other people.

Improvements were required to how CQC were notified about certain changes, events and incidents that affect their service or the people who use it. During the inspection we found that there were two safeguarding concerns which we should have been notified about. Actions had been taken by the provider to ensure people's safety but the registered person had not notified CQC as required.

This was a breach of Regulation 18 CQC (Registration) Regulations 2009 (part 4).

The provider responded promptly to the concerns and shortfalls identified during the inspection to ensure the safety of people using the service. The provider was co-operative, open and transparent and provided a comprehensive action plan following feedback at the end of the inspection to address the improvements required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Statutory notifications that were required by the Commission were not made. Regulation 18 (1) (2) (a) (e) of the Health and Social Care Act 2008 (Registration) Regulations 2009.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks relating to the health and safety of service users of receiving care and treatment were not fully assessed and mitigated. Infection prevention and control was not always managed safely. Regulation 12(1).
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not protected by systems and processes to identify and investigate allegations of abuse. Regulation 13 (1) (3) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

The registered person had not taken effective action to assess, monitor and improve the quality of the service provided and to mitigate risks to people. Regulation 17 (2) (a) (b).