

L'Arche

L'Arche Bognor Regis Jericho

Inspection report

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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?

Outstanding 

Is the service well-led?

Requires improvement 

Overall summary

This was an unannounced inspection which took place on 27 April 2015. We also arranged to visit the home on the 30 April 2015 in order to meet and spend time with the people who lived there as they were all out in the community on the first day of our inspection.

L'Arche Bognor Regis Jericho provides support and accommodation for a maximum of six adults with a variety of learning disabilities. These include Down's syndrome, autism and Asperger syndrome. At the time of this inspection there were six people living at the home, five of whom were able to communicate verbally and

independently. People's levels of support varied; with some people requiring support with personal care whilst others needed emotional support and were independent in other aspects of their lives.

L'Arche Bognor Regis Jericho is part of an ecumenical Christian community which welcomes people of all faiths and those who have none. The community has a cycle of events throughout the year that provide a focus for spiritual development. These include an annual pilgrimage, monthly community gatherings, days of reflection and occasional retreats and gatherings. People

Summary of findings

who live and receive a service at L'Arche Bognor Regis Jericho are known as 'core members' and staff as 'assistants'. Most assistants live in the home alongside the core members.

During the first day of our inspection the registered manager was present. 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 and associated Regulations about how the service is run.

The registered manager of L'Arche Bognor Regis Jericho is also the registered manager of another three services of the provider and shares her time between all three. In the registered manager's absence the home is managed by a house leader. The house leader was not present during our inspection.

Quality assurance audits were completed which helped ensure quality standards were maintained and legislation complied with. Evidence of actions taken to address shortfalls was in place. However further improvements to the quality of, and storage of records is recommended.

Staff were kind and caring. Most staff were attentive to people and we saw, in the main, high levels of engagement with them. Most staff knew what people could do for themselves and areas where support was needed.

The service had good systems in place to keep people safe. Accidents and incidents were acted upon and reviewed to prevent or minimise re-occurrence. People told us they felt safe. Staff were aware of their responsibilities in relation to safeguarding. The registered manager was clear about when to report concerns and the processes to be followed in order to keep people safe.

People were able to make choices, to take control of their lives and be supported to increase their independent living skills. Risk assessments and support plans were in place that considered potential risks to people. Strategies to minimise these risks were recorded and acted upon. People were safely supported to manage their medicines, to access healthcare services and to maintain good health.

There were enough staff on duty to meet people's needs. Appropriate recruitment checks were completed to ensure staff were safe to support people. Staff were sufficiently skilled and experienced to effectively care for people so that they have a good quality of life. People told us that they were happy with the support they received from staff. Staff received training, supervision and appraisal that helped them to undertake their roles and to meet the needs of people.

L'Arche Bognor Regis Jericho met Mental Capacity Act 2005 legislation and associated requirements under the Deprivation of Liberty Safeguards (DoLS) and people confirmed that they had consented to the care they received.

People were supported to express their views and to be actively involved in making decisions about their care and support. Staff knew each person's individual needs, traits and personalities. People were supported to access and maintain links with their local community. The importance of community links and social inclusion was reinforced in people's support plans. Support plans were in place that provided detailed information for staff on how to deliver people's care.

The registered manager encouraged people to work collaboratively to provide a holistic approach. Care was personalised and empowering, enabling people to take control of their lives and make decisions and choices. The manager was committed to providing a good service that benefited everyone. The vision and values of the service were known by everyone and embedded at L'Arche Bognor Regis Jericho. As a result, relationships and spirituality flourished.

Regular meetings were held with people, staff and relatives and friends of people which encouraged open and transparent communications between them and management. People were routinely listened to and their comments acted upon. Regular meetings took place where people could raise issues and a pictorial complaints procedure was in place that supported people to understand formal complaint processes.

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 that they felt safe and that there were enough staff on duty to support them and meet their needs. Potential risks were identified and managed so that people could make choices and take control of their lives.

The provider had systems in place to ensure that people received their medicines safely.

Staff knew how to recognise and report abuse correctly.

Good



Is the service effective?

The service was effective.

People played an active role in planning their meals and were supported to eat balanced diets that promoted good health. People's healthcare needs were met.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. People consented to the care they received and L'Arche Bognor Regis Jericho was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The home followed the requirements of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring.

Staff knew the needs of people and in the main, people were treated with respect.

People were treated with kindness and positive, caring relationships had been developed.

People exercised choice in day to day activities. Systems were in place to involve people in making decisions about their care and treatment and people were supported to use these.

Good



Is the service responsive?

The service was responsive.

People received highly, individualised care that was tailored to their needs. They were supported to access and maintain links with their local community based on their individual preferences and wishes. Staff supported people to develop their independent living skills. Relationships and spirituality flourished.

Outstanding



Summary of findings

People were listened to and their comments acted upon. People were at the heart of decision making processes about care, the service provided and staff who supported them.

Is the service well-led?

Not all aspects of the service were well led.

Quality assurance systems were in place that helped ensure good standards were maintained. However these had not fully identified that records were not always comprehensive and were stored in ways that compromised confidentiality.

People's views were sought and used to drive improvements at the service.

The registered manager was committed to providing a good service that benefited everyone and people were encouraged to be actively involved in developing the service. Staff were motivated and there was an open and inclusive culture that empowered people.

Requires improvement



L'Arche Bognor Regis Jericho

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.

One inspector who had knowledge and experience of learning disabilities carried out this unannounced inspection which took place on 27 April 2015. We also visited the home on 30 April 2015 in order to meet and spend time with the people who lived there as they were all out in the community on the first day of our inspection.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by

the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with six people who lived at L'Arche Bognor Regis Jericho, four members of staff and the registered manager. We observed care and support being provided in the lounge and dining area and sat and joined people for supper on the second day of our inspection. We also spoke with a visitor who previously lived at the home.

We reviewed a range of records about people's care and how the home was managed. These included care records and medicine administration record (MAR) sheets for four people, and other records relating to the management of the home. We looked at three staff training records, support and employment records, quality assurance audits, minutes of meetings with people and staff, findings from questionnaires, menus and incident reports.

L'Arche Bognor Regis Jericho was last inspected on 30 December 2013 and there were no concerns.

Is the service safe?

Our findings

People were able to make choices and take control of their lives. One person told us, “I go to the barbers near here and I walk by myself”. Another said, “I don’t have a key to the front door but I can lock my bedroom door from the inside if I want to”. Risks were identified and managed that supported this. Two people had their own key to the front door of L’Arche Bognor Regis Jericho and some people who lived at the home were able to go out and about away from the home independently. People accessed and used all areas of the home which included the kitchen and laundry room. Risk assessments and support plans were in place that considered any potential risks and strategies to minimize these. Throughout our inspection we observed people entering and leaving the home, some with assistance from staff and others independently.

Risk assessments had been undertaken on the home environment to ensure it was safe. Equipment had also been checked to ensure it was safe for people and records confirmed this. These included fire alarm systems, water sampling and assessments for Legionella and safety checks on small portable electrical items.

People told us that they were happy with the support they received to take their medicines. One person said, “I have pills in the morning. The assistants put them in my hand and I have a drink of water with them to help them go down”. Two people told us that they did not know why they needed to take their medicines. One person said, “I take three but I don’t know what they are for”. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been safely stored and administered, audited, and reviewed appropriately. Staff were able to describe how they ordered people’s

medicines and how unwanted or out of date medicines were disposed of and records confirmed this. Staff had been trained in the administration of medicines and this also included having their competency assessed.

People told us that they felt safe. Staff confirmed that they had received safeguarding training and were aware of their responsibilities in relation to protecting people from harm and abuse. They were able to describe the different types of abuse and what might indicate that abuse was taking place. The registered manager was clear about when to report concerns. They were able to explain the processes to be followed to inform the local authority and the CQC.

Accidents, incidents and safeguarding concerns were investigated and recorded on an individual basis and then reviewed and audited by the registered manager to identify trends or themes. The monthly analysis was shared with the provider and discussed within the senior management meetings that took place to ensure that all appropriate action was taken to prevent future occurrence if possible.

People told us that there were enough staff on duty to support them and meet their needs. Staffing levels varied between three and six staff on duty at any one time. Staff were available for people when they needed support in the home and in the community. Staff told us that they had enough time to support people in a safe and timely way. We looked at the staff rotas for three months preceding our inspection. These demonstrated that staffing levels had been maintained to the assessed levels required for each person.

Recruitment checks were completed to ensure staff were safe to support people. Three staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references from previous employers and proof of ID.

Is the service effective?

Our findings

People told us that they were happy with the support they received from staff. One person told us, “It’s good living here, I like it. The assistants are nice. I clean my room and (name of member of staff) helps me”. Another person said, “I like it here. It’s a nice big home and nice assistants”.

People played an active role in planning their meals during the weekly house meetings and had enough to eat and drink throughout the day. One person told us, “We talk about food in the house meetings”. Another person said, “I’m cooking tonight. It’s someone else’s turn tomorrow”. Later during our inspection we observed this person preparing a salad whilst a member of staff prepared and cooked homemade shepherd’s pie. People were happy with the support they received and had a balanced diet that promoted healthy eating. Staff knew people’s individual preferences without the need to refer to their records. People were supported to help cook light meals in the kitchen and some were able to prepare food independently. People told us that as they were out in the day, the main hot meal was usually served in the evening.

We were invited to join people when they had their evening meal. This was seen as a social event when everyone, including all staff, got together to discuss their day. The atmosphere around the table was relaxed and everyone appeared to enjoy both the meal that was served and each other’s company.

People were supported to access healthcare services and to maintain good health. People told us that they were happy with the support they received to maintain good health. One person said, “I go into the town for my eye tests”. Another said, “If I was poorly I would go to bed but I’m ok. My eyes are good, I had them tested and got new glasses that I need to wear every day. I am fit”. They told us that staff supported them to visit their GP, dentists and opticians. Records showed people were supported to attend annual healthcare reviews at their local surgeries and that women were supported to attend breast screening clinics. People had hospital passports which provided hospital staff with important information about their health if they were admitted to hospital such as medicines and dietary need. They also had health action plans in place which supported them to stay healthy and described help they could get.

People confirmed that they had consented to the care they received. They told us that staff checked with them that they were happy with support being provided on a regular basis. During our inspection we observed staff seeking people’s agreement before supporting them and then waiting for a response before acting on their wishes. For example, a member of staff was heard asking a person who lived at the home, “Would you like a cup of tea? Would you like to help me?” They repeated the questions in order to be satisfied that the person understood the options available. The person then smiled, said “yes” and went with the member of staff into the kitchen to make their drink. Where people declined assistance or choices offered, staff respected these decisions.

L’Arche Bognor Regis Jericho was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. One person was subject to a DoLS and applications had been made for other people as a result of a recent Supreme Court judgement which widened and clarified the definition of a deprivation of liberty.

Capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. This was in line with the Mental Capacity Act (2005) Code of Practice which guided staff to ensure practice and decisions were made in people’s best interests. The registered manager demonstrated understanding of when best interest meetings should be held with external professionals to ensure that decisions were made that protected people’s rights whilst keeping them safe. Mental capacity and DoLS training was included in the training programme that all staff were required to participate in, with all of the staff employed having completed this at the time of our inspection.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. All new staff completed an induction programme at the start of their employment that followed nationally recognised standards. Staff confirmed that during their induction they had read people’s care records, shadowed other staff and spent time with people before working independently.

Is the service effective?

They also said that they had regular meetings with the house leader who reviewed their progress and offered support. Training was provided during induction and then on an on-going basis.

Staff were trained in areas that included first aid, fire safety, food hygiene, infection control, medication and moving and handling. A training programme was in place that included courses that were relevant to the needs of people who lived at L'Arche Bognor Regis Jericho. These included obsessive compulsive disorder, Downs's syndrome, spirituality and equality and inclusion. Staff were provided with training that enabled them to support people appropriately.

For 2015 the provider had reviewed the training programme and was introducing additional courses and workshops that were tailored to the vision and values of the organisation. These included 'Sources of Life – Sharing

the resources that feed our daily practices'. This workshop would help staff familiarise themselves with L'Arche vision and values and inform their own practice. Further training had also been arranged titled, 'Man and Woman he made them – supporting people with learning disabilities in their personal development, sexuality and relationships'. This was being provided so that staff could reflect on their own personal attitudes and values and explore how these could affect how they supported people who had learning disabilities with relationships.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions and group staff meetings. All staff said that they were fully supported. One member of staff said, "We get good support, regular training and supervision".

Is the service caring?

Our findings

People told us they were treated with kindness and compassion by staff in their day to day care. One person told us, “They are nice to me”. Another said, “I like it here, we are all friends”.

People also praised the staff that supported them within feedback forms that they completed. Regarding staff one person wrote, ‘He cares’ and ‘He’s a nice man’. Another wrote, ‘Happy and bright, friendly’. A third person wrote, ‘Very patient’ and ‘Good friend and always happy’.

Positive, caring relationships had been developed with people. We saw frequent, positive engagement between staff and people. Staff patiently informed people of the support they offered and waited for their response before carrying out any planned interventions. The atmosphere was relaxed with laughter and banter heard between staff and people. We observed people smiling and choosing to spend time with staff who gave people time and attention. Staff knew what people could do for themselves and areas where support was needed. We did note that one member of staff did not communicate and interact with people at the same level as other staff members. We fed this observation back to the registered manager who agreed this was not acceptable and who said they would explore this further. The actions of the member of staff were in comparison to the other staff on duty, all of whom treated and spoke to people with respect.

People were supported to express their views and to be involved in making decisions about their care and support. Weekly house meetings took place that helped people to

express their views. One person told us, “In the meetings we say a prayer, talk about what food we want to eat”. The minutes of house meetings had been produced in an easy to read format to aid communication for people. Records confirmed that as a result of people expressing their views changes had been made to activities and meals. We also noted that during these meetings people were regularly asked for their views on staff that supported them. People were allocated a keyworker who the registered manager informed us was responsible for talking to people about their goals annually. People were able to tell us who their keyworker was but none were able to say what this meant to them.

Staff were able to explain how they supported people to express their views and to make decisions about their day to day care. One person told us, “We give choices. For example, we showed people pictures of curtains when we replaced them. In the kitchen we have a cooking book that shows choices”.

Staff understood the importance of respecting people’s privacy and dignity and of promoting independence. People wore clothing appropriate for the time of year and were dressed in a way that maintained their dignity. Good attention had been given to people’s appearance and their personal hygiene needs had been supported. One person was seen wearing jewellery that complimented their outfit and both ladies that lived at the home showed us their handbags with pride. Men were freshly shaved. One person told us, “I’ve just had a shower, it’s important to be clean”. People told us that they had baths or showers depending on their individual choices. One person said, “I like a bath not a shower. I use the bathroom upstairs”.



Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Information about the provider's vision and values were displayed in the home and included in the statement of purpose. This stated, 'Whatever their gifts or their limitations, people are all bound together in a common humanity. Everyone is of unique and sacred value, and everyone has the same rights. The fundamental rights of each person include the rights to life, to care, to education and to work. Also, since the deepest need of a human being is to love and to be loved, each person has a right to friendship, to communion and to a spiritual life'. People who lived at the home and staff that supported them understood the vision and values and that these formed the basis for living and working at L'Arche Bognor Regis Jericho. There was a real sense of community and opportunities for spiritual development. The registered manager explained that people had a choice whether they wanted to participate in spiritual events. They explained, "Its personal choice. When people move in we are very clear about our ethos. It's what attracts them, the spiritual aspect".

People were supported with their relationships and spiritual needs. One person said, "I go to church, it's important to me. I want to be a priest". People had the opportunity to attend Catholic and Anglican churches, daily prayers and an annual pilgrimage arranged by the provider and their family and friends were also invited to this. Two people attended Mass once a month specifically for people with a learning disability that was organised by the local dioceses. We saw one person talk on the telephone. They told us that they called their mother every Wednesday and that, "I go home every two weeks for the weekend". A member of staff said that they would be supporting another person to visit their family in London the day after our inspection. They explained that this was a regular event and was important for the person to maintain contact with their family. On the second day of our inspection we spoke with a visitor who had been invited for supper. They told us that they had previously lived at the home and that they visited once a week to "Maintain friendships". The visitor was seen sitting with people and chatting about the home, events that had taken place and other points of interest. It was obvious that both the visitor and people who lived at the home enjoyed each other's

company and benefited from the relationship. To foster relationships the provider holds an annual family and friend's day. The event is seen as a special day of celebration. People told us that they enjoyed this event.

People were supported to access and maintain links with their local community. People confirmed that the activities offered were flexible and included both in-house and external events. People were supported to increase their independent living skills based on their individual capabilities. On the day of our inspection we observed people leaving the home to attend life skills workshops and to do gardening at a centre run by the provider. One person told us, "I go to the workshop, do computers and send emails. I go every day. I also make cards. I'm doing that tomorrow. It's good living here, it's my home". Another person said, "I go to the workshop and do drama in the afternoons. We are all busy here. I do housework. I wash up and Hoover. I have my own room and computer. The assistants help me clean it. Next Tuesday I am going horse riding for the first time. I'm looking forward to that".

The provider published a regular community newssheet that informed people of events and opportunities in their local community. For example, the April newssheet informed people about a celebration of 150 years of the Bognor pier due to take place in May, the opening of a new art and music centre in Bognor Regis, autumn courses at a local college and an art event being held in Chichester.

The registered manager informed us that changes had been made to holiday arrangements in order that these were more individualised. Previously, a community holiday in August took place where everyone went on holiday together. Arrangements had now been made for individual holidays to take place that reflected people's individual needs and preferences. One person told us, "I'm going to Belfast on holiday with staff in August by plane from Gatwick for seven nights. I can't wait. My friend lives in Belfast and I will see her".

Support plans were in place that provided information for staff on how to deliver people's care. Records included information about people's social backgrounds and relationships important to them. They also included people's individual characteristics, likes and dislikes, places and activities they valued. People confirmed that staff supported them in line with their wishes and the contents of their support plans. Staff were able to tell us about the supports needs of people without referring to people's



Is the service responsive?

plans. For example, one member of staff said, “X (referring to person they supported) is a very happy person who likes knitting, going to town shopping. Likes to work at making candles, computers, art. Goes to choir every Tuesday. They can get easily stressed if things are outside of their routine. Likes things a certain way. Clothes are very important and washing day. Needs help washing and brushing teeth. Wears a hearing aid”.

At least once a year each person had an annual review to discuss their care and support needs, wishes and goals for the future. Records evidenced that everyone of importance involved in a person’s life were invited to attend, including the person, staff at the home and representatives of the local authority. People told us, and records confirmed, that regular house meetings took place where people talked about anything relevant to the running of the home and communal living. Where people raised points or made requests, these were acted upon.

People said that they were routinely listened to and their comments acted upon. One person said, “If I am unhappy I talk to the assistants”. Another person named two

members of staff and said that if they were unhappy that they would “Help me”. Pictorial information of what to do in the event of needing to make a complaint was displayed prominently in the home. Staff were seen spending time with people on an informal, relaxed basis and not just when they were supporting people with tasks. The opportunity for people to raise issues and complaints was included as a set item on the weekly house meeting agenda in order that issues could be raised and acted upon promptly. Records confirmed that issues raised related to broken items of furniture. People confirmed issues had been resolved to their satisfaction.

The provider also facilitated a self-advocacy group for people. This met on a monthly basis with the registered manager or director of the organisation in attendance and provided a forum where people could raise issues and concerns. The registered manager explained that this ensured, “At another level that we are listening to and responding to people’s concerns and questions and addressing them”.

Is the service well-led?

Our findings

A range of quality assurance audits were completed by the registered manager and the house leader that helped ensure quality standards were maintained and legislation complied with. These included audits of cleanliness and infection control standards, care records, staff records and complaints. We looked at three months' audits completed by the registered manager for January to March 2015 and found that audit findings that related to records did not always reflect evidence gained during our inspection. This included people not having a copy of their care records, some staff's writing being illegible and people's care records not stored individually which could impact on confidentiality. The registered manager had identified that daily records and minutes of house meetings required greater detail and arrangements were being made for these to be addressed. However, we found these still to be an issue and the quality of records could be improved.

We recommend that the provider researches and implements best practice guidance on record keeping.

There was a positive culture at L'Arche Bognor Regis Jericho that was open, inclusive and empowering. Regular house meetings took place where people were encouraged to be actively involved in making decisions about the service provided. People and staff spoke highly of the registered manager and house leader. Staff were motivated and told us that management at L'Arche Bognor Regis Jericho was good. They told us that they felt supported by the registered manager and house leader and that they received supervision, appraisal and training that helped them to fulfil their roles and responsibilities.

Involving people and obtaining their views about the quality of service were part of the provider's vision and values and embedded at L'Arche Bognor Regis Jericho. In relation to the provider's vision and values the registered manager said, "Two things make us different from other providers. We focus on people's gifts and not just their disabilities or needs. They all can contribute to us as an organisation and to the wider community. The second is mutual relationships. We have professional boundaries but we aim for this and the faith aspect of L'Arche communicates the ideas of sharing and each person being unique". When new staff were reaching the end of their

probationary period and when staff received an annual appraisal people were routinely asked for their views on the staff that supported them. Pictorial, colour, easy to read forms were used to help people express their views. Questions asked included, 'Do you like having X in your house?' 'What is he/she good at?' and 'Is there anything that you would like him/her to do differently?' Other systems for obtaining the views of people included annual satisfaction surveys. These were last sent to people in October 2014. The registered manager said that the aim was to analyse these and report on the findings in January 2015. This had not been achieved and the findings from these were still being reviewed at the time of our inspection.

The registered manager was aware of the attitudes, values and behaviours of staff. They monitored these informally by observing practice and formally during staff supervisions and staff meetings. Records confirmed that one member of staff had their probationary period extended as they had not performed to the standards expected by the provider as detailed in their vision and values. The registered manager told us that recruiting staff with the right values helped ensure people received a good service. Records confirmed that L'Arche vision and values were discussed during induction with new staff and staff confirmed this. Records also confirmed that the vision and values were discussed with staff during their annual appraisal.

Accidents and incidents had been recorded and outcomes clearly defined, to prevent or minimise re-occurrence. The findings were discussed with people during house and team meetings in order that they knew of changes and/or of potential risks that could compromise quality. The house leader completed reports which were shared with the registered manager and the provider to ensure everyone with responsibility was kept informed. The reports included information on people who lived at the home, staff and other events concerning the service provided. The registered manager shared information about the service with the provider on a monthly basis in order that the provider could assess and take action at a local and national level. For example, as a result of a safeguarding investigation at another of the registered managers services, systems and structures for reporting incidents had been reviewed and improved at all of the provider's locations.