

Dimensions (UK) Limited

# Dimensions Brambletye

## New Mill Road

### Inspection report

Brambletye  
New Mill Road, Finchampstead  
Wokingham  
Berkshire  
RG40 4QT

Tel: 01189734539

Website: [www.dimensions-uk.org](http://www.dimensions-uk.org)

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Dimensions - Brambletye is a residential care home which is registered to provide a service for up to five people with learning disabilities. Some people had other associated difficulties such as physical limitations or behaviours that may cause distress to themselves and/or others. The service was home to three people on the day of the visit. All accommodation is provided on one floor in a domestic sized dwelling.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service

The registered person did not always ensure we were informed about events such as allegations of abuse or serious injury in a timely manner.

There were quality assurance systems put in place to monitor the running of the service and the quality of the service being delivered. However, this did not always ensure all tasks were completed as part of the management of the service such as submitting notifications on time.

We have made a recommendation to seek advice and guidance on training that would support having competent assessors for medicine optimisation.

We have made a recommendation that future ongoing staff training be updated in line with the latest best practice guidelines for social care staff.

We have made a recommendation the registered person ensured they recorded and kept a copy of actions taken as required in the Duty of Candour regulation when a notifiable safety incident occurred.

Relatives told us they could approach the management and staff with any concerns. We passed their feedback and queries to the registered manager and he provided prompt response with actions taken.

The staff members felt staffing levels were sufficient to allow them to carry out their role safely and effectively. The registered manager appreciated staff's input to ensure people received the best care and support. Staff felt the registered manager was managing the service well, and they were accessible, approachable and open with the staff members. Staff had ongoing support via supervisions and annual appraisals. They reported they felt supported by the registered manager and maintained great team work.

Relatives felt their family members were kept safe in the service. The registered manager and staff understood their responsibilities to raise concerns. Risks to people's personal safety had been assessed and plans were in place to minimise those risks. There were contingency plans in place to respond to emergencies and the premises and equipment were kept clean.

People received effective care and support from staff who knew them well. People enjoyed the food and could choose what they ate and where to eat. People had their healthcare needs identified and were able to access healthcare professionals such as their GP.

The registered manager worked with the staff team to ensure caring and kind support was consistent. People and their families were involved in the planning of care. The staff team recognised, responded to changes in risks to people and ensured a timely response and appropriate action was taken. People were encouraged to live a fulfilled life with activities of their choice and were supported to keep in contact with their families.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was good (published 23 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to submitting notifications to inform CQC about notifiable events.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Dimensions Brambletye New Mill Road

## **Detailed findings**

### Background to this inspection

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications the previous registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and gathered feedback from five staff members. We observed lunch, planned activities and interactions between staff and people living at the service. We carried out a tour of the premises. We reviewed a range of records relating to the management of the service, for example, records of accidents and incidents; quality assurance system; support and supervision; compliments and complaints and maintenance records. We looked at two staff recruitment files and staff support information. We looked at two people's support plans and associated records.

#### After the inspection

We continued to seek clarification from the registered manager to validate the evidence found. We looked at further training information, maintenance information, meeting minutes and one recruitment query. We spoke to three relatives of people living at the service. We contacted three more members of the staff team and spoke to one. We contacted nine professionals who work with the service and received two responses.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People had their medicines managed safely.
- We reviewed medicine administration record (MAR) charts for the people who use the service and found no gaps in recording.
- People were supported to have their medicines at the right times as prescribed.
- People were prescribed 'as required' (PRN) medicines to help manage their conditions. We discussed some of the PRN protocols with the registered manager. The protocols did not contain enough information for staff to ensure they understood how people expressed themselves when for example, in pain. The registered manager amended the PRN protocols with more details during the inspection.
- Staff had carried out weekly medicine audits for each person's MAR charts. The registered manager said this was a recent change to ensure medicine management records were accurate and appropriate. We found that this supported safe management of medicine.
- Staff had their medicines competency checked annually by either the registered manager or one of the senior staff. The provider's policy stated that the registered managers were deemed competent when appointed to the role. There was no further evidence to support how the registered manager was assessed as a competent assessor who was able to assess the knowledge, understanding and competency of the staff.

We recommend the provider seeks advice and guidance from a reputable source about the requirements for assessing staff competency for medicines optimisation in adult social care.

### Systems and processes to safeguard people from the risk of abuse

- Relatives said their family members were safe at the service. One relative added, "Yes, [our family member] is safe, no problems. We do not worry when we leave the service."
- The registered manager ensured there was an effective and robust system for addressing safeguarding and was aware how to deal with them.
- Staff knew how to deal with and report any issues relating to people's safety. Staff were confident the management team would act on any concerns reported to ensure people's safety.
- Community professionals agreed that the service and risks to individuals were managed so that people were protected.

### Assessing risk, safety monitoring and management

- People were protected from risks associated with their health and the care they received because the registered manager assessed and reviewed the risks and took action to mitigate them.

- People had support plans with detailed guidelines to ensure staff supported them appropriately and in a safe way. These guidelines included personal care, medication, social activities, communication, emotional and behavioural support.
- Support plans provided clear guidance for staff on how to minimise risks without restricting people or their independence. Information about risks and needs were kept under review and adjusted if and when needs or support changed.
- A service emergency plan was in place to ensure people were supported in the event of an emergency.
- The registered manager had action plans in place to ensure safety in the service such as fire risks and assessments. The registered manager provided information that items were actioned, and they were in contact with the landlord for the outstanding actions to be completed.
- The service had a legionella risk assessment carried out and there was a list of recommendations. The registered manager confirmed the actions were completed.
- We noted and discussed with the registered manager some records for cold and hot water temperature checks had not been completed consistently. After the inspection, the registered manager provided information of the adjustments made to ensure these records were completed regularly.
- The staff also checked various equipment for people and the service including wheelchairs, electronic items such as TVs and first aid boxes. They also monitored and recorded other general environmental risks, such as fire exits, alarms and slip and trip hazards as they went about their work.

#### Staffing and recruitment

- We checked the recruitment procedures to confirm whether people were supported by staff for their role and had appropriate experience. We had two queries in regard to employment history and evidence of conduct. We discussed this with the registered manager. The information was provided during and after inspection.
- Staff recruitment files included a declaration of health and a Disclosure and Barring Service (DBS) check. A DBS check confirms candidates do not have a criminal conviction that prevents them from working with vulnerable adults. Interviews were used to establish if candidates had the appropriate attitude and values.
- There were sufficient staff to support people's needs and the registered manager regularly reviewed the staffing numbers. People received support from staff on a one to one basis where needed and in small groups.
- Staff felt there were enough staff to do their jobs safely. The registered manager was always helpful ensuring the service operated at safe staffing levels. We saw staff responded well to people's request for support during the day.

#### Preventing and controlling infection

- Appropriate measures were in place regarding infection control. The service was clean and free of malodour using appropriate equipment to prevent cross contamination.
- Staff used appropriate personal protective equipment to help protect people from the risks relating to cross infection.
- Staff were trained in infection control and followed the provider's policies and procedures.

#### Learning lessons when things go wrong

- There was a system for recording accidents and incidents and information was recorded with the actions taken.
- The staff team and the registered manager communicated on a regular basis to ensure incidents and/or accidents were reviewed and any lessons learned applied for prevention.
- The service also worked with professionals to help them support people safely and effectively, specifically with people who were likely to display behaviours that may challenge.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Relatives thought staff had the training and skills required to supporting people.
- We reviewed the latest training information which recorded the provider's mandatory training. This showed that staff had up to date training in the majority of topics however some staff did require a training update. For example, three staff did not have their training update in hoisting yet. There had been no identified negative impact on people or their care at this time. The registered manager was monitoring the training as necessary. The staff would also receive alerts when their training was due.
- The provider's mandatory training and planned refreshers provided to staff at the service were not always in line with the current best practice guidelines for ongoing social care staff training. For example, the training in moving and handling, basic life support and safeguarding adults would be updated every three years. The current best practice guidelines such as Skills for Care state safeguarding and basic life support should be updated at least annually. Moving and handling learning should be refreshed, and knowledge and competence assessed at least annually and when a new risk is introduced.
- Training for Mental Capacity Act and Deprivation of Liberty Safeguards, and equality and diversity had no refreshers. The guidance states the provider should assess the knowledge and competence at least annually and provide learning and development opportunities at least every three years. Training for positive behaviour support should be refreshed annually.
- Following the recent CQC Smiling Matters report (July 2019) which outlines findings on the need to focus on oral healthcare for people. The provider's training policy should include training on oral care, as well.

We recommend the provider seeks advice and guidance from a reputable source about best practice regarding mandatory and refresher update training requirements for social care staff and reviews their policies accordingly.

- Staff felt they received the training they needed that enabled them to care for people, meeting their needs, choices and preferences.
- Staff unanimously felt they were supported by the registered manager. They had support and supervisions meetings to discuss their professional development needs. Staff could approach the registered manager for help and advice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed to identify the support they required and to ensure that the service was meeting their individual needs.
- People and those important to them were involved in drawing up their support plan. People's support

plans clearly described their personal likes and preferences, their social interests, and physical and emotional needs.

- Support plans clearly recorded how people wished to be supported and the outcomes they wanted to achieve. People had various medical and physical conditions and support plans in place identified how staff should support them in all areas. This also helped ensure people were supported to live life to their full potential and as they chose.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have meals which met their dietary requirements which included the texture they needed to reduce the risk of choking.
- Staff made sure variety of foods were available to meet people's diverse needs and personal preferences. During the inspection, we saw that people were supported to have and enjoy their meals.
- When needed, the service involved and sought the advice of dietitians or Speech and Language Therapists, and followed any advice given.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to remain as healthy as possible. Support plans covered this in detail, specifically using information from relevant health professionals to ensure support was appropriate.
- People's oral care was maintained and recorded as part of the personal care support required. People had access to oral care supplies such as toothbrushes, toothpaste and mouthwash. When needed, the staff had assisted people to see the dentists.
- People were referred to various health professionals in good time to address any health issues or changing needs. The registered manager and the staff had good knowledge and understanding about people's health and wellbeing. One professional added, "The manager was responsive to OT's suggestions about how staff could improve in the event of any concerns. The manager modelled good practice to new staff."
- Professionals agreed the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support.
- One professional added that most of the time, the service provided effective care to people who use the service, from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

Adapting service, design, decoration to meet people's needs

- The premises were clean and tidy, and the furnishings and fittings were of a good quality. People were involved and supported in choosing how they would like their bedrooms decorated.
- The registered manager said the service had been recently redecorated, for example work had been done on the internal environment, including carpet changes and lights installed for sensory stimulation.
- The people living at the service were able to mobilise independently or with aids such as wheelchairs if needed around the communal areas, their rooms, and the outdoor areas.
- Relatives agreed it was a homely place for their family members to live and staff were welcoming whenever they visited.

Ensuring consent to care and treatment in line with law and guidance

- The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA is a law designed to protect people who are unable to make decisions about their own care and support.
- The service was providing care that could deprive people of their liberty. They had followed the correct processes to ensure people were only deprived of their liberty when this was in their best interests and

authorised under the Deprivation of Liberty Safeguards (DoLS). DoLS provides legal protection for people in hospitals or care homes who are unable to make decisions about their own care and support and who need to be deprived of their liberty in their best interests.

- People's rights to make their own decisions, where possible, were protected.
- The registered manager had knowledge about the MCA and ensured staff understood the importance of promoting people's rights and helped people make any decisions.
- People had specific support plans in place regarding their decision making. It gave a description of how people were able to make their own choices, and any help required.
- We observed staff were polite and respectful towards people, respecting and supporting them with their decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The service continued to provide caring and kind support to people who were treated with respect. People were comfortable with staff and responded well to them.
- We saw people and the staff team had a good relationship with one another. We observed staff and the registered manager conversed and treated people with respect.
- Staff provided support to meet the diverse needs of people who use the service such as those related to disability, preferences and gender and making sure people were treated as individuals.
- The service had received compliments from relatives and professionals, praising the care and support staff were providing with commitment and compassion.

Supporting people to express their views and be involved in making decisions about their care

- People and those important to them were involved in making sure care and support was in line with their needs and preferences. The service used care reviews, and verbal and written feedback to ensure people were provided with the most appropriate care and support.
- The support plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff teams' knowledge from working with them in the service. Relatives added, "[The staff] do everything we suggested or asked them to do. [The registered manager] tries to help us and we respect him" and "Yes, we know what [family member] does and reviews are done. [The staff] always inform us about health changes."
- People were well cared for and wore clean clothes and appropriate footwear. Staff respected people's choices about how and where they wanted to spend their time and supported them to do it.

Respecting and promoting people's privacy, dignity and independence

- Relatives agreed staff protected people's dignity and privacy. One relative added, "The staff are fantastic. [Family member] is always clean, dressed well and looked after well."
- Staff agreed people were treated with dignity and compassion, and of respected their privacy such as respecting their wishes and preserving dignity during personal care.
- Staff supported people to do as much for themselves as possible to enable them to retain their independence and enjoy day to day activities. One staff said, "I feel that we try different things to support our service users to live fulfilled life that they are happy with."
- People's right to confidentiality was protected. All personal records were either stored on the password protected computer system or kept in the locked office.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to receive person-centred care. Support plans were recently updated and had detailed information about each individual person. This provided staff with information and guidance on each person, so they could continue to meet their specific needs.
- People's needs and support plans were kept under review to ensure they remained up to date and amended if any of the needs would change. Where a person's needed support with their health, it was evident the service worked with the relevant professional to ensure support to people was relevant and appropriate to needs.
- Professionals agreed the service provided personalised care that was responsive to people's needs and reflected their personal and cultural preferences.

Meeting people's communication needs

- The service was meeting the requirements of the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss get information in a way they can understand it. It also says that people should get the support they need in relation to communication.
- Support plans clearly described the support people needed to communicate effectively and what staff needed to do to help them understand people's needs. We only noted to ensure the information was highlighted.
- The registered manager and staff created communication passports to help people communicate and ensure others understood the meaning of their body language and facial expressions. We saw the service used boards to help people receive information such as using pictures to inform which staff members were on the shift.
- We saw some staff communicated with some people using Makaton and this was done in a respectful manner giving people time to respond. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. By learning people's language, staff supported people to express their views and enabled them to be actively involved in making decisions about their care and support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had a range of activities they could be involved in and staff ensured they regularly engaged in community outings. This took into account their individual interests and links with different communities. During our inspection we observed people were going out throughout the day.

- People were supported to follow their interests and take part in social activities according to their choices so they would avoid social isolation. People were supported to maintain relationships with individuals that mattered to them.

#### Improving care quality in response to complaints or concerns

- The registered manager took complaints and concerns seriously and would use these as an opportunity to learn from these by capturing any trends to improve the service. There had not been any formal complaints in the last 12 months.
- Staff felt confident the registered manager would address any issues should anyone raise a concern with them. The registered manager also thanked the staff and appreciated their work.
- Relatives said they had necessary contact if they needed to make a complaint or raise any issues with the service. They further confirmed when they had raised issues, the registered manager responded well and in a timely manner.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay.
- During this inspection, we found the registered person did not ensure CQC was consistently notified of reportable events such as serious injury, the outcome of Deprivation of Liberty Safeguards application and allegation of abuse and/or neglect within a reasonable time frame.
- This meant we could not check that appropriate action had been taken to ensure people were safe at that time.

The registered person failed to notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Most aspects of the quality assurance system were effective in the monitoring of the quality of the service, for example reviews of support plans, premises and medicines management ensured that people received safe care. However, improvement was needed in terms of utilising the quality assurance system to ensure notifications were sent to the CQC in a timely way and the duty of candour steps were consistently followed and recorded.
- The registered manager oversaw the service with the support of the staff team members. The registered manager also used a service improvement plan to monitor the progress of any improvements needed. Senior management was also involved in the review of the quality and compliance on a regular basis.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Since the last inspection, we identified that there had been one serious injury that was a safety notifiable incident and the duty of candour would have to be applied. The person was supported to go to hospital to treat injuries and provided further necessary care.
- However, there were no records of actions taken to evidence how the regulation requirements had been followed fully after the injury had occurred.

We recommend the provider seeks advice and guidance from a reputable source about Regulation 20: Duty of Candour and its requirements are met at all times including clear record keeping.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff team worked together to ensure people's wellbeing, safety, choices and independence were promoted as much as possible.
- The staff members used shift handovers to discuss any tasks to complete and what was going on in the service. The registered manager worked alongside staff in the service which would help ensure any issues or queries were responded promptly.
- The registered manager praised the staff team and said, "Most of the staff have been here for years and know the service users well, their behaviours. They work together and work well as a team. The staff are very patient with service users, address them in the right way and they are very supportive. I hope we made some positive changes and I feel supported by the team." The registered manager said they were supported well by their new line manager.
- Staff felt listened to and agreed the registered manager was approachable, accessible and dealt with any concerns effectively. Staff agreed the service was managed well. They added, "[The registered manager] listens to my views when I volunteer them", "Yes, the recent management changes were positive [to the service]" and "[The registered manager] always listens."
- One community professional said, "There have been several managers in post at Brambletye which has been an issue in the past but [the registered manager] seems to be leading the team well at this time."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted a positive, caring, transparent and inclusive culture within the service. The staff team were motivated to provide care and support to people as their needs and health were changing.
- The registered manager held staff meetings to ensure any items arising from audits, reviews, checks, any other verbal or written feedback were shared with the staff team. The meetings were useful and helped staff keep up to date with what was going on in the service.
- The relatives said, "[The registered manager] is fantastic, we can always ask for anything. If they try new things, they always tell us", "It is better now, and they notify me more. I had a few problems, but they are sorting it out for me" and "Anything we say, [the registered manager] listens and tries to act on it. We have no complaints. He has the best intentions for [our family member]."
- Relatives also told us a few things could be improved such as sharing of information from staff and some proactive approach to certain people's support would be appreciated. We passed this feedback to the registered manager to action on those and he provided us with a prompt response of actions taken.
- The annual survey was sent out in January 2020 for people who use the service, relatives, and professionals to find out what was working well and not so well. The registered manager did not have any results at the time of inspection.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with different professionals to ensure people were looked after well and staff maintained their skills and knowledge.
- People's records contained information of visits or consultations with external professionals. Those seen included GPs, hospital consultants, dietitians, speech and language therapist, occupation therapists, and members of the community mental health team. People could also maintain links with the local community as much as possible.
- The registered manager had started recently in the service and was working on building partnership working with outside organisations. Where necessary, external health and social care professionals had been consulted or kept up to date with developments.



- Professionals said although depending on which staff members were on the shifts, the service delivered high quality care. They agreed the service worked well in partnership with other professionals and agencies.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>How the regulation was not being met:</p> <p>The registered person failed to notify the Commission of notifiable events, 'without delay'.</p> <p>Regulation 18 (1)(2)(a)(b)(e)(4B)</p>