Care Management Group Limited

Century Way

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

The inspection took place on 31 August and 6 September 2018 and was announced. Century Way provides care and support to people living in a 'supported living' setting, so that they can live 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. The service was providing support to four people at the time of our inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in post. 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 service. At this inspection we found a breach of regulations because the registered manager had not always submitted notifications about certain events to CQC, where required.

You can see what action we have told the provider to take at the back of the full version of this report.

People received their medicines as prescribed from staff who had been trained in medicines administration but improvement was required to ensure people's medicines were safely stored. Risks to people had been assessed and action taken to mitigate identified risks. People were protected from the risk of abuse because staff were aware of the types of abuse that could occur, the signs to look for, and the procedures for reporting abuse allegations. Staff were also aware of the provider's whistle blowing procedure and told us they felt confident that they would use it if needed.

The provider followed safe recruitment practices. There were sufficient staff on each working shift to safely meet people's needs. Staff were aware of the action to take to reduce the risk of infection when supporting people. The registered manager maintained a record of any accidents or incidents which occurred and shared learning with staff in order to reduce the risk of repeat occurrence.

People's needs were assessed and their care planned and delivered in line with nationally recognised guidance. Staff received an induction when they started work for the provider. They were supported in their roles through a programme of training and received regular supervision. The registered manager had staff annual appraisals planned for the end of their first year working at the service.

People received the support they required to maintain a balanced diet. They had access to a range of

healthcare services when needed, and staff sought to ensure they received consistent, joined up care when moving between different services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff sought people's consent when offering them support. They were aware of how the Mental Capacity Act 2005 (MCA) applied to their roles when supporting people. The registered manager was working with the local authority to start the process of seeking lawful authorisation to deprive one person of their liberty, in line with the MCA.

Staff treated people with kindness and consideration. People were supported to express their views and were involved in decisions about their care and treatment. They were also treated with dignity and their privacy was respected. Staff encouraged people to develop their skills and maintain their independence. They were committed to supporting people's needs in regard to their race, religion, sexual orientation, disability and gender. People knew how to complain and expressed confidence that any issues they raised would be addressed.

People had been involved in the planning of their care. They had care plans in place which reflected their individual needs and preferences. People's views on the support they received were sought through regular keyworker meetings and surveys conducted by the provider. Staff supported people to take part in a range of activities which people enjoyed. People's preferences for the support they wanted to receive at the end of their lives had been discussed with them, where they wished to do so.

The registered manager held regular staff meetings to discuss the running of the service and ensure staff were aware of the responsibilities of their roles. Staff worked well as a team and had a strong focus on meeting the provider's aim to maximise the potential of the people they supported. The provider had systems in place to monitor the quality and safety of the service, and staff acted to address any issues identified through the provider's quality assurance processes. The registered manager worked openly with other agencies to provide a high-quality service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff supported people to take their medicines as prescribed, but improvement was required to ensure medicines were safely stored.

Risks to people had been assessed and staff were aware of the action to take to minimise identified risks to people.

There were sufficient staff deployed to safely meet people's needs.

The provider followed safe recruitment practices.

Staff were aware to report any accidents and incidents which occurred. The registered manager shared learning from accidents and incidents to reduce the risk of repeat occurrence.

People were protected from the risk of abuse because staff were aware of the action to take if they suspected abuse had occurred.

Staff worked in ways which protected people from the risk of infection.

Is the service effective?

Good

The service was effective.

People's needs were assessed and their care was planned in line with nationally recognised guidance.

Staff were supported in their roles through an induction, training and regular supervision.

People were supported to maintain a balanced diet.

People had access to a range of healthcare services when needed.

Staff worked to ensure people received effective, joined up care when moving between different services.

Staff sought people's consent when offering them support. The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and care.

People were treated with dignity and their privacy was respected. Staff were committed to promoting equality and respecting diversity at the service.

People were able to express their views and were involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People had been involved in the planning of their care and treatment. Care plans reflected people's individual needs and preferences.

Staff supported people to take part in a range of activities which met their individual needs and preferences.

The provider had a complaints policy and procedure in place which was available in formats which met people's needs. People knew how to complain and told us they were confident any issues they raised would be addressed.

People's end of life preferences had been discussed with them, where they wished to do so.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager was aware of their regulatory responsibilities but had not always submitted notifications to CQC, where required.

People and staff told us the service was well managed.

The working culture at the service was positive and reflected the provider's aim in seeking to maximise the potential of the people staff supported.

The provider had systems in place for seeking people's views.

The provider undertook regular quality assurance checks and staff acted to address any identified issues to drive service improvements.

The registered manager worked openly with other agencies, including the commissioning local authority.

Century Way

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection site visit took place on 31 August and 6 September 2018 and was announced. We gave the registered manager two working days' notice of the inspection because the service provides support to people living in their own homes and we needed to make sure staff would be available to assist us during the inspection.

We visited the registered location to meet with people who used the service, the registered manager and staff. We spoke with three staff, the registered manager and four people using the service. We also spoke with two relatives by telephone between the two days that we visited. We reviewed records including three people's care plans, four staff recruitment records, staff training and supervision records, and other records relating to the management of the service, including medicine administration records, policies and procedures, and audits conducted by the provider and registered manager. The inspection was carried by a single inspector.

Prior to the inspection we reviewed the information we held about the service. This included details of notifications submitted by the provider. A notification is information about important events that the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. 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 also spoke with staff working for the local authority who commissioned service to seek their views and help inform our inspection planning.

Requires Improvement

Is the service safe?

Our findings

People's medicines were safely administered but improvement was required to ensure medicines were safely stored. Staff completed medicines administration records which were up to date and accurate at the time of our inspection, showing that people had received their medicines as prescribed. However, staff also maintained a record of the remaining stocks of people's boxed medicines at the end of each day which showed an unexplained shortfall of 10 tablets of a medicine prescribed to one person for the treatment of epilepsy between two days during the week prior to our inspection. We raised this with the registered manager who investigated the issue during our inspection and found the missing tablets in a box which staff had disposed of for recycling without ensuring it had first been emptied. Therefore, improvement was required to ensure stocks of people's medicines were stored securely.

People told us they received appropriate support to take their medicines. One person said, "I need to take tablets every day and the staff always help me." People had medicines profiles in place which contained information about any known medicines risks or allergies and details of their preferences in how they liked to take their medicines. Staff responsible for medicines administration had received appropriate training and an assessment of their competency to do so. There was guidance in place for staff to follow on the administration of any medicines which had been prescribed to be taken 'as required'.

People told us they felt safe with the service they received. One person said, "I feel safe here; the staff are here to help me when I need it." A relative told us, "I feel [their loved one] is safe there; the staff know [them]."

People were protected from the risk of abuse. Staff received safeguarding training; they were aware of the different types of possible abuse and the signs which may indicate that a person had been abused. They were aware of the provider's safeguarding procedures and we saw information was readily available to people and staff on the steps they could take to report any safeguarding concerns. One staff member told us, "I would speak with my manager if I suspected someone had been abused, but I know I can also contact social services." The registered manager was the safeguarding lead for the service and was aware of the procedures for reporting any allegations to the local authority safeguarding team.

Risks to people were managed safely. People's care plans included risk assessments covering a range of areas including accessing the community, food preparation, managing finances and any risks associated with people's known medical conditions. These assessments included guidance for staff on the support people required to maintain their safety and had been developed with input from health or social care professionals, where appropriate. For example, a local authority moving and handling risk assessor had provided detailed guidance for staff on the support one person required when transferring to or from their bed or chair. Staff also carried out routine checks on the health and safety of people's homes to ensure they remained safe.

Staff demonstrated a good understanding of people's risk assessments and the support they required to keep safe. For example, staff knew the details of one person's epilepsy risk management plan, including the

action they should take if the person experienced a seizure, and when they would seek to contact the emergency services. Where another person had been identified as being at risk of behaviour which may require a response, staff were aware of the potential triggers which may cause their behaviour to escalate and the strategies to use to diffuse any escalating behaviour, to keep the person and others safe.

There were procedures in place to deal with emergencies. People had personal emergency evacuation plans in place which contained information for staff and the emergency services on the support they required to evacuate from their homes in an emergency. Staff were aware of the action to take in the event of a fire or medical emergency.

Staff were aware of the provider's procedures for reporting and recording the details of any accidents and incidents which occurred during their provision of the service. The provider and registered manager reviewed the details of accident and incident records to minimise the risk of repeat occurrence. For example, the registered manager had made a referral for specialist support in response to an increase in the frequency at which staff needed to respond to one person's escalating behaviour. We also saw learning from incidents was shared across the provider's registered locations where appropriate. For example, staff received an update raising awareness of the risks associated with online gaming to ensure people's safety was maintained.

The service deployed sufficient staff to meet people's needs. One person told us, "There are enough staff; someone is always here to help me when I need it." Another person said, "There are enough staff. I can go out when I want and someone will come with me." One staff member told us, "The staffing levels seem fine; I've never had a problem." Another staff member said, "We have a consistent group who are familiar with the needs of the people we support, so I think we manage well." Staff were on hand and available to support people on a one to one basis without rushing throughout the time of our inspection. Staffing levels had been determined based on an assessment of people's needs and we noted that the overall daytime staffing level had increased earlier in the year in response to one person's increased need for support.

The provider followed safe recruitment practices. Staff files confirmed that appropriate checks had been carried out before the suitability of staff when working with vulnerable people. These included checks on staff identification, their employment histories, criminal record checks and references from previous employers to confirm that they were of good character.

Staff followed safe infection control practices. They were aware to use personal protective equipment (PPE) when supporting people in areas such as personal care. One person told us, "The staff always wear gloves." People's care plans also included guidance for staff on promoting good hygiene when providing support to people when they undertook tasks such as food preparation. One staff member told us, "If we're preparing food, I'll always remind [the person] to wash their hands, and make sure the work surfaces and everything we use are properly cleaned beforehand."

Good

Is the service effective?

Our findings

People's needs had been assessed when they started using the service to determine the type and level of support they required. The assessments covered people's health and social support needs and were used as the basis on which their care plans had been developed. Care plans had been developed in line with nationally recognised guidelines. For example, we saw care plans in place for people living with epilepsy which reflected guidelines from the National Institute for Health and Care Excellence. The service also used technology to enhance the delivery of care, such as the use of remote monitoring equipment to alert staff if people were suffering from a seizure whilst in bed.

People told us staff had the skills and knowledge to provide them with effective support. One person said, "The staff know how to help me; we get on well." Another person said, "They know what they're doing; they need to use a hoist when helping me move which they do, no problem."

Staff received an induction when they started working for the provider. This included completing training in a range of areas considered mandatory by the provider, time spent reviewing the provider's policies and procedures, and a period of orientation at the service which included shadowing more experienced staff. Where staff had no previous experience of working in a caring role, they were also required to complete the Care Certificate during their first months of employment. The Care Certificate is a nationally recognised set of standards that sets out the knowledge, skills and behaviours expected of staff working in social care.

Staff received training in a range of areas including first aid, food safety, infection control, moving and handling, and safeguarding. Staff also completed training tailored to the specific needs of the people they were supporting, such a training on epilepsy, and records showed further training had been scheduled in Positive Behaviour Support, in response to a recent change in one person's needs. One staff member told us, "I've completed the training programme; I thought it was very thorough." Another staff member said, "The training has been good; we have opportunities to develop our skills and I feel well supported." Staff were also supported in their roles through a programme of regular supervision, meeting regularly with their line manager to reflect on their work and discuss any issues they were experiencing. The registered manager confirmed that annual appraisals were scheduled for each staff member on completion of their first year in their roles.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive people of their liberty in their own homes must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff told us, and people confirmed that they sought consent from people when offering them support. One staff member said, "They [people] have the right to choose things for themselves, we don't force anyone to do anything here." They also demonstrated an understanding of the MCA and how it applied to their roles supporting people. One staff member told us, "We support people to make their own decisions here by making sure we explain things in a way they understand. However, if someone wasn't able to make a decision for themselves, we'd talk with the family and social worker to decide what was in their best interest."

Staff had been working with people using easy read guidance which explained the basics of the MCA and what this meant for them whilst they were being supported. The registered manager told us that people had capacity to make day to day decisions about the things they did and how they were supported. They also told us, and records confirmed, that they had been in contact with the local authority to discuss starting the process of seeking a Court of Protection order for one person who they believed may be being deprived of their liberty, in line with the MCA.

People's care plans contained information on the support they required to maintain a balanced diet. This included details of any support they needed with meal preparation and consideration of whether they needed assistance to eat and drink. All of the people we spoke with told us they enjoyed the meals the staff supported them to make and that they had enough to eat. One person said, "We decide what we want to eat and going shopping every week. I choose what I want and the staff help me to cook." Another person said, "The staff encourage me to help make my meals and I make my own drinks. I decide what I want to eat."

We observed staff encouraging people to drink and talking to people about their plans for preparing meals on the days of our inspection. People were able to eat and drink with minimal, or no support and we noted that one person used a specialised cup which enabled them to drink independently without spilling.

People were supported to access healthcare services when required in order to maintain good health. One person told us, "The staff will call the doctor for me if I'm unwell." A relative said, "The staff support [their loved one] to any appointments if I can't make it." Records showed that people received support from a range of healthcare services including GPs, dentists and opticians, as well as more specialist support from epilepsy and mental health services. Staff were aware to monitor people's health and told us they would report any changes in people's conditions to the registered manager or the person's GP for follow up, if required.

Staff worked to ensure that people received consistent support when moving between different services. Staff maintained a dairy of people's planned healthcare appointments to ensure they were available to support people to attend when needed. Staff had also worked with people to draw up hospital passports which people took with them to any appointments they attended. These contained key information about people's needs, including details about their health conditions and communication needs to help inform any healthcare professionals involved in treating them.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were caring in their approach when supporting them. One person said, "The staff are kind; we get on well and like to have a joke together." Another person told us, "I like the staff; they're nice." A relative commented, "The staff had a good relationship with [their loved one]."

We observed staff interacting with people in a friendly and caring manner during the time of our inspection. People were comfortable in the presence of the staff. One person looked to support from staff regarding an issue that had particular importance to them and we noted that reassurance staff provided had a positive effect on them. Where another person returned home from a day out, staff moved promptly to check on their well-being, asking them about their day and making sure they were happy and settled.

It was clear from our observations and discussions with staff that they knew the people they supported well. Many of the discussions staff held with people were focused on the things that were important to them, such as the activities they enjoyed, the films they liked, or the people in their lives that were important to them. Staff offered praise and encouragement to people when they took part in tasks or activities, and conversations where good humoured in their nature.

People were treated with dignity and their privacy was respected. Staff knocked on people's doors before entering their rooms and waited for a response before entering. One person told us, "They always knock before coming in." Another person said, "They respect my privacy; if I want time alone, they won't disturb me."

Staff were also aware to ensure people's privacy and dignity were maintained where they supported them with personal care, by keeping doors and curtains closed. We heard staff speaking with people in a friendly but respectful manner, and noted that they sought privacy away from others when people wanted to talk about personal matters. One relative told us, "The staff have been professional and maintained confidentiality when we've had issues."

Staff promoted people's independence in the way they worked. One staff member told us, "We involve people in the general tasks that need doing around their home such as cooking, cleaning and washing." Another staff member said, "I assist people rather than do things for them. We work together." People and their relatives confirmed that staff promoted their independence. One person said, "They encourage me to do things for myself, like when I'm cooking." A relative told us, "I think their independence is promoted; [Their loved one] tells me that staff encourage [them] to do things like peeling potatoes."

Staff told us they were committed to supporting people's needs in regard to their race, religion, sexual orientation, disability and gender. People's care plans included consideration of any potential spiritual or cultural needs they may have, as well as any preferences as to the gender of staff supporting them. One staff member told us, "We respect everyone's differences here and treat people the way we would want to be treated."

People were involved in making decisions about their care and treatment. We observed staff asking people to express their preferences and offering them different options in a wide range of areas throughout our inspection. They explained things to people in ways that people understood, gave them time to decide and respected the decisions they made. People led on decisions about the time they wanted to get up, the activities they wished to take part in, how and where they spent their time whilst at home, and when and what they wanted to eat and drink. One person told us, "I'm able to do what I want and the staff will support me."

Good

Is the service responsive?

Our findings

People and their relatives, where appropriate had been involved in discussions about the support they needed and the planning of their care. One person told us, "I meet with [staff member] and we talk about how I'm doing and if there's anything I'd like to do or change. I have a plan for my days and I like to stick with it, but don't have to." A relative said, "The manager's involved me in discussions around [their loved one's] care and they've been creative in coming up with different ideas on how best to provide support."

Staff had worked with people to develop their care plans which were person-centred. Care plans covered a range of areas including people's physical and mental health, daily living skills, finance management, communication and nutritional needs. They included information about people's individual needs and their preferences in the way they received support, as well as identifying things they could do for themselves and areas in which their skills could be developed. One person's care plan included guidance for staff on how best to support them in developing their understanding of food safety and infection control and we observed staff supporting the person accordingly during our inspection. Care plans also included information about people's likes and dislikes, as well as descriptions of their preferred daily routines.

Staff demonstrated a good awareness of the details of people's care plans and how to support them. One staff member described the support one person needed in managing their personal care, which reflected the details of the care plan in respecting their privacy and promoting their independence, whilst minimising identified risks. Another staff member was aware of the support one person required when getting out of bed or from a chair. People also took part in regular meetings with their key workers to ensure the support they received continued to meet their individual needs and preferences. A key worker is a named member of staff who works closely with a person on a regular basis to help them identify and work towards any personal goals they may have, and to ensure their preferences in they way they are supported are met.

People led active lives and were supported to take part in a range of activities. Staff worked with people in developing their activity programmes which reflected their individual preferences and interests. All of the people using the service spoke positively about the way in which they spent their time. One person had a part-time job, which they told us they enjoyed because it made them feel independent. Another person told us, "I enjoy the things I do; I like to keep busy." The activities people took part in included playing golf, tennis and bowling, going swimming, dance classes, and trips out to museums, the cinema, for meals, to a local pub and social club, as well as attending a local day centre.

From April 2016 all organisations that provide NHS care or adult social care are legally required to meet the requirements of the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. Information was available for people in formats which met their needs. We saw easy read and pictorial guidance and information was available for people covering a range of areas including basic infection control, meal planning and medicines. One person had chosen the pictures they wanted to use on their weekly timetable to represent the different activities they took part in. We saw staff using this pictorial information when helping the person to plan their afternoon.

The provider had a complaints policy and procedure which was available to people in formats which met their needs. People and their relatives told us they knew how to complain. One person said, "I'd speak with [the registered manager] if I was unhappy about anything." Another person told us, "I know I can complain if needed. I could speak to any of the staff." Records showed that the provider had investigated and responded to any complaints received regarding their service provision appropriately. One relative told us, "I've complained in the past; the issues were resolved and things are fine at the moment."

People had been involved in discussions about the planning of their end of life support where they had been happy to do so. The registered manager told us the service would work with relevant healthcare professionals to ensure people received effective, high quality care and treatment at the end of their lives. However, at the time of our inspection, none of the people using the service required end of life care.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in post who demonstrated an understanding of the requirements of the role and their responsibilities under the Health and Social Care Act 2008. They were aware of the need to ensure that their rating was displayed at the registered location once awarded, and knew the different types on incidents they were required to notify CQC about, in line with regulatory requirements. However, we found notifications had not always been submitted to CQC where required. Records showed that in April 2018 the registered manager had discussed an allegation of abuse with staff at the local authority and that in May 2018 a person using the service had suffered an unexplained broken toe. Both of these incidents were notifiable to CQC but notifications had not been submitted.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People, their relatives and staff spoke positively about the management of the service. One person said, "[The registered manager] is great; very friendly and easy to talk to." A relative told us, "[The registered manager] has a very positive approach and has worked hard with the staff team to make improvements." A staff member commented, "[The registered manager] is amazing; very motivational and supportive."

The registered manager held regular team meetings to discuss any service updates and to ensure staff were aware of the responsibilities of their roles. Staff also shared information about the day to day running of the service at handover meetings and using a communication book which contained updates for each shift on people's current conditions, any daily service issues and whether people had any planned appointments. One staff member told us, "I think we communicate with each other well and work well as a team."

The working culture of the registered manager and staff reflected the provider's vision to give people opportunities to maximise their potential. Throughout our inspection, staff consistently sought to encourage people's independence and involve them in all aspects of managing their daily lives to help develop and maintain their skills. One relative told us that the registered manager had been proactive in looking at opportunities for their loved one, including looking at possible options for employment. Staff also spoke with pride about the support they had given one person to become increasingly involved in expressing their views and making decisions about their care. One staff member said, "Over the last year we've really seen a positive change; [the person] has really found their voice."

The provider had systems in place to monitor the quality and safety of the service. The registered manager and provider carried out regular checks in a range of areas including health and safety, care planning, infection control and people's medicines. We saw action had been taken to address issues where they had been identified. For example, details of the support one person required with their personal care had been updated following the findings of a recent care plan audit.

People's views about the running of the service had been sought through regular keyworker meetings and the use of surveys. A key worker meeting is a meeting held between a person and a named member of staff who works closely with them on a regular basis to help them identify and work towards any personal goals

they may have, and to ensure their preferences in they way they are supported are met. Any feedback that people had given had been acted on, where appropriate. One person had fed back at a keyworker meeting that they'd enjoyed going out on a particular activity and records confirmed that staff had supported them to take part in the activity again during the following weeks. People's feedback received from the 2018 survey showed that they were experiencing positive outcomes from the service they received. Relatives also confirmed their views had been sought on the service people received. One relative told us, "I'm able to speak with the [the registered manager] and let her know what I think about the support [their loved one] receives. [The registered manager] acts on my feedback."

The provider worked in partnership with other agencies to ensure people received a high- quality service. The registered manager told us they welcomed visits from local authority commissioners and quality assurance teams and sought to act on any feedback they received to drive service improvements. A staff member from the commissioning local authority told us, "We have full confidence in [the registered manager]; they are proactive and work hard to get issues resolved."

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 The registered manager had failed to submit notifications where required.