

The Happy Healing Hut C.I.C. BeHappy@Home Southampton

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

BeHappy@Home Southampton is a domiciliary care agency providing personal care to people who live in their own home. At the time of inspection, they were providing care to 37 people, which included older people, people with a mental health condition and people with a learning disability and/or autistic people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Right Support

We found not all staff had completed the appropriate training for their roles. We also found that people had not always received their medicines as required and this had not been followed up to check for harm. This placed people at risk of receiving inappropriate or unsafe care. There was not a robust effective system in place to ensure the provider employed people who were suitably qualified, competent and experienced. However, the provider was able to correct this during the inspection and obtained the information needed to comply with the regulations.

People had choice and control around their care arrangements. Care focussed on people's abilities and promoted their independence.

People were supported to maintain relationships that were important to them and care was arranged so people could access the services and activities which they wished. People's care plans identified how they would like to be supported and what they would like to achieve with the help of care and support. 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.

Right Care

We identified concerns in relation to staff's recording of medication administration and training records. We found no evidence people had been harmed. However, there were failures to record, monitor and improve

the quality and safety of the service, and a failure to maintain accurate records.

Staff were respectful of people's dignity, privacy and treated them as individuals with their own beliefs, thoughts and aspirations.

People told us they were happy with their care. People or their relatives felt comfortable raising issues or concerns. There were systems and processes in place to safeguard people from abuse. However, although the provider had raised safeguarding's with the local authority they had failed to notify CQC as required. The provider had an open and transparent approach where people, relatives and professionals were kept informed about key events related to care.

Right Culture

Although we found issues around the oversight of governance, medication and training. From the feedback we received from people and relatives, the registered manager, their staff, and the provider's management displayed caring and person-centred values. They modelled this behaviour to staff and set expectations that these values should be integral to staff's working practice.

People were supported and treated with dignity and respect. Staff used accessible ways to communicate with people which were personalised to meet their needs. Relatives said staff listened to what they had to say and worked with them to communicate appropriately with people and in a way people could understand.

The provider worked well with external stakeholders to meet people's changing needs and ensure people had smooth transitions when moving between different services.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 04 October 2021 and this was the first inspection.

Why we inspected

This was a planned inspection as the service had not previously been inspected.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

BeHappy@Home Southampton

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 March 2023 and ended on 16 March 2023. We visited the location's office on 7 March 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since they registered with CQC. This included notifications of events providers are required to tell us about, and information from members of the public about their experience of the service.

We used all this information to plan our inspection.

During the inspection

We spoke with 1 person and 6 relatives of people who used the service about their experience of the care provided. We spoke with the registered manager, the nominated individual (who was also a registered manager) and 7 members of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also contacted 5 professionals for their feedback about the service. We reviewed a range of records. These included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training records and policies and procedures were reviewed.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicine administration record (MAR) charts we reviewed did not meet national guidance and there were numerous instances of missed medications where staff had not given an explanation. The MAR charts did not always detail about how much of a medicine should be given. We also found the daily medication count was inaccurate and inconsistent.
- The provider had reported 7 medication incidents to the local authority safeguarding team within the last year. Although the provider was not responsible for all incidents, they could not demonstrate people were always receiving their medicines when they should.
- The provider had a medicines policy that included national guidance and best practice guidance. This detailed the support they were able to give people with their medicines and to ensure staff were competent to administer medicines. However, staff were not following this in practice. We found staff's competency was not checked before they administered medication on their own. One staff who's first spot check was poor in relation to medication, had this check nearly a month after they had started administering medication on their own. Staff also told us, "Medication is so important, God forbid if anything happens, we could have more hands-on [training]."

The failure to follow current and relevant professional guidance about the management of medicines, in order to ensure people received their medication as intended and recording appropriately. Was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- The provider had not had a robust system in place to reduce risks to people from missed or late calls, although improvements were being made. Staff had missed some calls previously, but there was no evidence to say this was still occurring. Relatives told us, "Maybe a missed call in the early days but that has been sorted out now" and, "One missed call right at the start, but they sorted it out." The nominated individual told us they had recognised this and were looking to put in place an electronic call monitoring system, which would require staff to log in and out of care calls. This would help office staff ensure people received their care at the planned time.
- There were contingency plans to ensure the service ran safely in the event of extreme circumstances, such as severe weather or staff shortages. People's care needs had been assessed to identify those most vulnerable, to ensure their care calls were prioritised.
- People's care plans identified risks related to the delivery of their care. These included when people were at risk of falls, when they had specific medical conditions, a risk of pressure ulcers or issues related to delivering care in the person's home environment. This helped to reduce any risks identified to people and

staff. One relative told us, " Very well, I have no complaints, they have facilitated a falls program through OT (occupational therapist)."

Systems and processes to safeguard people from the risk of abuse

- Relatives told us when asked if they felt their relative was safe, " Absolutely, they reassure her and talk to her. They let her know what is going on and tell her who is coming next" and "Completely."
- The provider had a safeguarding policy which detailed actions to help keep people safe in the event of concern to their safety or wellbeing.
- The registered manager reported safeguarding concerns to local safeguarding teams. Staff received training and knew what and how to report concerns. This helped to ensure any concerns were immediately addressed. One staff member told us, "Yes. Making sure they are safe and if they are being abused in some way."

Staffing and recruitment

- Relatives told us there were enough staff and if staff were sick there was cover. Most relatives we spoke to said their relative received care at consistent times and from the same staff. Relatives told us they would be informed if staff were running late. One relative said, " Yes, they were late today due to the snow and they did call me to say."
- There were enough staff to safely deliver care to people. The registered manager would cover calls as a backup to support staff or to cover staff sickness.
- There was an 'out of hours' phone line, which people, relatives or staff could call if they needed to speak with the registered manager or other senior staff. This helped to ensure the provider had systems to respond to incidents or emergencies.
- Staff had an induction to their role which included an introductory checklist and shadowing more experienced staff. However, there was not enough evidence to show training or competency checks were always completed in a timely manner or for all staff. We raised this with the registered manager who said they would improve this.
- There were safe recruitment processes. These included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Although checks were carried out to help determine candidates' character, experience and conduct in previous employment, they did not always show applicant's complete work history. One staff file reviewed did not have checks for the applicant's previous care positions, but the business manager made efforts during the inspection to correct this.

Preventing and controlling infection

- The provider managed the control and prevention of infection in line with government guidance including some spot checks on staff.
- The provider kept stocks of personal protective equipment (PPE) at the office which were made available to staff when needed. One staff member told us they, "Yes, they are really good. [Management] will drop [PPE] round when we need it."
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff logged incidents and accidents by paper or on the provider's electronic system which were followed up by the registered manager. Although incidents were logged against individual people and dealt with there was not an overall process in place to learn from these. We discussed with the registered manager who said they would put this in place following the inspection.
- The registered manager used 'trackers' to monitor incidents and safeguarding referrals. This included information on people's falls and medication incidents but did not always show enough detail as to actions taken or lessons learned. The 'Tracker' used for complaints was more complete. Following the inspection, the registered manager told us they would include a link to documents with more detail as part of these records.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received training and support in their role which included shadowing experienced staff. However, not all staff had been trained in national guidance mandatory subjects. This included communication, nutrition and hydration, oral health, person-centred care, positive behaviour support and non-restrictive practice, recording and reporting and safeguarding children. Staff not understanding these subjects could potentially put people at risk of unsafe or inappropriate care.
- The provider had supplemented training by the use of "padlets" which were mainly videos to support their learning. However, these did not include the required knowledge check. There was little evidence of competency checks being completed and documented to ensure staff were competent to administer medicines or in moving and handling.
- The provider used online learning for staff training with some staff being shown equipment in people's homes. However, equipment training was not always carried out by qualified staff or professionals. Staff we spoke with told us that more practical training would be helpful. One staff member said, "I think it would be beneficial to do physical manual handling training."

The provider did not ensure all staff had completed their required training and competency checks. Staff did not receive appropriate support and training to carry out their duties safely. This placed people at risk of receiving inappropriate or unsafe care. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff supervision and support was inconsistent and did not meet the needs of all staff. One staff member told us, "I think we should have more supervisions." The registered manager had realised this and planned to get supervisions up to date.
- Staff new to care received training in line with The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People's needs were assessed prior to their care commencing. Assessments included staff reviewing assessments from health and social care professionals to help ensure all commissioned care tasks were reflected in people's care plans. These included the person's support needs, ongoing healthcare assessments (e.g. speech and language therapists (SALT)), sensory needs, and communication (e.g. picture

exchange communication system (PECS)).

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

- People's nutritional needs and preferences were identified within their care plans. People had risk assessments associated with their eating and drinking, such as food allergies or swallowing. For example, 1 person's care plan included how their meals were prepared and choices were given to them. One relative told us, "Yes, [relative] chooses what he wants always."
- People were mostly independent or supported by their relatives in this area but where support was needed from staff it wasn't always clear what was required. One staff said, "For example I went to one lady, and it doesn't explain what diet to have, so I had to ring up about it." However, other staff told us, "That is all on [online app], dietary. Homes have folders. Tell you if can't swallow properly or have specific diet needs."

Staff working with other agencies to provide consistent, effective, timely care

- The provider made timely referrals to health and social care professionals to ensure people had the appropriate support. This included when people's needs changed meaning they required increases in their care.

Supporting people to live healthier lives, access healthcare services and support

- People's specific health needs and conditions were documented in their care plans. These included care tasks staff needed to complete to promote people's good health.
- Some people had independent arrangements in place to manage their ongoing health input, such as appointments related to their medical conditions. Where the provider supported people 1 relative told us when asked if staff would contact healthcare if their relative was unwell, "Yes, they would and they would call me too."

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

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Although people and relatives we spoke to were happy with the care provided, evidence of people's consent to care was not documented in their care plans. During the on-site inspection we spoke with the registered manager about this as they were unable to provide us with evidence of consent. The registered manager sent us the relevant document following our visit.
- Staff we spoke to had a mixed understanding of the MCA although most staff had a good understanding. One staff told us, "To always assume capacity, like on [online app] tells us their mental capacity and if they have capacity. Let them make them make their own decisions even if unwise. Let them know the consequences of their decisions. Doctor or another medical professional to assess them. Follow the five [principles] from the MCA."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- There were policies and procedures in place to help ensure people were not discriminated against in relation to any of the protected characteristic identified in The Equality Act 2010.
- Staff used accessible ways to communicate with people such as PECS. The Picture Exchange Communication System, or PECS, allows people with little or no communication abilities to communicate using pictures.
- Relatives told us staff were kind, caring and friendly. Their comments included, "They are lovely. They have a great ethos, and it is just so nice.", and "They are kind and caring and [person] sees them as friends now."
- The provider had ensured staff saw the same people regularly to promote consistent care. We found staff knew people well and respected their preferences. Staff said, "[One person] doesn't like going into the bathroom as feels it is too cold, so bring a bowl in to bedroom. Shower at night rather than morning for one lady." and "One [person] we go to doesn't like hot drinks, so we make bottled water for her."

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

- People told us staff had time to listen to them and answer their questions. One relative said of staff, "Yes, always. She listened to what I had to say and it makes both our lives easier." Another said, "I would say so yes. [Person] likes to keep her crockery out as it's easy to use and [person] said no and they respected her wishes."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff promoted their relatives' dignity whilst helping with their personal care. One relative told us, "Yes, she always gives him his space in his room. She lets him take the lead." Staff confirmed this saying, "Always respect boundaries. Letting them know before I'm doing something."
- Staff ensured people remained as independent as possible by doing what they were able to. One staff member said, "Encourage people to do things themselves. Get them to wash what they can or brush their own teeth. Relaxed but encourage."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The registered managers had ensured people's care plans were reviewed regularly and involved people and their relatives. They included details about people's medical needs, preferences and risks. The reviewed care plans reflected people's needs.
- People's preferred personal care routines were identified in their care plans. This helped to ensure it was clear how people wished to be supported.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the communication needs of the people they supported. The registered manager told us, "Again we make all information accessible in whatever format the customer wants. Colours of screen and printout. Block type etc." For example, 1 care plan had information to support a person with making picture cards from online and print and laminate and see if this helps to communicate.
- People's communication needs were assessed prior to care starting and documented in their care plans. This included their preferred method of communication when planning or reviewing their care.

Improving care quality in response to complaints or concerns

- Relatives told us they felt they could make a complaint or raise issues if they had to. When asked if they were comfortable to make a complaint, a relative said, "Yes. There was one carer who turned up in [person's] room no uniform and no ID. I called and she was new and waiting for her ID. They apologised and she is now one of [person's] main carers. It was handled well."
- The registered managers contacted people to see if they had any concerns and had built up a good relationship with people and relatives. With the person's consent, the provider gave family access to people's care plans and notes. This helped relatives who lived away from people see how their relative was being supported.
- The provider had a complaints policy in place which was sent to people who used the service. The policy outlined how people could make a complaint and how their concerns would be addressed. The registered manager sought feedback from people to hear their concerns and oversaw appropriate actions to resolve them which were recorded using on a "tracker".

End of life care and support

- The service was able to provide good end of life care and involved people in the planning and choice of how this was delivered by staff. Although the provider was not currently providing end of life care, they had cared for a person who had come home from a hospice by working closely with the hospice and specialist teams. There was clear evidence of this person's wishes being considered by the provider.
- Staff training in end-of-life care was available online and supplemented with 'padlets'. Although they had no evidence staff had completed this, if completed this would mean staff would be better able to support people. The registered managers recognised the importance of this and had planned to ensure staff were trained in end-of-life care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Continuous learning and improving care

- The provider did not have an effective system in place to monitor the overall quality of the service and therefore had not identified the concerns we found during the inspection. For example, there were no regular detailed audits, and they had not found the issues with people's medication records. Some records were incomplete, such as staff recruitment, competencies, medication and training records.
- The provider did not have effective systems in place to evidence staff were trained and competent in the skills required to carry out their role.

The failures to monitor and improve the quality and safety of the service, and failure to maintain accurate records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager logged incidents that had been reported to the local authority safeguarding team. However, at the time of inspection, none of these had been notified to CQC as required. Incidents such as allegations of abuse should be notified to CQC. The service had identified potential abuse of 1 person and reported this to the local authority, however they had failed to also report this to CQC.

Failure to notify CQC of other incidents is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Staff were clear about their role, potential risks to people and how to report issues.

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

- The registered managers worked closely with people and staff to create a friendly, open and comfortable atmosphere in the service. Staff felt supported to deliver person-centred care to people.
- People and relatives we spoke to were positive about the service. Relatives' comments included, "Very good." and, "So far, apart from a few hiccups at the beginning it's going really well now, and I can't fault them."
- Staff agreed the service had a good and open culture and the registered managers were approachable if they had any concerns. One staff member told us, "Yes definitely approachable. Both of them relaxed and

chatty. Approachable for reporting things."

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

- The registered managers were aware of the need to be honest and transparent in the event of certain notifiable events. The registered managers had good relationships with people's relatives.

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

- The provider involved people who used the service and their families about their care. This included calls, questionnaires and visits to people by the registered manager to review their care plans. One relative told us, "We are happy and no I don't think so (about changes). If I am not happy I can always say "can you do it this way"."
- Staff felt engaged and involved. The registered manager held staff meetings where staff were able to raise issues concerning themselves and the people they supported. Staff said about the meetings, " Yes, we normally have them once a month on a [video] call. Yes (works well). I have a chance to speak and say how I feel. If any issues things like that. ", and "Always upfront and honest."
- Although staff felt well supported with the registered manager having regular conversations with them, these were not always consistent or documented. We discussed this with the registered manager who advised they would document them. This would help ensure support and resources were available to enable the staff team to develop and be heard.

Working in partnership with others

- The provider worked in partnership with other stakeholders to promote good outcomes for people. The registered manager worked with social workers and other professionals to monitor how effective care was. This helped them to plan increases and decreases in people's care when appropriate.
- We had positive feedback from professionals we contacted. Professional's comments included, "I have had no concerns with the interaction or responsiveness of the managers." And "All of our agreements and discussions with the person as to how best to work with them have been listened to and actioned."
- The provider had setup a community hub for wellbeing and a befriending service. We had a positive comment from the professional they worked with who said, "The interactions I have had with them have always been very positive, they are always very passionate about the work they do and are keen to improve people's experiences."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was a failure to follow current and relevant professional guidance about the management of medicines, making sure that people received their medication as intended and recording appropriately. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were failures to monitor and improve the quality and safety of the service, and a failure to maintain accurate records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not ensure all staff had completed their required training and competency checks. Staff did not receive appropriate support and training to carry out their duties safely. This placed people at risk of receiving inappropriate or unsafe care. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

