

In Out and About Limited

# In Out and About Community Support Office

## 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?

Requires Improvement



Is the service well-led?

Requires Improvement



## Overall summary

We carried out an announced inspection on 21 and 22 May 2015. In Out and About Community Support Office provides day care and supported living services to people living with learning disabilities such as autism.

On the day of our inspection 12 people were using the service, one of which was supported by staff to live in their own home.

There was a registered manager in place.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

At the previous inspections on 4 and 7 July 2014 we asked the provider to take action to make improvements to the areas of; consent to care, care and welfare of people who use services, safeguarding people who use services from abuse, supporting workers and assessing and monitoring the quality of service provision. We received an action plan in which the provider told us the actions they had taken to meet the relevant legal requirements. At this inspection we found that some improvements had been made but further improvements were needed.

People were protected from the risk of abuse and staff had attended safeguarding of adults training. Staff could identify the types of abuse and knew who report concerns to.

Assessments of the risk to people's care was in place, but one risk assessment had not been reviewed since 2011. Personal emergency evacuation plans were in place where needed. Investigations into accidents took place although the recommendations of the registered manager were not always reviewed. People were supported by an appropriate number of staff, with the right skills and experience to meet people's needs. People's medicines were handled and stored safely.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The registered manager was aware of the principles of DoLS however they had not ensured the appropriate application had been made for a person whose liberty may be restricted.

Some people had decisions made in their best interest and in line with legal requirements however others did not. People were supported by staff who received

regular assessment of their work. Guidance was in place for staff to follow to ensure they were aware of how to support people effectively and to reduce the risk to people's health and welfare. People were supported to make healthy food and drink choices and to maintain a healthy diet. People were also able to visit external healthcare professionals when they needed to.

People were supported by staff in a caring and respectful way that maintained their dignity and privacy. People had access to independent advocates if they needed them. Staff understood how to communicate with people.

People's records and the support they received were person centred although some documents relating to people's choices were not always completed. People could access the hobbies and interests that were important to them. People were encouraged to be as independent as they could be. People's support plan records were reviewed by the registered manager however they did not ensure that recommendations made by them had been completed by staff. There was a complaints procedure provided for people, although this was not always produced in a format that people with a learning disability would be able to understand to understand.

The registered manager had limited auditing processes in place to assess the quality of the service people received and the risks they faced when supported by staff. Feedback was requested from people, relatives and staff on how the service could be improved but had not yet used that information to form plans to improve the service. A whistleblowing policy was in place and the registered manager had some knowledge of what needed to be reported to the CQC although further learning was needed.

People were encouraged to access to the local community. The aims, values and mission of the service were understood by staff. Regular staff meetings were carried out to ensure staff were informed of the risks to the service and how they could contribute to reducing these risks. Staff understood what was expected of them in their role.

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

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Risks to people's safety had been assessed, however some of the assessments had not been reviewed in a timely manner. Accidents and incidents were investigated although recommendations made by the registered manager were not always reviewed.

People were supported by staff who understood the types of abuse they could face and had attended safeguarding of adults training to reduce this risk.

People were supported by an appropriate number of staff to keep them safe and medicines were stored, handled and administered safely.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

Some people had decisions made in their best interest and in line with legal requirements however others did not.

An application to restrict a person's liberty had not been completed where needed.

People received support from staff who were well trained and received regular assessment of the quality of their work.

People were supported by staff who knew how to manage behaviours that challenge, knew how to support people with making healthy food and drink choices and supported them to visit external healthcare professionals.

**Requires Improvement**



### Is the service caring?

The service was caring.

People were supported by staff who were kind, caring and understood how to communicate with them.

People's privacy was respected and people were encouraged to be as independent as they could be.

People's dignity was maintained and protected by the staff. When staff discussed the people they were supporting with each other, they did so respectfully.

**Good**



### Is the service responsive?

The service was not consistently responsive.

People likes and dislikes were recorded in the support plans although some documentation used to establish people's personal preferences had not been completed.

**Requires Improvement**



# Summary of findings

Reviews of people's support plans were conducted, but recommendations made to improve them were not always followed up.

A complaints procedure was available for people if they came to the office, but this was not provided in a format that people living with a learning disability would understand.

## Is the service well-led?

The service was not consistently well-led.

The provider did not return information about the service to the CQC that had been requested prior to the inspection.

People's feedback was requested, but this feedback was not yet used to improve the service.

People were supported by staff who understood their role and upheld the values of the service when carrying out their role. People spoke highly of the registered manager.

**Requires Improvement**



# In Out and About Community Support Office

## 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 took place on 21 and 22 May 2015. Due to the nature of the services provided we gave the provider 48 hours' notice to ensure that members of the management team and staff were available to talk to.

The inspection was carried out by one inspector.

Before the inspection, we asked the provider's representative, who was also the registered manager, to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not send this to us and could not give an explanation why.

In addition to this, to help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted Commissioners (who fund the care for some people) of the service and asked them for their views.

We spoke with two people who used the service and carried out observations of the support they received from staff. We also spoke with three relatives, three members of the support staff, the office manager and the registered manager.

We looked at the support records of five people who used the service, as well as a range of other records relating to the running of the service including quality audits.

With the consent of people who used the service we visited one person who lived in their own home and observed staff supporting them.

# Is the service safe?

## Our findings

During our previous inspection on 4 and 7 July 2014 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulations 2010) – Care and Welfare of people who use service. We raised concerns that risk assessments were not always in place and when they were they were not always reviewed. We also had concerns that where people required assistance with personal care, guidance was not available for staff to support people in a safe way. A contingency plan to deal with emergencies was not completed and a personal emergency evacuation plan for the person supported in their own home was not available. An action plan was forwarded to us by the provider which explained how they planned to make the required improvements. During this inspection we saw some improvements had been made, although further improvements were required.

In each of the five support plans that we looked at we saw the number of risk assessments for each person had increased and these provided information for staff on how to manage the risks faced by people either in their own home, or when out in the community. However, we did see some examples where risk assessments had not been reviewed. In one care plan we saw a risk assessment had not been reviewed since 2011. Therefore we were unable to assess whether the plans in place to keep this person safe were still appropriate to the person's needs.

Improvements had been made in the recording of how staff should assist people with their personal care. The majority of this assistance is through the supervising and prompting of people to undertake the personal care for themselves and to ensure they were safe when doing so. For example two people who had been identified as at risk of choking had plans in place that enabled staff to support them with eating without having a negative impact on their ability to eat independently.

The risk to people's safety was reduced because there was now an emergency contingency plan in place should an emergency occur, such as; extreme weather, loss of staff or changes to the structural environment of the service. We also saw a personal emergency evacuation plan was now in place for the person supported with living in their home.

All of the relatives we spoke with told us they thought their family members were safe when supported by the staff. One relative said, "I am very happy with the staff. They make sure [family member] is safe." Another said, "[Family member] is safe. The staff are incredible."

During our previous inspection we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulations 2010) - Safeguarding people who use services from abuse. We raised concerns that people were not protected from the risk of financial abuse because sufficient processes to protect people were not in place and all staff had not attended safeguarding adults training. During this inspection we saw improvements had been made.

The risk of people experiencing financial abuse was reduced as there were processes in place to record the money that had been used to support people with buying the things they wanted and receipts were then handed to each person's relative or stored in each person's file.

The risk of abuse for people was reduced because staff had now attended safeguarding of adults training. When we spoke with staff they were able to explain the different types of abuse and who they would report their concerns to both internally to the registered manager and to external bodies such as the CQC, the authority or the police. The registered manager had amended company policies to ensure that information was provided for staff on who they could report concerns to. This included the details of the CQC. In the company office we saw the process for reporting concerns to the local authority and the CQC had been made available for staff and for visitors. However, this information was not made available for people who used the service to enable them to report concerns externally of the service. The registered manager told us they would amend this.

During our previous inspection we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulations 2010). We raised concerns that accidents and incidents were not conducted thoroughly and recommendations made by the registered manager were not reviewed to check they had reduced the risk to people's safety. The investigation of accidents and incidents was now conducted more thoroughly and recorded appropriately. The registered manager ensured when an incident had been reported and they had investigated it, they put measures in place to reduce the risk to people's

## Is the service safe?

safety. However it was not always recorded whether the recommendations made by the registered manager had been implemented by the staff and had been effective in reducing the risk to people's safety.

People were supported by an appropriate number of staff to keep them safe and to meet their individual needs. All of relatives we spoke with told us they thought there were enough staff supporting their family member to keep them safe. The registered manager reviewed people's current level of need and made changes to the number of staff if required or used staff with a specific mix of skills and experience in order to support a person safely. The registered manager told us, "I assess what activities people are doing and ensure that there are enough staff to meet people's needs." They also told us that the rotas were produced on a weekly basis as people's needs changed and the staff were flexible and willing to work with other people.

We checked the recruitment records of four staff to establish what checks the provider had carried out before they commenced their role. We saw the provider had carried out the required recruitment checks for these members of staff. The checks included; a request for a criminal records check, obtaining the appropriate references and recording the proof of identity for each member of staff. These checks are used to assist employers in making safer recruitment decisions. The records stated that the staff had not commenced their role until all of the checks had been completed which reduced the risk to people's safety.

The service was responsible for managing the medicines of one person who used the service. We spoke with this person's relatives and they told us, "The medicines are given appropriately and [family member] gets them when they need them." In the person's care plan there were guidance for staff to follow to ensure they administered the person's medicines in a safe way and in the way in which the person wanted them to. We saw assessments of a person's ability to manage their own medicines and understand the need to take them had been carried out in line with the Mental Capacity Act 2005. We checked the person's medicine administration records (MAR) used to record when a person had taken or refused their medicines and these were completed appropriately.

We checked to see whether the amount of medicines stored for this person matched the person's records, and they did. The person's medicines were stored safely in a locked cabinet. We checked to see whether any of the medicines needed to be stored at a certain temperature. One of these medicines needed to be stored below 25c. The registered manager told us they did not currently record the temperature in the room and the cabinet in which this medicine was stored. On the day of the inspection the temperature was unlikely to have exceeded 25c, however the registered manager told us they would ensure staff started to record the temperature, to ensure that all medicines were stored safely to prevent the risk of their effectiveness reducing.



# Is the service effective?

## Our findings

During our previous inspection on 4 and 7 July 2014 we identified a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulations 2010) – Supporting workers. We raised concerns that staff did not receive regular assessment of the effectiveness of the work they completed. We were also concerned that there were substantial gaps in people's training in areas that were relevant to their role.

During this inspection we saw that improvements had been made. We looked at the records for four staff and saw that regular assessment of their work was now being carried out and processes were now in place for staff to have an annual appraisal of their performance. This meant the risk to people receiving ineffective support from staff had been reduced.

We reviewed the training records to establish whether improvements had been made to the training completed by the staff. We saw improvements had been made and training had now been completed in areas such as; moving and handling, safeguarding of adults and medication awareness. The registered manager told us they were confident they had the appropriately trained staff, with the right skills to meet people's needs. All of the relatives we spoke with told us they thought the staff had the right skills to support their family member effectively. We observed staff interact with people and they did so effectively.

We checked the records for one person who we were told was living with epilepsy. The person's records contained a care plan which gave staff guidance on how to support this person if they had an epileptic seizure. However, the training records showed that staff had not received formal training on how to support this person. The registered manager told us that a nurse had visited the staff to explain how to support people effectively with epilepsy but had not recorded this on staff records. We spoke with two members of staff who told us they had met with the nurse and were confident they could provide effective support for this person. After the inspection the registered manager informed us that all staff had now completed formal epilepsy awareness training.

People were supported by staff who had received an induction prior to commencing their role. The registered manager told us once staff completed their induction they

shadowed a more experienced member of staff to gain experience in the role before they started. They also met with the person or people they would be supporting to ensure they could build a good relationship before they started to support them formally. A member of staff told us, "I feel I have the right skills and experience to assist [person's name] in the way they need."

During our previous inspection we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulations 2010) – Consent to care and treatment. We raised concerns that care plan records did not contain sufficient information which showed who had consented to decisions relating to people's care. We were also concerned that the provider had not ensured that where required an assessment of a person's capacity was undertaken as required by the Mental Capacity Act 2005 (MCA). The MCA is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they received.

During this inspection we saw some improvements had been made, however further improvements were needed. We saw assessments had been conducted including one to assess a person's ability to manage their own medicines; however we did see other decisions for other people that had been made without reference to the MCA. We raised this with the registered manager, they told us they would review each person's support plan to ensure that where needed, appropriate MCA assessments had been completed.

During our previous inspection we raised concerns that not all of the support staff had received MCA training and were not all aware of how they should incorporate it into their work. During this inspection we saw improvements had been made. Staff had now completed training in this area and their knowledge had improved. One member of staff said, "The MCA is about the decisions that are made for people who can't make them themselves, but the decisions should always be made in their best interest."

In each of the support plans that we looked at there was still limited recording of people or their relative agreeing to decisions about their or their relative's support. The registered manager acknowledged that they did not always record this within each person's support plan, but did



## Is the service effective?

advise us that they had other systems in place to gain people's consent. These included meetings held with them and their relatives where appropriate, when more formal changes were needed.

We spoke with relatives to ask them whether they gave their consent to decisions made about their family member's care. One relative told us, "We are fully involved with these decisions and get updates regularly." The registered manager told us they would ensure that when changes have been made to people's care plans they record clearly within each person's support plan who had been involved with these decisions.

The registered manager could explain the processes they would follow if they needed to apply to the Court of Protection for authorisation to restrict a person's freedom within their home. The restriction safeguards that are put in place ensure that people within supported living environments are looked after in a way that does not inappropriately restrict their freedom. However we identified one person where appropriate applications had not been made where needed, which could mean the person's liberty was being unlawfully restricted. The registered manager agreed and told us they had discussed this with the person's family and social worker and the appropriate application would be made as soon as possible.

During our previous inspection we raised concerns that there was not sufficient information in each person's support plan to advise staff how to manage behaviours that challenge and to prevent the risk of people being unlawfully restrained. During this inspection we saw improvements had been made. In each of the support plans there was now guidance for staff to follow to ensure that staff were aware of how to support people effectively in a way that did not place their or the person they supporting safety at risk.

Relatives we spoke with told us they thought the staff managed their family member's behaviour effectively. One relative said, "There is one member of staff in particular that get [family member] to do things that we can't."

People's support plan's contained guidance for staff to identify the risks to people in relation to their eating and drinking. Guidance on how to prompt people to eat sufficient amounts and also to ensure they did not place themselves at a risk of choking were in place.

People were encouraged to make healthy choices about what they eat and drink. People had healthy eating support plans in place and people's likes and dislikes and allergies were also recorded. People were also involved in the decisions about their food and drink. We observed a conversation between a member of staff and a person who used the service. The person expressed their wish that they would like to go and buy an ice cream. The staff member responded to this by explaining when they were able to do this.

People were provided with information about their day to day health needs. Where the service was responsible they supported people to see the external healthcare professionals. Information was provided form people in picture format to enable them to understand what had been said when they attended these appointments. Where needed, health action plans were in place to enable staff to monitor people's day to day health needs. For example one person had an epilepsy seizure monitoring chart in place that enabled staff and the registered manager to ensure that the person received effective support to reduce the risk of this person having a seizure.

# Is the service caring?

## Our findings

A person we spoke with told us they were happy with the support they received from the staff. Relatives we spoke with told us, “The staff seem to really care. They all follow the support plan and ensure it is put into action. It is more than just a job to them.” Another relative said, “The staff are very caring. They make [family member] feel that they are important.”

We saw staff communicate with people in a way they could understand. Support plans provided staff with the appropriate guidance on how to communicate with people, using verbal and sign language to do so effectively. We observed a person ask staff if they wanted a cup of tea using their own communication process. Staff had a good understanding of the way this person communicated and responded appropriately to them.

We saw a communication book was in place which relatives used to enable daily contact with the service. This enabled them to update the staff with information that could affect the support the staff provided for their relative. We spoke with a relative about this and they told us, “The communication book works really well.”

We observed staff interact with a people in a kind and caring way. The interactions showed the staff knew the people they were supporting well and showed a genuine interest in their well-being. Staff were aware of people’s likes and dislikes and could describe people’s personal histories.

In each of the support plans that we looked at we saw people were provided with information to explain the support that was provided for them by the staff. The registered manager used pictures and symbols where they could to enhance people’s understanding. The registered manager told us they had asked staff to discuss people’s support with them to gain feedback to ensure that they understood that their wishes were important and would be acted on. They also said, “Staff have been asked to use symbols and pictures to gather people’s feedback. I am trying different ways as it is difficult for some people to give us their views.”

The registered manager told us they would support people if they needed access to an independent advocate to act on their behalf, although this was unlikely due to the nature of the service.

People had the privacy they needed. When we visited one person who was being supported by staff in their home, we saw staff had an office they could go to if the person wished to be alone. We also observed staff encourage people to be as independent as they wanted to be, making decisions for themselves which were then supported by the staff.

People were treated with dignity and respect at all times. We observed staff discreetly support a person who was at risk of their dignity being compromised. Staff could explain how they maintained people’s dignity. We observed staff speak with each other about the people they were supporting. They did so in a respectful way that showed they cared about the people they were supporting.

# Is the service responsive?

## Our findings

People or those acting on their behalf contributed to the planning of the support for them or their family member. A relative we spoke with told us they were involved. They said, "I helped set up the support plan before [family member] started. I have a copy of it at home." Prior to people commencing using the service an assessment of the person's needs was carried out and then a support plan was put in place to meet that person's needs.

In each support plan that we looked at we saw documents were in place which showed the provider had ensured that the wishes of people were recorded. We saw documents which recorded people's wishes such as; 'When I need support from staff' and 'The things I like to do'. We saw people or their relatives had made specific requests on the level of support needed when personal care was provided or the types of activities that were important to them. However, these documents were not always completed for each person's records that we reviewed. This meant some people may not have their support provided in the way they wanted it. The registered manager could not explain why these documents were not completed but told us they would ensure they were as soon as possible.

People were encouraged to lead a varied and active social life and took part in hobbies and interests that were important to them. In each of the support plans that we looked at there were plans in place that enabled the staff to support people in doing what they wanted to do. For example one person enjoyed going to train stations to watch the trains and they liked to do this at a specific time of the day. The support plan records for this person showed that staff had supported them in doing this at the time they wanted.

The relatives we spoke with told us their family members were supported to do the things they wanted to do. One relative said, "[Family member] does some great activities, they are also well looked after when they go."

We visited a person who received support in their own home. We spoke with the staff who supported this person. They told us they ensured that the person was given the time to make their decisions and ensured that they were supported to do so. We saw the person request a certain member of staff to accompany them out during our visit. The member of staff responded to this immediately and ensured that the person was able to receive the support they wanted in the way they wanted.

People's support needs were reviewed by the registered manager. In each support plan we saw a checklist which showed which parts of the support plan they had reviewed. Where they identified parts of the support plans or guidance or procedures within them that needed amending we saw they had recorded instructions for staff to make the appropriate changes. However, the registered manager did not have a process in place where they checked to see whether these recommendations had been carried out by staff. The registered manager told us they would review this process to ensure that staff were implementing their recommendations and they would record this within each person's support plan.

Information was available for people to make a complaint. A complaints procedure was also available if they came into the office. The information within the office contained information for people for how they could make a complaint to the registered manager and also contained information about reporting concerns to external agencies such as the CQC. However this information was not always provided in a format that people living with a learning disability or a mental health condition would be able to understand.

We asked the relatives we spoke with about the complaints process. They all told us they had not had to make a complaint but all felt if that if they did the registered manager would act on it quickly.

# Is the service well-led?

## Our findings

During our previous inspection on 4 and 7 July 2014 we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulations 2010). Assessing and monitoring the quality of service provision. We had raised concerns that the registered manager did not have a process in place to review the quality of the service people received. This included a lack of reviews of; people's support planning documentation, staff performance and the effectiveness of their recommendations when accidents had occurred. There was also no process in place for gaining people's views of the support they received and they lacked awareness that all staff had not had not completed the required training to reduce the risk to people's safety.

During this inspection we saw some improvements had been made although further improvement was required. Care plans were now reviewed, but the recommendations made by the registered manager were not always followed up to establish they had been completed or had been effective.

Investigations into accidents and reviews now took place, but recommendations made by the registered manager were not reviewed in order to ensure that the risk to people's safety had been reduced. The registered manager had limited auditing processes in place to assess the quality of the service as a whole and how improvements could be made across the service. The registered manager's auditing processes did not identify the concerns raised within this inspection.

Prior to this inspection we requested that the provider's representative of the service, who was also the registered manager, complete and return a provider information return (PIR) to the CQC. They did not do this and could give no explanation as to why this was not sent to us.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

During our previous inspection we raised concerns that there was not a whistleblowing policy for staff to follow if they wished to report practice by the service to external agencies. During this inspection we saw this was now in place. We also raised concerns during our last inspection that the registered manager was not aware of their responsibilities to notify the CQC of notifiable incidents

such as; when a person had obtained a serious injury or when there had been an allegation of abuse made against a member of staff or another person who used the service. The registered manager's knowledge had improved although their knowledge of other notifiable requirements was still limited.

People, relatives and staff were encouraged to become involved in developing the service and their feedback was requested. However, the registered manager had not yet put processes in place on how they would use this feedback to develop the service to improve the quality of the service that people received.

People were encouraged to access their local community. Support plan records showed that people volunteered to work on the local farm and undertook woodwork projects with people from the community. The registered manager told us they encouraged people to use local shops and amenities to enable them to get to know the people in their community. They also said, "We try to integrate people as much as possible with the community. The people in the community have responded well to them."

The aims, values and mission of the service were posted in the reception area of the service. The staff we spoke with understood these aims and how they could incorporate them into their role when supporting people.

The registered manager encouraged people, relatives and staff to discuss any concerns they had with them. Staff told us they felt the registered manager was approachable and listened to their concerns. A relative we spoke with said, "The manager is great. They come and talk to me about [family member]."

Regular staff meetings were carried out to ensure staff were informed of the risks to the service and how they could contribute to reducing these risks. The registered manager told us they also used these meetings to ensure staff were aware of what was required of them and to give staff the opportunity to raise any concerns they had about the service. They also told us that staff had requested more regular staff meetings and they had put these in place.

People were supported by staff who were motivated and enjoyed their job. Staff understood what was expected of them in their role. The registered manager told us they trusted their staff to undertake their role in a way that upheld the aims of the service. They also told us they were considering implementing a team leader role.

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance</p> <p>The registered person did not always;</p> <p>(2) (a) Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>(2) (b) The registered manager did not always assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>(2) (c) Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care provided to the service user and of decisions taken in relation to the care and treatment provided;</p> <p>(3) (a) The registered person did not send to the Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request—</p> <p>(a) a written report setting out how, and the extent to which, in the opinion of the registered person, the requirements of paragraph (2)(a) and (b) are being complied with.</p>