

## Swanton Care & Community Limited

# Baylis Place

### 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

Baylis Place is a 'care home'. People in care homes receive care and accommodation as a single package under one contractual agreement. CQC regulates both premises and the care provided, and both were looked at during this inspection. This purpose built accommodation is provided in spacious single bedrooms all with en suite facilities. The accommodation is split over two floors and there are several communal areas, two dining areas, two kitchens, a laundry and a self-contained flat. There is a large secure garden to the rear of the building. The service is situated within walking distance of local shops, amenities and public transport.

At the time of our inspection on 29 March and 19 April there were 11 people living at the service. 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." Registering the Right Support CQC policy

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.' The manager had registered with the CQC in July 2017.

Governance of the service had improved. Audits were in place to ensure records were fully completed and maintained in relation to people's care. Risk assessments and behaviour support plans were found to be more detailed; identifying triggers and actions staff should take to support people, including details of when approved interventions would be used and in which circumstances.

Behaviour support plans were found to be regularly reviewed and updated and debriefing took place following each incident. All notifiable incidents had been reported to CQC in a timely way since our last inspection on 3 and 8 March 2017. We found that improvements needed to be made to ensure a more robust analysis of specific incidents was carried out and appropriate action taken to minimise the impact of risks on people using the service. We have made a recommendation about this.

Despite improvements being made to behaviour support plans, there continued to be a high number of incidents involving aggressive behaviours by people using the service towards their peers. Staff were recruited safely and in sufficient numbers, but the deployment of staff within the service did not ensure people were kept safe from harm.

This demonstrated a new breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse. You can see what action we have asked

the provider to take at the end of the report.

Staff knew how to safeguard people from the risk of harm and abuse, but failed to prevent incidents within the service and people being targeted by their peers. They had completed safeguarding training and had policies in place to guide them. Staff spoken with were clear about the alerting procedures to the local safeguarding teams and had made appropriate referrals after each incident. Staff had access to a range of training, supervision, appraisal and support.

People told us staff were kind and caring and respected their privacy and dignity. People using the service had their end of life wishes detailed within their care plans. Staff had a kind and caring approach. They knew people's needs very well and supported them to maintain independence, privacy and dignity. Staff supported people to make decisions in order to maintain their human rights. They ensured that when people lacked capacity, they included relevant people in best interest decision making.

People's medicines were managed in a safe way and they received them as prescribed. Relatives and healthcare professionals confirmed that staff were caring and looked after people's health and nutritional needs well. People were provided with the care, support and equipment they needed to stay independent.

People enjoyed the meals provided and there were choices and alternatives on the menus. Staff provided support to people at mealtimes in a patient and sensitive way. Staff contacted dieticians and speech and language therapists when they had concerns.

Activities were provided based on people's preferences both within the service and the wider community.

The provider had a complaints policy and procedure and staff knew how to manage complaints. Relatives told us they felt able to raise concerns if required. All of the people and relatives we spoke with described an open culture and accessible management.

Staff told us they enjoyed working at the service and felt supported by the registered manager.

Quality assurance processes were in place and regularly carried out by both the provider and the registered manager to monitor and improve the quality of the service. Feedback was sought from people who use the service through regular 'resident meetings.'

## 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 safe.

Staff were recruited safely and in sufficient numbers, but the lack of in depth root analysis of incidents and deployment of staff within the service did not ensure people were kept safe from harm.

The management of risk had improved and behaviour support plans had been updated to include details of identifiable triggers, agreed and approved interventions and the circumstances these would be used.

People received their medicines as prescribed. Staff knew how to safeguard people from the risk of abuse and where to raise concerns when required.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported to make their own decisions. When they were assessed as lacking capacity to do this, the provider and registered manager acted in people's best interest and consulted with relevant people.

People's health and nutritional needs were met. They had access to a range of health professionals when required. Menus provided choices and alternatives and people told us they liked the meals

Staff had access to a range of training, supervision and support to ensure they felt confident when caring for people and meeting their needs.

**Good** ●

### Is the service caring?

The service was caring.

People told us staff supported them in a kind and caring way. We observed this during the inspection.

**Good** ●

People's privacy and dignity were maintained and their individuality promoted. They were provided with information in accessible formats. Confidentiality was maintained and personal records stored securely.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Assessments of people's care needs had been undertaken and person centred care plans developed, to guide staff in how to support people in line with their preferences and wishes.

People who used the service were enabled to maintain relationships with their friends and relatives. Arrangements were in place to ensure people had the opportunity to engage in a variety of different activities both within the service and the wider community.

There was a complaints policy on display within the service and people felt able to raise concerns. Copies of the complaints policy were available in different formats to promote accessibility. The provider and manager took action when concerns were raised.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well led.

The quality assurance system in place was not robust enough to ensure quality and safety. Information from incidents lacked the full rigour needed to ensure learning was applied consistently and reduce incidents within the service.

The culture within the organisation and in the service was described as open and honest. Staff told us they felt supported by management and worked well as a team. The registered manager had developed good relationships with other professionals who supported the service.

# Baylis Place

## 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.'

The inspection took place on 29 March and 19 April 2018 and was unannounced. The team consisted of one adult social care inspector.

The provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the PIR and our systems for any notifications that had been submitted as these would tell us how the provider managed incidents and accidents that affected the welfare of people who used the service.

Prior to the inspection, we spoke with the local authority safeguarding and contracts and commissioning teams about their views of the service. They told us they had received a higher than expected number of referrals from the service.

During the inspection, we observed how staff interacted with people who used the service throughout the day and during the evening meal. We spoke with four people who used the service, the registered manager and four members of staff. Following the inspection we spoke with three relatives and two healthcare professionals.

We looked at the four care files, which belonged to people who used the service. We also looked at other important documentation relating to them such as medication administration records (MARs) and monitoring charts for food, fluid and weights. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to talk with us.

We looked at a selection of documentation relating to the management and running of the service. These

included four staff recruitment files, training records, the staff rota, and minutes of meetings with staff and people who used the service, quality assurance audits, complaints management and maintenance of equipment records. We completed an observed walk around the premises to check general maintenance as well as the cleanliness and infection control practices.

# Is the service safe?

## Our findings

At the last inspection in March 2017, we had concerns about senior staff not making safeguarding referrals in a timely way when the manager was away from the service. We also identified that further information needed to be included in people's behaviour support plans to include details of approved interventions and the circumstances these would be used. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the registered provider had made satisfactory improvements in relation to the requirements of Regulation 13 described above. At this inspection we found risk assessments and behaviour support plans to be more detailed, identifying triggers and actions staff should take to support people, including details of when approved interventions would be used and in which circumstances. We also found that all incidents requiring a safeguarding referral had been completed. Senior staff were aware of their responsibility to ensure this was done in a timely way when the manager was absent from the service.

Despite improvements being made to behaviour support plans, there continued to be a high number of incidents involving aggressive behaviours by people using the service towards their peers. These incidents included some lower level incidents including hair pulling and nipping and others where people sustained injuries for example, a bloody nose following an unprovoked incident.

During this time, the service provided a designated staff member to work with one of the three people who were mainly involved in the incidents. Following this, the service saw a decline in incidents from this person. The registered manager met with professionals and made a request for additional funding from the placing authority and was awaiting a decision in relation to this at the time of our inspection. The service had been unable to continue to provide the additional staffing costs and had stopped this support. Following this an increase in incidents had been seen.

Staff were recruited safely and in sufficient numbers, but the deployment of staff and lack of in depth root cause analysis did not enable a consistent approach or ensure people were kept safe from harm. When we spoke with the manager about this, they considered another relevant factor to be the compatibility of people. They felt this had not been previously been given due consideration by previous managers. Following the increase in incidents one person had been reassessed to determine what additional resources may be required to sustain their placement.

The service was working with health and social care professionals to review people's individual needs and support the transition process for people wishing to live more independently. Any new referrals to the service were carefully assessed and considered as to whether people would be compatible with those currently using the service. A more in-depth introduction to the service and people was also being used as part of this assessment process.

This is a new breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities)



Regulations 2014, Safeguarding service users from abuse. You can see what action we have asked the provider to take at the end of the report.

Staff knew how to safeguard people from the risk of harm and abuse, but failed to prevent incidents within the service and people being targeted by their peers. They had completed safeguarding training and had policies in place to guide them. Staff spoken with were clear about the alerting procedures to the local safeguarding teams and had made appropriate referrals after each incident. Staff had access to a range of training, supervision, appraisal and support.

Staff told us they had received safeguarding training and received regular updates. They described how they safeguarded people from the risk of abuse or harm and the action they would take to report concerns. They explained that there were occasions where people's behaviour had escalated quickly without obvious changes, resulting in staff being unable to intervene quickly enough to protect people from their aggressive behaviours.

The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and we saw previous incidents had been referred appropriately. Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information

We received a mixed response from the people we spoke to about whether they felt safe in the service. Comments included, "Yes, I am safe, and my staff help me with any worries or problems," and "I don't like it when [Name of peer] shouts, it upsets me." Relatives told us, "Yes, very much (feel safe) he classes them like his family." Another commented, "My relative did feel safe, but not anymore. They are being bullied by a couple of other people living there, they told me about it and I asked them to get the police in, but they said they wouldn't understand. My relative wants to move now because they don't feel safe. The last I heard they said they would look into it with the social worker and see if they could get some counselling for them."

When we spoke with the manager about this, they explained the provider had put in additional staffing to support the individual. Professionals meetings had also been held to review what additional actions could be taken to reduce the number of incidents within the service and support people.

Health professionals we spoke with told us, "The service supports complex people and they have things in place to support people, including a behaviour specialist. The manager and behaviour specialist have always been responsive to our recommendations. They are going in the right direction, but there is still a way to go. There is further work that needs to be done in relation to the raising staff awareness and their vigilance in managing incidents." Another health professionals told us they found adequate staffing levels when they visited and there was always staff available to support them.

Robust recruitment processes were implemented by the provider to ensure staff were safe and suitable to work with vulnerable people. We looked at the recruitment files for four staff and saw appropriate checks were completed before staff started employment. People who used the service were involved in the staff recruitment process.

Systems were in place to identify and reduce potential risks to people; care plans seen included detailed and informative risk assessments. These included assessments to promote positive risk-taking and enable people to engage in things they wanted to do, for example, risk planning for a volunteering job in a local café.

We looked at how medicines were managed within the service and found systems were in place that

showed people's medicines were managed consistently and safely. Medicines were obtained, stored, administered and disposed of appropriately. Medication administration records (MARs) were completed correctly without omissions. Where people were prescribed medicines on an 'as and when required' basis, such as pain relief, clear plans were in place for when and how these should be used.

The service was well-maintained and had recently gone through refurbishment and was clean and tidy throughout. Domestic staff adhered to cleaning schedules and all staff had completed training in infection control. Staff had access to personal protective equipment such as, gloves, aprons, hand gel, liquid soap and paper towels.

We saw the service regularly reviewed environmental risks and carried out safety checks and audits. Hot water outlets were monitored to ensure the correct temperature to prevent scalding and stored water was checked to ensure there were no bacteria. Each person had an emergency evacuation plan (PEEP) and the provider had contingency plans to ensure people were kept safe in the event of a fire or other emergency.

## Is the service effective?

### Our findings

People and their relatives considered the staff to be well trained and felt they knew their family members well. Relatives told us, "They seem to be the times we are there, they like the staff," and "Yes, they seem to be they seem well trained."

People received effective support from staff who were well- trained and kept their skills up to date. We reviewed the training matrix which showed staff were provided with both mandatory and specialist training in areas specific to the needs of the people who used the service. This included; fire, infection control, moving and handling, health and safety, Non-Abusive Psychological and Physical Interventions (NAPPI), autism, epilepsy, Makaton and intensive interaction. Staff told us they found the training they received equipped them to meet the needs of the people who used the service.

Staff supervision records showed that all staff had regular supervision and appraisal with their line manager. 17 staff had completed a health and social care qualification and a further two had completed the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Staff told us they had received an in-depth induction when starting work at the service. This included completing mandatory training, reading care plans and policies and spending time shadowing staff until they were competent to work independently.

Staff were further supported by regular team meetings and effective shift handovers. One member of staff told us, "We are a good team and I think we communicate well." Another said, "We can ask for advice or support at any time we do not need to wait for supervision."

Professionals we spoke with at the service told us they considered staff to be skilled and were responsive to their instructions for care delivery. Comments included, "My experience with the service has been a positive one. The manager asked for specific training and it has been implemented, benefitting the person using the service. Staff ask for advice and support; they will contact other professionals appropriately and work with the team well."

We observed staff demonstrated a sound understanding of their duty to promote and uphold people's human rights. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the registered manager had submitted DoLS applications appropriately and maintained records for when these needed to be reviewed.

People told us that staff always consulted them and confirmed they were able to make their own decisions. Comments included, "I wanted to go on a boat on holiday and staff are booking it for me." Another person told us, "Staff always ask me what I want to do or where I want to go and I get to decide. We have meetings

about different things, like what we want on the menu." During the inspection we overheard and observed staff offering choices and explaining the care and support they wanted to deliver before doing so. Staff gauged people's responses and it was apparent staff understood the communication methods people used.

People who used the service had complex needs and received regular input from healthcare professionals including the behaviour support team, speech and language therapists (SALT) and dieticians. Professionals told us staff were responsive to their recommendations. People told us, "If I am poorly, then the staff come to the doctors with me."

# Is the service caring?

## Our findings

People and their relatives told us staff were kind and caring. The service promoted a person centred approach where people were at the heart of the service, based on the provider's philosophy of the promotion of enablement and maximising independence to ensure the best possible outcomes for people who used their services.

Staff were motivated to provide the best care possible and were trained to use a person-centred approach to support and enable people to be involved in developing their individual care plans. We found care plans to be person centred describing people's personal qualities and aspirations. Care plans had been developed to ensure people received effective care. Details of people's identified support needs and their preferences for care were also detailed. Each area of the care plan had a corresponding risk assessment in place to ensure staff were aware of potential risks and the action staff should take in order to mitigate these risks.

We saw staff interacted well with people who used the service and consulted with them on all aspects of their lives through their preferred method of communication. Throughout the building different types of easy read materials in different formats were on display and accessible to people. In peoples bedrooms we saw accessible communication aids were in place to support people with planning their day. Communication passports were in place, these included information about peoples preferred methods of communication.

One person told us, "I have my own staff and they are helping me to learn new things for when I move into my own flat, Things that I haven't had the chance to do before, like shopping and cooking."

All of the staff we spoke with had an in-depth understanding of the people they cared for, their personalities, particular interests and their preferred routines. Care plans seen were detailed and supported what staff had told us about people's preferences. Staff explained how one person became anxious if they didn't have their personal belongings with them and had attempted to carry them about with them, which they felt raised their risk of falling. Staff noticed they had developed a particular interest in one staff member's bag. Staff had introduced the use of a bag to the person so they could put their belongings in and carry the bag, reducing the risk of falls.

From speaking with staff we could see that people were receiving care and support which reflected their diverse needs in respect of the protected characteristics of the Equality Act 2010. Staff spoke about people being supported with voluntary work placements, attending college and church. This information was appropriately documented in people's care plans. Records confirmed care workers had completed training in equality and diversity.

People who used the service were appropriately dressed in clean clothing and footwear for both the weather conditions and activities they had planned to participate in. People told us they went on shopping trips to purchase clothing and chose where they had their hair cut.

Throughout the inspection we observed staff knocked on people's bedroom doors and awaited a response before entering. One member of staff told us, "We always explain to people what we are going to do and give them time to consider this, we always ensure people's curtains and doors are closed before supporting them."

Confidentiality was maintained within the service. Staff completed telephone calls and discussions about people's healthcare needs in private. People's files were held securely in locked cupboards in an office on each floor. Computerised records were password protected. Staff records were also held securely.

People and their relatives told us there was no restrictions on visiting times and people were also supported to visit family and friends in their homes too. On the second day of our visit one person arrived back to the service following a short break with their family. The registered manager and staff told us that people currently using the service had access to advocates, this was supported within their care records information.

## Is the service responsive?

### Our findings

At our last inspection in March 2017, the service was in the process of transferring all care records onto a computerised system. We found this work had been completed. Prior to any admission to the service each person had an assessment of their needs undertaken, where people and their relatives could ask questions and obtain information about the service. A service user guide was in place in alternative formats for people. Information was obtained about people's health and wellbeing from relevant healthcare professionals, the local authority and previous placements. This helped the registered manager to make a decision as to whether they could meet people's needs, before they were offered a place at the service. All of this information was used to develop a personalised care plan and risk assessments for people.

During the inspection we observed one person being introduced to the service on a transition visit. They had been invited for tea and were being introduced to the staff and people who used the service. The registered manager explained that following them completing initial assessments, new people would visit the service on several introductory visits, followed by an overnight stay.

The registered manager explained that when people were admitted to the service the assessment process continued to ensure people's needs continued to be met. A summary of people's needs titled 'understand me' gave a detailed overview of the most important aspects of people's care needs and their preferences for care. This enabled staff to have information at a glance without having to go through the full care plan.

People who used the service and their relatives confirmed they received a six monthly care reviews. One person told us, "Yes, I have a care plan and have meetings to say what I want or anything I don't want." A relative told us, "Yes, we had a meeting not so long back." Staff confirmed people's care records were reviewed regularly and as their needs changed.

Care plans supported people's identified assessed needs and provided clear information for staff. Staff we spoke with told us, "Yes there is plenty of information in the care plans" and "The care plans tell us everything we need to know, they are informative and detailed."

We saw that where risks to people's wellbeing had been identified they were recorded and kept under review. This included risks such as, weight loss, choking, or falls. People's care records we reviewed confirmed relevant health professionals were involved in monitoring the risks to help maintain people's wellbeing. When specialist equipment had been identified as required, for example pressure relieving mattresses and cushions, we saw these were provided.

Personal preferences and things that were important to people were well documented. For example, the manager described a situation where a person became anxious when they were unable to locate certain staff members. They had liaised with the behaviour support team and had introduced a whiteboard in their bedroom, where staff would record their whereabouts for example 'at home.' This helped, reducing the person's anxieties.

People confirmed they were able to access their preferred activities and gave us examples of going to the local pub, a disco to meet up with their friends, visits to the seaside, travelling by train to different locations, going to college, playing football, going to rugby, bowling and shopping. Each person had an individual plan in place based on their preferred activities.

People who relied on pictures or symbols to support their communication had these available to them, both in their rooms and throughout the building. This enabled people to show staff what they wanted to do if they preferred to do a different activity from the one planned. This had made a particular difference to one person who had previously been reluctant to engage in activities. By providing them with the opportunity to express their preferences they now enjoyed a range of activities and went out each day with staff.

Another person who had been reluctant to have anything in their bedroom, had been involved in choosing the colour they wanted their room to be and had chosen curtains and other furnishings in their room.

People who used the service and their relative's knew how to make a complaint or raise a concern, and who to complain to. People told us if they had any concerns they would discuss them with staff on duty or the manager. Relatives told us they felt able to express their views about the service and in their opinion would be listened to.

The provider had a complaints policy and procedure in place and this included the stages and timescales for the process. We reviewed the complaints that had been received and found issues raised were investigated and resolved.



# Is the service well-led?

## Our findings

At our inspection in March 2017 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance. We found the providers auditing systems had failed to identify shortfalls in records, a lack of detail in risk assessments and information about how interventions should be used and in which circumstances, leaving people at risk of receiving unsafe care. We found at this inspection these issues had been addressed and the service was compliant with this regulation.

At our inspection in March 2017 we found the new manager was not registered with the Care Quality Commission, but was going through the application process. At this inspection we found the manager had registered with CQC in July 2017. 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.

The provider utilised a number of quality assurance systems, we identified these were not robust enough to ensure quality and safety. Information from incidents lacked the full rigour needed to ensure learning was applied consistently and reduce incidents within the service, and keep people safe from unwanted aggressive behaviours from their peer group. We recommend the senior management team ensure a robust analysis is completed following incidents so learning can take place and ensure a consistent approach is provided by all staff.

The quality assurance system included input and feedback from people who used the service and their relatives. We saw audits of care plans, risk assessments, health and safety and medicines were completed on a monthly basis. This process was supported by a system of further audits by a system known as 'First Impressions', where an unannounced visit would be made to the service by their line manager and checks and audits carried out. The registered manager also provided a weekly service update report covering all aspects of the service for example, accidents and incidents, staff supervision and training, to their immediate line manager. This was further supported by visits by a senior member of the management team to review the service and update the continuous improvement plan with the registered manager. Results from each audit were shared with the staff team. However, these required further development to ensure all incidents were fully analysed and appropriate actions were taken to keep people safe.

During this inspection we identified the quality assurance systems in place were not robust enough to ensure quality and safety. Information from incidents lacked the full rigour needed to ensure learning was applied consistently and reduce incidents within the service, and keep people safe from unwanted aggressive behaviours from their peer group. We recommend the senior management team ensure a robust analysis is completed following incidents so learning can take place and ensure a consistent approach is provided by all staff.

The registered manager attended senior management meetings where best practice was shared. People

and their relatives told us they knew who the registered manager was and found them to be approachable. Staff told us the manager was approachable and supportive of them in their roles. Comments included, "I have been here for a while so I have seen a number of managers come and go. [Name of registered manager] is definitely one of the better ones." Another told us, "We are a good team and work well together. I know if I have any problems I can go to the manager with anything and they will make time for me."

We observed during the inspection the registered manager promoted an open door policy so that people using the service, their relatives and staff could speak with them at any time.

An on-going programme of maintenance was carried out by the maintenance person and external contractors. Service contracts were in place for utilities and equipment. A recent refurbishment of the service had been carried out including redecoration and replacement of furnishings, which people using the service had been involved and consulted.

We reviewed the accident and incident records held for the service and found that the service had notified the Care Quality Commission of notifiable incidents as required.

Staff told us that communication was good in the service with shift handovers where information was passed on verbally and in writing, regular team meetings, supervision sessions and general day to day discussions. They also received copies of a provider bulletin on a quarterly basis which was issued alongside the steering group minutes, sharing best practice guidance updates and health and safety updates. Staff aware also nominated for awards for their achievements. Two staff had recently been awarded 'employee of the month' for achieving 100% training, and another for a specialist piece of work they had completed with a person who used the service.

The registered manager told us that when they had first come to the service they had worked hard to build up the trust of the staff team and in doing so had promoted an open and honest forum. They felt this had led to a happier and proactive team who were supportive and committed to the people who used the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The deployment of staff within the service and lack of robust in depth analysis of incidents did not ensure people were kept safe from harm.