

Next Stage "A Way Forward" Ltd

Next Stage "A way Forward" North East

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This was an unannounced inspection carried out on 28 November 2017.

This was the first inspection of Next Stage A Way Forward North East since it was registered with the Care Quality Commission in March 2017.

Next Stage a Way Forward is registered to provide personal care. The care service had 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 using the service can live as ordinary a life as any citizen. People using the service lived in their own flat. A separate office was also available on-site to manage the supported living arrangements and there was a staff presence over twenty four hours.

A separate office off-site was registered to provide the domiciliary service. The service also provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living, this inspection looked at people's personal care and support.

A registered manager was in place. 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.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This related to safe care and treatment, staff training and governance.

People told us they felt safe and were well cared for. However, systems were not in place to keep people safe and to provide consistent care to people. Strategies were not in place to support distressed behaviours effectively. Risk was not well-managed. There were sufficient staff to meet the allocated care provision of people.

Improvements were required to staff training and the safe handling of medicines to ensure people received safe and effective care.

People were encouraged to follow a healthy and nutritional diet. Although staff were caring an understanding of professional boundaries was not in place for all staff. People's privacy and dignity were respected. People were able to make choices about aspects of their daily lives. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People were supported to be part of the local community. Improvements were needed to the social aspects of people's lives to support them to lead more fulfilled lives with the provision of a range of opportunities to follow new interests and hobbies and the encouragement of work or college placements.

People had some opportunities to give their views about the service. There was regular consultation with people. People had access to an advocate if required.

A complaints procedure was available. People told us they would feel confident to speak to staff about any concerns if they needed to.

Staff and people who used the service told us the registered manager was supportive and approachable. People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. Improvements had been made to communication within the service.

A robust quality assurance system was not in place to assess the quality of the service. Audits that were required were not all carried out and some that were carried out were not effective as they had not identified issues that we found at inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

Risks to people were not always well-managed. Systems were not all in place for the management of distressed behaviours.

Improvements had been made to the management of medicines.

There were sufficient staff employed to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff were not all appropriately trained to meet the needs of people who used the service.

People received care they agreed to. Where people did not have capacity to consent to their care, the service protected their rights under the Mental Capacity Act 2005.

People were assisted in meeting their dietary requirements.

Arrangements were in place to request support from health and social care services to help keep people well. External professionals' advice was sought when needed.

Requires Improvement ●

Is the service caring?

Not all aspects of the service were caring.

Staff knew people's care and support needs and backgrounds and personalities to help deliver care to the individual. However, not all staff were aware of professional boundaries when supporting people.

Requires Improvement ●

Staff spent time interacting with people and they were encouraged and supported to be involved in daily decision making.

People were supported to maintain contact with their friends and relatives.

Staff supported people to access an advocate if the person had no family involvement.

Is the service responsive?

The service was not always responsive.

Records were in place with a system of regular evaluation and review to provide guidance to staff about people's care and support needs.

People were supported to contribute and be part of the local community. Structured individual plans needed to be put in place that captured people's interests and aspirations so individual social care plans were developed.

People had information to help them complain. Complaints and any action taken were recorded.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

A registered manager was in place who was registered with the CQC.

Staff and people told us the management team were supportive and could be approached for advice and information.

A quality assurance system was in place, but checks were not being carried out with external scrutiny by the provider, to check the effectiveness of service provision and to ensure systems were in place to provide safe and effective care to people who used the service.

Requires Improvement ●

Next Stage "A way Forward" North East

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 was carried out due to reported concerns about the safety of people who used the service.

This inspection took place on 28 November and 29 November 2017 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care. We spoke with the local safeguarding team.

During the inspection we spoke with four people who were supported by Next Stage A Way Forward North East, the registered manager, five support workers and three visiting professionals who visited the service during the inspection. We reviewed a range of records about people's care and how the service was managed. We looked at care records for four people, recruitment, training and induction records for three staff, three people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and quality assurance audits the registered manager had completed.

Is the service safe?

Our findings

Written information was available that provided guidance for staff to provide care and support to people. However, we had concerns due to the range of people's diverse needs and the number of incidents that had been reported to the police, incidents of distressed behaviour were not well-managed. Care plans for distressed behaviours were in place and they provided some guidance for staff about the actions that should be taken when the person became agitated and distressed. However, not all care plans detailed the triggers and what could be done to de-escalate the distressed behaviours.

CQC were aware of several incidents where the police had been called to the service. Some incidents were due to people's distressed behaviour where staff had not been able to de-escalate the situation. There was no written guidance for staff which stated at what point police should be alerted and it was left to individual staff discretion when the police should become involved. 87 incidents had been logged with the police between the service opening in March 2017 and December 2017 as some staff were unsure about how to manage difficult situations within the service. Some incident reports showed police had become involved for example, if voices were raised at the service, rather than staff managing the situation. We had concerns that the lack of robust systems to support an individual meant other people, staff and the person were at placed at risk of harm.

Records showed that risk was not always well-managed within the service. Written risk assessments were in place that documented environmental or personal risk to the person. The service had received pre-admission information that documented risks to the individual and this had been transferred into care plans to provide guidance about managing risk with the person. However, although written information was available individual guidance was not always adhered to for example, with regard to managing the risk of fire, absconding and self-harm.

This was a breach of Regulation 12 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Most people told us they felt safe. One staff member told us, "I do feel safe working here, but staffing levels could be better." One visiting professional told us, "I do think [Name] is safe here, but they need more consistent care." Another visiting professional commented, "Incidents aren't always reported to us, when they should be." However, we considered systems were not all in place to ensure people received safe and consistent care.

Procedures were followed to safeguard against financial abuse. Risk assessments were completed around finances and support plans were agreed with the person or their representative. Each person who was supported with financial transactions had a ledger to record them. Regular checks of the monies were carried out. These measures helped assure people that their money was being handled safely.

People told us they received their medicines when they needed them. Medicines were now appropriately stored and secured. The provider was providing individual safe storage for people's medicines in response

to a recent medicine incident, when some medicines had gone missing.

We checked the management of medicines. We saw there was written guidance for the use of some "when required" medicines, and when and how these should be administered to people who needed them. Specific guidance was not in place for some people to advise staff 'when required' medicines should be used for agitation and distress, as a last resort, to ensure a consistent approach. The registered manager told us that this would be addressed.

We considered there were sufficient staff for people to receive their allocated one-to-one hours during the day. At the time of inspection five people were using the service and four staff were on duty between 8.00am and 10.00pm, these numbers did not include the registered manager. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased or decreased as required after negotiation with commissioners of the service. For example, we were informed by staff that night staff numbers had reduced from three to two staff members. Overnight there were two staff members available on the premises from 10:00pm until 8:00am. Staff informed us there was not a designated senior on duty overnight. We discussed this with the registered manager. It would be helpful so a senior person was responsible for decision making and for clear lines of accountability when the registered manager was not on duty. Staff had access to emergency contact numbers if they needed advice or help from senior staff.

Analysis of incidents and accidents took place. The registered manager said learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring. For example, it had been identified that more incidents with people were occurring when senior staff were not on duty. Therefore the management team had been extended so there was a designated senior member of staff on Friday evenings and over the weekend when there had not previously been a designated senior presence.

The building was leased from a housing association and they were responsible for the maintenance and upkeep of the building. Tenants rented their flats. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances.

We spoke with members of staff and looked at personnel files to make sure staff had been appropriately recruited. For all staff the necessary pre-employment checks had been undertaken to check the suitability of new staff. Candidates completed an application form, were interviewed, and proof of identification, a criminal record check and two references, including one from the last employer, were obtained before applicants were offered their job. Records of other checks were available and up to date. However, in one case for a negative disclosure, there was no evidence of a risk assessment or any control measures to ensure the person was suitable to work in the service or to show the support provided to the person. We discussed this with the registered manager, who told us this was assessment was carried out by the human resource department and information was held on file at head office. We advised a copy of the risk assessment should be available on records held at the office.

Is the service effective?

Our findings

Staff were not all appropriately trained to carry out their role. Staff did not receive essential training, that is training required by legislation, except as part of the Care Certificate Framework. For example, staff had not receive separate training courses with regard to food hygiene, safeguarding vulnerable adults and children, first aid, basic life support, infection control, fire safety, risk assessment and health and safety. One staff member told us, "I did the training at my last job, but I've not had it here." Staff had also not received training about mental capacity and deprivation of liberty except as part of the Care Certificate.

Newer staff told us when they began work at the service they completed an induction programme and they had the opportunity to shadow a more experienced member of staff. One staff member told us, "I completed an induction that included studying for the Care Certificate. We covered the ethos of the service." Another staff member commented, "I shadowed another staff member for three days, you can do more days if you're not confident." Although new staff received an induction it was not a robust induction that provided a sound basis for the provision of care to some people with complex needs. The induction programme did not include professional boundaries training for staff so they understood their role and responsibilities. Recent safeguardings showed there had been occasions where some staff members had crossed professional boundaries, thinking they were being helpful to people and they had not adhered to a person's care and support plan. One visiting professional told us, "Staff are over familiar with [Name], a consistent approach is needed."

Staff had not received specific safeguarding training for adults except training as a component of the Care Certificate. Safeguarding training should be available for all staff so they are aware of the multi-agency safeguarding procedures and how they would respond to any allegations or incidents of abuse and aware of the lines of reporting within the organisation. This is so people are protected from abuse and improper treatment. We received evidence after the inspection, of communication between the deputy manager and Durham safeguarding team to show the provider had applied for dates for local authority safeguarding training for the registered manager and deputy manager.

The staff training files and feedback from staff showed staff had not received training for the management of potential and actual aggression before they started working with people in order to provide safe care in potentially physically challenging situations. The registered manager told us the service operated a 'no restraint' policy, however records showed that some staff and people were subjected to physical attacks from some people when they were distressed. Training would provide staff with knowledge of a proportionate response of control or restraint or when there was risk of serious harm to the individual. Staff had not all received positive behaviour training to give them some insight into the management of distressed behaviour. Training would help to prepare staff and provide the knowledge to support people with distressed behaviour and recognise signs to de-escalate any potentially unsafe situations. We received information after the inspection to show this training had been carried out with some staff members.

Staff were not all trained in handling medicines to ensure people received their medicines safely. Staff told us they studied the Skills for Care 'Care Certificate' to increase their skills and knowledge in how to support

people with their care needs. The Care Certificate was designed to provide a standardised approach to training for new staff working in health and social care. Staff had received training about the safe handling of medicines as a component of the Care Certificate. This was not an in-depth accredited course in the safe handling of medicines to ensure staff had the required knowledge about the proper and safe management of medicines. We received information straight after the inspection to show the training had been carried out with staff members. However, a system needed to be put in place to ensure that each person responsible for the administration of medicine had their competency assessed periodically.

This was a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Staff told us they had some opportunities for training. One staff member said, "We do get training. The company trainer has been." Another member of staff commented, "I have a diploma in care at level three." Staff told us they received training specific to the needs of individuals for example, care professionals arranged mental health awareness sessions to give them some insight into the different needs of people.

Staff told us they received regular supervision from the management team, to discuss their work performance and training needs. They said they were supported to carry out their caring role. One staff member commented, "I have monthly supervision. You get feedback positive and negative." Another member of staff said, "I have regular supervision from a senior support worker." Staff said they could approach the registered manager to discuss any issues.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service worked within the principles of the MCA. Information was available to show how people who used the service were involved in developing their care and support plan and identifying what support they required from the service. For example, with regard to managing personal finances and care and welfare. The registered manager told us they worked with the local authority to ensure appropriate mental capacity assessments were carried out where there were concerns regarding a person's ability to make a decision. People had signed to agree the contracts for their care service and their care plans. Mental capacity assessments were in place, where needed, any decisions made in the person's best interests, and whether they were represented by an appointed power of attorney.

People had food and drink to meet their needs and they received care to support them in activities of daily living. People required different levels of support. Some people we spoke with said they were supported to make their own meals. Some people were helped by staff to plan their weekly menu, shop for their food and were supported to cook their own meals. One person commented, "I do my own cooking." Another person told us, "I do a menu for the week and then go food shopping with staff." A third person said, "Staff make me sit down and prepare a healthy meal to eat, that's good."

People were supported to have their healthcare needs met. Information had been gathered from people about their medical history, current health conditions and how these impacted on their care. Advice given by healthcare professionals was recorded, ensuring staff had guidance to follow. People told us they had access to other professionals and staff worked closely with them to ensure they received the required care and support. For example, GPs, psychiatric services and district nursing services. A visiting professional

commented, "We have regular meetings to discuss [Name]'s care and strategies to work with [Name]." Arrangements were made to support people, where required, to attend medical appointments.

Most staff told us communication had improved. A monthly communication log had recently been introduced to improve communication. Staff told us people's needs were discussed and communicated at staff handover sessions when staff changed duty, at the beginning and end of each shift. There was also a communication book that provided information about people, as well as the daily care entries in people's individual records. This was so staff were aware of the current state of health and well-being of people. However, not all staff told us they were made aware of all incidents that may have occurred before they came on duty. One staff member told us, "We have a daily communication book." Another staff member commented, "Incidents are discussed at the handover and logged in the support plan, communication book and incident file."

Is the service caring?

Our findings

Most people gave positive feedback about the support they received and the caring nature of the staff. However, improvements were required to ensure staff adhered to professional boundaries so people received consistent care and support that met their needs at all times. People told us the staff and management were supportive and spent time listening and engaging with them. One person told us, "I like living here, the staff do a good job." Another person said, "The staff are brilliant." A third person commented, "The staff are kind." One visitor told us, "I think care is compassionate." During our visit we observed staff were caring, sensitive and respectful towards people.

People told us their privacy and dignity were respected. They told us staff members knocked before entering their flats. Care plans also provided information for staff to promote people's privacy and dignity. Records were held securely and policies were available for staff to make them aware of the need to handle information confidentially.

All people's records advised staff how to communicate with the person. For example, one care plan stated, 'Good verbal communication, uses a mobile telephone to keep in touch with relatives.' People were encouraged to make choices about their day to day lives. They told us they were able to decide for example, when to go out, when to get up and go to bed, what to eat, what to wear and what they might like to do. They were offered choices and information by staff, for example about budgeting, activities, education, healthy eating and similar options. Care plans included information about how people communicated and how they were to be encouraged in daily decision making.

People were involved in regular individual meetings to discuss their care and support needs which also included discussion about their plans for the future and their aspirations. Weekly meetings were also held to discuss activities, safeguarding and the running of the service and to ask people for any suggestions or areas for improvement. One agenda showed items discussed included safeguarding, equality and diversity, activities and equal partnership in care planning.

People told us they were involved and they said they were listened to. The registered manager told us some people took part in interviewing new staff to ensure they had the qualities they wanted in their workers. One person said, "I've interviewed staff and asked them some questions."

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement. The registered manager told us a formal advocacy service was available and was used when required. Some people had regular contact with family or other significant people and they felt these relationships were supported by staff. The service also respected people's wishes if they did not want family involvement. One person told us, "I'm going to my brother's at Christmas." Another person commented, "My relative comes to visit me to check I'm alright."

Is the service responsive?

Our findings

People were supported to access the community. Records showed they were supported individually with a range of activities and these included trampolining, cycling, walking, personal fitness, meals out, swimming, cinema and theatre trips and going to discos. One person told us, "I've been to the café for a cup of tea." Another person commented, "I like cycling and I am waiting to start helping at a soup kitchen." Other comments included, "I like art."

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs. Monthly meetings took place internally with staff and the person to review their care and support needs and aspirations. Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated monthly. External professionals told us they had developed the care plans initially, and then through a process of regular review, adjusted the levels of restriction in the care plans with the staff team.

When crises did occur, the service approached community and external professionals for support, particularly around mental health and well-being. Records showed that staff liaised with external professionals for advice and support on how to manage any possible issues, to promote the person's well-being.

Records showed pre-admission information had been provided by people, their relatives and health and social care professionals who were involved in the persons' placement. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements, finances, safety and other aspects of their daily lives. Support plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal safety, mental health, finances, personal care and communication needs. Detailed information was not available however about the social care needs of people such as their interests and aspirations and interest or social care plans.

The registered manager told us the service provided rehabilitation and it planned to help people learn or regain independent living skills. We saw care plans provided some instructions to staff to help people learn new skills and become more independent in aspects of daily living whatever their need. They talked of the recent success with one person where they had helped them obtain two voluntary work placements. However, we considered improvements were required to keep other people stimulated and engaged if they wanted to be motivated. We observed two people stood outside in the rain, when they were not receiving staff attention. They told us, "We're bored." The registered manager told us this would be addressed as they planned to help other people secure work or college placements or to assist people to develop their hobbies and maybe establish new interests.

Care plans we looked at detailed peoples likes and dislikes and gave details of how to support people. For example, a nutrition care plan stated, 'Requires observation when using the microwave and cooker.'

Currently not confident enough to set the appliances at the correct temperature or for the correct amount of time." One person told us, "I'm learning to cook pizza." From talking to newer staff we found that they had reviewed these care plans as part of their induction, and they felt it had been useful in getting to know how to support the person.

Written information was made available in other formats to promote the involvement of the person and to help them understand. For example, visually by use of pictures or symbols if people did not read. We saw evidence of this with the information pack people received when they started to use the service. The information pack detailed the provider's aims of being fair to everyone so they could be supported in the way they wanted, helped to be more independent and respecting what people wanted. They explained in words and pictures the expectations of the service and that no-one would be treated differently. The pack also referred to people's rights to privacy, dignity and choice.

All staff told us they kept up to date with people's care needs by reading through care records. Staff kept daily progress notes to monitor people's needs, and evidence what support was provided. These gave a detailed record of people's wellbeing and outlined what care was provided. Staff also completed a daily handover record, so oncoming staff were aware of people's immediate needs.

People told us they knew how to complain. A copy of the complaints procedure was given to people and written in a way to help them understand if they did not read. A record of complaints was maintained. People told us they could talk to staff if they were worried and raise any concerns. A system was in place for complaints to be acknowledged and investigated and any remedial action taken where necessary.

Is the service well-led?

Our findings

A registered manager was in place who had become registered with the Care Quality Commission in March 2017.

This was the first comprehensive inspection of the service since it was registered and there were systems that still needed to be established to ensure that people received safe and effective care that met their needs. We noted the swift action that was taken after safeguarding meetings to respond to some of the concerns that had been raised. However, the provider needed to take action to check the systems that were in place were being delivered effectively through more robust quality assurance processes.

We saw paperwork that showed that audit tools were being developed however, the audits that were being carried out were not effective. There was also no evidence of action taken as a result of previous audits to monitor service provision and to ensure the safety of people who used the service. Audits were either not yet carried out or they were not always coherent. A system was not in place for external scrutiny by the provider to ensure the service was being managed effectively. The quality assurance system did not include evidence of visits by the provider or their representative although we were told by the registered manager visits did take place and feedback was verbal. There was no evidence of effective internal auditing for health and safety, infection control, training, care provision, personnel documentation and care documentation. Information was not available that identified actions that needed to be taken as the result of audits.

Record keeping of individual incidents was comprehensive but there was no regular system of review with analysis of patterns and trends completed on a regular weekly or monthly basis for all incidents. There was no evidence of analysis of individual incidents to look at timelines and frequency, for example for absconding or aggressive behaviours.

Medicines audits were not sufficiently detailed and they did not demonstrate that the management of the service scrutinised stock checks, safe storage of medicines or the administration of medicines. Records stated there had been some medicines incidents and the provider had responded to ensure there were safe storage facilities for medicines. However, apart from being verbally informed there was no evidence of any action that was taken as a result of incidents such as medicines errors or misplaced medicines.

We considered the boundaries of the service needed to be made clearer to people when they started to use the service so they would be aware of how the service operated. At inspection we observed the atmosphere was chaotic in the staff office. Although people had their own flats and were allocated 1-1 individual support with staff some people congregated in the staff office to obtain staff attention and to interact with them during the day, although this was not residential care being provided.

Professional boundaries training and a robust induction had not been provided for staff to ensure there was a sound foundation for the provision of care to some people with complex needs. This was required so both staff and people understood the parameters of the organisation so people could receive consistent and reliable care that may help a placement flourish rather than breakdown due to staff not understanding their

role and responsibilities and people using the service not understanding any restrictions to keep them safe.

This was a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

The registered manager assisted us with the inspection. Some of the records we requested were produced promptly and we were able to access the care records we required. The registered manager was able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way.

Staff and people we spoke said they were supported. They were positive about the registered manager. They said they could speak to them, or would speak to a member of senior staff if they had any issues or concerns

The culture promoted that each individual was to receive care in the way they wanted. Information was available to help staff provide care the way the person may want. There was evidence from observation and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Staff told us meeting minutes were made available for staff who were unable to attend meetings.

The registered manager told us there were plans to send out questionnaires to people who used the service, staff and associated people to obtain the views about the quality of the service on an annual basis. Surveys were being developed to collect people's views and to make any improvements as a result of their feedback.

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>Systems were not all in place to ensure people received safe care and support.</p> <p>Regulation 12(1)(2)(a)(b)(c)(g)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People were not protected from the risk of unsafe or inappropriate care and treatment as robust systems were not in place to monitor the quality of care provided.</p> <p>Regulation 17(1)(2)(a)(b)</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff were not appropriately trained to carry out their duties effectively.</p> <p>Regulation 18(2)(a)(b)</p>