

# Integrate (Preston and Chorley) Limited

## Elizabeth House

### 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  |

# Summary of findings

## Overall summary

The agency Integrate Preston is managed from well equipped offices located in Ashton in central Preston. The agency provides personal care to adults with learning disabilities and mental health needs. Services are provided to support people to live independently in the community.□

The inspection of this service took place across three dates; 20 & 21 October and 1 November 2016. A follow up desk top review of further evidence was completed 23 November 2016. This was completed following a meeting with the two registered managers for the service, the inspector and an inspection manager. This was the first time the service had been inspected under the comprehensive methodology. The service was given 24 hours' notice prior to the inspection so that we could be sure someone would be available to provide us with the information we required.

The service has two registered managers, and one of the registered managers of the service was present throughout our inspection. 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 a lack of consistency in the way people's risk had been assessed and managed. The risks to people were not always sufficiently managed to avoid harm. In addition, there was not always information on how to mitigate risks and there was missing information to help guide staff if the said risk occurred.

We found that the service had policies and procedures in place to protect people from bullying, harassment, avoidable harm and abuse. We spoke with staff who told us they were aware of the procedure. However, these were not always being followed.

A central register of accidents and incidents was held by the registered manager in order for these to be monitored. The file contained an extensive list of accidents and incidents with clear guidance for reporting. However, we found a lack of consistency in reporting across the service.

We looked at how the service managed people's medicines and found that medicine administration was being completed outside of Integrate policies and procedures.

We found that the providers disciplinary procedures were not always correctly adhered to and robust. We did find that recruitment within the service was safe.

A range of checks were carried out on a regular basis to help ensure the safety of the properties and equipment was maintained.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). We found that the principles of the MCA were not consistently embedded in practice. The service provided care for people who may have an impairment of the mind or brain, such as learning disabilities. We found that people's capacity to consent to care and treatment had not always been assessed.

We found supervision for staff working within the service was not consistent. We saw the service had a detailed induction programme in place for all new staff and that staff were required to complete an induction prior to working unsupervised. We found that the service promoted staff development and had a rolling programme to ensure that staff received training appropriate to their role and responsibilities.

People's care records told us about their likes and dislikes in relation to food and drink. We saw that people had a choice of what they wanted to eat and staff were aware of people's needs in this area. During the inspection, we observed staff supporting people to make meals for themselves.

The staff approached people in a caring, kind and friendly manner. We observed positive interactions throughout the inspection. Staff appeared to understand the needs of people they supported and it was apparent that trusting relationships had been created.

People were supported by staff to access the community and minimise the risk of becoming socially isolated. Staff understood how to respect people's privacy, dignity and rights, and received training in this area.

There was a lack of consistency in care planning across the service. We viewed some really good in depth information that was clear concise and up to date. However, there were also care plans that were out of date, vague or that had not been considered at all.

We saw that people were supported to be independent and their views and wishes respected. People were supported and encouraged to take part in activities of their choice.

We found there was a clear assessment process in place, which helped to ensure staff had a good understanding of people's needs before they started to support them. We saw multiple examples across the care records we looked at of people being referred for external health and social care support and professional advice being followed.

The service had a complaints procedure and people and everyone we spoke with said they felt confident that any complaint would be taken seriously and fully investigated. A system for recording and managing complaints and informal concerns was in place.

Evidence we found showed there was a lack of management oversight. Although systems were established and in place to allow for oversight of accidents and incidents these were not always operated effectively.

We found the management team receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

The service regularly, support people who use the service to be more involved in external meetings and consultations regarding the wider disability agenda. People who use the service are actively involved in recruitment. People are trained in interviewing techniques and sit as equal members on the interview panels.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to safe care and treatment, consent, safeguarding, staffing and quality assurance. 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?

**Requires Improvement** ●

The service was not always safe.

We found that people were not always risk assessed as per the agencies own policy and procedures.

Staff were asked to undertake checks prior to their employment with the service to ensure that they were not a risk to vulnerable people.

Staff were aware of the providers safeguarding policy and how to report any potential allegations of abuse or concerns raised.

We found some incidents had not been reported.

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

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People's rights were not always protected, in accordance with the Mental Capacity Act 2005.

Staff were skilled and received comprehensive training to ensure they could meet people's needs.

There was evidence of staff supervisions and appraisals although this was not consistent across the service.

### Is the service caring?

**Good** ●

The service was caring.

Staff knew people well and responded to their needs appropriately.

Staff were aware of privacy and dignity and how to care for people in a caring and compassionate way.

People were involved in their own care planning.

### Is the service responsive?

The service was not always responsive to people's needs.

Assessments were completed prior to agreement of services and they showed a good standard of person centred detail.

Care plans were in place and contained person centred information to help guide staff, however the standard was inconsistent.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

People were put at risk because systems for monitoring quality and safety were not in place.

Policies and procedures were in place but were not always adhered to.

Systems weren't in place to monitor and evaluate the quality of service being provided to people who used the service.

**Requires Improvement** ●

# Elizabeth House

## 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 of this service took place across three dates; 20 & 21 October and 1 November 2016. A follow up desk top review of evidence was completed 23 November 2016. This was completed following a meeting with the registered managers, the inspector and an inspection manager. This was the first time the service had been inspected under the comprehensive methodology.

The service has two registered managers, and one of the registered managers of the service was present throughout our inspection. 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.

Before the inspection, the provider completed 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. We looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us. We requested feedback from 14 professionals, we received feedback from two social workers, a psychologist and one community learning disabilities nurse, their feedback is included in this report.

At the time of our inspection of this location, 120 people used the service, across six projects. We visited four of the projects. We spoke with a range of people about the service; this included eight people who used the service and two relatives. We also spoke with nine care staff, one senior care staff member, three team leaders, two managers, the human resources manager and the registered manager of the service.

We looked at a wide range of records. These included; eight people's care records, nine staff personnel records, policies and procedures, training records, medicines records and quality monitoring systems.

# Is the service safe?

## Our findings

One professional we spoke with told us: "I think they are an excellent service, who balance risk management well with person centred care". Another said: "This service provider does attempt to address and manage risks."

During this inspection, we looked at eight care files across four of the services. We found a lack of consistency in the way people's risk had been assessed and managed. The risks to people were not always sufficiently managed to avoid harm. In addition, there was not always information on how to mitigate risks and there was missing information to help guide staff if the said risk occurred.

For example, one person was at risk due to their mobility. We saw no management plan around how to support this person and no directions for staff to follow to prevent the risk.

Another example was a risk assessment that was missing around a person's medications and how these were being stored. This risk assessment was completed by the service during our inspection and we were provided with evidence that other professionals were consulted.

The risk management issues identified amounted to a breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, we did see some good examples of risk assessments and mitigation of risk. One example was around managing behaviour, the example used pictorial guides completed in conjunction with the person. These included behavioural triggers and mitigating factors, with good clear instructions for staff

We saw protocols in place around managing risks to others that had been completed with input from a multi-disciplinary team. These were clear and concise and included contingency plans for staff to follow.

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. We spoke with four staff members who told us they knew how to report safeguarding concerns and felt confident in doing so. We found that the service had policies and procedures in place. We spoke with staff who told us they were aware of the procedure. However, these were not always being followed.

At one property, we found ten incidents of unexplained bruising which had not been correctly documented or reported. We raised this with the registered manager during the inspection and they completed an investigation into the incident following our inspection. We also raised this as a safeguarding with the local authority.

The issues identified around safeguarding amounted to a breach of Regulation 13 safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



A central register of accidents and incidents was held by the registered manager in order for these to be monitored. The file contained an extensive list of accidents and incidents with clear guidance for reporting. The register was completed monthly to allow for quick access to relevant documentation. The incident forms we saw were completed to a high standard and included follow up information. However, we did find examples of accidents that had not been reported. One example was, '[Name removed] banged their head on the settee quite hard'...'large bump on left eye'. There was no accident report completed and we could find no documented evidence that any medical advice had been sought.

The issues identified around accidents amounted to a breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service managed people's medicines and found that medicine administration was being completed outside of the providers own policies and procedures.

We examined Medicine Administration Records [MARs]. We did find some omissions on documents for two people; that had not yet been highlighted by the staff or team leaders to the manager for an investigation to be carried out. MARs charts were handwritten without a second signatory, as per the providers policies and procedures. Variable doses were not always recorded. In addition, we did not see risk assessments completed around people who self medicated.

We found that care plans for "as and when required medication" were not always in place. For example, one person who was prescribed paracetamol did not have a care plan to reflect when and how this medication should be administered. This lack of protocols for medication increases the risk of medicines overdose and misuse.

We saw only one documented medicines audit and this was completed in January 2016, it included no follow up information or actions taken. The registered manager said that he attends the properties regularly to check on medicines however, there was no documentation for this.

The issues identified around medicines amounted to a breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection, we were unable to locate care plans for two people, we discussed this with the team leader and registered manager. We were informed that the files had been taken off the premises to be updated. This resulted in the staff at the property having no information about these people, their needs or how to care for them. This left the two people at possible risk of unsafe care.

We found in one person's care file that there was information about how to support the person missing. The person had been assessed as having emotional support needs due to two separate diagnosed conditions. There was nothing in the persons care file to guide staff around what support was needed.

The issues identified around missing care documentation amounted to a breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the provider did not always protect people against known risks from staff in a sufficient or timely manner. This was due to actions to protect people who use the service not being sufficient following disciplinary procedures.

The issues identified around disciplinary procedures amounted to a breach of Regulation 12 safe care and

treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked how staff had been recruited, we saw records which showed the provider had undertaken checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the service. The checks included written references from previous employers, a check with the Disclosure and Barring Service (DBS), formerly the Criminal Records Bureau (CRB) and application forms from staff.

The service was using agency staff at some properties. The registered manager told us that the service try to use the same staff members from their own agency to aid continuity. People we spoke with told us there were sufficient numbers of care workers to provide care and support for people who use the service. We viewed rotas; these are completed by team leaders and overseen by the registered managers. Rotas included person centred details to fulfil such as if a car driver is needed or a certain gender.

Under current fire safety legislation it is the responsibility of the registered manager to provide a fire safety risk assessment that includes an emergency evacuation plan for all people likely to be on the premises in the event of a fire. In order to comply with this legislation, a Personal Emergency Evacuation Plan (PEEP) needs to be completed for each individual living supported by the service. The PEEPs we saw contained adequate personal information to demonstrate how each individual could be best assisted to evacuate their own home, should the need arise.

A range of checks were carried out on a regular basis to help ensure the safety of the properties and equipment was maintained. These checks included fire alarm, water temperature and electrical appliance checks. A gas safety certificate was available to show all appliances were checked on a periodic basis by an external contractor. This helped to ensure people were kept safe and free from harm in their own properties.

# Is the service effective?

## Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA).

The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We looked at how the service gained people's consent to care and treatment in line with the MCA. We found that the principles of the MCA were not consistently embedded in practice. The service provided care for people who may have an impairment of the mind or brain, such as a learning disability. We found that people's capacity to consent to care and treatment had not always been assessed.

For example, we found documentation that had been signed by a keyworker on behalf of someone who used the service. Another example was where a consultants letter stated that a person did not have capacity to manage their own medicines, the service had not requested any documentation from the consultant around this. In addition, the person still managed different medications without any formal capacity assessments.

Where documentation was available to show that principles of the MCA had been followed these were not always reviewed regularly and we found missing signatures and dates throughout some care records. This meant that there was no clear evidence of staff accountability for the decisions that had been made.

We asked staff about their understanding of the MCA. Staff told us: "We don't do capacity assessments, that is not our role". And: "Only social workers do MCA assessments, I wouldn't do one".

This failure to consistently follow the code of practice amounted to a breach of Regulation 11 need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff supervision was not always consistent at the service. Some of the staff we spoke with said they had not received supervision for some time and documentation supported this. One team leader told us that they had not undertaken supervisions for staff as often as they should have.

These shortfalls in supervision of staff amounted to a breach of regulation 18 staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that one team leader asked staff to complete reflection sheets on a regular basis to look at positive and negative aspects of practice and any training needs. This was then discussed in formal supervision and staff told us that they found this approach useful. The registered manager told us that this was something that would be used throughout the service in future.

We saw the service had a detailed induction programme in place for all new staff and that staff were required to complete an induction prior to working unsupervised. This programme covered important health and safety areas, such as moving and handling. In addition, there were courses on working in a person centred way and safeguarding. This information was held centrally in a record covering the first two years of work. New staff members received supervision during this time and were supported with any training issues they may have had.

One staff member told us: "The induction training was awesome it gave me a good grounding in the job".

We found that the service promoted staff development and had a rolling programme to ensure that staff received training appropriate to their role and responsibilities. We asked staff if they received training to help them understand their role and responsibilities. Staff told us: "I am happy with the training I get, we have regular updates". And: "If I don't understand anything during or after the training I can always ask and help will be provided".

One professional told us: "I have worked with them on several occasions developing and implementing bespoke staff training and I am aware they have funded staff through specialised formal training".

The service offered some face to face training sessions that wherever possible are have people who use the service delivering the training. For example, their autism training often has a person who uses the service co-training with one of the managers. In addition, learning disability awareness training involves people who use the service who have first-hand experience to share with learners. The most recent training to take this approach was 'friendships, relationships and sexuality'. The service had two members of staff and two service users who had undertaken the train the trainer course together and who jointly deliver this training to service users and their key workers.

People's care records told us about their likes and dislikes in relation to food and drink. We saw that people had a choice of what they wanted to eat and staff were aware of people's needs in this area. During the inspection, we observed staff supporting people to make meals for themselves.

One person told us that they were watching their weight and that staff supported them to make healthy choices and helped them to weigh themselves and keep a track of the progress.

The service worked with other agencies to share best practice. One manager from the service has been elected on to the, 'Challenging Behaviour: National strategy group', hosted by the challenging behaviour foundation, they are one of two provider representatives. In addition, the manager is the co-chair for the North West forensic learning disability practitioner forum.

This same manager is an independent advisor for Lancashire Police south division, and offers a liaison and critical friend role to the police for diversity groups including on behalf of people with a learning disability.

We found examples across the care records we looked at of people being referred for external health and social care support and professional advice being followed. The service maintained good working relationships with health professionals and sought guidance when needed. These arrangements helped to ensure that people consistently received the care they needed.

We spoke to one professional who told us: "The staff seek support, through the duty enquiry system, through referral and re-referral, and also requests for refresher in addition to everyday case work communication".

# Is the service caring?

## Our findings

The staff approached people in a caring, kind and friendly manner. We observed positive interactions throughout the inspection. We have evidence to show that staff understood the needs of people they supported and it was apparent that trusting relationships had been created.

One person we spoke with told us: "We are like one big family here, I love it". And: "I can do exactly what I want when I want, there's no restrictions."

One professional told us: "The staff appear caring and have helped out clients by staying with them when they have been due to finish work, worked extra hours through the night to support someone in crisis and/or distress and travelled out of area out of their hours to support clients in a secondary acute service".

People were supported by staff to access the community and minimise the risk of becoming socially isolated. One staff member told us how there was always enough staff on to support with one to one hours, so the person they supported could take part in their chosen activity. An example was seen in one person's care file where the person was being supported to get out into the community to meet new people.

During the inspection we observed one person being taken out for a drive in the car, this information was documented in the persons care file as an activity that they enjoyed.

Staff understood how to respect people's privacy, dignity and rights and received training in this area. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks.

We saw evidence that, where appropriate, people were involved in how their care was planned. This approach to care planning resulted in shared decision-making and on going support to enable staff to work in a more inclusive way, working with people who use the service towards their own goals. One example we viewed documented a future goal, 'to keep active on my bike'.

We saw that people had individual bedrooms that had been personalised. People had their own space that facilitated privacy and independence. One person told us that staff were supporting them to decorate a 'man cave' and had helped them to choose some furniture.

The registered manager was knowledgeable about local advocacy services, which could be contacted to support people or to raise concerns on their behalf. Advocates are people who are independent of the service and who can represent people or support individuals to express their views.

We saw that people were supported to be independent and their views and wishes respected. The service was supporting one person with their choice to stop all their prescribed medication. The individual had made the decision and medical advice had been sought. There was clear guidance for staff around other interventions that may help and the person was attending regular reviews with support from the staff.

## Is the service responsive?

### Our findings

We asked relatives if staff were responsive to people's needs. One person we spoke with told us: "Staff helped to get all the equipment the [Name removed] needed so that they could return home".

There was a lack of consistency in care planning across the service. We viewed some really good in- depth information that was clear concise and up to date.

One example of this was for a person who had issues with their mental health, there was a, 'mental health protocol' on file and the person had been fully involved in the care planning process. It documented what was "normal" behaviour for them and included strategies for staff to support them using very in depth person centred information.

Another example was for a person who required support with moving and handling. The person themselves and staff had devised a pictorial care plan which clearly showed how staff should support the individual.

However, there were also care plans that were, vague or where needs had not been care planned at all. For example, one person who required support with mobility did not have a mobility care plan in place. This same person also required support with personal care needs. There was no specific care plan for this and the daily routines stated; 'wash hair etc'. This did not give staff any clear instructions on how to support this person.

One staff member told us: "The care plans are often patched up rather than re-written so there is information which is not relevant".

We recommend that the provider ensure any changes in a person's need are recorded in a timely manner and in a way that is clear and concise across the service as a whole.

People were supported and encouraged to take part in activities of their choice. We saw evidence of people who had been supported to holiday abroad. One person had recently attended a music festival with support.

Another good example of this was the 'Benidorm or Bust' rally. In which a group of people who use the service were supported to buy two old cars, do them up both cosmetically and mechanically and then enter the vehicles into the rally, which goes from Blackpool to Benidorm. The benefit, experiences and teamwork aspect of this type of pursuit has multiple benefits for all involved.

The service also provided daytime opportunities for people via their social enterprises. These currently include two charity shops, a horticultural/gardening service, a final packaging service, portable appliance testing, decorating, handyman as well as being the largest wood recycler in the north west of England.

The people who attended these services gained skills and experience in their chosen area and have the

opportunity to gain 'real-world' qualifications in conjunction with Runcorn College who deliver an outreach qualification programme over the academic year. Last year the service supported over 20 people who use the service to gain qualifications by engaging with the programme and all have moved on to a higher level for the coming year.

We found there was a clear assessment process in place, which helped to ensure staff had a good understanding of people's needs before they started to support them. Some assessments we viewed included information from other agencies, which also helped to ensure that the person's needs could be met.

The service had a complaints procedure and people and everyone we spoke with said they felt confident that any complaint would be taken seriously and fully investigated. A system for recording and managing complaints and informal concerns was in place. We saw evidence of complaints and information was available to demonstrate how those complaints had been reviewed, investigated and responded to.

## Is the service well-led?

### Our findings

We checked whether the service was well led. Evidence we found showed there was a lack of management oversight.

We could not find documented evidence that care files had been audited, the issues we found during the inspection such as missing documentation to guide staff to support people, would have been identified if suitable checks had been carried out.

Although systems were established and in place to allow for oversight of accidents and incidents these were not always operated effectively. We found that the registered manager was not aware of issues around unexplained bruises not being reported for one person. If these systems were operated then the incidents would not have been missed.

We spoke to the registered manager who told us that they did visit the properties to look at any issues but that they did not record this. One team leader informed us they did complete audits of care files, however, these were not recorded.

The lack of consistencies we found across the service also demonstrates the lack of oversight from the registered manager. This highlights the need for oversight and monitoring that is robust to ensure the same standards across the service.

The shortfalls in quality assurance amounted to a breach of Regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they felt supported by the registered manager and team leaders. Staff told us: "Everyone is supportive, I can ask for help". And: "There is a good staff team, morale can dip occasionally but it returns".

One professional told us: "Yes I find the management are approachable".

We found the management team receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

We found that minutes of meetings were retained and staff confirmed they had meetings periodically, so that they could get together and discuss any relevant topics in an open forum.

We viewed evidence which demonstrated that the views of stakeholders, including people who use the service, staff, visiting professionals, professional bodies, commissioners, local groups, members of the public and other bodies, had been sought and acted on for the purposes of continually evaluating and improving the service.

The service regularly, support people who use the service to be more involved in external meetings and



consultations regarding the wider disability agenda. Whether this was local groups such as the Preston Forum or national groups like the Housing and Support Alliance. The service got information in advance, which is translated into easy read format and provide briefing sessions. This is so the people who use the service who attend the meetings have an understanding of why they are there and can make a real contribution.

One good example was the Lancashire County Council consultation on remodelling supported living for people with learning disabilities. The consultation documents sent out were not in an accessible format the service are supporting the people who use the service to meet with the council in person about their concerns and have supported them to understand the issues and the uncertainty they will face if the plans go ahead unchallenged.

The service is currently acting as a critical friend to one of their housing association partners in helping them develop an easy read tenancy pack for their tenants with learning disabilities.

Policies and procedures were available in an easy read format to help ensure that these were accessible to people who use the service. The service also works in partnership with other agencies to support them in ensuring their documentation is accessible to all. A recent example of this is partnership working with; 'The working for justice group'. Some of the people who use the service have been supported by the staff to help develop easy read versions of documents, including 'licence conditions' and 'notice of rights and entitlements' within the forensic field.

Another example is that people who use the service are helping a local housing association to develop an easy read tenancy agreement.

People who use the service are actively involved in recruitment. People are trained in interviewing techniques and sit as equal members on the interview panels.

One aspect of the service has a forensic focus, the service supported people that may be at risk of offending behaviour. We found that the legal documentation within this service was clear and concise and gave good information to staff. For example, copies of any documentation with regards to probation or any orders were kept on file. Where these were large and complex documents, a quick guide reference sheet had been devised for staff.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events that happen in their services. The registered manager of the service had informed CQC of significant events that had been identified as required. This meant that we could check appropriate action had been taken.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not have suitable arrangements in place to ensure that the treatment of all service users was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11(1) (2) (3)</p>  |
| Regulated activity | Regulation  |
| Personal care      | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always have suitable risk management arrangements and strategies in place to make sure that care and treatment was provided in a safe way for all service users.</p> <p>Regulation 12 (2) (a) (b)</p> <p>The provider did not have suitable arrangements in place to ensure that all medicines were managed in a safe way.</p> <p>Regulation 12 (2) (g)</p> |
| Regulated activity | Regulation  |
| Personal care      | <p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not always follow arrangements in place to protect service users from abuse and improper treatment.</p>  |

Regulation 13 (1) (2).

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service provider had not implemented a robust system for assessing and monitoring the quality of service provided.</p> <p>Regulation 17 (1) (2) (a) (b) (c) (f).</p>   |
| Regulated activity | Regulation  |
| Personal care      | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not ensure staff consistently received appropriate support, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (2) (a).</p> |