

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 registered to provide care and accommodation for up to 11 people with learning disabilities or autistic spectrum disorder. 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 on the top floor. There is a large, secure garden to the rear of the building.

We undertook this unannounced inspection on the 3 and 8 March 2017. At the time of the inspection there were 11 people living at the service.

At the last inspection on 14 July 2014, the registered provider was compliant with all areas assessed and was rated as outstanding.

At this inspection we found breaches of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and Regulation 17 Good governance. You can see what action we have told the registered provider to take at the end of the report.

There was no registered manager in post. The service is required to have a registered manager, and as such, the registered provider was not meeting the conditions of their registration. 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. When a service does not have a registered manager in place the rating in well led cannot be rated any more than 'requires improvement'. A manager had been appointed but had not been through the registration process to become the registered manager. We have called them the 'manager' throughout the report.

Improvements were needed to be made to ensure complete records were maintained within the service. This included fluid intake charts and incidents records. Further improvements were also required to ensure any incidents in the service were reported to the local safeguarding team by senior staff when the manager was absent. Risk assessments and behaviour support plans needed to contain more detailed information about how approved interventions are used and in which circumstances. The organisation also needs to further consider how they will prevent inappropriate items being brought into the service which may present a risk to other people using the service.

Staff received effective levels of support, supervision and mentorship and people who used the service were supported by staff who had the skills and experience to carry out their roles effectively. People who used the service were supported to make their own decisions about aspects of their daily lives. The manager followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made.

People who used the service told us they liked the meals provided and were offered support to prepare their own meals when they wished to do this. Staff supported people with their nutritional and health needs and liaised with healthcare professionals, on people's behalf, if they required support in accessing their GP or other professionals involved in their care.

Records showed people had assessments of their needs and support plans were produced. These showed people and their relatives had been consulted and involved in this process. We observed people received care that was person-centred and care plans provided staff with information about how to support people in line with their personal wishes and preferences.

Risk assessments were completed to guide staff in how to minimise risks and potential harm during activities of daily living. Staff took steps to minimise risks to people's health and wellbeing without taking away people's rights to make decisions.

People received their medicines as prescribed.

There was a complaints procedure in place that was available in alternative formats, enabling people who used the service to access this information if needed.

We found the environment was accessible and safe for people. Equipment used in the home was regularly serviced.

There was a system of audits and checks in place but this had failed to identify the shortfalls in records.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Staff were recruited safely and there were sufficient numbers on duty to meet people's needs.

Staff received safeguarding training and knew what to do to keep people safe from the risk of harm and abuse. Improvements needed to be made to ensure systems were in place to ensure all senior staff made safeguarding referrals in a timely way when the manager was absent.

People had risk assessments to help guide staff in how to minimise risk, but further information needs to be included in individual behaviour support plans detailing agreed and approved interventions and the circumstances these are used.

The registered provider needs to further consider how they will prevent inappropriate items being brought into the service which may present a risk.

We found medicines were stored securely and administered as prescribed to people.

The service was clean and tidy and equipment used was safe and well-maintained.

Requires Improvement ●

Is the service effective?

The service was effective.

People liked the meals provided and their nutritional needs were met.

People's health care needs were met and they had access to community health care professionals when required.

Staff had access to training, supervision and appraisal which provided them with the skills, knowledge, support and confidence they required to care for people.

Staff understood the principles of the Mental Capacity Act 2005

Good ●

(MCA), which meant they promoted people's rights and followed least restrictive practice.

Is the service caring?

The service was caring.

Staff were observed speaking to people in a kind and patient way and treated them with dignity. People's right to privacy was seen to be respected by staff.

People were provided with information and explanations so they could make choices and decisions about aspects of their lives.

Confidentiality was maintained and personal information stored securely.

Good 

Is the service responsive?

The service was responsive.

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.

People who used the service were enabled to maintain relationships with their friends and relatives.

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

There was a complaints procedure in place which was available in alternative formats.

Good 

Is the service well-led?

The service was not consistently well-led.

There was no registered manager in post.

Robust systems were not in place to ensure safeguarding referrals and notifications of incidents were made to the CQC in the manager's absence.

There was a quality monitoring system in place this required more attention to ensure a more robust analysis of specific issues.

Requires Improvement 

The culture of the organisation was open and staff felt able to raise concerns in the belief they would be addressed. Staff told us they felt very supported by the manager.

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced; it took place on 3 and 8 March 2017 and was carried out by two adult social care inspectors on the first day and one adult social care inspector on the second day.

Prior to the inspection, the registered provider completed a Provider Information Return. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local authority commissioning and safeguarding teams to gain their views on the service. We also looked at the notifications we received from the service and reviewed all the intelligence CQC held to help inform us about the level of risk for this service.

We spoke with four people who used the service during the inspection and spent some time speaking with staff and observed how they interacted and supported other people within the service. The manager, five members of staff, three professionals and three relatives were also spoken with.

We reviewed the care files for four people who used the service and other important documentation such as accident and incident records and medicine administration records. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure people were not deprived of their liberty unlawfully and action taken by the registered provider was in line with current legislation.

A further selection of documentation relating to the management and running of the service was also reviewed; including, quality assurance audits and questionnaires, minutes of meetings, three staff training and recruitment files and a selection of the registered provider's policies and procedures including; medicine, complaints and risk assessment

Is the service safe?

Our findings

When we asked people who used the service if they felt safe, they told us, "Yes I do" and "Of course, the staff keep us safe."

Relatives we spoke with told us they considered their family member to be safe, comments included, "I've no worries about their safety and they have been happy since they have been there. The staff manages them well and keeps them safe, while promoting their independence." Another told us, "I wouldn't question that they are safe, they are happy there." We observed people were relaxed, happy and confident within the service.

We found that when an incident had occurred in the service when the manager was on leave. A notification of the incident had not been submitted to the Care Quality Commission at the time of the incident, nor had it been referred to the local safeguarding team in line with procedure. A failure to take appropriate action without delay is a breach of Regulation 13 Safeguarding service users from abuse.

The manager had submitted a notification to CQC on their return to work, but had not made a referral to the local safeguarding team until prompted to do so by CQC.

When we spoke with the manager about this, they told us that staff had training and guidance was in place for them to follow on how they should make referrals. The manager offered assurances that further training would be done with all senior staff and further discussions with them would take place at both their team meeting and individual supervisions to ensure the same mistake would not be made again.

All of the staff we spoke with were aware of the registered provider's procedure for the reporting of any abuse. They told us how they would approach the manager and inform them of the issues. They told us they had confidence the manager would report any abuse to the proper authorities, but they also knew they could approach other agencies independently if they wished. Comments included, "I would go to the manager she is very responsive", "I know I can go to the manager or other agencies like CQC or the social services to report any abuse" and "I have raised some issues with the manager before and she dealt with them very professionally, and took the right actions to protect people."

Staff told us they had refresher training in how to safeguard adults from abuse. Comments included, "We get training every year about safeguarding, and it is part of the e learning we have to do." Staff were also aware they would be protected by the registered provider's whistle blowing policy if they did raise concerns.

Staff were recruited safely. Full employment checks were carried out prior to staff starting work at the service. These included, references, gaps in employment, identity and when required, assurances the person had a right to work in this country. There was a check made with the disclosure and barring service to ensure the person had not been excluded from working with vulnerable adults and interviews were held to assess values, skills and knowledge.

We saw there was sufficient staff on duty to meet the needs of people who used the service. Rotas indicated there were six care staff and two team leaders available during the day. The team was supported by an activities coordinator, a cook, handyman and cleaner. There were three staff available during the night. The registered manager was supernumerary.

Records showed risks were well managed through individual risk assessments that identified the potential risk and provided staff with information to help them avoid or reduce risks. We looked at the care plans for people who used the service and found these identified potential risks and gave staff guidance in how to minimise them. These included, moving and handling, nutrition, falls, the use of wheelchairs and going out into the community.

Staff knew how to keep people safe who displayed behaviours which might injure themselves or present a risk to others of harm. Comments included, "We have been trained in restraint techniques so we can keep people safe", "We only use restraint as a last resort and then we only use a two person guide, this is when two members of staff either walk or sit closely next to the person to prevent them from harm."

Risk assessments also included plans for supporting people when they became distressed or anxious and detailed circumstances that may trigger these behaviours and ways to avoid or reduce these. However, we found that although positive behaviour support plans were in place, these did not detail which if any, approved and agreed interventions would be used and in which circumstances. When we spoke to the manager about this they explained that this had already been identified and was being worked on further and key staff had been allocated time in order to complete this.

We also found that when incidents had occurred within the service records had not always been fully completed or included details of all actions that had been taken following the incident. For example following an incident on 12 February 2017, we were unable to find any information of any actions taken following the incident either in the written or computerised records. When we spoke with the manager about the incident, they told us they had spoken to the person about their behaviour being inappropriate. They told us they did not consider anyone to be at risk of harm following the incident.

Comments from relatives about the cleanliness of the environment included, "Absolutely it is always clean." Another told us, "The staff are very good at supporting and encouraging them to tidy their room as they have a tendency to being a bit untidy."

The environment was found to be safe, clean, tidy and overall well-maintained; the service was undergoing a process of refurbishment including redecoration, the fitting of a new kitchen and changing the use of two rooms into a sensory room and a quiet area on the ground floor.

Equipment used in the service was checked and maintained such as fire safety, gas and electrical appliances, and moving and handling items. The laundry had washing machines with a sluice cycle and a system to launder soiled linen which meant minimal contact for staff.

We saw there was personal protective equipment such as gloves, aprons and hand sanitizer for staff to use when required. There were signs above sinks in bathrooms and toilets which reminded staff and other people about good hand washing techniques.

People received their medicines as prescribed. We saw that suitable arrangements were in place for the ordering, storage and administration of medicines. Protocols had been developed to ensure when PRN [as required] medicines were used this was done safely and consistently. The Medicine Administration Records

(MARs) we saw had been completed accurately without omission.

We observed one person being supported to take their medicines. The routines identified within their care plan for how they preferred to be supported to take their medicines, was seen to be followed by the staff member who administered their medicines.

Plans were in place to deal with foreseeable emergencies. The registered provider had created continuity plans which staff were expected to follow in the event of an emergency such as the loss of facilities and staffing crisis

Is the service effective?

Our findings

People told us they were able to see their GP or nurse when they needed to and also saw dentists, opticians and chiropodists. Comments included, "The staff are really good at helping me to arrange appointments for the doctor, opticians, dentist or nurse." They told us they enjoyed the meals provided and had plenty to eat and drink. Comments included, "We have meetings with the cook to talk about the things we want to eat. Staff also help me to cook things and sometimes we go out for something to eat. There is plenty of it and it is all the things I like to eat." Another person told us, "We have nice food, the cook asks us what we like and don't like and there is always a choice."

Relatives told us they menus were very good and their family members were always happy with the meals provided. They told us their family member was always accommodated if they chose not to have the choices available.

Relatives we spoke with praised the skills and abilities of the staff who supported their family member. Their comments included, "The staff are brilliant, I can't fault them" and "All the staff are very good and they get on really well with my relative and it is reciprocated."

Professionals we spoke with told us, "I feel the staff work really well and hard to support people's needs. The staff are always very patient and understanding with my client. The staff have strategies and approaches to support the client's needs and have taken on advice from the community learning disability team."

We observed the lunchtime period and found it to be very informal with staff sitting and eating with the people who used the service. The staff helped people to prepare simple snacks and meals like sandwiches and soup. Staff told us they helped people prepare their meals, "We ask people what they would like and we make it with them," "The cook prepares the evening meal that's when we all sit together and eat and catch up on what everybody's been doing all day, it's like one big family."

Staff understood the importance of making sure people had the right diet for either helping them with their weight, keeping healthy or assisting to eat safely with the use of thickeners and additives.

Records showed the people who used the service were supported by a number of healthcare professionals including GPs, speech and language therapists, community learning disability nurses and epilepsy specialists. This helped to ensure people received the most appropriate care and support to meet their needs.

We saw evidence to confirm staff had completed a range of training to ensure they had the skills and abilities to meet the assessed needs of the people who used the service. Staff told us they found the training they received equipped them to meet the needs of the people who used the service and along with mandatory training, fire safety, moving and handling, health and safety and first aid; they had received more specialist training. This included Non- Abusive Psychological and Physical Intervention (NAPPI), autism, epilepsy, Makaton and diabetes.

We found that staff received regular supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. It is important staff receive regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice. We saw examples where supervision was used to address specific concerns regarding practice and to assess staff knowledge on particular topics. Team meetings were also held regularly, which gave staff opportunity to discuss any issues in relation to people or the running of the service.

Throughout the inspection we heard 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 by the people they supported. The team leader told us "We have put a lot of work into communication passports so that staff have the information they need to communicate with people effectively. For some people this can be very subtle changes to their body language or avoiding eye contact, so it is important it is all there."

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. We saw evidence that the registered provider followed the principles of the MCA and ensured best interest meetings were held when people lacked the capacity to make informed decisions themselves. The best interest meetings were attended by relevant professional and other people with an interest in the person's life such as their families.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection DoLS applications had been submitted to and were awaiting approval from the relevant authority.

Is the service caring?

Our findings

When we asked people who used the service if the staff who supported them were caring they told us, "They are spot on, they listen, they help me and they answer my questions. I like them all but especially like [Name of staff member]." Another told us, "The staff are kind, they look after me and if I am unhappy about anything, they will help me to sort it out."

Relatives told us, "The staff always respect people's privacy and dignity. I can't fault the care." Another told us, "They [their relative] tell us they are happy and leading a full life, what more can we ask for?" Relatives also confirmed they were invited to review meetings which took place regularly. Comments included, "Yes we have meetings every 6-8 weeks. They try to do everything he wants and they keep us up to date and involve us in everything. He has lots of opportunities now and he is more independent now than we ever thought he would be."

Professionals told us "I have always found the staff to be friendly and welcoming." and "The service has a nice welcoming environment and the clients appear happy and settled."

At the time of our inspection the registered provider was in the process of transferring written care plan records onto a computerised system. Care plans had been developed to ensure people received constant and effective care in all aspects of their lives. Details of people's identified support needs and how they preferred their care to be delivered was also included. This included areas such as communication, personal care, mobility, medicine, health and well-being. Each area of the care plan had a corresponding risk assessment in place to ensure staff were aware of potential risks and the action the registered provider expected staff to take in order to mitigate them.

We found care plans to be person centred describing their qualities and personal attributes and consistently re enforcing the need to support people to maintain their independence. The majority of the people who used the service had gone out on both days of our inspection, but those who remained seemed to enjoy the staff's company and there was lots of banter and shared jokes. One of the people who were able to speak with us told us they liked living at the service felt safe and liked the staff. They went to college to do arts and crafts.

We saw staff treating people with dignity and respect. Staff were able to describe to us how they would uphold someone's dignity, "I would always make sure they were covered over if I was assisting them with any personal care", "I always knock and wait to invited in when I go to someone's room", "We have a lot of people here who can look after themselves and they just need a bit prompting so I just help them and make sure I'm not too close to them but within earshot if there's anything they need."

The manager told us there were no restrictions on visiting times and people were supported to visit their relatives in their homes as well as at the service. On the first day of our visit one person arrived back at the service having enjoyed a break with their family.

Care files and other confidential information were stored safely. The registered provider's computerised systems required personal log in details to gain access to information and staff confirmed that confidentiality was covered within their induction process. This helped to ensure unauthorised people did not have access to personally sensitive information.

Is the service responsive?

Our findings

The registered provider had a complaints policy in place which was available in an easy read format which ensured its accessibility to the people who used the service.

People who used the service that we spoke with told us they felt able to complain and their concerns would be addressed. Comments included, "I would tell my keyworker if anything was wrong, but I can go to any of the staff for help with anything." Another told us, "You just go to [Name of manager] they will get it sorted."

Relatives told us, "I feel we have a good relationship with the staff and the manager and can talk to them easily."

Staff we spoke with told us they knew what to do if they received any complaints or concerns, one member of staff said, "I would try and sort it out, but if it was serious I would report it to the manager."

When asked about activities available in the service one person delighted in telling us they had been for a job interview at a local café and had been offered a trial shift the following week. Other people told us about college courses they attended, trips out, going to social clubs to meet up with friends, bowling, planning for holidays and trips to the cinema.

Relatives told us there were activities in place based on people's personal preferences and interests. They told us, "They have plenty of opportunities to do different things, many of which they are now able to access independently." and "Yes they are always out and about doing something."

Professionals we spoke with told us, "The staff interact with the clients professionally and with a caring approach. Clients are offered a number of activities to engage in."

Relatives we spoke with told us their family member's received personalised care. They also confirmed that they were involved with initial and on-going planning of their family member's care. One relative said, "I am involved in everything, the service keeps me up to date with everything." Others told us, "Yes we attend all of the reviews."

Reviews of people's care and support took place regularly. Records showed they were attended by people who used the service as well as their appointed representative and other people with an interest in their care. The manager confirmed that the local authority commissioners completed a review each year as did the registered provider. This meant people's care was reviewed at least every six months. The team leader explained, "The reviews are good for everyone to have the opportunity to discuss what has been happening in their [the people who used the service] lives, what is going well, any changes or any additional support that may be needed."

We saw people had their needs assessed prior to admission to the service. A one page profile had been completed for each person and described what others liked and admired about the person, what they liked to do, their personal interests and things that made them happy. These were seen to include pictures of

people engaging in their favoured pastimes and spending time with families and friends. This provided staff with information about the person's background so they had an understanding of the person's values, behaviours, interests and people who were important to them.

Care plans were produced from assessments and overall contained good personalised information to give staff clear guidance in how to support people to meet their needs. They had been developed to ensure people received consistent and effective care in all aspects of their lives. The team leader explained, "The care plans are quite good but they are living documents, and are changing all of the time. We have recently had a computerised system introduced and we are working through all of the written documents and transferring it onto the computerised system. We are working with both systems at the moment."

Care plans had been created for areas including emotional and psychological, communication, mobility, bowel management, health, medicines, personal care and night care. Each care plan had a corresponding risk assessment to ensure staff were aware of known risks and the action the registered provider expected them to take to mitigate them. The care plans we saw were person centred and consistently re-enforced the need to support people to maintain their independence and develop their daily living skills.

One person with more complex physical needs had their fluid and food intake monitored closely and staff understood why this had to be done to ensure there was no skin break down and their catheter was free flowing, however when we looked at the monitoring charts these had not been completed fully. We raised this with the manager who told us there had been some issues with staff not fully completing records and this had been raised with them at a recent staff meeting, but was an on-going concern. Minutes from the staff meeting confirmed this and detailed why staff failing to complete records would face disciplinary action.

Is the service well-led?

Our findings

People who used the service told us they liked the manager and found them to be approachable. They told us, "[Name] is spot on and lets us know what is happening." Another told us, "She wants to know what we think and we have meetings to talk about things and what we want."

We had a mixed response from relatives we spoke with about the manager, one told us, "[Name] is always available to us. Whether we ring up or visit in person, she will always make time for us." Another relative commented that despite requesting regular communication, they felt this had not improved. Similarly when we spoke to relatives about whether they were consulted about their views of the service, two told us they received and completed surveys whilst a third stated they had never been consulted.

All the staff we spoke with found the registered manager supportive and approachable, comments included, "I can approach the manager she listens to what you have to say", "The manager is lovely she is really supportive" and "I know I can go to her with anything be work or personal and she'll try and help me if she can."

Professionals we spoke with told us that although staff were very helpful and welcoming, documents they had put in place, were not always fully completed, so they were unable to obtain all of the information they needed.

At the time of our inspection there was no registered manager for the service, which is a condition of the service's registration. A new manager had been in post for approximately twelve months but they had only recently begun the initial stage of application to become the registered manager for the service. When a service does not have a registered manager in place the rating in well led cannot be rated any more than 'requires improvement'.

The registered provider's auditing system covered all aspects of the service including accidents and incidents, recruitment, environment, care planning. Quality assurance checklists were used to ensure cleanliness and general maintenance of the service. However, the audits failed to identify the shortfalls in records not being fully completed or maintained.

Improvements were needed to be made to ensure records were fully completed and maintained within the service. This included fluid intake charts, daily positive interventions plans and incidents records.

An analysis of all accidents and incidents was undertaken at senior management level identified the use of seated restraint and two person moving techniques being used. Risk assessments and behaviour support plans needed to contain more detailed information about how approved interventions are used and in which circumstances, to ensure all staff are aware of how to support people safely and effectively. .

The registered provider also needs to consider how they will prevent inappropriate items being brought into

the service which may present a risk to the individual, other people using the service and others. They need to ensure they have policies and procedures in place to demonstrate how they will manage this safely.

Improvements were also required to ensure systems were in place for the reporting of incidents to the local safeguarding team and notifications to CQC by senior staff when the manager was absent, so that information is shared and acted upon in a timely way.

Not having an effective governance system in place is a breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Staff confirmed they had regular staff meetings and found these interesting and informative. They confirmed they had been asked to complete surveys and asked for their opinions about the running of the service.

Managers meetings were held on a regular basis to share good practice and keep up to date with good practice guidance. The manager told us they were well supported by their line manager, who visited the service regularly and was involved in completing audits of the service.

The manager was fully aware of and fulfilled their responsibilities to report accidents, incidents and other notifiable events that occurred within the service. During our inspection we reviewed the accident and incident records held within the service and saw that they matched the information that had been sent to the Care Quality Commission. On one occasion there had been a delay in the information being sent in when the manager was on leave and the details of the incident had not been referred to the local safeguarding team. This meant the registered provider had not taken appropriate action to escalate identified risks to people who used the service to the relevant body, or followed their safeguarding procedures.

When we asked the manager about their management style they told us, "For me this is not just a business, I am here to support the guys and support them to achieve what they want to do. I like people to come to me with new ideas as I am interested in the staff's views and any concerns or improvements they feel we need to make. I am motivated, positive and looking to take the service forward. I have a service to run but want staff and service users to be happy too and have a say in the service. I am all for progression and want to develop my staff team in their roles and get the best out of them each staff member brings different skills and qualities to the team."

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered provider did not implement robust procedures and processes to make sure staff were aware of their responsibilities to report abuse including referral to other providers. Regulation 13 (1)(2)(3).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have effective systems and processes to ensure the service provided was safe, or well-led. Regulation 17 (1)(2)(c)(f)</p>