Bonney Care Agency Ltd

Business Base

Inspection report

16 Swan Street
Leicester
Leicestershire
LE3 5AW

Date of inspection visit:
27 June 2017
29 June 2017

Date of publication:
04 August 2017

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

This inspection took place on 27 and 29 June 2017 and was announced.

Business Base is registered to provide personal care and support for people living within their own homes. At the time of our inspection there were 20 people using the service. This comprised of two older people who resided in their own home and 18 people requiring support who had a learning disability or mental health need, and resided within one of three 'supported living' environments based in Leicester. People, who resided within the 'supported living' environment, had at the time of the inspection visit been receiving support from Business Base for approximately eight weeks.

This was the first inspection of the service since it was registered by CQC on 23 June 2016.

Business Base had a registered manager. 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.

People's safety and welfare had not been consistently or robustly assessed and plans had not always been put into place to minimise potential risk. We found records contained contradictory information as to people's needs, which included information about the level of support they required, in a range of areas including support with their medicine.

People told us how staff supported them in a range of activities to support their independence in developing daily living skills. However we found people's care and support had not been always been documented, which included how people were to be supported to attain their goals and aspirations, and how success was to be measured.

We found shortfalls in the implementation of the system to assess the quality of the care people received. A range of records were not up to date or contained inconsistent information, whilst some documents, such as the business continuity plan had not been completed. This had meant that shortfalls identified as part of the inspection visit had not been identified by the registered manager. The registered manager had taken action to improve the management of the service through the recent recruitment of a manager and appointed other people to other key roles. This was with a view to them being able was have sufficient time to focus on the development of the service as part of their commitment to provide good quality care and the expansion of the service.

Staff upon their recruitment had their application and references were checked as to their suitability to work with people. Staff underwent a period of induction and training, which included their being introduced to people whose care and support they would provide. Staff had been employed to meet people's needs. People we spoke with were positive about the support and care they received from staff. The registered

manager was planning to involve people who use the service in the recruitment of staff.

Policies and procedures were in place for the on-going supervision and appraisal of staff; however we found staff did not have a plan of training which focused on their personal development as detailed within the PIR.

Staff understood the importance of seeking people's consent prior to providing care and support and we found people had signed their care plans. Staff liaised with health and social care professionals, which was confirmed by people we spoke with who used the service. However we found people did not have an a health action plan in place to reflect their health care needs detailing those involved in their care as detailed within the PIR. Despite this people's care records did contain contact details for relevant health care professionals, should staff need to contact them if they had concerns as to people's health.

People spoke positively about the staff, all stated they were kind and caring and they told us they were supported by a consistent group of staff, who had they had developed positive relationships with. People told us how staff supported them and told us about the positive impact they had on their lives, which included improvements to their health and well-being. A social care professional provided very positive feedback about the service and how the registered manager and staff had responded quickly to provide support to people, when they had referred people to the service.

People were confident to raise concerns about the service with the registered manager. We saw people interacting positively with the registered manager when we visited them, laughing and joking. We saw how the registered manager immediately responded to people when they sought their advice. People using the service and their relatives commented on the service they received and staff also provided feedback by completing questionnaires sent out by the registered manager.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 consistently safe.

Risks to people's health and wellbeing had not been sufficiently or consistently assessed and measures to reduce potential risk were not robust. Information as to the support some people required with their medicine was inconsistently recorded.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

People received their medicine to promote their safety and health.

There were sufficient numbers of staff available to keep people safe who had the appropriate skills and knowledge. Safe recruitment systems were followed to ensure staff were suitable to work with people who used the service.

Is the service effective?

Good

The service was effective.

People were supported by staff who had undertaken training. There were sufficient numbers to provide people's care. People were supported by a core group of staff.

The provider and staff understood their role in promoting people's rights and choices in all aspects of their care and support.

People were supported to access health care appointments within the wider community when requested to do so by those using the service.

.

Is the service caring?

Good

The service was caring.

People were supported by a consistent member or group of staff

who they had developed positive professional relationships with, which had had a positive impact on their well-being.

People had signed their care plan and spoke positively about the support they received from staff that were they said were kind and caring.

Is the service responsive?

Good

The service was responsive.

People received care and support that was responsive to their needs, however the care and support people needed or received was not sufficiently recorded within their records. Staff knew how to support people and took account of people's wishes and views.

People had not raised any concerns or complaints; however they were knowledgeable as to how to raise a concern and had information which detailed organisations who they could contact.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The system to assess the quality of the service being provided had not been fully implemented, which meant shortfalls and gaps in information within people's records and other records that supported the service had not been identified.

The registered manager had taken measures to expand the management team with a view to focusing their time on the development and expansion of the service.

Professionals and organisations external to the service had noted positive outcomes for people using the service.

Business Base

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

This inspection took place on 27 and 29 June 2017 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to meet with us.

The inspection was carried out by an inspector.
Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the completed PIR.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.
We sought people experiences by visiting and speaking with four people. People in some instances declined to speak with us.

We spoke with the registered manager, the manager and one member of staff in person. We also spoke with two members of staff by telephone. We received information from a social worker who was involved in the commissioning of people's care packages who resided within the support living environment.

During the inspection visit we looked at the care records of five people who used the service. These records included care plans, risk assessments and daily records. We also looked at recruitment and training records for three members of staff. We looked at the provider's systems for monitoring quality, complaints and concerns, minutes of meetings, and a range of policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Processes to identify and minimise risk to promote people's safety were not robust or consistently applied. Assessments had been undertaken to assess risks to people, however we found the information, in some circumstances, contained conflicting information within different documents. For example, one record stated 'no falls have been highlighted' whilst another document for the same person stated 'uses a zimmer frame as had a few falls in the past'. When we spoke with the registered manager they informed us the person had experienced falls in the past. The person's risk assessment that had been undertaken for their bathing/showering was not specific to the person's need as it did not identify the steps staff should take or any equipment staff should use to reduce identified risks. This meant the person's safety was not sufficiently or consistently planned for.

We found other examples of where potential risks had not been assessed. We spoke with a member of staff and asked them how they kept a person's whose records we had viewed, safe. The member of staff was knowledgeable about the person's needs and told us what actions they undertook when the person became anxious or distressed and displayed behaviour that challenged. The member of staff informed us they ensured items were removed, so they could not be thrown by the person. They told us that when a kettle was boiled they ensured all the water was used, or the kettle emptied, to reduce potential risk should the kettle be thrown. This was a specific example of how they reduced potential risk. However, we found no evidence of this within the person's risk assessment and care plan. This meant the person's safety and that of staff supporting them was at risk as there were no clear guidelines for staff to follow. We informed the registered manager who told us they would update the person's records.

People's records in some instances contained an assessment of their home environment, which identified areas of risk, for example potential trip hazards. Where people required support to move from one place to another, the equipment the person needed, such as a walking frame was detailed. However we found the records of a person who had recently moved into the supported living environment prior to our inspection visit had not been updated to reflect their current accommodation. This meant potential hazards had not been assessed and no action taken to reduce risk. We brought this to the attention of the registered manager who told us they would take action.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found examples where risk assessments were in place which provided staff with information as to how to promote people's safety. This included where people needed support to move around within their own home, for example by walking with a walking frame. Staff we spoke with knowledgeable as to how to keep them safe.

We asked people we spoke with if they felt safe and why. One person told us. "They're (staff) there if I need them."

People's care plans detailed the medicine people had been prescribed and medicine administration records (MAR) were signed by staff to confirm medicine had been administered. However we found assessments as to people's needs around medicine support provided inconsistent information. For example the record of one person stated they required prompting to order and collect their medicine, but were able to administer their medicine. However another record stated the person needed support to order their medicine and support with taking their medicine. We brought this to the attention of the registered manager, who told us they would update the person's records.

Staff told us they had received training on medicine management and staff training records confirmed this. The registered manager told us staff assisted, prompted or administered medicine to people dependent upon their individual needs. To promote people's safety, staff supported people when the medicine had been packaged by a pharmacist within a monitored dosage system, to ensure that the medicine people were taking was the correct medicine and had been prescribed by a health care professional.
People we spoke with were aware of who they could contact if they felt unsafe and had an awareness of abuse. One person told us, "I would speak with [registered manager], or I would ring my social worker." A second person told us. "I would speak with [staff member] or phone social services or CQC."

Staff were trained in safeguarding adults at risk as part of their induction so they knew how to protect people from avoidable harm and risk, staff records confirmed this. A member of staff we spoke with was knowledgeable about their role and responsibilities in raising concerns with the management team and the role of external agencies. The staff member told us, "I would report any concerns, I am aware of the whistle blowing policy." The member of staff went onto tell us that they had access to the services 'on line portal', which gave them access to all the policies and procedures of Business Base.

We looked at staff records and found people's safety was supported by the provider's recruitment processes. Staff records contained a completed application form, a record of their interview and two written references. A criminal record check had been carried out by the Disclosure and Barring Service (DBS). The DBS checks help employers to make safer recruitment decisions by providing information about a person's criminal record. This meant people could be confident that staff had undergone a robust recruitment process to ensure staff were suitable to work with them.

We found there were sufficient numbers of staff to meet people's needs. We met with people who used the service; they told us staff were available when they needed them. The registered manager had recently recruited additional staff to support people who had moved into the supported living accommodation and recently commenced using their services. The recruitment of additional staff was still on-going. The registered manager was looking to appointment staff in specific roles to oversee and co-ordinate staff in the delivery of people's care packages. This would help to ensure people received consistent care and support.

Good

Is the service effective?

Our findings

Staff induction included undertaking training in a range of topics. Staff said the training they received enabled them to provide the care and support people required. Staff told us their induction included working alongside experienced staff and having their competence to undertake tasks relevant to their role, such as the delivery of personal care assessed to ensure they were competent. Staff meetings were used by the registered manager as an opportunity to inform staff as to upcoming training opportunities.

Policies and procedures for the on-going supervision of staff, following their period of induction were in place. Staff who had been employed for some time had had their work appraised and had been supervised. However, the records of staff that were relatively new in post showed that their supervision was yet to commence. This was confirmed by staff we spoke with. Staff told us the registered manager was available to provide support should they need it. A member of staff told us how their supervisions were used to ensure they understood key policies and procedures by discussing them to demonstrate their knowledge and awareness.

The PIR provided information about staff training and stated that seven of the 14 staff employed had attained a qualification in health and social care, which showed staff, had the appropriate skills to provide effective care. The staff records we looked at confirmed they had been awarded the qualification. The registered manager within the PIR had stated their commitment to support newly recruited staff in attaining the Care Certificate. This is a set of standards for staff that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support.

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.

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 and applications must be made to the Court of Protection. We found there to be no such orders in place for the people whose records we viewed.

The registered manager and staff were aware of the MCA and informed us that people who received support were able to make decisions about their care. People's records included a signed document setting out the terms and conditions of the care and support to be provided, which showed people's agreement had been sought.

People's care plans provided information where people required assistance with the preparation drinks, snacks and the cooking of meals. Care plans identified people at risk of having insufficient to eat and drink, and included the action staff needed to take. For example, preparing a sandwich and drink for a person, and when leaving the person ensuring they had a drink close to them.

Dietary requirements were identified, which reflected people's health and cultural needs. For example, the purchasing and preparation of 'halal' meals was important to a person whose observed and practiced their faith. We found when speaking with a member of staff who supported the person, they were aware of the person's cultural needs and therefore able to provide appropriate dietary advice and support. People we spoke with told us staff supported them to undertake their grocery shopping and prepared meals with them. This was part of people's support to encourage and promote independence and to increase daily living skills.

The PIR stated that health action plans were in place as they were seen as a crucial part of the support planning process and an essential part of ensuring people were supported to remain as health as possible. However the records we looked at did not contain a health action plan. People's records in some instances did provide guidance for staff on the promotion of people's health. For example the monitoring of a person's skin condition, where their skin integrity was at risk due to prolonged periods of sitting or where people had medical condition's such as diabetes which increased the likelihood of health related complications.

Staff supported people to arrange and attend medical appointments as part of their care, where this had been an identified need. Records showed people had accessed, with the support of staff a range of health care appointments with professionals within a community setting, which included hospital appointments. A person using the service told us. "If I'm unwell the staff will make an appointment with the doctor for me."

Good

Is the service caring?

Our findings

People were supported by a consistent group or individual member of staff which included the registered manager. This meant caring relationships had developed and continued to develop with people using the service and in some instances their family members. This was supported by the comments we received from people who used the service, which included. "The staff are excellent, it's good (the support) and has helped us a lot. Staff help us with shopping and our finances." "The care staff are lovely." And, "The staff are kind and caring."

The registered manager and staff had liaised and worked alongside those already involved with people's care and support, which had helped to provide a smooth transfer from people's current service to that of the supported living environment. Upon moving into the accommodation people's care and support was provided by the staff of Business Base. People we spoke with told us they had visited the supported living accommodation and had had the opportunity to meet the registered manager, and staff in some instances. They told us this had helped them make a decision as to their future care needs.

The positive relationships developed by the registered manager and staff with people who used the service and their families had a positive impact on people's lives. This was evidenced by the positive comments we received from a social worker who had been involved in the commissioning of a person's care package. The social worker told us the registered manager and staff had a positive relationship with a person's wider family and this had helped the person and their family in considering and accepting additional support.

All the care plans we viewed had been signed by the people using the service and the registered manager, this showed people had been involved in decisions about their care and support. However, we found people's care plans did not fully reflect all aspect of the care and support people received. For example, when we spoke with a member of staff they told us they undertook grocery shopping for a person. This information had not been recorded within the person's records. We spoke with the registered manager who confirmed staff undertook shopping for the person and said they would update the person's records.

Staff were knowledgeable and spoke with confidence about the people they cared for, which included their role in maintaining and promoting people's independence. Staff members told us how they ensured people were involved in their care, by always asking them what it was they required. A member of staff told us. "It's about encouraging people to be independent and make decisions about their day to day lives. All decisions, no matter how small are important in supporting someone's dignity."

We found the registered manager and staff were committed to the promotion of people's independence, they told us how they were supporting people to develop skills, which included budgeting and cooking. However we found people's care plans did not reflect people's goals and aspirations and the role of staff in providing the appropriate support. The registered manager told us they would ensure staff spent time with people and develop care plans as to the support staff were to provide, which would be regularly reviewed.

People told us staff promoted their privacy and dignity, by ensuring personal care was carried out with the

door of the room being closed. People's care plans provided instruction for staff on the promotion of people's privacy and dignity and staff we spoke with understood the importance of treating people with respect. A person we spoke with told us how staff ensured that when discussing personal information this was done in private, so that other people could not hear what was being said.

Good

Is the service responsive?

Our findings

People's needs were initially assessed by a representative of social services. The person's assessment was then referred to the registered manager for consideration. The registered manager told us they completed their own assessment of the person's needs, and in a majority of cases they met with the person to establish their needs and the support they required. Staff induction included being introduced by the registered manager to people they would be providing care and support for. A family member within a questionnaire had commented on their initial contact they had had with the registered manager which showed how the registered manager met with people who were new to the service. They wrote, 'the information was very good and we had a home visit.'

We found people received personalised care and support; this was evidenced by positive comments received from people using the service and a social care professional. However people's records did not support this approach or make reference to people's aspirations and goals for their future. For example, one person told us staff supported them with budget planning, however there were no records detailing what support was provided and the long term goal of the person to maximise their independence. We spoke with the registered manager and manager about the development of care and support plans, to reflect people's goals and aspirations and how these maybe achieved.

The registered manager told us they wished to provide people using the service the opportunity to be involved in the recruitment of staff to assist them in ensuring staff were compatible with people using the service, for example through shared hobbies and interests. A person we spoke with told us they would welcome being involved in the recruitment of staff. They said this would have a positive impact on them as they found it easier to talk to male staff about things that affected them.

A person using the service told us they had a keyworker (a member of staff who has additional responsibilities towards a person) who provided a majority of their care and support. We asked them what the service meant to them. They told us. "My mental health has improved, since moving to this service. The staff provide encouragement and support with my finances and give the reassurance I need to make good decisions."

We received information from a social worker who was involved in the assessing and commissioning of a number of people who were receiving a service through the supported living service. They were extremely positive about the impact the service provided had on people and they shared some examples with us. For example, the registered manager had undertaken an assessment of a person's need and a package of support and care had been implemented when they had moved into the supported living accommodation. This timely intervention had prevented the person being admitted into hospital due to deterioration in their health. A second example related to staff having continued to support a person to access their placement within a day care facility. This additional support had prevented the person's day care placement being terminated, which meant their quality of life and the relationships they had established within the wider community had been maintained. This had had a positive impact on the person's well-being.

We spoke with two people who spoke very positively as to the impact moving into the supported living accommodation had had on their well-being as they were supported by staff that fully understood and supported their life style choices. They told us. "We're really happy. We make decisions about how we spend our time, and the staff support us the way we want them to." They went onto say how their confidence to access the community with support had increased as staff had time to spend with them. During our discussion they made the registered manager aware of a letter they had received regarding their benefits and asked for advice. The registered manager contacted the relevant agency to discuss the information in the letter. This was an example as to how people received responsive support.

We asked people if they knew how to raise a concern or make a complaint. People told us they would contact the registered manager. People using the service told us they had received information on how to raise a concern or make a complaint. Information was provided to people when they commenced a service with Business Base. The complaints policy and procedure provided clear information as to how complaints would be investigated and the timescale involved. The policy and procedure advised people should they not be satisfied with the outcome of the complaint investigation then they could contact the Local Government Ombudsman (LGO) or raise a concern with the local authority. The contact details of all the external agencies were provided within the literature.

The PIR advised the service had not received any complaints within the last 12 months, which was confirmed on the day of our inspection visit.

Requires Improvement

Is the service well-led?

Our findings

We found the service's leadership and management had not been aware and had not identified many of the issues we identified as part of the inspection visit. The registered manager, who was also the provider, informed us that as the service was expanding, they had appointed a manager, who had been employed for eight weeks. We were advised by the registered manager and the manager that they would be submitting an application to the CQC to be registered as the manager. The now registered manager told us this would enable them to step back and have more time to enable them to have a strategic overview of the service. Enabling them to more effectively monitor the quality of the service to drive improvement and ensure as the service continued to expand the appropriate resources were available.

The PIR and discussions with the registered manager reflected further developments to the management and leadership of the service. Staff in managerial roles would continue to be recruited to support the day to day management of the service.

The number of people using the service had significantly increased recently, with eighteen people having started using the service eight weeks prior to the inspection visit. We found this had had an impact on the service. For example, people's risk assessments and care plans were not fully reflective of their needs and did not contain sufficient information as to the support people required, whilst some had not been updated to reflect a change in circumstances, such as moving home. This meant people's needs were not fully documented, without any clear or comprehensive plans to reflect their care and support needed, which included their goals and aspirations.

We asked for the emergency business continuity plan. This document should provide information as to how the service can continue to meet people's needs should an unplanned event occur, such as an interruption to utility supplies such as electricity or adverse weather. We found the document had not been completed, which meant people's continued care in such an event was potentially at risk.

The registered manager as part of their system to assure quality of care reviewed the daily notes completed by staff about the care and support they had provided. We found the registered manager had spoken with staff when improvements to the quality of people's record keeping had been identified. However, due to the expansion of the service the auditing and reviewing of people's care plans and records had not been sufficiently robust. This had resulted in shortfalls not being identified and therefore appropriate changes to support high quality care were not maintained made.

The registered manager had a contract with an external company who provided a quality compliance system, which ensured that policies and procedures were up to date, reflecting any changes in guidance. However we found examples of where the documents provided were not used well or did not support the service being provided. For example, documents to record the monitoring of staff through supervision and appraisal were not consistently used. Documents used to assess risks for people using the service, focused on aspects that did not support the needs of many of the people who used the service. For example, they did not reflect people whose behaviour could challenge. The registered manager said they would review the

system and bring about change.

A social worker summarised their views as to the quality of the care provided. They stated, the registered manager and staff had managed and supported people with complex needs, which included people who displayed behaviours that challenged. People referred to the service by them [social worker] in some instances had been in 'crisis' as people's packages of care were being withdrawn. The intervention of the registered manager of Business Base, meant that people had received the care and support they needed at a time when it was needed and people's support continued to be managed well.

The service had been recognised by Leicester City Council and received in August 2016 the Recognition Award for meeting the quality assurance framework standards in respect of independent living.

The PIR reflected improvements the registered manager planned to introduce over the next 12 months to improve and monitor the quality of the service being provided, which focused on specific areas. For example, the installation of an electronic call monitoring system, that would enable the registered manager to monitor staff's care of people, by registering their arrival and departure time at people' homes and in addition would provide evidence to support quality care expected from commissioners who fund people's packages of care. With regards to staff the registered manager had identified the need to provide continued support of staff through supervision and staff meetings.

Further areas of improvement included consultation with people using the service and their relatives, to encourage feedback about the quality of the service and to discuss people's expectations of care so that they could better influence the content of their care plans, to include their aspirations and goals.

People we spoke with were very positive about the registered manager. The registered manager accompanied us when we spoke with people who used the service and we saw first-hand the positive relationship, which meant people were seen laughing and joking with them.

People using the service and their relatives were invited to share their views of the service they received by completing a questionnaire. We found completed questionnaires were in a majority of instances positive about the service. People as well as answering questions as to the attitude and approach of staff, their care and support and the quality of the service, also recorded additional comments. These included, 'helpful and reliable' 'care is very good' 'provide a service that is good and helpful' 'happy with the carer, you are doing well, everything is alright' and 'there's nothing that could be better, just keeping doing what you are doing.'

Staff were invited to share their views of the service by completing a questionnaire and by attending staff meetings. Questionnaires completed by staff showed that staff were positive about their recruitment and training, their work and the delivery of care to people and the support they received from the registered manager. Staff meetings initially took place within the office, however as the service had recently expanded to provide support to people within supported living accommodation, meetings were now being held within the different complexes involving the staff who supported people on each site. Minutes of meetings identified areas the registered manager wanted staff to focus on, which included improving communication as to people's needs by ensuring people's care and support was fully documented within their daily notes.

Staff spoke of the visions and values of the service, which reflected the registered manager's approach to the delivery of good quality care. A member of staff told us how they implemented the visions and values. "We support people to make their own decisions, to encourage them to do as much as they can for themselves. To provide assistance in doing whatever they need to achieve."

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not sufficiently assessed or developed plans to provide clear and informative guidance for staff to enable them to mitigate potential risk to people during the delivery of their care and support to maintain or promote their health and safety.