HF Trust Limited

HF Trust – Forest of Dean DCA

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

We had not previously inspected this service. This comprehensive inspection took place on 24 and 25 May, 23 and 28 June 2017. The first day of the inspection was unannounced. The provider was given notice on subsequent days because the location provides a domiciliary care service and we needed to be sure that the manager would be available. We also arranged to visit people in their own homes to observe the care provided.

The service was providing care and support to six people living in their own homes, Forest Close and Ormiston, so that they could live as independently as possible. People supported by the service lived with a learning disability and some with autism.

At the time of our inspection the service did not have 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. The manager had been overseeing the service since November 2016 and had started the process of registering with the Care Quality Commission to ensure the provider would meet the conditions of their registration.

During this inspection we identified breaches against two of the Health and Social Care Act 2005 (Regulated Activities) Regulations 2014. Regulation 19 Fit and proper persons employed was not met. Pre-employment checks had been carried out in line with the provider's recruitment processes. However, these fell short of regulatory requirements for staff working with vulnerable adults. Where staff had previously worked in health or social care, checks did not always include evidence of their conduct in these roles or verifying their reason for leaving, to ensure they were of good character.

Regulation 12 Safe Care and Treatment was not met. People were not always supported by staff who had the knowledge and experience to support them safely and effectively. When incidents occurred these were investigated but the action taken was not always robust or timely enough to reduce future risks.

You can see what action we told the provider to take at the back of the full version of the report. We also recommended the provider consider reviewing the mix of temporary and permanent staff on each shift and seek guidance about the frequency of supervision meetings for new staff.

The provider was recruiting more staff and making training and support available to ensure staff would develop the skills they needed. Key worker sessions were being introduced to ensure people had regular meetings with their key support worker to capture their feedback about their care and activities.

Staff and relatives gave us mixed feedback about the leadership in the service. Some were complimentary of the provider. Others told us improvements were needed to the communication in the service and to ensure concerns would always be responded to in a timely manner.

The provider had systems in place to monitor the quality of the service provided to people. They identified that improvements were needed during their audit of the service in May 2017. We saw the concerns they identified were similar to the ones we found at this inspection. However, the manager had not identified the extent to which one person's community involvement and opportunity for social interaction had been compromised. The provider was working on a service improvement plan with commissioners. Time was needed before we could evaluate the effectiveness of the provider's action plan in making and sustaining the required improvements.

Staff were caring and motivated to support people to enjoy meaningful activities and relationships. People's likes and dislikes were respected and they were assisted to communicate their wishes. Where appropriate, people's relatives were involved in decision-making and care reviews.

People were supported to maintain good health. A variety of health professionals were involved in assessing, planning and evaluating people's care and treatment.

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.

People were not safeguarded from the risk of being supported by unsuitable staff because staff recruitment checks did not always meet the required standards.

People's support plans had not always been followed as staff lacked experience in applying required techniques. Plans were not always supported by detailed risk assessments for community based activities.

Improvements were being made in management of people's medicines.

People were safeguarded from the risk of abuse because staff knew what to be aware of and how to report their concerns.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not always supported by staff with the training, knowledge and skills to carry out their roles effectively.

Most people were encouraged to eat a healthy diet which promoted their health and well-being. People's preferences were taken into account.

People's rights were protected under the Mental Capacity Act (2005) because staff adhered to the legislation.

People's health care needs were met. Staff made prompt referrals to obtain support from health professionals where needed and their advice was followed.

Is the service caring?

Good

The service was caring.

Staff developed positive relationships with people who used the service.

People were treated with respect, kindness and compassion.

People were listened to and had been involved in making decisions about their care.

Is the service responsive?

Requires Improvement

People's needs had been assessed and people's close relatives were involved in planning their care and in making decisions about their support.

Improvements were needed to ensure all people had a meaningful and stimulating day.

Improvements were needed to ensure people and their relatives received a prompt response to their concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

People were put at the centre of the service but poor communication made it difficult to deliver consistent person centred care to people.

Quality assurance systems were in place to monitor the quality of care and safety of the service. The provider had identified improvements were needed and was working with commissioners to address shortfalls.

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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.

This comprehensive inspection took place on 24 and 25 May, 23 and 28 June 2017. The first day of the inspection was unannounced. The provider was given notice on subsequent days because the location provides a domiciliary care service and we needed to be sure that the manager would be available. We also arranged to visit people in their own homes to observe the care provided.

One inspector carried out this inspection. 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 reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law. We also spoke with commissioners and reviewed their reports about the service from recent quality monitoring visits.

As part of this inspection we spoke with one person using the service and observed staff supporting another three people. We reviewed three of these people's care records and two people's activity records. We spoke with three people's close relatives. We checked medicines records for three people and observed two staff members administering medicines. We reviewed the processes in place for managing medicines and the use of 'as required' medicines. We spoke with the manager, the regional director and the training manager. We spoke with 10 care staff and an administrative staff member. We looked at the recruitment records for six staff, staff training records, staff rotas, policies, complaints, accident and incident records and quality assurance systems.

Requires Improvement

Is the service safe?

Our findings

People were potentially put at risk of being cared for by unsuitable staff due to incomplete recruitment and selection checks. Checks had been carried out in line with the provider's recruitment processes but these fell short of the regulatory requirements for staff working with vulnerable adults. Where staff had previously worked in health or social care, checks did not always include evidence of conduct in these roles or verifying their reason for leaving that role to ensure they were of good character. In two of the six recruitments we checked, job role and employment dates had been verified but no further checks about the staff member's suitability or character had been obtained. The regional director told us they would address these shortfalls with the provider's recruitment team.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had run with high numbers of agency staff since registering with us in May 2016, a number of whom worked in the service regularly and knew the people they supported well. The manager prioritised staff recruitment when they came into post and 23 new staff members had been successfully recruited since January 2017. Staff were allocated into small teams to provide continuity in supporting each individual. Their skills and experience were matched to the person's needs. This had a positive impact on people whose team was established and were working well with them. Conversely, close relatives of people whose staff team was subject to ongoing changes expressed their frustration with staffing. One said, "[person] needs consistent staff to build up trust". They felt lack of staff continuity contributed to poor progress in establishing effective interactions and through this their relative's participation in community based activities.

We found a regular staff member was not rostered onto every shift at Forest Close. In the five week period we checked in May and June 2017, this occurred on six shifts. The potential impact of this was demonstrated when we observed two agency staff members supporting a person at the service. Despite them both knowing the person, they required support during the shift from the regular staff member. One said about that situation, "I just didn't know what to do". A staff member said, "The rota has been crazy…It's getting better which is good". They attributed this to staff leaving and staff annual leave previously granted.

We recommend that the service consider reviewing the mix of temporary and permanent staff on each shift.

The regular staff members we spoke with at Forest Close lacked confidence in use of physical intervention (PI). PI involves some form of physical contact and application of force to guide, restrict or prevent movement when it is deemed that such an intervention is required to keep a person safe. Use of PI for one person had been agreed through a multi-disciplinary meeting and specified in their individual support plan, as a last resort, to end or significantly reduce risk of harm to them or others. These changes were brought about in response to recent incidents where this person had managed to leave the presence of staff, by pushing past or running away from staff which put the person at risk. Further to a best interest meeting and support plan updates to include use of PI, staff received refresher training in PI techniques and positive

behaviour management (PBM).

The provider's specialist behaviour management team were allocated to Forest Close to give direct support to staff from June 2017, including ensuring that PBM plans were followed. Although there had been recent improvements to quality of life for this person, lack of staff experience in PI continued to significantly limit the options staff offered them. In particular, their opportunities for going out into the community. Staff told us this person was staying in the car on trips out for their own safety, other than one outing which their close relative had also attended. The director told us they would seek an explanation for this as, prior to our feedback, they were unaware of this. This restrictive practice was not consistent with this person's agreed support plan. A general risk assessment for outings was in place, however, no risk assessments for specific activities in the community had been completed. For example, to assess the risk of running from a particular location/activity and potential hazards at the location should this occur.

When incidents occurred these were investigated but the action taken was not always robust or timely enough to reduce future risks to people. For example, supervision requirements following an incident involving a staff member had not been clearly communicated to the manager following the investigation. Changes requested to increase the height of fencing at one site to increase people's safety had been delayed without good reason. This work was being undertaken during the last day of our inspection.

Some risks to people were not assessed or managed adequately in order to ensure they remained safe and received appropriate care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager was working with staff to ensure people's existing risk assessments and support plans were reviewed and updated regularly, through introduction of monthly 'key worker' meetings. Each person had an identified lead staff member (key worker) who the manager was completing the first monthly review with. Where these had been completed support plans were of a high quality and reflected the care provided. A relative of one of these people said, "They now have more behaviour management strategies in place and understand how to keep [name] safe". This was having a positive impact on their relative who was doing more 'risky' activities than they were able to previously, including horse riding and swimming.

Nobody using the service had been assessed as able to manage their own medicines and the provider took responsibility for all aspects of people's medicines management. Provider and commissioner audits had identified improvements needed in medicines management and these were specified in service action plans. This included management of homely remedies, record keeping and response to medicines errors. When indicated, treatment reviews by specialist practitioners had been carried out. This included prescribed medicines, use of homely remedies and protocols for 'as required' (PRN) medicines. Staff were aware of changes to these people's medicines and told us about treatment reviews with other people's GP's. Monthly medicines audits were implemented in May 2017 and medicines recording and storage checks were included in service 'spot checks' by managers. Audits from May and June 2017 demonstrated these improvements were ongoing and changes implemented had yet to be embedded in practice.

This was consistent with our findings, for example, we found a perishable item in use with no date of opening recorded. We discussed with the service manager how the safety and early identification of medicines errors could be improved by regular temperature checks of medicines storage areas and more frequent stock level checks of boxed (non blister pack) medicines. They told us they would be making these changes.

The staff we observed administering medicines did this safely. The Medicines Administration Records (MAR)

we reviewed were complete and codes were used appropriately to accurately reflect the reason when medicines were not administered. One of the people whose care we tracked was prescribed occasional (PRN) medicines to assist in managing their behaviour. A medicines protocol was in place, in the form of a flowchart, which directed staff through behavioural management techniques, medicine for pain and these medicines. This assisted staff to use occasional medicines only when appropriate and as prescribed. A member of their staff team said about the protocol, "It sticks in your mind better and takes away the mystery". We're hardly ever giving PRN now". Incident and behaviour records demonstrated that occasional medicines had been given appropriately and in line with the person's support plan.

Staff had completed training in the safeguarding of adults and understood how to recognise and respond to potential indicators of abuse, such as changes in a person's behaviour or unexplained bruising. Records were kept to include any marks or bruising found and incident records were reviewed to ensure the injury was consistent with the explanation. Systems were in place to manage people's day to day finances, when they were unable to do this for themselves. Two staff members told us about safeguarding concerns they had raised in their role. For a senior staff member this included reporting the incident to Gloucestershire County Council (GCC) safeguarding adults team. A staff member said, "We are the kind of staff that would say [about concerns] straight away. We wouldn't allow it to happen". The training manager was booked to attend GCC's 'train-the trainer' safeguarding course in September 2017. Further to this, they planned to incorporate local safeguarding procedures into existing staff training, provider policies and procedures.

Requires Improvement

Is the service effective?

Our findings

People were not always supported by staff who had completed specialist training to help them understand people's needs. One person required staff to approach requests and instructions in a specific way. The approach needed was unique to people with their diagnosis and quite different to how staff would generally support people. Their relative felt staff lacked understanding of the condition and how to encourage and motivate them. This person's lead staff member (key worker) had completed specialist training, their other team member had 'researched' the condition. Staff looked to these two staff and the person's support plan for guidance when working with them. A staff member said, "I try to follow the support plan but [person] gets more and more annoyed.". Although this did not impact on this person's safety it did compromise progress with achieving improvements to their lifestyle, including improving their diet and participation in community based activities. The manager was aware of this staff training need and continued to try and source appropriate external training for this specialist condition in the interim.

A 'learning plan', based on staff supervision and feedback, was in place to meet staff training needs for 2016-2017. A provider quality audit in May 2017 identified staff were struggling to communicate effectively with people and a need for further training was identified. While some staff had received this and told us about a technique called 'intensive interaction' they used to communicate with one person, other staff had not had the benefit of this. A staff member told us their training in Makaton and signing had been cancelled. While they had learned to communicate with individuals, through working alongside other staff and information in support plans, they understood how important good communication was. They felt a consistent approach and skill was lacking amongst staff. High recruitment levels, staffing pressures and the complexity of people's needs meant meeting staff training requirements was challenging. Gaps in meeting training needs at the service had been identified and additional resources had been put in place to address the shortfalls. Records showed training had been booked. Progress against the learning plan was being monitored by the provider's learning and development team.

New staff completed a three week induction. This included core knowledge and skills including moving and handling, first aid, fire and safeguarding. Staff also learned how the provider expected them to work with people with sessions in professional practice, positive behaviour support, person centred active support, control and decision-making and communication. During induction new staff worked alongside experienced staff, familiarising themselves with people's support plans and routines. Within the first four weeks, observed assessments were carried out to check new staff's knowledge, competence and approach. Staff who had recently completed induction were highly motivated and positive. Comments included, "I've really enjoyed it… I wanted to get it right." and "The training was first class. I was on fire from it by the time I got to the service."

A programme of one to one support meetings (supervision) for staff was in place. The first of these was three months after starting work at the service. This was too long for two staff members we spoke with as one felt unsupported and the other had requested supervision prior to this. Other staff we spoke with felt well-supported in their roles. Supervision included two observed practice sessions per year. Caring and compassion, language and communication skills were checked.

We recommend that the service seek advice and guidance from a reputable source, about the frequency of supervision meetings for new staff.

Staff completed training in food hygiene and were attentive to people's dietary needs. With the exception of one person, as referred to above, people were encouraged to follow a healthy diet. Restrictions had been put in place to limit the amount this person ate, but these were insufficient to prevent weight gain as healthy options were not included in their menu. This was a longstanding issue with which external health professionals had recently become involved, following a care and treatment review, to support staff to facilitate healthy eating for this person.

Other than this, people had few special dietary needs or known risks at the time of our inspection. People's menus included their choices and preferences and some people were encouraged to participate in food shopping and preparation. We observed staff discussing options with people and preparing a variety of meals, including some served with salad and fresh vegetables. When indicated, people's intake was recorded and their weight was monitored monthly.

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 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. Staff demonstrated reasonable knowledge of this legislation and routinely supported people to make everyday decisions. People's support plans outlined which aspects of their care they were able to made decisions about and what support they may need to do this. When people communicated their wishes these were respected.

MCA assessments had been completed when people were considered unable to consent to aspects of their care, including managing medicines, finances and their safety. Appropriate people had been involved in best interests meetings and people's support plans were updated in line with decisions made. Where legal arrangements were in place, for example, a court appointed deputy or lasting power of attorney, copies of legal documentation were sought.

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 procedures for this are called the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS requires applications for authority to restrict people's liberty, where people are supported in their own homes, to be submitted to the Court of Protection. Potential need for DoLS authorisations had been raised with the local authority who were responsible for taking any applications forward. No authorisations were in place at the time of the inspection.

People received timely support to access healthcare services and maintain their well-being. This included support to access routine health screening, dental care and specialist hospital and community based services. Health action plans were being implemented to encourage people to adopt healthier lifestyles and people received annual health checks with their GP. A member of staff showed us the health questionnaire they had completed in preparation for one person's health check that week. They had discussed a potential well-being need with the person's relative and planned to seek advice about managing this during the appointment.

Each person had a 'hospital passport', outlining their needs should they require an emergency admission. When staff had concerns about a person's health, a timely referral was made. For example, one person had

been assessed by their GP the previous day, in relation to a potential reoccurrence of a previous health problem. The GP agreed and had referred them to a specialist. Staff were working with external professionals to identify the verbal and non-verbal cues this person used to communicate they were in pain.

Good

Is the service caring?

Our findings

Caring relationships were observed between people and the staff who supported them. Where possible staff worked in small teams, regularly supporting the same person or people, which allowed them to build trust and understanding. People appeared relaxed with staff and we saw they turned to staff for support or assistance when they needed it. One person indicated this by smiling broadly and making 'happy vocalisations', while the staff member talked about activities they enjoyed. They then pulled the staff member toward them indicating they wanted them to sit next to them. The staff member responded with, "Is there enough room? Are you going to scooch over then? A bit more, bit more." which was followed by laughter from both of them. While some relatives we spoke with were not happy with all aspects of the service, they told us that staff cared. One said, "I think they do care about him. When he was away for two days they missed him."

Staff demonstrated caring in the way they spoke about the people they supported and in what their role meant to them and their colleagues. Comments included, "We want him to be happy. He is an amazing person… I'm so passionate about why we're here", "I have a really good relationship with him. He's very clever, he knows what's being said… He's very affectionate… Life for [name] needs to be as good as it can be. He needs every opportunity" and "They take their role very seriously, it means a lot to them. They want everything to be good for the people we support." One staff member was planning fundraising activities to help provide sensory equipment for the people they supported. Another planned a fun activity for that evening with the person they were supporting, to help cheer them up, as they were sad a staff member was leaving.

People were supported to make day to day decisions and their choices were acted on. For example, people's flats were their own space, personal to them, decorated with objects that were important to them and reflected their interests and personality. Records showed discussions had been had with people about the activities they participated in and events they wanted to attend later in the year. Staff used pictures and objects of reference to support people with limited verbal communication to make their views known. Symbols and pictures were used to support people to understand their daily routine. People's communication plans were being reviewed to ensure they would accurately reflect people's current support needs.

People's dignity and privacy were respected. All personal care tasks were provided in people's own rooms. Curtains and doors were closed prior to any personal tasks taking place. Staff knocked on doors that were closed before entering their rooms. We saw staff speak to people with respect using the person's preferred name. When staff spoke about people to us, or amongst themselves, they were respectful. Some people did not know how to promote their own dignity for example, ensuring they were appropriately dressed. Staff were reviewing people's care plans to ensure people would always be reminded and supported to maintain their dignity.

Requires Improvement

Is the service responsive?

Our findings

People's needs had been assessed and people's close relatives were involved in planning their care and in making decisions about their support. Support plans detailed what people could do for themselves and the help they needed with tasks so as to promote their independence. People's care plans included information about the emotional support they needed and their behaviour support strategies. The provider had identified that people's care plans, including epilepsy plans, required improvements and these were being reviewed to ensure the information reflected people's current needs and support arrangements. People's care plans and one page profiles were being developed into a format that people could understand.

People were able to maintain relationships that mattered to them such as family, friends and other links. They had opportunities for private time with their families and some people regularly spent weekends with their loved ones. Staff also asked families for information about activities people enjoyed so their interests could be fostered when they were at the service. People who might have lost contact with their families were supported to re-connect and staff understood the value these relationships added to people's lives.

We saw that people were involved in activities that interested them and were encouraged to maintain interests and hobbies. These included activities at home such as gardening, meal preparation and individualised sensory activities but also in the community. For example, activities during the week included going out for meals, bowling, shopping, swimming or day trips. Where possible, people had been matched with staff whose personality and interests complimented theirs. We saw this had motivated some people to access more community activities because they enjoyed the company of their staff, thereby enhancing their well-being.

However, improvements were needed to ensure everyone using the service had a meaningful and stimulating day. Some people required a consistent approach by staff to motivate them through clear goal setting and encouragement to try new social experiences and develop additional interests. We found this had not always been achieved for people who did not have a stable staff team. When people's goals had not been clearly defined, staff were not always clear how to support them to develop new skills and interests. For one person the importance of consistency in staffing had been highlighted at a recent care review, involving external health professionals. This was noted in their support plan which reflected the recommended approach, as explained to us by their relative. Their key-worker had been working with them for two months but felt more time was needed to establish trust and build an effective relationship. The manager was keeping this under review to ensure this person would always be encouraged to be involved in daily tasks, including their food preparation, so they would consistently be supported to develop their independence.

The service had a complaints policy in place. Records showed some complaints had been investigated and responded to promptly. However, two people's relatives told us they had not been satisfied with how their complaints had been managed. One relative told us that they had to wait some time for a response and were not satisfied that the provider's investigation had looked at the concerns they had raised. They told us ''it feels like we are just going round in circles''. Improvements were needed to ensure relatives and people

would know who to raise their concerns with, either the provider or the commissioner, and for the provider to communicate clearly to complainants who would be investigating their complaint and the timescale in which a response could be expected.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager. The manager had been overseeing the service since November 2016 and had started the process of registering with the Care Quality Commission to ensure the provider would meet the conditions of their registration.

Staff and relatives gave us mixed feedback about the leadership in the service. Some were complimentary and their comments included ''There has been a lot of changes and improvements'' and ''This is the best manager I have had, they will tell me where I need to improve and I find it has built my confidence''. Others told us communication could improve and said ''Sometimes you can really do with knowing something but someone has forgotten to tell you'', "It has been very difficult with peer communication'' and ''It takes a long while for things to get replaced.'' Staff meetings were held and communication books were in use for staff and managers, but changes were not consistently communicated. For example. A 'controlled drugs' log had been introduced at Forest Close the previous week. When we asked the staff member in charge of a shift about it, they were unaware of it, or of how to use it. The service manager had changed three times since the service opened and relatives expressed the frustration this had caused them. This included "going over the same ground" with successive managers and poor progress in achieving agreed outcomes.

The provider had systems in place to monitor the quality of the service provided to people. They had identified that improvements were required during their Compliance Quality Audit of the service in May 2017. We saw the concerns they had identified were similar to the ones we found at this inspection, however the manager had not identified the extent to which some people's community involvement and opportunity for social interaction had been compromised. The manager was working with commissioners on a service improvement plan. We saw progress had been made in relation to staff training and supervision and in reviewing people's support needs. Key worker sessions were being introduced to ensure people had regular meetings with their key support worker to capture their feedback about their care and activities.

The provider had systems in place to monitor staff practice and take action where concerns were raised. When staff performance did not meet expectations, disciplinary processes were followed, including termination of employment or relocation if indicated. These actions were not always popular or understood by people's relatives or other staff, as not all information could be shared with them. However, this marked a necessary change in culture at the service, where staff were held to account for poor practice, for example not following support plans or provider policies. Prior to our inspection, five experienced staff members resigned from Forest Close, which had a negative impact on the skills and experience mix of the staff group there. During the inspection we met two new experienced staff members who would be starting work at Forest Close following orientation. Recruitment at the service was ongoing and in progress and checking applicant's beliefs and values was integral to this to ensure a positive culture was established at the service.

The manager explained that the ongoing pressures of recruitment, induction and upskilling of staff, meant some identified improvement actions were taking longer to complete. For example, people's support plans remained a work in progress and further improvement was needed to ensure each person was supported by a stable staff team that understood their needs and were confident to support them in the community. The

provider's behaviour support team was spending time at the service to support staff to develop their skills and to update people's behaviour support plans. The provider's regional director told us ongoing management support would be provided until the service improved. Time was needed before we could evaluate the effectiveness of the provider's action plan in making and sustaining the required improvements.

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 Care and treatment was not always provided in a safe way. Not all risks to the health and safety of service users had been assessed. Not all practicable actions had been taken to mitigate risks to service users. Regulation 12(1), 12(2)(a), 12(2)(b).

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The information specified in Schedule 3 had not always been sought in relation to each person employed. Regulation 19(3)(a).