

Spectrum (Devon and Cornwall Autistic Community Trust)

Trelawney House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Trelawney House is a residential care home providing personal care for up to six people with learning disabilities. At the time of our inspection six people were using the service.

The service is a detached two-story building with enclosed gardens. It is located in a very rural area near Helston, Cornwall.

The service supported a small number of people and operated in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who used the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. However, the service's remote location meant people were unable to access the local community without transport and support from staff.

People's experience of using this service and what we found

People and staff were not appropriately protected from the risks associated with the Covid-19 pandemic as staff were not using necessary personal protective equipment while supporting people within the service.

The provider had not recognised that current guidance was that all staff should wear face masks while providing support. In addition, information gathered during the inspection indicated that face masks were also not being used in the providers other registered care services. Following feedback at the end of the inspection the provider assured us they would resolve this issue. We were assured that risk assessments would be completed about the use of face masks and after the inspection we were provided with an example of a completed risk assessment. Where people's individual needs meant staff were unable to use facemasks, alternative infection control measures were introduced and guidance sought from health professionals.

At our previous inspection staffing levels in the service were unsafe. At this inspection we found staffing levels had significantly improved and records showed the service was now staffed safely. Relatives recognised this improvement and told us, "I think staffing levels have come up and I think [The registered manager] is where she wants to be staffing wise now. I have not noticed the low staffing levels recently. They seem to be retaining staff now." While staff said, "I think it has improved a great deal, the rota is covered. We don't pull from other houses now, that got stopped with lockdown" and "The team are more stable, staffing issues have declined."

Actions had also been taken to address and resolve issues identified during our previous inspection where people's behaviours at night were impacting on others sleep. Noise levels remained an issue at times during the day but the registered manager reported that impacts on people's wellbeing had reduced.

Medicines were managed safely, and staff understood their role in protecting people from harm. Accidents and incidents had been investigated and where possible changes made to prevent similar incidents from reoccurring.

Staff had been safely recruited and there were now systems in place to ensure staff training was regularly updated.

People's care plans had been reviewed and updated since our last inspection and now accurately reflected people's current support needs.

The staff team knew people well and understood their individual communication preferences and styles.

Internet connectivity issues had been addressed and staff were now able to accurately document details of the care provided and any incident that occurred.

The registered manager had provided consistent and effective leadership to the service. Relatives and staff were confident the changes introduced since the last inspection had impacted positively on people's wellbeing. They told us, "[The registered manager] has been really determined to pull things together and has made a difference", "With [the registered manager] at the helm it feels like we are going from strength to strength" and "[The registered manager] is doing brilliantly, when she first came she had a clear idea of what she wanted and how she wanted to go forward, she took the reins and guided us to where we needed to go. Things have improved steadily throughout the house over the last year."

Quality assurance processes within the service had improved and actions were now taken to address and resolve any issues identified.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

The last rating for this service was Requires Improvement. (Report published 14 August 2019)

Why we inspected

We undertook this focused inspection to review the quality of care provided by the service.

We have found evidence that the provider needs to make improvements. Please see the; Safe, and Well led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to a failure to take necessary measures to prevent the spread of infection within the service and the providers failure to ensure infection control guidance was understood and acted upon.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Trelawney House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Trelawney House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a manager registered with the Care Quality Commission and there was a registered manager in post. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We announced the inspection one day before we visited to discuss the safety of people, staff and inspectors with reference to Covid-19.

What we did before inspection

We reviewed information we had received about the service since the last inspection and sought feedback on its current performance from the local authority.

During the inspection

We met and spoke briefly with two people who used the service and observed staff practices while supporting people in the service's communal living room. We also spoke with five members of care staff outdoors with appropriate social distancing measures in place. In addition, we spoke with the registered manager and regional manager about the service's current performance.

We reviewed a range of records. This included three people's care and medication records. We also looked at staff training and supervision records and two staff files in relation to recruitment practices. A variety of records relating to the management of the service were requested via email, including policies, procedures, staff rotas, incident records and the service's training matrix.

After the inspection

Following the inspection, we spoke with two relatives via telephone and reviewed the documents requested during the site visit. We also arranged to meet virtually with the provider's head of operations and assistant head of operations two weeks after the inspection to discuss changes made in relation to infection control as a result of this inspection's findings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Preventing and controlling infection

- On the day of our inspection staff working in the service were not wearing masks. This was contrary to Department of Health and Social Care guidance on the management of risk during the Covid pandemic.
- No evidence was available at the service to demonstrate individual risk assessments had been completed in relation to the decision for staff not to wear masks while supporting people.
- From discussions with the registered manager and provider's regional manager we were told that staff were not routinely wearing face masks in any of the providers 17 locations.

Although the failure to wear masks during the pandemic had exposed people and staff to significant risk it had not resulted in actual harm.

The provider had failed to take appropriate measures to prevent and control the spread of infections within the service. This meant the service remained in breach of the requirements of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were encouraged and supported to participate in increased cleaning activities within the service and to follow hand washing guidance. Staff told us, "We make sure everything is spotless every single day to make sure people are safe."
- Social stories had been developed to help people understand the need for additional infection control and social distancing measures during the Covid pandemic. Temperature checks on arrival to the home had been introduced for all staff and visitors. Restrictions had been introduced on staff and manager's movements between services to limit cross infection risks.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service and were confident when approaching staff for support. Relatives recognised there had been significant improvements in staff consistency and told us, "You can see people are in a good place" and "They do seem to be caring for [my relative] well."
- Staff understood local safeguarding arrangements and were confident any safety issue they raised with the registered manager would be addressed and resolved. Their comments included, "Everyone is safe here", "Any issue I have I take straight to the manager and they get sorted out straight away" and "I think it is a nice little, safe unit".
- Action had been taken in response to issues identified at our previous inspection where irregular sleep patterns were impacting on people's wellbeing. People's medications had been reviewed and staff had worked closely with social workers and other professionals to develop appropriate techniques to meet people's support needs at night. Staff reported these issues had improved significantly and told us, "It is better than it was, I do a few sleep-ins and I can get a decent nights sleep. Occasionally there is some

shouting in the middle of the night but I have not had a really bad night since I have been here." Incident records reviewed showed there had been a reduction in the numbers of disturbances at night.

- Noise levels in the service remained an issue at times during the day. Staff understood how to support people at these times and the registered manager reported that the impact of noise levels on people's wellbeing had reduced. The issue was being closely monitored and the provider was working with commissioners to identify how these impacts could be further reduced.

Assessing risk, safety monitoring and management

- Risk assessments had been updated and now provided staff with overall guidance on the action they must take to protect people and themselves from identified risks.
- Some people needed support from staff when they became upset or anxious. Staff were provided with information of events likely to cause anxiety and guidance on how to use techniques that had previously proved successful in helping people to manage their emotions. One person was becoming upset while talking with the registered manager and inspectors in the service's office. Staff told us, "There are actually less incidents than there were. The service seems to be much calmer I think that is down to better staffing and more stability, so we know how to work with the guys."
- We observed staff compassionately using appropriate techniques to enable people to manage their emotions during the inspection. Records showed that restrictive practices were only used when all other options had proved unsuccessful and for the minimum time possible to keep people safe. Staff told us, "We don't use restraint much."
- Emergency evacuation plans had been reviewed and updated following our last inspection and staff knew how to support each person to evacuate the building in the event of an emergency. Firefighting equipment had been appropriately maintained and evacuation drills completed.

Learning lessons when things go wrong

- At our last inspection incidents and accidents had not been fully documented and investigated as staff had been unable to record this information because of the unreliability of internet access within the service.
- At this inspection we found the service's digital care planning system was now working reliably. The provider had made improvements to WiFi coverage within the service and had raised connectivity issues with their internet provider. The registered manager reported IT systems were now much more reliable, no staff reported that they had recently lost work as a result of connectivity issues and inspectors observed telecommunications improvements being made en-route to the inspection.
- Incident and accidents had been fully documented by staff and reviewed by the registered manager, provider's senior managers and behavioural support team. Any patterns or trends in incidents had been identified and where possible changes made, or new approaches trailed to reduce the likelihood of similar events reoccurring.

Staffing and recruitment

- At our previous inspection we found that staffing levels were unsafe and had exposed people to risk of harm. This was a breach of regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- A number of new staff were recruited following our previous inspection and rotas showed that the service was now safely staffed. Staff told us, "I was doing a lot of hours initially, but they have recruited and the rota is now covered", "I think it has improved a great deal, the rota is covered. We don't pull from other houses now, that got stopped with lockdown", "The team are more stable, staffing issues have declined" and "Most of the time there are enough staff, we do have the occasional issue when people go off sick but generally we are well staffed".
- We completed an analysis of staffing levels at the service for the two weeks prior to our inspection and

found the service had consistently been safely staffed. Relatives recognised that the increased staffing levels improved consistency and positively impacted on the quality of support people received. They told us, "I think staffing levels have come up and I think [The registered manager] is where she wants to be staffing wise now. I have not noticed the low staffing levels recently. They seem to be retaining staff now, they know [My relative] really well and do care about [Them]" and "The staff have been very good with [My relative]".

- Recruitment was ongoing and the registered manager expected to be in a position where the service was overstaffed by a small number of hours in the month following our inspection. The improvement in both staffing levels and the consistency of the staff team meant the service was no longer in breach of regulation 18.

- Staff were recruited safely, and all necessary pre-employment checks had been completed. Staff disciplinary issues had been appropriately investigated and resolved.

Using medicines safely

- Medicines were managed, stored and administered safely.

- Medicines records had been accurately completed and regular audited. There were appropriate and specific protocols in place detailing the circumstances in which 'as required' medications should be used.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and feedback confirmed this.

Staff support: induction, training, skills and experience

- At our previous inspection we found staff had not received regular supervision and training updates to ensure they had the skills necessary to meet people's needs this formed part of the breach of regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found these issues had been addressed and the provider was no longer in breach of regulation 18. Staff now received regular supervision from the registered manager and records showed staff had completed additional refresher training to ensure they fully understood current best practice. During the Covid Pandemic the provider had introduced a number of online training courses. This training was available to new and established members of staff. Staff told us, "Online training was introduced during Covid and our training updates have continued" and "I have done a couple of training updates online". These improvements meant the service was no longer in breach of regulation 18.
- The provider's induction training course had also been reviewed in response to the pandemic and a programme of online training developed. Staff told us their induction training was useful and commented, "I really enjoyed it, I learnt quite a lot" and "The training was spot on." Where social distancing requirements meant it was not possible to provide practical training in specific techniques such as assisting people to manage their anxieties. New staff had been provided with details of these techniques, how and when they should be used, and plans had been developed to provide necessary face to face practical training as soon as possible.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed and identified by managers before they moved into the service. These assessments were completed to ensure people's needs and expectations could be met, and had included inputs from care commissioners and relatives.
- Care plans were developed from information gathered during the assessments process and included guidance for staff on how to support people to make decisions and choices.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to plan and prepare their own meals and participate in baking activities in the kitchen.
- People were supported to make healthy dietary choices and meal-times reflected people's individual preferences. Staff encouraged and supported people to access drinks regularly throughout the day.

Adapting service, design, decoration to meet people's needs

- Carpets throughout communal areas were stained, discoloured and in need of replacement. This issue had been raised by the registered manager and the provider had allocated funds to complete these works. Unfortunately, these works had not been possible during the pandemic.
- The summer houses in the service gardens had been used to provide a café style experience for people during lock down and were now used to enable people to safely meet with their relatives. Staff and the registered manager have developed plans to redesign areas of the gardens to facilitate additional sporting activities, including the purchase of an outdoor table tennis table.
- Individual bedrooms had been adapted and personalised in accordance with people's needs and preferences.
- Walls were decorated with art works produced by people living in the service.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when required. One person had recently required hospital treatment and care staff had worked collaboratively with health professionals to enable the person to access the services they required.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People's capacity to make decisions had been appropriately assessed.
- Where people lacked capacity to make specific decisions these had consistently been made in the person's best interest. Relatives, advocates and health professionals had been appropriately involved in these processes.
- Records showed some proposals and suggestions for changes within the service had been discontinued as they were likely to be contrary to people's best interests.
- Where people lacked capacity and had restrictive care plans in place appropriate applications had been made for authorisation of these restrictive practices under the Deprivation of Liberty Safeguards. Where restrictions had been authorised the service had ensured all conditions were complied with.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans had been updated since our last inspection and now accurately reflected people's needs. These documents were informative and provided staff with clear, specific guidance on how to support people. Staff told us, "The care plans are good. I spent the first few days reading through the care plans and they are very informative and easy to understand", "[The care plans] do have enough information in them. They do all tally up" and "All these care plans are spot on they have all the information you need. It tells you what people like and dislike and has lots of specific information".
- Relatives, and where appropriate health professionals, had been involved in the process of developing, reviewing and updating people's care plans. These documents included significant background information including details of people's medical conditions. This information helped new staff gain an understanding of how people's prior experiences impacted on their current support needs.
- Accurate daily records were maintained of the care and support people received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's individual communication needs and preferences was recorded in their care plans and well understood by staff. We observed staff using individualised communication techniques effectively during the inspection to enable people to make choices and have control over their lives.
- Details of people's communication needs were shared with professionals prior to any appointments and care records included information in a variety of formats to enable people to participate in reviews of their needs and provide feedback on the service's performance.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The need for current social distancing measures had been explained to people, and support provided to help maintain important relationships during the Covid pandemic. People had been supported to use video conferencing technologies to keep in touch during lockdown and were now being supported to meet with relatives both in the service's gardens and other outdoor areas in the wide community. A relative told us, "I have been across to [visit] today, we sat in the summer house and had lunch".
- During our inspection people were supported to participate in a range of activities within the service, to go

for local walks, attend work placements and to visit relatives. Staff told us current restrictions had not adversely impacted on people's wellbeing and their comments included, "We are able to get out and do things even during Covid", I think it (lockdown) affected people but not as much as I had thought" and "[Person's name] goes out in [their] bus quite a lot."

- Staff and the registered manager recognised that improved consistency within the staff team meant people were now receiving higher quality support and were thus able to engage with a wider range of activities. Goals in relation to developing new skills and accessing new experiences had been identified for each person and plans developed to enable people to achieve these aspirations. The registered manager was very proud of, and became emotional when describing, people's recent achievements.

Improving care quality in response to complaints or concerns

- Information on how to make complaints was available to people in accessible formats and had been provided to people's relatives.
- Where complaints had been received, they had been appropriately investigated and action taken to address and resolve the issues identified.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service's management and the provider's systems did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care, understanding quality performance, risks and regulatory requirements

At our previous inspection the provider was in breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As systems in place to monitor and drive improvement in the service's performance were ineffective.

- As detailed in the safe section of this report the provider had failed to follow guidance, published by the Department of Health and Social Care, in relation to the management of infection control risks during the Covid-19 pandemic as all staff were not wearing face masks.
- No evidence was available to demonstrate individual risk assessments had been completed, at the time of our inspection, in relation to decisions made for staff not to use masks while supporting people.
- The provider had contacted all staff on the day prior to the inspection to highlight issues with increasing Covid infection levels in the community and had indicated that practices in relation to the use of masks were to be reviewed. When asked, staff told us they would prefer to wear masks while supporting people.
- The provider had introduced additional systems to share information and guidance with individual care services during the pandemic. However, these systems had failed to recognise and highlight to the registered managers of any of the provider's services the importance of staff wearing face masks to limit infection control risks.

The provider's failure to ensure current infection control guidance was understood and acted upon meant risks to people's safety had not been appropriately managed. This meant the service remains in breach of the requirements of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection links to current guidance on infection control and use of personal protective equipment were shared with the registered manager. In the week following our inspection, risk assessments were completed in relation to possible communication and behavioural impacts of the use of face masks and staff then began wearing face masks while supporting people in the service.
- From discussion with the registered manager and the provider's regional manager we were also told that staff were not using face masks in the provider's other services.
- As a result of these significant concerns the commission met virtually with the provider's head, and assistant head, of operations to discuss what actions were being taken to ensure people and staff were protected from the risk of Covid-19 infection.

- The head of operations reported that the provider's senior managers had met on the day following this inspection and all service managers had been instructed to complete risk assessments in relation to the use of face masks. The use of the face masks was subsequently introduced in all services. A small number of people were unable to be supported by staff wearing face masks as a result of their specific needs. Staff were now using face visors to support these individuals. In addition, guidance was being sought from health professionals on other appropriate measures to ensure these people's safety and the safety of their support staff.

- The service's quality assurance systems had improved since our last inspection. Audits by regional managers had been regularly completed and action plans developed to ensure all issues identified were addressed. People's care plans had been updated and now accurately reflected their individual needs.

- Issues with the service's record keeping systems had been addressed and internet connectivity improved. This meant staff were now able to accurately document incidents that had occurred. This information was now promptly shared with the registered manager and the provider's senior staff which enabled them to identify if any additional guidance or support was required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's individual needs were now well managed by a consistent staff team, who knew people well and understood their likes and preferences. Staffing levels had improved significantly and were no longer impacting on people's ability to access the community or activities they enjoyed.

- Staff were confident the service would continue to improve and told us, "We have a good team here, we are all working together well and looking after people", "I feel this place is just only ever going to improve now, I do feel it is definitely moving forward. I feel we have the right [staff] here now to move it forward and make it better and better" and "You can see improvements in the people here, you just have to know the person and understand their personality".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Although formal surveys had not recently been completed relatives were actively encouraged to participate in decision making and provide feedback on the service's performance. They told us, "Staff are open to new ideas and the wellbeing of the clients is foremost with the staff" and "I have a good relationship with them and they are all very open and I feel like I am part of the team".

- Equality issues were well understood, and the registered manager and staff team consistently acted to ensure people were protected from all forms of discrimination.

Managers and staff being clear about their roles

- People got on well with the registered manager and told us, "[The registered manager's name] is an awesome manager". We observed numerous warm, compassionate and reassuring interactions between people and the registered manager during the inspection. People's relatives were complimentary of the registered manager's approach and the improvements they had seen within the service. They told us, "[The registered manager] has been really determined to pull things together and has made a difference."

- Staff were well motivated and had confidence in the registered manager, who they recognised had made a significant positive impact to both the service's performance and people's wellbeing. Staff comments included, "With [the registered manager] at the helm it feels like we are going from strength to strength", "[The registered manager] is good as gold, if you take anything to her and it gets sorted straight away. It is ideal" and "[The registered manager] is doing brilliantly, when she first came she had a clear idea of what she wanted and how she wanted to go forward, she took the reins and guided us to where we needed to go. Things have improved steadily throughout the house over the last year."

- As staffing levels had significantly improved the registered manager was now normally supernumerary. This meant they were able to focus on managing the service and providing leadership and support to the staff team.
- The registered manager actively encouraged staff to develop their individual skills and knowledge. They had led by example and completed their level five diploma in health and social care since the last inspection.
- Individual staff roles and responsibilities were now clear and fully understood. Two positive behaviour support leads had been appointed since our last inspection. These staff acted as shift leader and had been provided with additional training to help them recognise and understand people's specific behavioural needs. Key worker responsibilities had also been clearly defined. These staff now took an active role in advocating for people, maintaining links with relatives and friends, and ensuring individual's needs were met.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff team fully understood their responsibilities under the duty of candour. Relatives comments included, "The staff are always really good at talking to me and sharing information about what has been going on which had been really, really important during lockdown" and "With the [incident] they did ring us and they were very good. They handled that very, very well."
- Staff, the registered manager and the provider's regional manager were open and honest throughout the inspection process. They worked collaboratively with inspectors to minimise the time spent on site.

Working in partnership with others

- The registered manager was working collaboratively and effectively with health professionals and commissioners to ensure people's needs were recognised and assessed. Advice provided had been acted upon to improve people's wellbeing.
- In written correspondence with the service, health professionals had commented positively on the improvements made within the service and the accuracy and detail available within written records.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure necessary action to prevent and control the risk of Covid-19 infection. This is a breach of the requirements of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</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 provider had failed to ensure compliance with published guidance on the management of risks during the Covid-19 pandemic. This is a breach of the requirements of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>