

Modus Care Limited

The Beach

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

The Beach is a residential care home that provides personal care and support for up to 14 autistic people, people with a learning disability or both. At the time of the inspection there were 10 people living at the service.

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

Right Support

Staff did not have the skills necessary to support people while they were distressed and a replacement structure built on one person's balcony did not meet their needs or ensure their dignity and privacy was respected.

Staff understood local safeguarding arrangements and knew how to raise any safety concerns. Care plans included guidance for staff on how to protect people from identified risks.

Infection control risks were appropriately managed, and people were encouraged and supported to participate in household tasks.

People were supported to access the community and their local environment regularly and to participate in a varied range of activities. People were supported to make decisions in relation to how they spent their time and their choices were respected.

Right Care

The provider had not ensured decisions were consistently made in people's best interests and did not have systems in place to gather information necessary to demonstrate compliance with Deprivation of Liberty authorisations.

People were comfortable with their support staff and relatives told us people were happy. Staff were kind and patient. They supported people at their own pace and encourage people to do things for themselves. People were regularly supported to meet up with friends and relatives and visiting was encouraged.

Right Culture:

The service did not employ sufficient staff to meet people's needs and agency staff were regularly used to ensure staffing levels were safe. Relatives reported that this lack of staff consistency was difficult for people and the provider recognised this challenge. As a result, agency staff were now being booked one month in advance to enable agency staff to get to know the people they supported.

Recruitment practices were safe and 3 additional staff and a deputy manager were in the process of being appointed.

There was no registered manager in post and there were vacancies for both of the service's senior carers and a positive behaviour support lead. At the time of the inspection the service was being led by a deputy manager who had taken on this role 5 weeks prior to the inspection.

Records had not been regularly reviewed and there was a lack of effective systems in place to ensure where learning was identified it was acted upon. People had not been supported to promptly access dental appointments when needed.

The provider's quality assurance systems had identified issues in relation to the service's performance prior to the inspection. An action plan had been developed to address these issues and additional leadership support was being arranged.

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

Rating at last inspection and update

In September 2022 the provider was asked by the Local Authority to take over the operation of this location from another provider. This service was registered with us on 21 November 2022 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 6 August 2022.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We needed to check on the actions taken by the new provider to improve performance since they took on responsibility for the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches of the regulations in relation to Person-centred care, the Mental Capacity Act and Good governance.

Please see the action we have told the provider to take at the end of this 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 continue to monitor information we receive about the service, and we will meet with the provider regularly. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring 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 ●

The Beach

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.

Inspection team

The inspection was carried out by two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Beach is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Beach is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

There was no registered manager in post at the time of the inspection.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 19 June and ended on 26 June 2023. We visited the location on 19 June and completed telephone surveys of people's relatives on 22 June 2023.

What we did before the inspection

We reviewed information we had received about the services performance since its registration. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met with 7 people who the service supported and spoke with 8 staff, the deputy manager and the providers Improvement and Outstanding Lead, Interim Regional Director and Divisional Director for adults. We also spoke by telephone with 5 people's relatives.

We looked at records relating to people's care and the management of the service. This included 4 care plans and associated risk assessments, medicine administration records (MARs) and staff recruitment and training records.

We also reviewed information about the management of the service and quality assurance audits. This information was reviewed in detail after the site visit. We also sought written feedback from Health and social care professionals.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Learning lessons when things go wrong;

- Incidents, including occasions where restrictive practices had been used, had not been consistently documented. Areas of learning or improvement had not always been recognised and where specific issues had been identified, they had not been resolved. The service was lacking both a registered manager and Positive Behaviour Support lead who were responsible for reviewing these records and providing internal guidance to the staff team.
- Following an incident in early June the provider had recognised that staff did not have the skills necessary to keep one person safe during periods of upset or distress. This issue had not been promptly addressed and at the time of the inspection staff continued to not have the skills to meet this person's needs.

Staff did not have the skills and knowledge necessary to provide person-centred care for people while distressed. This contributed to a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Prior to the inspection the provider had recognised that the lack of leaders in the service was impacting on the quality of support people received. Additional leadership support had been provided and staff had received guidance and training on how to complete incident records correctly. We recognised there had been a recent improvement in the quality of incident records and that areas of learning were now being identified.

Assessing risk, safety monitoring and management

- People's care plans included guidance for staff on how to identify risks and keep people safe. This included information about environmental risks and risks in relation to people care and support needs.
- Care plans included information for staff on events likely to cause people distress and guidance on how to provide reassurance and support. This included details of how people were likely to respond to specific events, how people communicated when upset and how staff should support people when upset.
- Personal emergency evacuation plans (PEEPs) had been developed for each person detailing the support and assistance they would require in the event of an emergency evacuation. Drills and tests had been completed regularly.
- Firefighting equipment in one person's flat had not been regularly serviced. This information was shared with the provider and immediate action was taken to resolve this issue.

Using medicines safely

- People were safely supported with their medicines and as prescribed. Medicine administration records (MAR) had been accurately completed. A relative told us, "Staff are aware of the medication and deal with it properly." We found all medicines were stored appropriately.
- Where people had been prescribed medicines for use 'As required' there were protocols in place detailing the situations in which these medicines should be used. When 'As required' medicines were used, records were maintained of why they were used and their effectiveness.
- Medicines audits had been completed and any discrepancies identified had been investigated and appropriately resolved.

Systems and processes to safeguard people from the risk of abuse

- People were comfortable in their own flats and a relative said, "[My relative] feel safe here. If we take [them] away, then [they] want to go back after three days".
- Staff understood of local safeguarding procedures and knew how to report safety concerns externally. Information and guidance on how to make safeguarding referrals was readily available. Staff told us, "People are safe" and "We are doing a good job, we look after people".
- Systems for supporting people with finances were appropriate and designed to ensure people were protected from abuse. Financial records were accurately maintained and had been regularly audited.

Staffing and recruitment

- The service was understaffed and currently employed approximately 50% of the staff needed to support people. Rotas showed, and senior managers confirmed, there were currently vacancies for 11 full time staff, 2 senior cares, a Positive Behaviour Support lead and a registered manager.
- Agency staff were being used cover gaps in the service's rotas. Staff told us, "We are massively understaffed", "Things are ok, we just need more staff" and "The weekends are difficult because agency don't turn up".
- Staff allocations and rotas showed the staffing situation was very challenging and there had been occasions when planned care shifts had not been covered. However, these records showed there had always been enough staff on duty to ensure people's safety.
- Relatives recognised the lack of staffing consistency due to the high levels of agency use was impacting on the quality of support people received. Relative's comments included, "Old staff have left and new staff have limited knowledge. The new staff are learning what [my relative] can do", "It takes time to get to know my relative" and "New staff take things out of place and there are changes in [My relative's] routine which can [cause my relative anxiety]".
- To reduce these impacts the new provider had begun to 'block book' agency shifts a month in advance. This helped ensure individual members of agency staff worked in the service regularly and could get to know the people they supported. In addition, the provider was actively recruiting and 3 additional members of permanent staff for The Beach had been identified.
- The providers recruitment practices were safe. All necessary pre-employment checks had been completed to ensure perspective staff were suitable for employment in the care sector.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimize the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives were able to visit the service when they wished, and people were regularly supported to return to their family homes. Relative told us, "I am welcome any time to visit" and "Staff bring [my relative] home twice a week to us."

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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The new provider had installed a large structure on a person's balcony in response to perceived risks. This structure had replaced a smaller structure installed by the previous provider. The new structure was highly restrictive and did not protect the dignity of the person living in the flat, and others living in the service. Members of the public passing nearby, were observed noting the extent of the structure and commenting upon it.
- No specific risk assessments had been completed prior to the installation of the new structure. An incident record showed the structure was ineffective in achieving some of its goals. The new structure did not meet the person's individual needs.
- There were no records available to demonstrate how the person, their relatives, or involved professionals had been engaged in discussions or decision making in relation to the design and appearance of the new structure.

The installation of this structure did not meet the person needs or ensure their dignity was protected. This contributed to a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Some areas of decor within the service were tired and in need of redecoration. The flooring in one flat's kitchen area was damaged and in need of replacement. The new provider had recognised these issues prior to the inspection and was developing plans to improve the environment of the service.
- People's flats had been decorated in accordance with their individual tastes and preferences.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The new provider had not yet introduced new systems or procedures for assessing people's capacity in relation to specific decisions or for making and recording best interest decisions when necessary. The new provider had done this to limit the impact of procedural changes on the quality of care people received.
- The service continued to rely on capacity assessments and best interest decisions made by the previous provider which the new provider recognised were insufficient. Records showed people's capacity had been assessed in relation to broad aspects of care and that best interest decisions were not related to specific decisions.
- Where the new provider had installed a restrictive structure on one person's balcony, there were no capacity assessments or best interest decision meetings made prior to the installation of the new structure.
- Where people's freedoms were restricted and individuals lacked the capacity to consent to these restrictions, necessary applications had been appropriately made to the local authority for DoLS authorisations. Two people had DoLS authorisations with reporting conditions. The new provider did not have systems in place to record details of these conditions and had not gathered the information necessary to enable compliance with these conditions.

The new provider had failed to assess people's capacity in relation to specific decisions. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff supported and encouraged people to make choices for themselves and involved people in day to day decision making appropriately.

Staff support: induction, training, skills and experience

- The new provider had limited confidence in the quality of Positive Behavioural Management (PBM) training which staff had received from the previous provider. However, prior to the inspection only one member of staff had received PBM training from the new provider.
- One person needed support from staff trained in the use of PBM techniques to ensure their safety. Incident records showed untrained staff had used restrictive practices while supporting this person. Following an incident on 7 June 2023 the new provider had identified that a staff member, recently trained in PBM techniques, was needed to support this person during each shift. Of the 20 shifts following this incident, no staff recently trained in PBM by the new provider had supported this person. In just over a quarter of these shifts, the person had been supported by staff who had received PBM training from the previous provider.

Staff had not been provided with the skills necessary to enable them to meet people's needs. This contributed to a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Records showed staff had received online training updates in other topics and staff were confident they knew how to meet people's care needs. Staff comments included, "Training is brilliant, better than it was. That's a positive" and "We do training online, it is good".
- There were induction training procedures in place for new members of staff and staff, new to the care sector, were supported to complete the care certificate. This training is designed to provide staff with a good

understanding of current best practice in care.

- Staff told us they were well supported, and records showed staff supervision meetings had occurred regularly. Staff told us, "I get supervisions. There have been some team meetings".

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

- Staff told us one person regularly refused to eat the meals they prepared and daily care records showed this person often refused food. No monitoring records were available in relation to this person's weight or guidance for staff on how to support this person with their nutritional needs.

This contributes to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Each person's flat had kitchen facilities and people were encouraged to participate in menu planning and food preparation. Peoples' relatives told us, "[My relative] will talk to me and say I cooked this. Will go out shopping with staff. [My relative] has their own fridge and freezer and cooks' food separately" and "Staff encourage them to choose healthy options".
- People were able to access drinks when they wished, and staff encouraged people to drink regularly.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access and attend planned medical appointments. Relatives said, people were able to make decisions in relation to their attendance at planned appointment and told us, "[My relative] will go to the GP and dentist with staff but can refuse to participate. Occasionally will say no, and if it is not urgent [they don't go]".
- The service did not have a robust system in place to record what action had been taken to enable people to access appointments when required urgently. Daily care records showed one person had recently complained of tooth pain and staff handover notes indicated plans to make arrangements for a dental appointment. This appointment had not been arranged and the person confirmed they had not seen the dentist although the pain had now reduced.

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

- There were systems in place to ensure people's needs were assessed and fully understood before they moved in. The new provider aimed for staff to work with people in their previous homes and for people to visit the service before they moved in. The new provider was not at the time of this inspection accepting new placements to allow staff and managers to focus on improving performance.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were comfortable and relaxed with their support staff and told us, "The staff are ok" and "Things are OK". People were able to spend time on their own staff respected people's decisions. People were able to access the services communal lounge when they wished, and we observed people laughing and joking with staff throughout the inspection.
- Relatives were confident people were well cared for and said people were always happy to return to The Beach following home visits. Relatives comments included, "[My relative] likes the carers", "The staff are caring and overall good" and "The staff are really good. [My relative] is happy with the staff".
- Staff were kind and patient with people. Information was provided in ways people could understand and when things did not go to plan people were kept well informed of what was happening. Staff spoke warmly of the people they supported and took pleasure in describing their achievements. Staff told us "I like working here", "The staff that are here are good. They do the right thing by people" and "We have got to be positive for the guys".

Respecting and promoting people's privacy, dignity and independence

- The language used in care planning documents was consistently respectful. The new provider was working proactively with established staff to change and improve aspects of the service's culture.
- Staff respected people's privacy and ensured people's and dignity were respected. Some people had their own keys to their flat and were able to exercise control over how and when staff provided support. One relative told us, "[My relative] has [their] own key to let [themselves] in and out".
- We found examples of good practice in supporting people to gain new skills. For example, staff had worked with people to develop a number of small vegetable plots in the service's outdoor area and people took pride in showing us what they had grown. Relatives told us, "They have a little garden and [My relative] can water the plants, grow tomatoes and there is a little fountain".

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decision making and planning what to do each day. Staff encouraged people to engage in a variety of activities in the service and the local community.
- People were able to change their minds and decline planned activities. When this happened, staff provided appropriate encouragement and offered alternatives where possible.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care plans had been reviewed and updated by the new provider. These documents provided staff with enough information to enable them to meet people's individual needs. Relatives had been involved in care plan review processes and told us, "Staff invite me to care meetings".
- Care planning files had been reduced in size and historic information had been appropriately removed from files. These documents included details of what was important to people and provided staff with specific guidance on people's preferences and needs.
- Records had been maintained of the care and support people received each day. These records had not been regularly reviewed and this issue is discussed further in the well led section of this report.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People and their support staff were able to communicate effectively together. Staff had a good understanding of people's individual communication support needs. They used communication tools appropriately and effectively to support people's decision making.
- Staff used communication tools appropriately and effectively to support people's decision making. Care records included examples of written and picture-based tools that had been used appropriately to support people's understanding of complex issues.

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

- People enjoyed where they lived and were able to go on the beach or to the local shops when they wished. During the day of our inspection, people went paddling in the sea, played football on the beach, went shopping, attended medical appointments and went to the gym. Care records showed some individuals regularly attended voluntary work placements.
- Relatives told us, "The Beach suits [My relative] very well and will go to the beach for a walk daily" and "[My relative] has an annual zoo pass as loves animals. [My relative] will go with staff on walks for the exercise and likes car trips".
- Staff knew what was important to people and on the day of our inspection rearranged plans, in response

to staffing challenges, to enable people to engage with activities they enjoyed. Staff comments included, "People still get out, staff go over and above to make sure people get out" and "People go out a lot. Depends on how people feel".

- The availability of staff able to drive the service's vehicles sometimes restricted people choices in relation to activities. The provider was aware of this issue had made arrangements to enable some agency staff to drive the services vehicles and was actively recruiting additional staff.
- People living in the service were able to access the communal lounge area when they wished and enjoyed spending time chatting their staff. People visited friends in other flats regularly and staff supported people to visit their relatives when they wished. Care records showed people were encouraged to participate in tasks, take on responsibility chores and to participate in a range of craft activities within the service.

Improving care quality in response to complaints or concerns

- Relatives knew how to report complaints and were confident any issue they raised would be investigated and resolved. Information about how to make complaints was readily available and relative told us, "I can talk to someone if I want to make a complaint".
- The provider's systems ensured any complaints received were recorded, acknowledged and investigated.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service is required to have a registered manager but there was no registered manager in post at the time of the inspection.
- The provider intended for the service to be led by a register manager, supported by a deputy manager and 2 senior carers. At the time of this inspection the service was being led by a deputy manager who had been in this role for 5 weeks. The registered manager and both senior carer posts were vacant. The service had been supported by one of the provider's Operational support managers since the registered managers departure.
- Relatives recognised the high turnover of managers had impacted on performance. Their comments included, "They turnover managers quickly, with temporary managers to cover whole area's. I assume they are on-site at the moment. I was not told [about the manager's departure] so it was a bit of a surprise" and "Staff are trying their best but they are not well led".
- Staff also commented on the number of changes of management the service had experienced. They told us, "We don't have a manager, one just left. We have a deputy manager", "The loss of the registered manager has had an impact" and "It's not got worse, but not got better, It seems when a manager starts, they go".
- Records in relation to both people care and the operation of the service had not been consistently completed to a high standard. Some health monitoring records had not been consistently completed. Fridge temperatures had not been monitored to ensure food was stored safely and water temperature checks had not been completed regularly.
- The service was lacking effective oversight due to high management turnover, as detailed in the earlier sections of this report. Daily care records were not being effectively reviewed and were stored in a disorganised pile in the office. Incident records had not been consistently reviewed and action had not been taken in response to areas of required learning identified. People had not been supported to access dental services when needed and damaged equipment in people's rooms had not been promptly replaced. Necessary assessments had not been completed prior to the installation of the replacement structure on the service's balcony and information required to ensure compliance with DoLS authorisations had not been collected.

The provider had failed to ensure the service's governance system were effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

- Staff were complimentary of the deputy manager and said, "The deputy manager is right on". During the inspection the deputy manager supported staff to effectively address and resolve issues.
- The providers' quality assurance systems had identified, prior to the inspection, that the service needed additional support. A service improvement plan had been developed and additional leadership support arranged. The providers' Improvement and Outstanding Lead and Positive Behaviour Support Lead had both begun visiting the service each week and there had been recent improvements in the accuracy of record keeping. Staff had been supported to complete more detailed incident records and areas of learning were now being identified. Staff told us, "[Improvement and Outstanding Lead] comes normally every Wednesday" and "[Positive Behaviour Support Lead] comes. I don't think there is a set pattern but [they do] come."
- In addition, the provider had taken action to provide additional management support to the service. An Interim Regional Director had been appointed to support services in Cornwall and began working in The Beach on the first day of our inspection. The provider had also recruited an additional deputy manager and was advertising for the registered manager and both senior carer posts. Staff recognised the new provider was supportive and focused on making positive changes within the service. Their comments included, "Things are more efficient now" and "We see [a senior manager] every month."
- The new provider had chosen to delay the introduction of their digital care planning system to prevent excessive change impacting on the quality of care people received and due to IT connectivity challenges. This decision was being reviewed as the new provider recognised the current combination of paper based and digital systems increased the risk of important information being lost. The provider had commissioned a fibreoptic digital connection to the service to resolve the connectivity issues.
- The new provider did not have robust procedures to ensure all necessary notifications were submitted to the commission. A significant incident had occurred between 2 people in mid-May 2023 but had not been shared without delay with the commission. This issue was raised with the provider during feedback and the necessary notification was subsequently submitted.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff were dedicated to supporting people and worked together to minimise the impact of staffing challenges on people's wellbeing. Staff worked with the deputy manager to enable people to participate in and complete planned activities and it was clear staff enjoyed spending time with the people they supported.
- The service worked collaboratively with health care professionals to ensure people's needs were met. There were plans in place to ensure peoples' individual needs could be met in the event of a hospital admission.

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

- Feedback from people and their relatives was valued by the new provider. A survey was underway at the time of the inspection to gather additional feedback on the service's current performance.
- People were protected from all forms of discrimination and supported to access their interests, a range of community groups and work placements.

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

- Staff communicated effectively with people's relatives, and the requirements of the duty of candour were

understood. Relatives reported the service communicated with them effectively and their comments included, "Staff will call me if there are any problems. They would tell me when they ring up" and "I have daily communications with [my relatives] cares".

- Staff, the deputy manager and the provider's senior representatives were open and honest throughout the inspection process. Feedback from the commission provided was listened to and acted upon promptly.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to assess people's capacity in relation to specific decisions.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure the service's governance system were effective.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The installation of this structure did not meet the person needs or ensure their dignity was protected. Staff did not have the skills necessary to ensure people needs were met when upset and adaptations made to the premises did not meet people's needs or respect their dignity.</p>

The enforcement action we took:

A warning notice was issued in response to this breach of the regulations.