

Kisimul Group Limited

Breagha 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 well-led?

Good 

Summary of findings

Overall summary

About the service

Breagha House is a residential care home which provides accommodation and personal care for young adults whom are living with a learning disability and/or autism. The service can support up to eight people. At the time of our inspection, five people were living there.

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

There were not always enough staff to give people the support they were assessed as needing. The management team confirmed recruitment was an issue for the provider, and they were continuously trying to find ways to remedy this. We identified that the record keeping in relation to training and induction for agency staff was not consistently robust.

People were protected from the risk of abuse. People's needs were assessed, and any risks associated with their health conditions documented. Relatives felt their family members received safe care and support generally. People received their prescribed medicines safely. Risks associated with the service environment were now assessed and mitigated. The service was clean, and risks to people associated with acquired infections were minimised. Accidents and incidents were monitored to identify trends and prevent the risk of them happening again.

People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. The provider and manager had worked with the staff team to ensure they were up to date with the training and skills needed to support people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported and encouraged to have a varied diet that gave them enough to eat and drink. People were supported by staff to access healthcare services when required. The provider ensured the environment was suitable for people's needs.

The leadership of the service had improved since our last inspection. Relatives felt confident in the manager's skills and ability to create a safe environment with good quality care for people. Staff we spoke with clearly understood their roles and responsibilities and felt able to make suggestions to improve people's daily lives.

The provider and manager had implemented systems that helped them to analyse the causes of incidents or poor care and identify risks to people. This information was then used to improve the quality of care. The provider was working with the local authority and CQC in an open and transparent way to ensure the quality of the service steadily improved. Local authority staff involved in safeguarding processes for people felt the service was much improved since our last inspection.

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.

Based on our review of Safe, Effective and Well-led the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

People were able to have choice and control in their day to day decisions. Staff were supported to demonstrate the values the provider felt essential to delivering good quality care that was person-centred. The provider and manager were dedicated to ensuring staff demonstrated values in line with Right support, right care and right culture. The provider was looking at ways to develop staff knowledge and skills which meant people were being supported in the best way possible. This was through reviewing peoples' care, enhancing staff knowledge and training and listening to people and their relatives.

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

The last rating for this service was Inadequate (published 3 August 2021) and there were multiple breaches of regulation. At this inspection we found improvements had been made. The provider was still in breach of Regulation 18 (Staffing) but was no longer in breach of any other regulations.

This service has been in Special Measures since 2 August 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

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.

We have identified a breach in relation to regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection. 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 for 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Breagha 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

This inspection was carried out by two inspectors.

Service and service type

Breagha House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager who was in the process of registering with the Care Quality Commission. This means that they (once registered) 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with two people who used the service and observed how care and support was given generally. We spoke with three staff, the manager, the area manager, and the provider's director of adult services. We looked at a range of records including three people's care records and how medicines were managed for people. We also looked at staff training, and the provider's quality auditing system.

During the inspection visit we asked the provider to give us additional evidence about how the service was managed, and they provided this.

After the inspection

We continued to seek clarification from the provider regarding the evidence we had. We sought feedback from the local authority safeguarding staff, and quality monitoring team. We also sought feedback from staff from advocacy services who were involved in supporting people.



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 Inadequate. At this inspection this key question has now improved to 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.

Staffing and recruitment

At our last inspection, the provider had not ensured there were enough staff to keep people safe. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- There were not always enough staff to keep people safe or to provide them with the individual support they were assessed as needing. Three separate concerns about staffing levels had been shared with CQC prior to this inspection in July, August and September 2021. On each occasion we contacted the provider, who has sent us evidence to demonstrate that, on the whole, the staffing levels were safe at the time the concerns were raised.
- Relatives said there were occasions when they understood there were not enough staff to provide the 1-1 or 2-1 support their family members needed. One relative said that they understood that the manager and staff team tried as much as possible to ensure people received the levels of staff support they needed.
- Two staff said there were generally enough staff on each shift to keep people safe, but that there were also times when they were short-staffed.
- Evidence from the provider's staff rotas specified the required number of staff hours needed for each shift, and showed where the service was short of the required hours needed. In October 2021, there were 25 days when staffing levels fell below the hours needed. In the same month, there were ten nights when there were not enough staff. Evidence from staff in the daily handover records supported this. There was a risk that people were left without staff support at the times they were assessed as needing this.
- The management team confirmed recruitment was an issue for the provider, and they were continuously trying to find ways to remedy this. Nonetheless, there were times when people were left without the staff support they were assessed as needing, and this put them at risk.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were protected from abuse or the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse or improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been

made at this inspection and the provider was no longer in breach of regulation 13.

- People were protected from the risk of abuse. Relatives felt confident to raise concerns to the manager, and one relative commented that, "95% of the time care is good. However, when an incident happens, we do lose some confidence. We do believe in Breagha House and want to work with them to reduce the risk of any future incidents."
- Staff felt able to speak up about concerns and felt the management team would take them seriously. Staff were knowledgeable about safeguarding and received training during induction and had regular refresher sessions to ensure they felt confident to speak up about concerns.
- We saw evidence relating to incidents where people were potentially at risk of harm. For each incident, staff and the manager took immediate action to ensure people were safe. The manager and provider also investigated incidents to ensure that action was taken to reduce the likelihood of them happening again.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's needs were assessed, and any risks associated with their health conditions documented. These were reviewed regularly and updated when required. Staff knew about risks associated with people's health conditions and understood how to provide care which kept people safe.
- Relatives felt their family members received safe care and support generally. One relative said that the care at Breagha House was good for their family member, and that the person's episodes of distress and anxiety had reduced since living there.

At our last inspection the provider had failed to ensure people lived in a safe environment. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Risks associated with the service environment were now assessed and mitigated. The provider had a system in place for regular checks on all aspects of the environment. This included checks on fire safety systems and the removal of any hazards in the building that posed a risk to people.
- There were clear plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. For example, if there was a fire or power cut. Each person had their own personal emergency evacuation plan (PEEP) with up to date information about people's support needs. This meant staff and emergency services would quickly know how to support people safely.

Using medicines safely

At our last inspection, the provider had not ensured that people's medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their prescribed medicines safely. Staff told us, and evidence showed that medicines were

documented, administered and disposed of in accordance with current guidance and legislation.

- People received their 'as and when' (PRN) medication when they needed it. There was guidance in place for people's PRN medicine which told staff when this medication was needed.
- Staff received training about managing medicines safely and had their competency assessed. This included training for PRN medicines that people might need when they went out.
- The manager was in the process of updating the staff signature list. This meant that staff doing audits could clearly identify which staff were responsible for recording medicines given to people. In the event of any medicine errors, the manager could then quickly act to ensure individual staff received refresher training or other appropriate support.

Preventing and controlling infection

At our last inspection, the provider had not ensured the service was clean and that people were protected from the risk of acquired infections. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections. We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely. 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 the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

At our last inspection, the provider did not monitor accidents and incidents effectively to identify trends and prevent reoccurrences. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Accidents and incidents were monitored to identify trends and prevent the risk of them happening again. Individual incidents were investigated and action taken to address immediate concerns.
- Where the manager or provider's investigation identified care needed to improve, staff were told what was expected of them, and people's care plans were updated to reduce the risk of further incidents.
- Any lessons learnt to improve people's quality of care was shared with staff. Daily handovers were also used for staff to discuss any learning from incidents or accidents.
- The manager confirmed there had been a lot of work recently to improve how accidents and incidents were documented, followed up and analysed to make people's care safer. The provider had improved their processes for analysing incidents to determine how to improve the quality of care.

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 Inadequate. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure people's care was designed in way to meet their individual needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. For example, staff used nationally recognised best practice guidance to identify and monitor people at risk of developing pressure ulcers or at risk of malnutrition.
- Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans. Staff also had access to current information about a range of health conditions to ensure they were providing the right care.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured staff were trained and supported to have the skills needed to meet people's needs. This was a breach of regulation 18 (2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 (2).

- The provider expected staff to undertake a range of mandatory training courses, including first aid, safeguarding, medicines competency and positive behaviour support. The provider and manager had worked with the staff team to ensure they were up to date with the training and skills needed to support people.
- One staff described their induction and training as "robust and good." They also described the support they got from senior staff as helpful.
- Staff had training on effective communication, including the use of PECS and signing. PECS is a visual communication system for people who use non-verbal communication. Each person had information about their individual communication styles in their care plans, and staff knew how to support each person with their communication.
- Daily handover meetings had been implemented. This was where staff could share key information about how the previous shift had been and ensure that people had the right support for the next shift of staff. The

meetings were recorded. This meant staff could effectively communicate with each other about how they planned to meet people's support needs.

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

At our last inspection the provider had not ensured people were supported to have a balanced diet. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People were supported and encouraged to have a varied diet that gave them enough to eat and drink. Staff told us and records showed there was a varied menu, with options available for people with specific dietary requirements. Where people expressed views about wanting different options, or different times for their meals, their preferences were met.
- People who needed assistance or encouragement to eat were supported by staff. Staff knew who needed additional support to eat or required food prepared in a particular way.
- People who were at risk of not having enough food or drinks were assessed and monitored. Where appropriate, advice was obtained from external health professionals to support people to have a healthy balanced diet.

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

At our last inspection the provider had not ensured people were supported to access healthcare services in a timely way, and staff did not have any tools or support to help them assess people's pain or discomfort. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were supported by staff to access healthcare services when required. People were able to see their doctor, dentist or optician whenever they needed to. Records we looked at confirmed this. The provider had implemented the use of nationally recognised tools to help staff assess people's levels of pain or discomfort. This was particularly important where people were not always able to clearly verbally express how they felt. Using these tools meant staff were able to recognise when people were feeling good about their health, and when they were experiencing pain or symptoms of potential illness.
- Staff we spoke with were familiar with people's health needs, as detailed in care records. Care plans stated what people's needs were and detailed what staff should do to help people maintain their health.
- Staff shared information with each other during the day about people's daily care. Staff also kept notes regarding health concerns for people and action taken. This enabled staff to monitor people's health and ensure they accessed health and social care services when required. Senior carers and the manager were also able to check these notes regularly to ensure people were getting the right support for their health.

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

At our last inspection the provider had not ensured the service environment was designed to meet people's needs. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had reduced the number of people living at Breagha House from ten to eight. The provider had also done work to ensure that the people living at the service were compatible with each other, and this had helped reduce the number of incidents between people.
- The provider ensured the environment was suitable for people's needs. People were encouraged to make choices about decorating their personal space, and their bedrooms and ensembles were personalised. There were also adaptations to people's personal spaces to meet their sensory needs.
- Bathing and shower facilities were designed to be fully accessible for everyone. This meant people were able to make choices about their personal care and promoted independence in bathing and showering.
- The provider was planning to make some alterations to the internal layout of the building. The kitchen and dining room are currently open-plan, which on occasions, made these areas noisy and congested. The alterations planned to reduce the number of people and staff moving through the kitchen area and create a separate dining room. The provider and manager felt that this would reduce noise levels and therefore reduce people's anxiety when using these rooms.

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

At our last inspection the provider had not ensured consent to care was sought in line with legal requirements. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and relatives said staff gained permission before offering personal care. Throughout the inspection, we heard staff ask people for their consent when offering care and support and encouraging people to make their own decisions about their daily lives.
- Staff understood the principles of the MCA, including how to support people to make their own decisions, and how to proceed if the person lacked capacity for a particular decision.
- The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications where relevant. Conditions associated with people's DoLS authorisations were met and reviewed regularly to ensure they met the principles of the MCA.
- In relation to the use of physical restraint, guidance for staff clearly documented what specific types of intervention was assessed as suitable for each person. Staff received training in the appropriate use of the least restrictive ways of supporting people. Agency staff were only allowed to support people on a 1-1 basis if they had received training in restrictive care practices the provider assessed as suitable for people's needs.

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 Inadequate. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had not ensured suitable quality assurance checks were in place, that staff followed the policy on restrictive intervention or reporting allegations of abuse. The provider was not able to demonstrate how they supported staff to provide high quality specialist care for people with a learning disability and/or autistic people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- We identified that the record keeping in relation to training and induction for agency staff was not consistently robust. It was difficult for the provider to clearly identify which agency staff had received training necessary to support people, due to this information being held across different record keeping systems. This meant there was a risk the provider could not consistently assure themselves that agency staff had the skills needed to support each person well.
- The leadership of the service had improved since our last inspection. Relatives felt confident in the manager's skills and ability to create a safe environment with good quality care for people. One relative described the manager as "Probably the best (service) manager our family member has ever had. We have confidence in them."
- Relatives described the staff team as really good and committed to providing quality care. Staff we spoke with clearly understood their roles and responsibilities and felt able to make suggestions to improve people's daily lives.
- The provider and manager had a plan in place following the last inspection to improve all their quality monitoring systems. They shared the plan with CQC regularly so we could see what progress was made.
- Each person's care plans and risk assessments had been reviewed to ensure they reflected people's current needs. This work had a positive impact on people. For example, the number of incidents where people's behaviour had put themselves or others at risk had reduced. The use of restrictive care interventions had also reduced.
- The service did not have a registered manager in post at the time of our inspection. However, the manager had applied to become registered with CQC.

Continuous learning and improving care

At our last inspection the provider had not ensured they used information to learn and improve care to people, and did not have systems in place to analyse risk in relation to people's care needs. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider and manager had implemented systems that helped them to analyse the causes of incidents or poor care and identify risks to people. This information was then used to improve the quality of care.
- The methods of recording risk information for analysis was still being improved when we visited. The provider was in the process of introducing a new system which was more streamlined for staff to use when recording incidents or occasions where people's behaviour put them and others at risk. This would help reduce the risk of duplication of information across different forms, and help the manager take action more quickly to reduce risks in relation to people's personal care.
- The provider and manager acknowledged that a lot of work had been done since the last CQC inspection to improve the quality of care at Breagha House. They were also open and honest about still having more work to do to thoroughly embed the changes they had made, and had an action plan detailing where further improvements needed to be made.

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

- Relatives felt the provider and manager communicated well with them, and were open and honest when things went wrong.
- The provider notified CQC of significant events as they are legally required to do. This meant the provider was informing us about events that occurred in the service which assist us to monitor the quality of care.
- The provider was displaying their ratings from the previous inspection, both in the service and on their website, as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Staff said, and records confirmed they had regular training and meetings to discuss how to ensure care was provided in an open and transparent way. This included being honest about what was not working well and committing to improving people's quality of life.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives confirmed they were more involved in working with staff to develop people's care and support. People's care plans reflected their involvement and family input where this was appropriate.
- Staff now felt confident to raise concerns or develop ideas to improve people's care. One staff member said they felt the quality of care was, "A hundred times better than the last inspection." They also commented on the change in atmosphere in the service, saying that it was calm and this really helped people to feel safe and well supported. The manager confirmed they were working to improve the confidence of staff in their care skills and to work towards building a team spirit where they all worked together collaboratively.
- Staff and the manager were confident to recognise when they needed to refer people to external health and social care professionals. This meant people got the right support in a timely manner when needed.
- The provider was working with the local authority and CQC in an open and transparent way to ensure the quality of the service steadily improved. Local authority staff involved in safeguarding processes for people felt the service was much improved since our last inspection.

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 18 HSCA RA Regulations 2014 Staffing The provider had not ensured there were always enough staff to keep people safe or to provide them with the individual support they were assessed as needing.