

Achieve Together Limited

Holly Tree Cottage

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

About the service

Holly Tree Cottage is a residential care home providing personal care for up to six people with a learning disability and/or autistic people. At the time of the inspection six people were living at the home. The service is a residential property based on the outskirts of Burnham on Sea. Local shops, the beach and the town are within a close proximity to the home.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

The service did not always give people care and support in a safe and well-maintained environment. People were not always able to pursue their chosen interests because of staffing shortages at the service. Some improvements were required to ensure people were supported to make decisions following best practice in decision-making. People had a choice about their living environment and were able to personalise their rooms. The service supported people to have choice, control and independence. Staff supported people to achieve their aspirations and goals. People were supported to access their local community. Staff communicated with people in ways that met their needs. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care

People could take part in activities and pursue interests that were tailored to them. Staff promoted equality and diversity in their support for people. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

Staff turnover had been high, which meant people were supported by agency staff. Permanent and regular agency staff knew and understood people well and were responsive to their needs. The provider and the manager had failed to implement a robust system to monitor the quality of the service. Improvement in

areas of risk management had not been fully implemented in respect of the property and fire safety. People and those important to them, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Staff valued and acted upon people's views.

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 the service under the previous provider was good, published on 08 February 2020.

Why we inspected

This was the first inspection for the service under the new provider (registered 01 December 2020) to rate 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 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 and will take further action if needed.

We have identified breaches in relation to safe care and treatment, safe staffing, premises and equipment and good governance at this inspection.

We made recommendations that the provider reviews their processes to ensure people's capacity assessments are reviewed in line with the principles of the Mental Capacity Act 2005.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 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 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 

Holly Tree Cottage

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 Health and Social Care Act 2008.

Inspection team

One Inspector carried out the inspection visits and an Expert by Experience made phone calls to people's relatives. 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

Holly Tree Cottage 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. Holly Tree Cottage is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was not a registered manager in post. The service had a manager in post; they were in the process of applying for the registered managers position.

Notice of inspection

This inspection was unannounced

What we did before inspection

We reviewed information we held about the service. 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 received

feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with three people and six relatives about the care and support provided. We spoke with the manager, regional manager and five staff members. We reviewed a range of records. This included three people's care records and four medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We requested feedback from four professionals that visit the service.

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 for 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.

Assessing risk, safety monitoring and management

- Risks to people were not fully managed and mitigated. The provider had commissioned an externally qualified contractor to undertake a fire risk assessment that identified various shortfalls, including high risk items. The provider failed to rectify these shortfalls, within the recommended timeframes. For example, replacing fire doors. This increased the risk that people would not be evacuated safely in the event of a fire.
- Risks relating to the environment were not being fully managed. People were not fully protected from the risk of burns from hot surfaces. We identified radiators in a bathroom and a person's bedroom the provider had failed to risk assess, or introduce measures to mitigate the risk, such as radiator covers. There was also exposed pipework in communal areas which could pose a risk of burns. We discussed this with the regional manager who confirmed this would be addressed. They also confirmed there were no incidents where people had been burnt.

The provider failed to manage and mitigate potential risks to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection, we contacted the local fire service and local safeguarding team and informed them about our concerns in relation to fire safety.
- Regular fire drills and testing of the alarm system were undertaken.
- Health and safety checks were completed in the home, such as ensuring the fire alarm system and equipment were checked and serviced and the gas, water and electricity were safe.
- Some people could become anxious, leading to incidents where they harmed other people, staff or the environment. There were plans in place about how staff should support people at these times. One person's plan detailed seclusion for a short period of time as an approach to supporting them to reduce their anxiety, the manager confirmed this was not the current approach for the person. Staff we spoke with also confirmed this. The person's care plan was amended during the inspection.
- There was no restraint used in the service. Staff told us they knew people well and avoided people's triggers. Staff told us incidents were manageable and they were trained to support people at these times.
- Other risks to people were assessed and mitigated. Areas covered included, activities, accessing the community, health needs and travelling in vehicles.

Staffing and recruitment

- People had one to one hours commissioned to meet their individual needs. These hours were not always being met by the service.

- There were a high number of staff vacancies due to staff leaving and the service was currently reliant on agency staff to cover the vacant shifts. The manager and staff confirmed regular agency were block booked to ensure consistency.
- When staff had left the service the unfamiliarity of staff had impacted on one person causing them anxiety and an increase in incidents. Staff confirmed that this had started to improve, with regular agency now supporting the person and the person accepting their support.
- Relatives raised concerns about the staff turnover, the high use of agency staff and people not receiving their one to one hours. Visiting professionals also raised concerns about the turnover of staff.
- Although staff confirmed staffing levels were safe, they said at times this impacted on people not being able to attend their planned activities. At these times staff did their best to rearrange shifts to ensure people were able to go out. Staff were picking up additional hours to cover vacancies and staff sickness.

The provider had failed to ensure sufficient numbers of staff were consistently deployed across the service. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager confirmed they planned additional staff on the rota each day to mitigate staffing issues and ensure people's individual hours were met.
- There was an ongoing recruitment programme in place. The provider had introduced incentives to attract and retain staff.
- Staff had been recruited safely. The provider had effective recruitment systems in place to check the suitability of new employees.

Using medicines safely

- Medicines were stored securely. People had secure medicines storage cabinets in their rooms. Staff were responsible for recording the temperature of the medicines cabinets to ensure they remained within an optimal range. There were some gaps in the records of the recording of medicines storage cabinets. This was being addressed with the staff team by the manager.
- One person had a protocol for staff to administer medicines at specific times relating to their health needs, this was agreed and signed off by the GP. This protocol had not been reviewed since 2017. During the inspection the manager confirmed this was in the process of being reviewed by the GP.
- People's medicines were recorded on Medicines Administration Records (MARs), MARs contained up to date pictures of people. People received their medicines as prescribed. MARs were completed when medicines were administered.
- There were systems in place to record the application of creams and other external preparations.
- The manager was aware of the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). People were not receiving excessive and inappropriate use of medicines. Staff received training in STOMP.
- Medicines were administered by staff who were trained, and their competency was assessed.

Preventing and controlling infection

- On the first day of the inspection we identified one area of the home that was not clean. This was in a person's bedroom. Records of cleaning were kept; however, it was difficult to determine from these records when cleaning had been completed. The manager was in the process of arranging for a better system for recording cleaning completed and schedules to make them easier to review.
- There was clutter in the laundry room which would impact on the ability to thoroughly clean the room. On the second day of the inspection the clutter had been removed.
- Staff had access to enough personal protective equipment. We observed two occasions where staff were

not wearing their masks appropriately.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. This was due to areas of the home not being clean and not well maintained.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service. No one had recently been admitted to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider was facilitating visiting in line with government guidance.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded.
- We reviewed incident records. Some of the incident form referred to people being 'escorted' and 'removed' from a situation. We discussed this with staff who confirmed this would be completed by encouraging people rather than physically supporting them. The manager confirmed the use of terminology in records was an area they were addressing.
- The manager reviewed all incidents and these were uploaded to the provider's system. Whilst there was oversight of incidents from the manager and the provider, regular analysis was not completed and recorded by the manager to identify themes and trends to prevent further incidents.
- Analysis and learning from incidents had been an improvement identified as part of the provider's quality audits.
- The provider's positive behaviour support practitioner also had oversight of incidents and was available to provide support and advice. The manager and regional manager confirmed they would seek advice for one person who was experiencing incidents in the home.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm. Relatives told us they thought their relatives were safe from abuse and harm. One relative said, "We feel [name of person] is safe, very much so. They are a highly motivated team there." Other comments from relatives included, "Yes, definitely, [name of person] would let me know if it wasn't, they would act differently that they normally do" and "The staff there ensure the service users are safe there."
- There were systems in place to protect people from abuse. Staff were aware of the systems and they told us they would report any concerns through the appropriate channels. Staff received safeguarding training. Two staff members required refresher training for safeguarding and the manager confirmed staff would be completing this.
- Staff were aware of the whistle blowing procedure and they could report any concerns outside of the organisation if there was a need to.
- The service had reported safeguarding concerns to the local authority and the Care Quality Commission (CQC) as required.

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 for 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

- People were not living in a home that was well maintained or decorated.
- Areas of the home required maintenance, replacement or repair. For example, carpets were stained, there were holes in the walls, paintwork was chipped, bathrooms were worn and tired, tiles were chipped and there were areas where the wallpaper was coming away from the walls.

This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed the maintenance and decoration of the home with the regional manager, they confirmed this would be completed as a priority.
- People's bedrooms were personalised with themes and items of their choosing.

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

- People were able to make day to day decisions about their care and support as long as they were given the right information in the right way, at the right time.
- When people were thought to lack the capacity to make specific decisions, capacity assessments and best interest meetings had been completed with input from the person and other relevant people. The

assessments included details of how information was presented to people in different formats.

- Areas covered included, the use of audio monitors, medicines management and management of finances.
- We found one restriction relating to a games console that was locked in a lounge cupboard where a capacity assessment and best interest decision had not been completed. The manager confirmed they would review this.
- We also found not all the capacity assessments and best interest decisions were kept under regular review to demonstrate they remained the least restrictive option.

We recommend the provider reviews people's restrictions and capacity assessments in line with the principles of the MCA

- DoLS applications were completed and submitted to the local authority if required. Where DoLS applications were pending approval from the local authority, we saw evidence of this being followed up by the provider.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working for the service. The induction was aligned to The Care Certificate. The Care Certificate is a set of standards that ensure staff have the right skills and knowledge to support people.
- Staff also received training relevant to the people they supported. Subjects covered included a range of mandatory topics and training relating to people's specific needs. This included training in epilepsy, administration of specific medicines, supporting people with autism and other health needs.
- There were some gaps in staff refresher training, the regional manager confirmed there was a plan in place to address the gaps.
- Staff received regular one to one supervision to receive feedback and discuss any concerns. Staff told us supervisions were supportive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

- People's needs and choices were assessed and planned for. Care plans were based on people's assessed support needs and preferences.
- People's care plans included details of their health needs and how staff supported them with appointments. The regional manager told us how one person had recently been supported for a blood test with staff, where previously they had only attended these appointments with their family member. This was a positive outcome for the person.
- People attended health appointments as required. These included appointments with the GP, psychiatrist, dentist and opticians. The manager told us they were in the process of arranging for people to attend their annual health checks with their GP.
- People had health action plans. Health action plans are documents that include a personal plan that describes what people can do to stay healthy and the support that is available. These were created in an easy to read format.

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

- People were encouraged to maintain a balanced diet. There was a menu planner in place, this included a summer and winter menu. Staff told us they based this on people's preferences and people had input into the menu. Staff said that it was a guide and that people could choose alternative meals if they wished.
- People were encouraged to be involved in their shopping and meal preparation. Two people were

involved in planning their own menus.

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 told us they liked the staff supporting them and they were happy at Holly Tree Cottage. One person told us, "Happy at Holly Tree" and commented "Yes" when asked if they liked the staff.
- We observed positive interactions between people and staff. People appeared relaxed around staff.
- Relatives told us staff were kind and caring. One relative said, "Yes, I would say that honestly they have been really good with [name of person]. I think you would go a long way to find staff as caring who have such patience and consideration; I have no complaints there or worries about anything. I am just glad [name of person] is happy, because if they were not happy they would let me know." Another relative said, "[Name of person] gets on well with the staff, they know them and we have never had any concerns about that."
- People's protected characteristics under the Equality Act 2010 were considered in people's care plans. For example, around people's culture, religion or sexuality.

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

- People were involved in day to day decisions about their care and support.
- Staff told us they discussed people's views with them informally on a day to day basis. People met with their key workers monthly to discuss and review their support more formally. We reviewed key worker meeting records which demonstrated people made choices about what they would like to do. Where people were able to, they signed the meeting minutes to demonstrate their involvement. We discussed with the manager if the records could be created in an assessable format for people who could not read written words. The manager told us they would review this.
- People had formal six monthly review meetings to discuss and review their care and support. Relatives were invited to these meetings to express their views. Goals were set as action points as a result of these meetings.
- Staff described how one person was supported by an advocate to assist with them making an important decision.
- People's care plans reflected their preferences and wishes. For example, their likes and dislikes.

Respecting and promoting people's privacy, dignity and independence

- People told us staff knocked on their doors before entering. People had signs on their doors they could use to indicate to staff they wanted time alone and staff should not enter.
- Staff received training in dignity and respect. Relatives told us staff treated their loved ones with dignity and respect.
- Staff described how they respected people's privacy by ensuring people were happy with their support,

giving people private time, offering the level of support required and encouraging independence.

- Staff recognised the importance of promoting people's independence and they described how they supported people to be as independent as they could be. For example, verbally prompting people and offering encouragement.
- People's care plans described how to support people to maintain their independence. The plans described what they could do for themselves and the support required.

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.

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

- Staff worked flexibly to ensure people were able to follow their interests and participate in chosen activities. However, there were times when staffing had impacted on this. For example, shortage of staffing because staff had phoned in sick, lack of drivers and chosen staff not being available. The manager and provider were taking action to address this.
- People were supported to plan their weeks and attend activities of their choosing. People were supported on holidays, attending safari parks, local castles, Legoland, trampolining, swimming, the beach and local community facilities such as café's and barbers.
- The service had supported agency staff to drive vehicles to enable people to attend their chosen activities.
- One person who had declined to access the community since the COVID-19 pandemic was now beginning to use the local shops again with encouragement from staff.
- People's needs and preferences were recorded in their care plans. Care plans were person-centred and detailed. The service was in the process of reviewing and updating people's care plans.
- People were supported to make day to day choices. For example, when they got up and what they did during the day.
- People were supported to maintain relationships and communication with those important to them, such as relatives and friends.

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.

- There were a range of easy to read documents throughout the home to assist people's understanding. People's care plans and documents used pictures to aid understanding. These were not always specific to people's communication needs, for example key worker meetings. The manager confirmed they would review documentation to ensure it met people's communication needs.
- People had individual communication care plans that detailed preferred methods of communication, including the approach to use for different situations.
- Staff had awareness, skills and understanding of individual communication needs. We observed staff using people's preferred communication methods during the inspection.

- Where people required communication resources to aid their communication, these were in place and being used.

Improving care quality in response to complaints or concerns

- There were systems in place to manage formal complaints. Where complaints were raised these were investigated and responded to.
- Relatives told us they felt able to contact the manager or staff with any concerns. There had been four formal complaints in the past year.
- People told us they would talk to staff if they were unhappy.
- There was an easy read pictorial system in place for people to raise concerns, staff told us this had not been used. Staff supported people on a day to day basis to resolve any issues. Informal concerns were not always recorded to enable provider oversight of these complaints and how they had been resolved. The regional manager told us they would look at how they could capture this information to enable oversight.

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

- There were systems in place to monitor and improve the quality and safety of care provision. The systems were not fully effective in ensuring shortfalls were identified and addressed.
- The systems had failed to ensure that high risk fire hazards were rectified within recommended timeframes. This placed the safety of people at risk.
- The provider had failed to ensure the environment was safe and well maintained.
- The provider had failed to ensure people's one to one hours were being consistently met.

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

- Statutory notifications were submitted as required. Statutory notifications are important because they inform us about notifiable events and help us to monitor the services we regulate.

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

- We received mixed responses from staff regarding the morale of the team, due to the staffing situation. Staff had worked additional hours to support the service due to staffing shortages and were fatigued.
- The high turnover of staff had also had an impact on people. This included lack of one to one core hours received, lack of drivers, anxiety around knowing the staff members working and not being able to always attend activities.
- The manager and provider were taking a range of actions to address the staffing shortages. This included having additional planned staff on each shift and a range of incentives to attract new recruits.
- Staff told us they worked well as a team. They were clear about the aims of the service and focused on ensuring people had opportunities to do what they wanted to. One staff member told us, "We want [people] to have the best day/life they can. We give them the support needed for them to enjoy their day."
- People and relatives knew who the manager was and felt able to approach them with any concerns.
- Staff commented positively about the manager. One staff member told us, "[Name of manager] is honest and approachable, they are doing a really good job stepping up."

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 provider was aware of their responsibility to act openly and honestly when things went wrong. Relatives told us they were informed of any incidents that occurred.
- The manager was aware where concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.
- Staff knew they had to report concerns to the manager and were confident that these would be acted upon.

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

- People and their relatives were given the opportunity to give feedback on the service via an annual survey. The questionnaires for 2022 had recently been distributed. An action plan in response to the 2021 survey had been developed. We reviewed action points were being completed, for example, weekly communication with family.
- Staff meetings were held monthly for staff to discuss any current concerns and share information. Staff felt able to speak up during these meetings and were listened to. One staff member told us, "We have four weekly team meetings, shift lead and supervisors meetings every so often. I do feel listened to." Another staff member commented, "We are a small team so bring in regular agency, we talk about people, ask any questions, raise any ideas and new activities, you can speak up."

Continuous learning and improving care; Working in partnership with others

- The manager attended the providers management meetings and quality days to keep themselves up to date with current practice and share learning.
- Staff told us learning from incidents was shared amongst the team. There were systems in place to communicate information such as a message book and team meetings.
- The service worked in partnership with health and social care professionals. We received some mixed feedback from visiting professionals relating to the service. This related to areas such as staffing and actions from meetings not always being promptly followed through.

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 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure the premises were well maintained. Regulation 15 (1) (e)
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 governance systems fully effective in identify shortfalls and addressing them. Regulation 17 (1) (2) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure there were sufficient numbers of staff to meet people's needs. Regulation 18 (1)

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure risks relating to the premises were assessed and mitigated. Regulation 12 (1) (2) (d)

The enforcement action we took:

We served a warning notice on the provider. They must be complaint by