

Modus Care Limited

High View

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 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

High View is a residential care home providing personal care for up to 5 people with a learning disability or autistic people. The service is located on the outskirts of Truro, and people were able to walk into town from the service. The service was supporting 4 people at the time of the inspection.

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

Right Support:

Staff had not received the necessary training in positive behaviour management and did not have the skills to ensure people's safety when they were upset or distressed. This had exposed people to the risk of harm. The service employed less than 50% of the staff necessary to meet people's needs and agency staff often covered shifts to ensure people's safety. The Provider booked agency staff well in advance in an attempt to ensure consistency. However, we found one agency staff member was working excessive hours and the high level of agency staffing had impacted on the quality of support people received. The provider recognised the adverse impact of the service current dependency on agency staff and was actively recruiting. Managers and staff understood their roles in protecting people from abuse and all forms of discrimination. Staff had been safely recruited.

Medicines were managed safely, and staff understood and followed current infection control guidance. People were supported to access medical appointments and regular health checks. Advice from health professionals was acted upon.

Staff involved people in planning and decision making and respected people's choices. People were supported to gain new skills, to do things for themselves and to be as independent as possible.

Right Care:

People's capacity to make specific decisions had been appropriately assessed and staff had supported people to make meaningful decisions. Where people lack capacity to make a specific decision the service had consistently acted in the persons' best interests. Necessary applications had been made to the local authority where people lacked capacity and their freedom was restricted.

People and staff were able to communicate effectively together, and tools were used appropriately to aid communication and enable people to make choices.

Staff were caring and enjoyed spending time with people. The atmosphere in the service was relaxed, and people interacted with staff well. Staff had received most necessary training from the provider and felt well

supported.

Relatives recognised, and records showed, that people were supported to engage in a wide variety of activities and to access the community regularly.

People were supported to maintain links with friends and family and visiting was encouraged.

Right Culture:

Relatives and professionals recognised that moving to High View had impacted positively on people's well being. There was a positive empowering and supportive culture in the service.

However, quality assurance systems were not entirely effective, and had failed to ensure staff had the training and skills necessary to meet people's needs.

The provider's audits had identified performance issues prior to the inspection, and action plans had been developed to improve performance. Additional support had been provided to address these issues, and progress was being monitored by senior managers.

The registered manager and staff team were complimentary of the support they had received from the new provider.

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 new 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 inadequate, published on 18 June 2021.

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 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

We have identified a breach of the regulations in relation to safe care and treatment.

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, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always Well-Led.

Details are in our safe findings below.

Requires Improvement ●

High View

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.

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

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

High View is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. 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.

At the time of our inspection, there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service's 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 and spoke with all 4 of the people living at High View. We also spoke with 8 members of staff, the registered manager and the provider's Improvement and quality lead. We reviewed 3 people's care plans, as well as medicine records, daily care records, incident reports, staffing rotas and staff recruitment and training records. The provider was asked share various documents relating to the management of the service and this information was reviewed following the site visit. In addition, we spoke 3 people's relatives and requested feedback from 2 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.

Assessing risk, safety monitoring and management

- Staff had not received appropriate training and did not have the skills necessary to ensure people's safety when they were upset or anxious.
- The use of physical restraint was authorised in specific circumstances to ensure people's safety. Specific training in the safe use of restrictive practices had not been provided to all staff supporting people in the service.
- An Incident record showed staff, who lacked the necessary skills, had attempted unsuccessfully to use these techniques while supporting a person in the community. This had resulted in the person being exposed to a significant risk of harm.
- A second incident had occurred where staff had participated in an unplanned restraint during a health appointment. The registered manager had not been aware this had occurred as it was documented in a health appointment record. When this issue was raised by inspectors, the provider made an appropriate safeguarding alert about the incident to the local authority.

Staff did not have the skills necessary to ensure people's safety during periods of upset or distress. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider was aware that staff did not have the skills necessary to support people while anxious. A programme of training was being developed to address this situation across all the provider's services in Cornwall. The registered manager had been able to book some staff onto this training and told us, "We are booking [staff on to the positive behaviour management] and we have 2 staff on tomorrow's course." We have asked the provider to produce a plan detailing how this training will be made available to all staff in Cornwall who require it.
- People had been supported to participate in new and challenging activities in the community. When new activities were attempted, specific risk assessments had been developed, identifying particular risks and how they should be mitigated by staff or the person. This approach enabled people to live full and active lives.
- Personal emergency evacuation plans (PEEPs) had been developed for each person living in the service, detailing the support they would require in an emergency evacuation. Fire fighting equipment had been regularly tested and serviced.

Staffing and recruitment

- The service was very short staffed as it currently employed less than 50% of staff required to meet people's needs. As a result, agency staff were used frequently to cover gaps in rotas.
- Rotas and staff allocation records showed the service had been consistently staffed at safe levels. Staff told us, "There is always enough staff", "We are not short staffed. We have 8 staff most of the time" and "We do have staff, we can rely on to come in if we need them".
- The service's dependency on agency staffing did impact adversely on the quality and consistency of support people received. Some agency staff regularly worked in the service and had a good understanding of people's needs and the provider booked agency staff shifts in advance to help reduce the impact of this issue. Relatives were complimentary of the care provided by regular agency staff and told us, "There are a lot of regular agency staff who we totally trust and are great" and "There is a good core group of agency and bank staff who regularly work there and are absolutely brilliant".
- During our out of hours inspection site visit, we found the staff team consisted mostly of agency staff, and we noted that this often also occurred at weekends. On the evening of our site visit, 6 of the 7 staff on shift were agency staff, and we noted that all waking night shifts planned for the rest of the week were due to be completed by agency staff. Staff told us, "It is mostly agency today but that is reality. At the weekend it is mostly agency staff".
- These high levels of agency staffing meant people were often being supported by staff they did not know and who had limited understanding of people's individual needs. The registered manager was aware of this risk and told us "You are right, [the rota] is a bit sparse at the weekend; there is always a relatively experienced member of staff on". Incidents had occurred where people had been unnecessarily exposed to risk while being supported by agency staff lacking the specific skills necessary to meet their needs.
- One long serving agency staff member was regularly working excessive hours with insufficient rest periods. In the week prior to the inspection, this staff member had completed 69 day hours and 2 sleep in shifts. The provider recognised that these working practices were risky both for the staff member and the people they supported. The provider had been working to reduce excessive working hours but had so far been unsuccessful. The registered manager told us, "I do check on [these staff members] welfare, and I have never seen [them] have a bad moment on shift".

The lack of a consistent stable staff team increased the risk of people receiving inappropriate support. This contributed to a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider was actively recruiting, and a number of established agency staff at High View had agreed to accept permanent positions. The provider's senior managers reported that overseas recruitment was being introduced and an additional 30 staff had been identified for roles in Cornwall.
- The service had recruited new staff safely. Necessary checks, including Disclosure and Barring Service (DBS) checks, had been completed prior to staff appointments. DBS checks provide information, including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Managers and staff had a good understanding of local safeguarding procedures and their responsibilities to ensure people were protected from all forms of abuse.
- Staff were confident any safety concerns they reported would be addressed and investigated. Records showed and staff told us action had been taken to ensure people's safety in response to concerns raised by staff.

- There were appropriate procedures in place to support people with their finances. Records and receipts were maintained for all purchases made on peoples' behalf and these records were balanced. Audits were completed regularly to ensure the accuracy of financial records.

Learning lessons when things go wrong

- The provider had a system in place to enable learning to be identified from incidents that had occurred. However, these systems were not entirely effective as they were based on digital recording systems and some significant events had been recorded on paper records.
- The provider and registered manager were aware of this risk, and High View was due to move to an entirely digital recording system in the next couple of months.

Using medicines safely

- Medicines were managed safely. Medicines administration records had been accurately completed, and staff ensured people received their medicines as prescribed. People's medicines were stored securely in accordance with best practice.
- Some people were prescribed medicines for use 'when required'. Staff had been provided with individualised protocols detailing when these medicines should be given.
 - The principles of STOMP (Stopping over medication of people with a learning disability, autism or both) were understood by the registered manager. Staff had worked collaboratively and successfully with prescribers to reduce the amounts of medicines people took regularly.
- Audits of medicine records had been completed regularly, and any issues identified had been appropriately resolved.

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 minimise 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 could 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

- Relative's told us, "When visiting they are very welcoming and accommodating" and records showed people were regularly supported to visit and maintain links with friends and family.

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 good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 the 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.

- People were supported to make decisions about how their care was provided, and staff understood the need to seek people's consent before providing care.
- People's capacity to make decisions had been assessed, and support was provided to help people make effective decisions. Records showed that information had been presented in different ways and at different times to facilitate decision making.
- Where people lacked capacity in relation to specific decisions, there were systems in place to ensure decisions were constantly made in the person's best interests.
- Where people lacked the capacity to consent to restrictive practices, necessary applications had been made to the local authority for their authorisation under the deprivation of liberty safeguards.

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

- People's needs were assessed before they moved into High View. There were systems in place to enable staff to visit people in any previous placement and to work collaboratively with other providers during any transition processes. This helped ensure that people's needs and expectations could be met.
- Care records included some information about people's goals and aims. Progress towards achieving goals

had been recorded, and people had been successfully supported to participate in challenging activities and to go on holiday.

Staff support: induction, training, skills and experience

- The service's training matrix showed employed staff had received the training considered necessary by the provider with the exception of positive behaviour management training as detailed in the safe section of this report.
- Staff were complimentary of the quality of training they had received from the new provider and told us, "I have just got through all the recent training, I have loved every minute of that" and "I have done all my training, I have done the Oliver McGowan one as well".
- Staff told us they were well supported, and there were systems in place to ensure employed staff received regular supervision.
- There were systems in place to provide induction training and guidance to new members of agency staff working in the service for the first time. One page summary care plans were available, and we observed two new members of agency staff being provided with guidance by a staff member who knew people well and understood their specific needs. Agency staff told us, "[The permanent staff] stay and give all staff an introduction to the service, they really try to do a good job".
- There were more robust induction and training processes in place for employed staff. Where staff were new to the care sector, they were supported to complete the care certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Staff supported and encouraged people to eat and drink healthily. Where people had specific support needs in relation to food or fluids this information was available to staff but not consistently documented within care plans.

We recommend the provider seeks guidance from reputable sources on how to ensure information about people's nutritional and fluid support needs is consistently recorded in care plans.

- People were involved in planning, shopping for and preparing meals and were able to make drinks independently. People's food was stored in individual fridges, and there were appropriate stocks of fresh fruit and vegetables available.

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

- People's relatives commented positively on the environment of the service and told us, "My relative's room is lovely". The service was well maintained and appropriately adapted to people's individual needs.
- People were able to access outdoor areas when they wished, and adaptations were being introduced to meet people's sensory and safety needs when outside. There was a temporary pool outside which people enjoyed during periods of hot weather.
- People's rooms had been individually decorated in accordance with people's likes and preferences.
- Items of furniture in one person's room had been damaged, and the provider had promptly ordered replacements.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People had been supported to access regular health checks and other medical appointments when required. Where health professionals had provided specific advice or guidance, this had been appropriately documented and made available to staff.

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 happy and enjoying life at High View. Relatives said, "I know my [relative] is happy" and "[Person's name] is in [their] element".
- Staff were caring and supportive. Established staff members clearly enjoyed spending time with the people they supported. Staff comments included, "I love working with the guys", "I don't need to do this job, I do it because I love it. I do it for the [People] and the difference it makes to them" and "I would not work anywhere else, I love the [people here] too much". Members of agency staff said, "It is a good environment here. Really caring" and "Everybody is friendly, no bad energy, the staff care for people".
- People were comfortable around their support staff and enjoyed playing games, laughing and joking together. People were confident in requesting support, and staff provided reassurance and assistance with compassion.

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

- People's views and opinions mattered and were respected. Staff supported people to participate in planning and decision making at the service. Where adverse weather conditions impacted on planned activities, people were supported to understand these constraints and identify more suitable activities.
- Decisions made previously were reviewed appropriately, and people were able to change their minds in relation to planned activities or events. Staff told us, "[Person's name] does change their mind. [They are their] own person in [their] own right".

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do things for themselves and to be as independent as possible. Staff provided different levels of support to different individuals with specific tasks based on each person's individual needs. Some people were able to make hot drinks independently, and staff took pride in explaining how people had developed and grown since moving into high view. Staff told us, "We are helping [Person's name] be as independent as possible [they] are capable of a lot if you can just help [them] with [their] confidence" and "[Person's name] was institutionalised at [their previous placement] and has been sleeping so much better now at High View".
- Staff acted to ensure people's privacy and dignity was always protected. Information was stored appropriately, and personal spaces were respected.

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 were up to date and accurately reflected their current needs. Particularly important pieces of information about people's individual needs had been highlighted within care plans to make this information more readily available for agency staff.
- Daily records had been constantly completed and provided accurate information about the support people had received and the activities they had engaged with.
- People were involved in planning how they spent their time and controlled what activities they participated in.

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's care plans included detailed guidance on their individual communication needs and preferences. This includes details of how to present information to enable people to make meaningful decisions. For example, staff had identified that one person consistently chose the left picture of any two options presented, so staff were encouraged to present pictures vertically and alter the positions of pictures to confirm the person's intentions.
- Staff were able to communicate effectively with people, and the registered manager described the positive impact of one person's move from their previous placement to High View. They told us, "The difference is astonishing, [person name's] speech is so much better".

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

- Relatives recognised that people's access to the community and activities had increased following their move to High View. Their comments included, "The majority of the time, things are going on which is great", "[My relative] has a better quality of life than [their sibling] who works full time" and "[My relative] is doing lots of activities, swimming, walks and massages, they tried kayaking, but he was not over keen. There is a paddling pool in the garden".
- During our inspection, people were supported to access the community and participate in; community

activity groups, a walk to visit a site of particular interest for one person, to go shopping and to visit relatives at home. Care records showed people were often away from the service, engaging in challenging and interesting activities, including open water swimming, power boating and visiting local attractions. Staff told us, "The amount of things [Person's name] does is amazing".

- One person had a very structured programme of activities with fixed timings that they had developed, reviewed and updated each week. This person was able to work with staff to agree on who would support them with particularly challenging activities, and staff agreed these arrangements with the person in advance. Where unexpected events, including unannounced visits by the inspection team, had caused a risk of planned activities being delayed, staff had reacted positively and proactively to prevent this from impacting on the person's wellbeing.
- The new provider was working with relatives and commissioning authorities to identify, plan and facilitate holiday opportunities for people using the service. One person had recently successfully been on holiday, with staff support, to Longleat, and other trips were being planned.

Improving care quality in response to complaints or concerns

- The provider had systems in place to enable people and their relatives to raise concerns or complaints. Records showed that complaints received had been acted upon and that the registered manager had met individually with people's relatives to discuss their concerns and identify actions and changes that could be made to resolve these issues.
- The service received compliments and praise from relatives and professionals, which recognised the positive impact moving to High View had on peoples' wellbeing.

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

- As detailed in the safe section of this report, the provider's quality assurance systems and staff allocation processes were not entirely effective. They had failed to ensure that staff had the skills and training necessary to meet people's needs when upset or anxious.
- Audits had also identified challenges in relation to current recording systems. Some information was documented digitally, and other information about people's care was recorded on paper. This made it difficult for managers to have oversight of all aspects of the care people had received. The registered manager had agreed with the provider that the service would move to entirely digital recording systems imminently to address this issue.
- The provider and registered manager recognised that further improvements in the performance were needed. An action plan had been developed, additional support provided to the service and regular reviews completed to drive improvement in performance.
- The service had a registered manager supported by a deputy manager. The roles and responsibilities of each manager were understood by the staff team. Relatives were complementary of the registered manager's approach and told us, "[The registered manager] is brilliant. Will always be available to talk or discuss any concerns".
- Permanent and agency staff told us they had been supported by the registered manager. Their comments included, "We could not have done it without [the registered manager]", "[The registered manager] is lovely and is building a good team" and "The registered manager is a good manager, really good. [The deputy manager] has also been a big asset here".
- Statutory notifications had been appropriately submitted to the commission when required.

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

- Relatives, staff and professionals all recognised the positive impacts on people's wellbeing of their moves to High View. Relatives told us, "Overall it is much, much better", "They are improving all the time" and "I have nothing but compliments for them".
- Staff and the registered manager described how people had gained confidence, independence and new skills since moving into the service. This was confirmed by professionals who had known people in their previous placements.

- Staff were complimentary of the provider, the support they gave staff, and their approach to meeting people's needs. Staff comments included, "[The provider expect excellence and I really enjoy working for them]", "This house has the potential to be a very, very good place" and "[The provider] are so much better, even though they are a national company they actually care for us".
- Additional leadership training had been made available to both the registered manager and deputy manager to support their development and leadership skills. The deputy manager commented, "[The provider] are very supportive of personal development". Both managers had time each week when they were off rota and able to focus on their leadership responsibilities.

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

- The registered manager and staff team understood the requirements of the duty of candour and kept people's relatives well informed of significant incidents that had occurred.
- Most relatives were complimentary of the open and effective methods of communication available. Relatives said, "They have set up a WhatsApp group for us with staff", "We have weekly face time calls" and "They are very, very good about communicating following [incidents]. It is comforting for me to know [My relative] has people around [who they] know".
- There were formal processes available to gather annual feedback from people and their relatives on the service's performance. Feedback received was valued and acted upon.
- Staff respected people and individuals and routinely involved people in decision making and activity planning.

Working in partnership with others

- The registered manager engaged positively with involved health professionals and staff had made timely and appropriate referrals to enable people to access health services when needed.
- Records were maintained of advice provided by professionals, and this guidance had been acted upon.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The lack of a constant staff team and training on how to ensure people's safety during periods of upset or distress had exposed people to risk of harm.</p>