Achieve Together Limited

Ashley Phoenix Home

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

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.

About the service
Ashley Phoenix is a residential care home providing personal care to seven people who were registered deafblind with additional complex needs. The service can support up to nine people. Eleven months ago, the provider changed for this service. The home is situated in a specialist complex for people who are deaf and/or deafblind.

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

Right Support
People were not always supported by staff who had training in supporting and communicating with those who were deafblind. Systems had not always identified or acted promptly to ensure the environment was safe. Staff were not always making referrals to health professionals in a timely manner. Staff had training to support people with their medicines and knew their preferences for administration. However, some improvements were required. People were living in an environment that was personalised and adapted to meet their needs.

Staff knew people well and how to recognise changes including calming them when they were upset or distressed. Staff supported people to take part in activities and pursue their interests in their local area.

Right Care
Staff promoted equality and diversity in their support for people. However, no recent attempts had been made to respect people's cultural needs as Deafblind individuals and provided opportunities to access the Deaf community. People's care and support plans were not always reflecting their range of needs and capturing the knowledge staff had. Staff assessed risks people might face. Although at times these lacked details and knowledge experienced staff held. Where appropriate, staff encouraged and enabled people to take positive risks.

People received kind and compassionate care from staff who knew them very well. Staff protected and respected people's privacy and dignity most of the time. They understood and responded to their individual needs. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right culture

People were not always supported by staff who helped them build links with the Deaf and blind communities. Systems were not effective to manage the quality and safety of support for people. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well although care plans did not always reflect staff knowledge. Systems were not fully in place to ensure people lived in an open and transparent culture that learnt from mistakes.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People and those important to them, including advocates, were involved in planning their care.

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

Rating at last inspection
This service was registered with us on 30 June 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 21 February 2019.

Why we inspected
The inspection was prompted in part due to concerns received about decisions for people who lacked capacity or who had fluctuating capacity. Also, a lack of notifications on our system for a service of this type. A decision was made for us to inspect and examine those risks.

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, keeping people safe from potential abuse, person centred care and leadership and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

We have also made recommendations around recruitment of new staff and decision making for people who lack capacity.

Follow up
We will continue to monitor information we receive about the service until we 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?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our well-Led findings below.

Ashley Phoenix Home

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
One Inspector and a member of the CQC medicines team were on site and an Expert by Experience making phone calls off site carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An internal specialist advisor for people who are Deaf and British Sign Language user was consulted throughout the inspection.

Service and service type
Ashley Phoenix 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. Ashley Phoenix is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last the home registered and since the

last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to submit a completed 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 did review it once it came in during the inspection. We used all this information to plan our inspection.

During the inspection
We were unable to speak with people who used the service because of their limited verbal communication. Instead we completed a wide range of observations including using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five relatives about their experience of the care provided on the telephone. We also spoke with seven members of staff including the registered manager, deputy manager and a representative of the provider. We reviewed a range of records. This included five people's care records and three 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.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

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.

Systems and processes to safeguard people from the risk of abuse

- Systems in place were not being applied to keep people safe from potential abuse. The new provider had a structure and clear policy around reporting potential safeguarding concerns. This was not being fully utilised at the home yet.
- Staff had received training in safeguarding and could tell us signs or abuse and when they would raise concerns. However, there was a culture of not following the new provider's policies at the service because the previous provider had different levels of openness. There were occasions multiple staff managed things without raising alerts such as treating wounds. None of the staff were medical professionals.
- The management were not recognising incidents which could be considered as potential abuse so not raising them with relevant bodies like the local authority safeguarding team and CQC. Examples were unexplained marks, providing treatment with no consultation with medical professionals and incidents between two people.

Systems were in place to manage safeguarding which were not being applied at the home to keep people safe from potential abuse. This placed people at risk of harm. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In response to our feedback, the registered manager contacted the local authority safeguarding team and shared information about potential safeguarding concerns not previously reported. During the inspection the management had already started to seek further guidance and training to drive improvement in this area.
- People were comfortable in staff presence and relatives about how safe they felt their family members were.

Assessing risk, safety monitoring and management

- Risks assessments for people had an inconsistent approach in how staff had assessed them and how the risks would be mitigated. For example, risk assessments were in place for kitchen access, travelling in the car and falls. Although, there were occasions when risk assessments lacked ways to manage risks and outlining what staff were explaining. Other areas were missing risk assessments. This meant new staff and agency staff would lack details of how to keep people safe. Neither could it ensure a consistent approach for people's care.
- One person had a minimal risk assessment for a camping holiday abroad. It had not considered specific elements of the holiday. Neither did they have a risk assessment for a health condition in line with best practice and to provide guidance for staff.

● Another person's care plan lacked risk assessments related to two significant health conditions. Staff who had been there a long time knew how to support them. However, there was no guidance to ensure a consistent approach that was in line with health professional instructions. A wound had got better although it was not clear if this could have been achieved quicker and with less damage.
● Environmental risks had not always been identified. For example, two radiators were broken in the dining areas next to the table. Staff told us they had been like this for a long time. During the inspection they were fixed. All radiators were exposed with no covers. No consideration had been made that there was an aging population. People were at higher risks of falls and memory loss and therefore burning themselves.
● Fridge and freezer temperatures were being taken inconsistently and only at night. There were multiple weeks with missing recordings. On several occasions at least one of the fridges dropped below a safe temperature and no action had been taken. The registered manager was unaware of these issues.

People were placed at risk of unsafe treatment, inconsistent care and harm from environmental risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Relatives felt their family members were safe at the home. Comments included, "I have no concerns over [person's] safety" and, "They [staff] keep [person] safe and report everything to me."
● Staff knew people well and worked to keep people safe. Adaptations had been made around the home to meet people's deafblind needs. This included bins which were easy for them to use.

Using medicines safely
● People received their medicines in a personalised way. However, we were not assured that people always received their medicines safely and there was not always a member of staff on site trained to administer medicines overnight. Whilst there was no one prescribed regular medicines at night, staff would not be able to administer medicines that was 'as required' if they were needed.
● People's care records around medicine management were not always up to date and accessible to staff. For example, no self-administration risk assessments had been completed. Hospital passports did not match care plan guidance and health action plans for each person had not been started.
● People received support from staff to make their own decisions about medicines wherever possible. However, we found that this was not always fully documented in care plans and hospital passports. This meant information could be lost if experienced members of staff left or the person's transferred to another service.
● Medicines processes were not robust. There was no system for recording medicines returns to the community pharmacy.

Medicines were not always managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following the inspection, the provider told us there was now a system in place to ensure medicines can be administered at night. This includes a management on call system to provide support including administration.
● People's behaviour was not controlled by excessive and inappropriate use of medicines. Staff had undertaken basic training in STOMP (stopping over-medication of people with a learning disability, autism or both).
● Staff training records for medicines were up to date and complete.

Staffing and recruitment
● People were not always supported by staff who had been through a recruitment process in line with

legislation to keep them safe. One member of staff had no references from previous employers or an interview record. We were assured by the registered manager documents have been mislaid since the change between providers. All staff had criminal record checks to ensure they were safe with people

We recommend that the management consider current recruitment legislation and take action to update their practice accordingly.

● The service had not always had enough staff due to the current national issues in care. The new provider was in the process of a recruitment drive and was supporting the management to rectify staff levels. As a result, there were occasions people's one-to-one support and activities were being compromised by being less time or not happening altogether.
● The same agency staff were being used at night-time with an on-call system for support. Additionally, there had been a low turnover of main staff who often chose to work additional hours. This provided as much consistent care and support as possible.
● Every person's record contained a clear one-page profile with essential information to ensure that new or temporary staff could see quickly how best to support them.

Learning lessons when things go wrong
● Staff raised concerns and recorded incidents and near misses and this helped keep people safe. However, these were inconsistently reported, and it was not clear lessons had always been learnt. The management had recently started staff meetings as a forum for sharing learning wider. The registered manager explained the new provider's systems would be used moving forward for more consistency.
● The new provider had systems in place to share safety alerts and incidents to help people receive safer care.

Preventing and controlling infection
● We were somewhat assured that the provider was preventing visitors from catching and spreading infections.
● We were somewhat assured that the provider was using PPE effectively and safely.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● People were supported to maintain contact with those important to them. Visitors were welcome to the home. Although most were supported to visit family members

We have also signposted the provider to resources to develop their approach.

Requires Improvement

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.

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.

- Systems were not in place to ensure people's care and treatment was provided in line with legislation around DoLS. There was no way to monitor when DoLS were due to expire to make sure applications were made in time. Neither was there a system to monitor applications that had been made.
- The registered manager was not aware of their legal responsibilities around DoLS. This included who they should notify that the DoLS had been authorised and whether there were any conditions which should be followed.
- Within Mental Capacity Act assessments and best interest decisions there was also reference of DoLS demonstrating minimal understanding.

Systems were not in place to ensure people were only deprived of their liberty with lawful authority. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who lacked capacity had some decisions made following current legislation. Decisions such as finances and medicine administration. Staff were able to tell us some of the ways they would help people make decisions if they lacked capacity.
- However, other decisions for people who lacked capacity had no assessment or best interest decision. For example, if they had vaccinations for COVID-19 and flu. One person had new arrangements for intimate care

with no MCA assessment or best interest decision.

We recommend the management consider current guidance and legislation around MCA assessments and best interest decisions for people lacking capacity and take action to update their practice accordingly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People had their needs regularly assessed and changes were made in line with their needs. One person had recently had an increase in falls. Their care plan had been updated and there was now a physiotherapist involved.
● Systems were now in place with the new provider to inform the management and staff of updates in line with standards, guidance and the law. However, the management appeared to lack knowledge of how to apply these. Examples were seen around safeguarding and capacity and consent.

Staff support: induction, training, skills and experience
● People were supported by staff who had received a range of training since moving to the new provider. This included training in the wide range of strengths and impairments people with a learning disability and/or autistic people may have, mental health needs and health conditions.
● However, only four staff had completed training for supporting, communicating and working with deafblind people. The provider had not included training specific to new services they had acquired supporting people with hearing loss in their own training policies and procedures. This meant they had not recognised the additional needs of these people.
● Staff told us they had a good induction when they started. This had involved shadowing experienced staff and learning about British Sign Language. All new staff completed the Care Certificate. The Care Certificate is a set of standards all health and social care staff should complete.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were not always supported to see other health and social care professionals in a timely manner when their needs changed. Staff were able to recognise when people may be in pain or unwell. One person demonstrated they were distressed during the inspection and a change of mood. Staff immediately picked this up and monitored the change including speaking with other staff.
● The management recognised they needed to improve systems internally. This was to ensure they were following best practice and not diagnosing people because the symptoms may be like previous occasions of illness. One person had been treated by staff and had no record of a medical professional being consulted for nearly a month. The registered manager told us they were acting on previous conversations with the person's doctor which there was no record of.
● People had their oral health assessed and we reviewed records of previous visits by a dentist. Staff knew how to recognise if people's oral health was declining. However, the registered manager explained they were currently having difficulty sourcing a dentist since the COVID-19 pandemic.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat a healthy balanced diet. Staff had systems in place for people to refuse food by pushing the option away from them if they did not want it. They would then offer a different option. If this was pushed away, then they understood this as a person communicating they were not hungry. No more formal methods of communication were in place for people to communicate their preferences.
● People were encouraged to get their own drinks throughout the inspection. Staff offered minimal support to encourage as much independence as possible. When support was required, it was patient and at the person's speed.

One person was putting shopping away that had arrived during the inspection. Staff only checked once the person had unpacked the shopping to make sure all food requiring certain storage had been met.

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

● People were able to personalise their bedrooms in line with their preferences. One person loved disco lights with the minimal vision they had. Their bedroom had these in so they could spend time meeting this need. Another bedroom had textured wallpaper to help the person recognise their bedroom. The texture was butterflies so they could feel them.

● Textured walls and panels had been placed in areas around the home to help people identify and navigate their way around. Some braille numbers were near doors, and these had been left in case people used them to recognise their way around.

● Staff were aware not to move things around including peoples' favourite chairs. This was so people could navigate with the limited sight and hearing they had. One relative said, "[Person] knows her environment… She touches the carpet to know where she is…She knows her way around the building."

Good

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 supported by kind and caring staff who knew them well. Throughout the inspection staff tried to engage with people and rarely was it just a task-based interaction. Relatives said, "The staff operate very well. They put in a lot of effort. The commitment is impressive", "[Person] is well looked after" and, "I can tell you this, it is one of the best places, [staff] are very caring."
- The registered manager and management team led by example. They were seen treating people with respect throughout the inspection. Including greeting them when they entered rooms and spending time socially with them.
- However, other than contact with people on other parts of the site there had been little attempt recently to build links with the Deaf community to respect people's cultural differences. The management explained in the past because of people's very specific needs being deafblind with other complex needs they had struggled to engage in the community. Therefore, it had been ruled out as an option. Previously, they had taken people to pubs for deaf people and events run by organisations for people with learning disabilities and/or autism.

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

- Staff knew people's preferences and how they liked to express their views. One person had a system in place to get staff attention whilst they were spending time relaxing in their bedroom. All staff were aware of this system and it led to a person calmly coming out of their room in their own time. Another person whose relative told us they loved baths was supported to have a bath mid-afternoon.
- Other people used gestures and reactions to express their views. All staff had basic British Sign Language training and knew individual signs people used. These were taught by experienced staff to new staff.
- However, no recent attempts had been made to use alternative forms of communication such choosing between objects, use of technology or pictures if people had some sight. The management explained these had been tried in the past and not worked. They accepted people may have changed and new things may be available for them to try so would investigate it again.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to live as independent life as possible. All people were free to move around the home with minimal input from staff. They spent time in their chosen places. Staff supported in an unrushed, and supportive way including when people required additional help to complete tasks such as making drinks and completing intimate care.
- People's privacy was respected. When staff supported people with intimate tasks it was always completed behind closed doors. Staff knew to knock or alert people prior to entering their bedrooms.

● However, on one occasion when staff were supporting people at mealtimes dignity had not been respected. One person for over half an hour had food around their mouth after eating and no staff recognised this. The registered manager agreed it was not acceptable and would raise it at a staff meeting. A staff member explained they recognised another person had a dirty jumper following a meal. They waited until after the person had chosen to have a drink prior to changing this.

Requires Improvement

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 requires improvement. This meant people's needs were not always met.

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

- Support focused on people's quality of life outcomes and were monitored and adapted as a person went through their life. The registered manager and staff were clear people come first. However, care plans were not always reflecting this or providing adequate guidance to ensure consistent approaches were used by staff in line with best practice.
- Support plans contained information that was brief and did not always mirror staff knowledge and understanding about a person. People had clear ways they liked to be supported by staff such as given hand over hand support or given time to process each step. Care plans contained some of this information although new and agency staff may struggle to provide consistent support as it was not all reflected.
- Limited consideration had been put in place for personalised guidance when people had specific health conditions in line with current best practice. Conditions such as risks of diabetes, pressure ulcers and incontinence had no individualised guidance for staff to follow to ensure consistent care and support was delivered which was personalised to people's needs.
- There was also a lack of personalised explicit British Sign Language (BSL) or deafblind signs that some people understood which could be used to communicate with them. The registered manager agreed further work needed to be done on capturing the knowledge experienced staff had. They felt the move to the new provider's paperwork would help them achieve improvements in this area.

People were at risk of receiving inconsistent care and support not in line with their needs and wishes because care plans lacked detail. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives informed us they had been involved in reviews of people's care plans. Comments included, "There is usually a review involving staff, [the placing local authority], me and the wife" and, "[The registered manager] includes us in everything [including reviews], all appointments [which the relatives attend] and of any changes."

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.

● Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. However, records were inconsistent around this. For example, in the health passport there was guidance about signs which could be used. In the main part of the support plan these were not reflected or personalised to each person.

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

● People were supported to participate in their chosen social and leisure interests on a regular basis. This was improving since the COVID-19 pandemic guidance had been eased. One person went to a cheese shop and others went to cafes. Others were cooking and preparing personalised t-shirts for the Queens Jubilee celebration they were having. Limitations were still down to current staff levels.

● Prior to the COVID-19 pandemic people had been supported to go on holidays which staff picked in line with their wishes and interests. This included camping and a Christmas market overseas. During the COVID-19 pandemic a range of activities had been sourced which could be completed in the home. Staff could tell us people's favourite and we saw some people happily participating in the puzzles or making patterns with them.

● People who were living away from their local area were able to stay in regular contact with friends and family via telephone and staff support. One person went to visit their family during the inspection. Other people had staff making regular contact with them. However, one family member raised they would like more updates from the staff. The registered manager assured us they would follow this up.

Improving care quality in response to complaints or concerns

● Systems were in place with the new provider to manage complaints. No complaints had been received since the last inspection.

● Relatives told us, "We have never personally had any issues with [person's] care" and, "No concerns. None at all, regarding [person's] safety and care at Ashley Phoenix." Most relatives knew exactly who they could go to in the home and named the registered manager if they were worried.

End of life care and support

● People had lived at the home for a long time and there was an aging population. No consideration or records were in place around people's preferences and wishes at the end of their lives. The registered manager told us they would use the new provider's paperwork and create these for people. Where possible, people will be involved and so will those important to them.

Requires Improvement

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was not always clear of their roles and responsibilities in relation to statutory guidance, legislation and best practice. This led to a culture amongst the staff team of not being as open and transparent when mistakes happened, or lessons needed to be learned. Examples were seen around safeguarding, wound management, medicine errors and capacity and consent.
- The management were not making notifications to CQC or raising alerts with the local authority safeguarding team in line with company policies and procedures and legislation. For example, when people had multiple unexplained bruises a safeguarding was not raised. CQC notifications were not made when a Deprivation of Liberty Safeguard was authorised. This meant there was a lack of external scrutiny to make sure people were safe and getting the care they should be.
- Quality assurance systems were not always identifying concerns found during the inspection which placed people at risk of harm. No recognition of broken radiators or the issues with the fridge temperatures dropping below safe temperature were recognised.
- The management was not fully following the 'Right support, right care, right culture' guidance. Examples were seen because staff lacked service specific training, people were not always accessing health and social care professionals in a timely manner, care and support plans lacked detail about people's health and needs and there was a risk their cultural needs were not being met.
- The new provider had completed a quality assurance review of the home in February 2022. Their own systems had found two areas requiring immediate actions and 103 areas for improvement. An action plan was drawn up following this and at least 24 points had not been fully completed in line with the provider's time frames to ensure safe and quality support for people.
- The new provider had not updated their policies and procedures in line with acquiring specialist services for people who were deaf or deafblind. For example, the 'Learning Directory' had no options for specialist courses on British Sign Language, deafblind signing or supporting people who were deafblind.
- Relatives and staff felt the transition between the two providers was not well communicated. Comments included, "There has not been much communication since last June from the new providers" and, "Clarity and better communication [from the new providers] would reassure them."

Systems were not effective at assessing, monitoring and mitigating risks to the health, safety and welfare of people using the service. This placed people at risk of harm and poor care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager accepted that they needed to move to the new provider's systems more quickly than they had been. During and following the inspection they demonstrated that they were starting to rectify issues. They explained the culture being promoted was always the service was people's home. This was reflected in feedback from relatives and staff and how people moved around and spent time at the home.

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 service apologised to people, and those important to them, when things went wrong. Relatives comments included, "[Staff] keep her safe and report everything to me" and, "They let me know everything such as hospital appointments, and they include us and we join them, everything is above board."

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

● People, and those important to them, worked with managers and staff to develop and improve the service. Relatives comments included, "[The registered manager] is very approachable" and, "They [staff] cannot do enough for us [family]. They are brilliant [staff] and it is very much [person's] home."

● Relatives told us there had been questionnaires sent to them in the past where they could share their views on the service. Additionally, all apart from one felt they were regularly informed.

● Staff felt if they raised suggestions they would be listened to and were proud of the close team they had become. All explained the registered manager had an open-door policy. Since the new provider there were regular staff meetings.

Working in partnership with others

● The service worked well in partnership with other health and social care professionals. They had developed a good link with their local pharmacy and regularly spoke with the GP. One person recently had support from community services around their falls. However, it was not always recognised when referrals were required.

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 9 HSCA RA Regulations 2014 Person-centred care People were at risk of receiving inconsistent care and support which may not be personalised.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were placed at risk of unsafe care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were at risk of potential abuse because systems were not being applied at the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not effective in assessing, monitoring and mitigating risks to the health, safety and welfare of people using the service.