

# Maviswood Limited

# Ashingdon Hall

## Inspection report

Ashingdon Hall Residential Care Home  
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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Ashingdon Hall is a residential care home providing the regulated activity of accommodation and personal care to up to 28 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 6 people living on the Residential Suite and 8 people living on the Dementia Suite.

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

Not all risks to people's safety and wellbeing were identified and recorded. Where these were recorded there was not enough detail as to how the risks posed should be mitigated. Personal Emergency Evacuation Plans were not sufficiently detailed and contained inaccurate information. The provider's processes and procedures to protect people from abuse was not robust. Suitable arrangements were not in place to safeguard people's financial arrangements. People were not always protected by the prevention and control of infection.

The key requirements of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS] were not being followed. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Not all staff employed at the service had attained up to date mandatory or specialist training relating to the needs of the people they supported. Newly employed staff had not received a formal induction or supervision. We could not be assured all people using the service had a sufficient fluid intake to maintain their hydration needs.

People's privacy and dignity was not always promoted and respected. Not all care plans were up-to-date or reflective of people's current care needs. People using the service and their relatives were not involved in developing their care plan. Where people were at the end of their life, care plans did not reflect their individual preferences and wishes relating to how they would like their care to be delivered. We did not see enough evidence of how the Accessible Information Standard [AIS] had been applied to meet peoples' communication needs. People were not routinely supported to engage in social activities. The provider's arrangements to manage concerns and complaints were not robust.

The leadership, management and governance arrangements did not provide assurance the service was well-led. Governance and quality assurance arrangements were not reliable or effective in identifying shortfalls in the service. There was no robust audit and governance arrangements in place to effectively monitor the service. Not all conditions imposed on the provider's registration were complied with. There was little evidence of sustained improvement and learning from events to improve the service and make the required improvements.

Staff felt supported and valued. Sufficient staff were deployed to meet people's care and support needs. Appropriate checks were completed before a new member of staff started working at the service. People

were supported to receive their medicines safely. People were supported to access healthcare services and support as needed. People felt supported and treated with care and kindness. Arrangements were now in place for gathering relatives' views about the quality of service provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was inadequate (Published August 2023)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

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

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to safeguarding people from abuse, the management of risk, staff training, induction and supervision, consent, dignity and respect and governance at this inspection.

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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 overall rating for this service is 'Inadequate' and the service therefore remains in 'special measures.' This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always 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?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# Ashingdon Hall

## 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 completed by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

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

At the time of our inspection there was not a registered manager in post. A manager had been in post for 6 months and had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 4 December 2023 and ended on 18 December 2023. We visited the service on 4 and 7 December 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority and professionals who work with 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 used all this information to plan our inspection.

#### During the inspection

We spoke with 9 people who use the service and 9 relatives about their experience of Ashingdon Hall. We spoke with the manager, deputy manager, 1 senior member of staff and 7 members of staff. We reviewed a range of records. This included people's care records and people's medication administration records. We looked at 6 staff files in relation to recruitment, training, induction and supervision. A variety of records relating to the management of the service, quality assurance information and policies and procedures were viewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Inadequate. The rating for this key question has remained Inadequate. This meant people were not safe and were at risk of avoidable harm.

At our last inspection to the service in July 2023, effective arrangements were not in place to mitigate risks for people using the service. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Not enough improvement had been made at this inspection and the provider remained in breach of this regulation.

### Assessing risk, safety monitoring and management

- The provider could not demonstrate all risks to people's safety and wellbeing were identified, assessed, and recorded. Where these were recorded there was not enough detail as to how the risks posed should be mitigated. There was no information detailing the specific nature of the risk, the impact on the person using the service and the steps required by staff to mitigate this to keep people, others, and staff safe. This placed people at potential risk of not having risks to their safety met in an appropriate and safe way.
- Personal Emergency Evacuation Plans were not sufficiently detailed and contained inaccurate information. This is a bespoke plan for people who may have difficulties evacuating to a place of safety without support or assistance from others. No consideration had been made to identify people's physical and neurological needs which would affect their ability to evacuate, their ability to communicate and understand instructions and where they could be anxious and distressed. Information for staff and fire emergency personnel did not provide accurate information as to the person residing in each room. This placed people who used the service, staff, and fire personnel at risk of harm.
- There were insufficient fire marshals on duty at each shift to evacuate people safely in case of a fire emergency. The fire marshal is responsible for helping to minimise the risk of a fire occurring and to implement fire safety measures in the event of a fire emergency.

### Learning lessons when things go wrong

- Accident and incidents were logged but were not analysed to identify potential trends and themes.
- Since our last inspection in July 2023, the provider could not demonstrate sustained improvement or learning from events to improve the service and make the required improvements.

### Preventing and controlling infection

- People were not always protected by the prevention and control of infection. Current national guidance and standards in relation to infection control were not always met.
- On the first day of inspection, bars of soap were being used in communal toilets and bathrooms. This posed a potential risk of contamination with microorganisms. Not all waste bins in people's room or communal areas had a working hands-free pedal to keep it clean and hygienic. Not all toilets in people's bedroom, including those that were not occupied, and within communal areas, were not clean and hygienic. This is important to minimise the risk of cross infection. However, on the second day of inspection

we found the above had been addressed.

- No infection, prevention and control audits had been completed since our last inspection to the service in July 2023.
- Not all staff had received appropriate infection, prevention, and control training.
- We were assured staff were using Personal Protective Equipment [PPE] effectively and safely. Staff told us there were always enough supplies of PPE available.
- Relatives told us COVID-19 outbreaks were managed well and they were kept informed when there was an outbreak.

Effective arrangements were not in place to mitigate risks for people using the service. This demonstrated a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Not all freestanding wardrobes were safely secured to the wall to stop them from falling forwards. This was brought to the attention of the manager. When we returned to the service on the second day of inspection, action had been taken and completed to ensure people's safety.

Systems and processes to safeguard people from the risk of abuse

- The provider could not demonstrate robust processes and procedures were in place to protect people from abuse.
- Suitable arrangements were not in place to safeguard people's financial arrangements. Not all transactions were accurately recorded. Receipts were not evident for all expenditure and monetary balances were not accurate for all records viewed. Common practice was happening at the service whereby money was being borrowed from one person and given to another. There was no record of consent, invoice, or receipt for the exchange of monies.
- Not all staff had received appropriate safeguarding training.

Appropriate arrangements were not in place to safeguard people from abuse. This was a breach of Regulation 13 [Safeguarding] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe and had no concerns about their safety or wellbeing. A person told us, "I do feel safe, staff are very nice." Another person told us, "I do feel safe here. There is always someone in charge and I could go to them, I can go to any of them [staff]." Relatives raised no concerns about the safety of their family member. Comments included, "Yes, [family member] is safe" and, "[Family member] is safe here."

At our last inspection to the service in July 2023, the provider did not ensure all required recruitment checks were completed on staff. This was a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

Staffing and recruitment

- People told us there were not always enough staff available at Ashingdon Hall. A person told us, "Sometimes they are a bit short staffed." Another person told us staff did not always provide support in a timely manner. The person was worried that assistance by staff may not always be available should they require help and support. Despite the above comments, we found care staff were deployed effectively to meet people's care and support needs during both days of inspection.
- Relative's comments relating to staffing levels at the service were variable and mainly related to the lack of a permanent housekeeper, laundry assistant and cook. This remained outstanding from our previous inspection to the service in July 2023. A relative told us, "It is not fair the staff have to clean and do the



laundry, their job is looking after people, which is their top priority." Another relative told us, "I do notice there are no staff dedicated to cleaning. The staff have to deal with that and do not tend to people. I would prefer if there was a dedicated cleaner."

- People's dependency needs were assessed but these were not always accurate, routinely updated and reviewed. There was no information available to demonstrate this information was used to inform existing staffing levels. The latter was confirmed as accurate by the manager.
- Staff recruitment records for 6 members of staff were viewed. Appropriate checks were completed before a new member of staff started working at the service. This included an application form, written references, proof of identification and Disclosure and Barring Service [DBS] checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

At our last inspection to the service in July 2023, the provider failed to ensure the proper and safe use of medicines at the service. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

#### Using medicines safely

- People were supported to receive their medicines safely.
- We looked at the Medication Administration Records [MAR] for 14 people living at the service. These showed each person received their medicines at the times they needed them, and records were kept in good order.
- The medicine rounds were evenly spaced out throughout the day to ensure people did not receive their medicines too close together or too late. Observation of staff practice showed staff undertook this task with dignity and respect for the people being supported.
- Staff who administered medicines had completed appropriate training.

#### Visiting in care homes

- Relatives were able to visit their family member without any restrictions imposed and in line with current government guidance. Comments included, "Visiting we turn up when we want, it is very relaxed" and, "Visiting is very flexible. I try to avoid mealtimes, but you are not turned away if I visit then."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Inadequate. The rating for this key question has remained Inadequate. This meant there were widespread and significant shortfalls in people's care, support, and outcomes.

At our last inspection to the service in July 2023, the provider did not ensure people's consent and best interest decisions had been obtained in line with legislation and guidance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider remained in breach of this regulation.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider and manager could not demonstrate they understood the requirements of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS] or ensure these principles were being followed. Where people were judged as having the capacity to make decisions, they were not supported to make their own decisions, for example, for the use of CCTV. Less restrictive options were not considered that were less intrusive.
- The provider could not demonstrate people living on the Dementia Suite had an 'active' DoLS or that an application had been completed and submitted to the Local Authority. The provider had not gained authorisation to deprive people living at Ashingdon Hall of their liberty. This remained outstanding from our previous inspection to the service in July 2023. Following this inspection, the manager confirmed via email that DoLS applications had been submitted to the Local Authority as a result of our involvement and

interventions.

- Where people had bedrails in place to keep them safe and to stop them falling or a sensor mat to alert staff that the person was mobilising, no assessment of capacity was completed or considered for less restrictive options or to demonstrate the equipment in place was in the person's best interests, including if the restrictions were necessary and proportionate. This remained outstanding from our previous inspection to the service in July 2023.
- Not all staff had attained MCA and DoLS training.

The provider did not ensure that people's consent and best interest decisions had been obtained in line with legislation and guidance with MCA 2005 and DoLS. This demonstrated a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection to the service in July 2023, staff were not adequately trained or have the knowledge to deliver effective care and support. Staff had not received an induction or regular supervision. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Not enough improvement had been made at this inspection and the provider remained in breach of this regulation.

Staff support: induction, training, skills, and experience

- The service did not always make sure staff had the skills, knowledge, and experience to deliver effective care and support. Not all staff employed at the service had attained up to date mandatory or specialist training relating to the needs of the people they supported.
- The provider could not demonstrate all newly employed members of staff had received a robust induction. There was no evidence to demonstrate staff had commenced or completed the Care Certificate, particularly for staff who had no or limited experience in a care setting. The Care Certificate 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.
- While staff told us they felt supported, staff had not received regular formal supervision in line with the provider's policy, which stated this should be completed four times a year. Staff who had been employed longer than 12 months, had not had an appraisal of their overall performance.

Staff were not adequately trained to deliver effective care and support. Staff had not received an induction, regular supervision, or an appraisal. This was a continued breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014

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

- On 12 July 2023, the Care Quality Commission imposed a condition on the provider's registration, whereby no people could be admitted to Ashingdon Hall without our prior written agreement. Where new admissions were agreed with the Care Quality Commission, people's needs had been assessed prior to their admission to the service.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. This information was used to inform areas of their care plan.

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

- People were supported to have an adequate diet. The provider could not demonstrate whether or not all people using the service had enough fluids to keep them safe and hydrated.
- Advice from a healthcare professional for 1 person recorded they should be encouraged to have a good fluid intake. Information for this person demonstrated their fluid intake varied each day and there were

significant gaps between their last recorded drink and their first drink the following day. This gap could be between 17.5 and 21 hours and therefore placed people at potential risk of not having their hydration needs met.

- People told us they were satisfied with the meals provided. Comments included, "The food is okay, it is hot. I have got no complaints," "I have been in a lot of places. I get plenty of food here. They [staff] do ask if I want something else but I don't" and, "It's very rare you get a bad meal. Teatime they [staff] come round and ask you what you want."
- The dining experience for people on both the Dementia Suite and Residential Suite was positive. People were not rushed to eat their meal and the meals provided were in sufficient quantities and looked appetising. The latter was with the exception of people who required a pureed meal. All items were mixed together rather than being portioned separately to look more appealing and inviting.
- Where people were at risk of poor nutrition, appropriate healthcare professionals, such as dietician and Speech and Language Therapy Team [SALT] were consulted for support and advice.

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

- The service worked with other agencies and organisations to deliver effective care, support, and treatment. People were supported to access healthcare services and support as needed.
- People told us they had access to healthcare services and received appropriate healthcare support. A person told us, "I only have to mention I am ill and they [staff] get the doctor." Relatives told us they were kept informed about their family member's healthcare needs. Comments included, "[Family member] had a bit of a cough and they [staff] got the doctor the same afternoon" and, "Anything urgent they [staff] phone me or tell me as I come in."
- During the inspection 1 person was very chesty and this impacted their breathing. Staff sought medical advice and the person was seen promptly by a healthcare professional. On the second day of inspection this person's breathing was observed to be more comfortable.

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

- People's diverse needs were respected as their bedrooms were personalised with their personal possessions around them.
- People had access to comfortable communal facilities, comprising of a lounge and dining area. Adaptations and equipment were in place in order to meet people's assessed needs.

# 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.

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- The provider could not demonstrate people's privacy and dignity was always promoted and respected.
- There was no evidence to show less restrictive options were considered relating to the use of CCTV in people's bedrooms, which were less intrusive for the privacy and dignity of people who were living on the Dementia Suite.
- Staff did not understand the importance of treating people with dignity and respecting their human rights. For example, there was common practice happening at the service whereby money was being borrowed from one person and given to another. People's consent for the exchange of monies had not been sought and gained.

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

- The provider could not demonstrate how people's views and experiences were gathered and acted on to shape and improve the service or the culture of the service.
- Feedback had been sought from people's relative's but there was no analysis of the 2 responses received to identify themes or trends. The provider could not demonstrate how suggestions made by 1 relative had been explored, despite being raised in September 2023.

The provider did not ensure people were always treated with respect and dignity. This was a breach of Regulation 10 [Dignity and respect] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014

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

- Despite some practices which did not respect people's privacy and dignity, feedback from people about staff was positive. People felt supported and treated with care and kindness. Comments from people included, "It is a good home for elderly people," "The staff are caring, if they have got 10 minutes, they will sit and chat to you" and, "Staff do very well, it is a calm, nice quiet place."
- Relatives were mostly complimentary about the care and support provided for their family member. A relative told us, "All staff are very dedicated to their jobs, they go above and beyond with residents, and make them smile." Other comments included, "There are good staff, I cannot fault it, [family member] is well looked after," "I am happy, [family member] is well cared for and looked after" and, "Cannot praise the staff enough, they are lovely with the residents."
- Relationships between people using the service and staff were positive.



# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to 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; End of life care and support

- People had a plan of care detailing their care and support needs and how this was to be delivered by staff. However, not all care plans were up-to-date or reflective of people's current care needs. This meant there was a risk relevant information was not captured for use by care staff to demonstrate appropriate care was being provided and delivered in line with people's care and support needs.
- The provider could not demonstrate people using the service and their relatives were actively involved in developing their care plan.
- People's end of life care needs were recorded. However, information did not reflect their individual preferences and wishes relating to how they would like their care to be delivered at the end stage of their life.
- Information demonstrated the service worked with healthcare professionals, including the local palliative care team. This was to ensure this person received a dignified and pain-free death which was as comfortable as possible.

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.

- We did not see enough evidence of how the Accessible Information Standard [AIS] had been implemented and applied to meet the communication needs of all people living at Ashingdon Hall. There was no information provided in an accessible format for 1 person who was registered blind. There was no evidence to demonstrate a well-known charity had been contacted for advice and support to assist others who were living with sight loss.

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's comments about social activities continued to be variable. One person told us there were very limited activities happening at the service. The person referred to wishing to visit a local garden centre and to be given the opportunity to bake. They told us despite promises given, neither activity had been provided. The same person told us, "I knit so I do not get bored. We used to have exercises, but they got stopped." Another person told us, "Activities could be improved as it gets boring."

- A relative told us, "Activities, there [Ashingdon Hall] are not enough, [family member] gets a little bored." The relative told us they had spoken to staff and made some suggestions. The relative further stated, "[Family member] needs to be mentally stimulated."
- Observations during both days of inspection demonstrated staff on the Dementia Suite engaged positively with people using the service and initiated social activities. For example, a member of staff played scrabble with 1 person. A member of staff repeatedly engaged people with singing. Another member of staff completed manicures and undertook positive conversations with people. Whereas on the Residential Suite, no social activities took place. There was an over-reliance on the television within the communal lounge area. Staff decorated the Christmas tree but did not consider asking people if they wished to help.

People's care plan did not include all of their needs care and support needs and were not reviewed regularly. This demonstrated a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- The provider's arrangements to manage concerns and complaints were not robust.
- Relatives knew who to approach if they had any concerns or complaints. However, there was little evidence available to demonstrate the actions taken to address all concerns raised and to improve practice and prevent reoccurrence or lessons learned. Responses viewed did not show complaints were viewed positively to drive 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.

At our last inspection we rated this key question Inadequate. The rating for this key question has remained Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection to the service in July 2023, suitable arrangements were not in place to ensure effective systems and processes were in place to assess and monitor the service to ensure compliance with regulatory requirements. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider remained in breach of this regulation.

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

- The provider could not demonstrate their governance and quality assurance arrangements were reliable or effective in identifying shortfalls in the service. There was a lack of understanding of risk and the potential impact this had on people using the service.
- There was no robust audit and governance arrangements in place to effectively monitor the service, to identify where the service was compliant with regulations and to identify shortfalls, including non-compliance with regulatory requirements.
- The provider's audit and governance arrangements did not ensure people's needs were fully assessed. Care plans were not sufficiently detailed, accurate or fully reflective of people's needs. Risk assessments were not completed for all areas of risk. The provider could not demonstrate that professionals had undergone a Disclosure and Barring Service [DBS] check to verify their suitability to work unsupervised with vulnerable adults. Suitable arrangements were not in place to manage people's monies.
- The provider could not demonstrate there was an up to date Service Improvement Plan or action plan for Ashingdon Hall to demonstrate how identified shortfalls highlighted following our last inspection in July 2023 were being addressed. Following the inspection, the manager forwarded an Improvement Plan to the Care Quality Commission. This was not robust as it did not consistently identify who was responsible for completing the actions required, the measures needed to be taken and the date to be completed.

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

- The provider and manager could not demonstrate they had an understanding of their role and responsibilities. There was no formal mechanism in place to formally review and have oversight of the day-to-day management of the service so they could be assured the service was running smoothly and in line with regulatory requirements.
- The external consultant was no longer actively involved at the service but remained available for support and advice. The manager was open and transparent, confirming they found some aspects of their role



difficult and challenging. However, it was unclear as to why further support and advice from the external consultant had not been sought by the provider or manager.

- Since our previous inspection to July 2023, the manager had received 2 formal supervisions. This was concerning given the level of scrutiny from the local Integrated Care Board [ICB] and Local Authority, the service's quality rating of inadequate, being placed in 'Special Measures' and having had urgent conditions imposed on the provider's registration.
- Following our inspection in July 2023, the Care Quality Commission imposed conditions on the provider's registration. This referred to people not being admitted to Ashingdon Hall without our prior written agreement, including people returning from hospital. At this inspection we found the provider had readmitted 2 people to Ashingdon Hall without gaining our written agreement. This demonstrated the provider did not understand their role and responsibilities to comply with the conditions imposed on their registration.

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

- Arrangements were now in place for gathering relatives' views about the quality of service provided, but not for people using the service or staff employed at Ashingdon Hall. However, there was no analysis of the 2 responses received from relatives to identify themes or trends. There was no information recorded to demonstrate how the suggestions made by 1 relative had been implemented and applied in a timely way. The manager confirmed this was accurate and they had not yet reviewed the feedback provided.
- There were few opportunities available for staff to be involved, engaged and to provide feedback. Regular staff meetings were not held at the service to enable the staff to have a 'voice,' to express their views, or to discuss best practice in a learning and supportive environment.
- Concerns were raised to us by some relatives about communication at the service. A relative told us, "I am happy [family member] is well cared for and looked after but communication could definitely be improved." A different relative told us following the last inspection they had received a letter detailing the changes and improvements to be made at the service, but to date had not received any update. Another relative told us following the last inspection in July 2023 they had completed a questionnaire. They were advised by a member of the management team this would be followed up with a meeting. To date the meeting had not taken place. Relatives confirmed they were not kept up to date with managerial or staff changes at the service.

Arrangements were not in place to make sure effective systems and processes were in place to assess and monitor the service to ensure compliance with regulatory requirements. This demonstrated a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 legal requirements under the duty of candour, including notifications of serious incidents and events to external agencies.

Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People's care plan did not include all of their needs care and support needs and were not reviewed regularly. This demonstrated a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The provider did not treat people with respect and dignity. This was a breach of Regulation 10 [Dignity and respect] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014</p>