

# Maviswood Limited

# Ashingdon Hall

## Inspection report



Ashingdon Hall Residential Care Home  
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04 July 2023  
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07 July 2023  
11 July 2023

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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?	Inadequate 
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 7 people living on the Residential Unit and 10 people living on the Dementia Suite.

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

Not all people using the service had a care plan detailing all of their care and support needs. Not all care plans contained enough information to ensure staff knew how to deliver appropriate person-centred care and treatment based on people's needs. Where information was recorded this was not always accurate or up to date. Information relating to people's individual risks was not always recorded or did not provide enough assurance that people were safe. Suitable arrangements were not in place to ensure the safe use of medicines. Recruitment practices and procedures were not reliable or safe. There were gaps in training and development for staff and staff supervision was not consistent. Lessons were not learnt, and improvements made when things went wrong.

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 in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The premises did not meet people's needs, particularly for people living with dementia. We have made a recommendation about this.

People were not supported or enabled to take part in regular social activities that met their needs. The leadership, management and governance arrangements did not provide assurance the service was well-led, that people were safe, and their care and support needs could be met. There was a lack of understanding of the risks and issues and the potential impact on people using the service.

People and their relatives told us they were treated with care and kindness. People were protected by the prevention and control of infection. The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when needed.

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

The last rating for this service was Good (published 23 November 2018)

### Why we inspected

The inspection was prompted in part due to concerns received about the lack of care planning, risk and medicines management, staff training and poor recruitment practices and procedures. 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.

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

#### Enforcement

We have identified breaches in relation to person-centred care, consent, risk and medicines management, lack of staff training and induction, recruitment practices and procedures and governance and quality assurance.

Please see the action we have told the provider to take at the end of this report.

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 is therefore 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 the 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?

Inadequate ●

The service was not 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 1 inspector. An Expert by Experience made telephone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 4 July 2023 and ended on 11 July 2023. We visited the location's service on 4, 5 and 11 July 2023.

What we did before the inspection

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

During the inspection

We used 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 7 people who use the service and 5 relatives about their experience of Ashingdon Hall. We spoke with the interim manager, compliance manager, external consultant and 6 members of staff. We also spoke with the regional manager on 11 July 2023.

We reviewed a range of records. This included 6 people's care records and 17 people's medication administration records. We looked at 7 staff files and 5 agency profiles in relation to recruitment and other staff files relating to training and supervision records. 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 Good. At this inspection the rating has changed to Inadequate. This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people were not safely monitored and managed to support them to stay safe. We observed 4 separate incidents whereby staff performed unsafe moving and handling practices. Staff placed people at potential risk of harm by placing their hands under people's underarms when assisting them with transfers.
- Not all risks to people's safety had been assessed and recorded. For example, people did not have risks relating to their catheter, behaviours that could be distressing to themselves or others, or other healthcare conditions. This placed people at potential risk of not having risks to their safety met in an appropriate and safe way.
- Control of Substances Hazardous to Health [COSHH] chemicals were not stored safely and securely within the Dementia Suite and the Residential Unit. This could have serious consequences for people if consumed and cause significant eye irritation. We brought this to the attention of the then interim manager but actions to make this safe for people using the service were not undertaken immediately and when we returned to the service 6 days later, the COSHH chemicals remained easily accessible despite a lock being fitted on the door. This continued to place people at risk of harm.
- The service's fire risk assessment was last reviewed in December 2019. This had not been reviewed to include the Dementia Suite. If there was a separate fire risk assessment for the Dementia Suite, this was not located. This document identifies what is needed by the provider to prevent a fire and to keep people safe.
- We were not assured regular fire drills were happening for day and night staff as no records could be found to demonstrate these were occurring. Regular fire drills are key to increasing employees' knowledge of how to respond in a fire emergency.
- Service certificates for the service's passenger lift [Residential Unit] and hoisting equipment were not up to date. Following the inspection additional information was forwarded to the Care Quality Commission and this demonstrated the service's hoists had been serviced in February 2023.

### Using medicines safely

- The provider failed to ensure the proper and safe use of medicines at the service. Where people were prescribed PRN [when required] medicines, no protocols were in place. A PRN protocol provides information about what the medicine is for, symptoms to look out for and when to offer the medicine. This meant people were at risk of not receiving their PRN medicines in a way that best supported their health and wellbeing.
- We found omissions in the records made when medicines were administered. We found the Medication Administration Record [MAR] for 10 out of 17 people was blank giving no indication of whether the medication was administered or not. However, this was a records issue as the medication was not present within the blister pack.
- Where people had a handwritten entry recorded on the Medication Administration Record [MAR], not all

records were double signed by a second trained and skilled member of staff to confirm and ensure the accuracy of the information recorded.

- The MAR form for 2 people showed not all of their medicines were administered as it was either out of stock or the person using the service had been asleep. This meant the provider was failing to ensure people received their prescribed medicines. This placed people at risk of their health declining. Where codes were used on the MAR form, a rationale for the use of these codes was not always recorded on the reverse of the MAR to demonstrate its use.
- No medication audits were completed to ensure the correct procedures for managing the service's medicines in care homes are safe.
- Staff had completed training relating to the management of medicines. There was no evidence to demonstrate staff had had their competency assessed to ensure they were competent to undertake this task safely. A member of staff told us this had been completed but we could not be assured the person completing the competency assessment with staff was competent as they had not undertaken 'train the trainer' medicines management training.

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

- The service's fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured the provider was able to respond effectively to fire related emergencies that could occur at the service.

Systems and processes to safeguard people from the risk of abuse

- People were exposed to the increased risk of harm and abuse as safeguarding procedures were not being followed. The interim manager employed at the time of inspection failed to notify a safeguarding concern with the Care Quality Commission following incidents in January 2023 and June 2023. An internal investigation report for the incident in January 2023 was not completed until April 2023 and there was no report available or completed for the incident in June 2023, to demonstrate how people were to be kept safe and lessons learned.
- People told us they felt safe and had no concerns about their safety or wellbeing. Relatives raised no concerns about the safety of their family member. One relative told us, "I have no concerns", "I think [family member] is being kept safe."
- Staff demonstrated an understanding of what to do to make sure people were protected from harm or abuse. Staff were able to tell us about the different types of abuse and what actions they would take to safeguard people. Not all staff knew which external agencies to contact, such as the Local Authority or Care Quality Commission if abuse was suspected.

Staffing and recruitment

- The provider failed to make sure suitable arrangements were in place to ensure staff employed had the appropriate recruitment checks undertaken and were suitable to work with vulnerable people.
- Not all Disclosure and Barring Service [DBS] checks were completed or received until after staff had commenced in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions. Not all 'Adult First' checks were completed or received until after staff had commenced in post. The Adult First' check is a service that allows an individual to be checked against the adults' barring list. There was no evidence to demonstrate a risk assessment was completed to assess and manage these risks.
- A full employment history and gaps in employment had not been explored. Where staff had previously been employed in a position whose duties involved working with children or vulnerable adults' information



relating to why the employment ended had not been investigated. Not all written references were acquired or obtained prior to staff commencing in post. Proof of identification including a recent photograph and health declaration had not always been sought. Where people's healthcare needs had suggested this could impact on their employment, workplace adjustments and risk assessments had not been considered. This placed people at potential risk of harm as recruitment checks were not safe.

- A written record was not completed or retained for staff to demonstrate the discussion taken place as part of the interview process and the rationale for staff's appointment. This showed robust measures had not been undertaken to make an initial assessment as to the applicant's relevant skills, competence, experience for the role and to narrow down if they were suitable.
- People's dependency needs were assessed but these were not always accurate and were not regularly reviewed. There was no information available to demonstrate this information was used to inform existing staffing levels.
- The service did not have housekeeping staff employed at the service. In addition to providing care and support to people using the service, care staff were expected to undertake this task thus diverting them away from providing care and support to people using the service.
- There was mixed feedback from relatives in relation to staffing at Ashingdon Hall. Although relatives told us they perceived there to be enough staff on duty, relatives raised concerns about the high usage of agency staff on the Dementia Suite. Comments included, "There are too many agency staff although they are trying their hardest. People like [family member] with dementia, like to have consistency of carers who have got to know them" and, "The permanent staff are excellent but not so with the agency staff."

The provider did not ensure all required recruitment checks were completed on staff. This was a continued breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014 for a second consecutive time.

- Care staff were deployed effectively to meet people's care and support needs. A relative told us, "As far as I can tell there is definitely enough staff."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections and people living at the service were being supported 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. Staff told us there were always enough supplies of PPE available.
- 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. Regardless of there being no housekeeping staff employed at the service, the service was observed to be clean and odour free.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Relatives told us COVID-19 outbreaks were managed well and most confirmed they were advised and kept informed when there was an outbreak.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Relatives were able to visit their family member with minimal restrictions imposed [mealtimes]. Comments included, "They discourage visitors from coming at mealtimes, otherwise we can come at any time" and, "As far as I know there are no restrictions on visiting." However, a relative told us when their family member got COVID-19, they were not informed by the then manager and not allowed to visit them. They told us, "It was as though they wanted to keep it all 'hush-hush'." This was not in line with government guidance.

### Learning lessons when things go wrong

- There was no strategic oversight of incidents, complaints, and safeguarding concerns to explore and examine trends and lessons learned, in order to reduce the risk of reoccurrence.
- During the inspection we identified people were at risk of continued harm due to COSHH items being easily accessible to people living at the service.

# 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 Good. At this inspection the rating has changed to Inadequate. This meant there were widespread and significant shortfalls in people's care, support, and outcomes.

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 requirements of the Mental Capacity Act 2005 [MCA] were not being followed. The provider did not ensure they obtained all people's consent for the use of Close Circuit Television [CCTV] cameras in communal areas and people's bedrooms on the Dementia Suite. Where people lacked capacity to give the relevant consent, authorisations to deprive them of their liberty had not been considered or completed for the use of CCTV. A 'best interest' assessment determines the person's wishes and whether any restrictions in place are in the person's best interest.
- No information was recorded to 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.
- 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.
- Not all staff had attained MCA and DoLS training. Staff did not demonstrate sufficient knowledge and understanding of the key requirements of the MCA and how this impacted on people using the service.

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.

Staff support: induction, training, skills, and experience

- Observations of staff's practice did not provide assurance staff were skilled and competent to effectively apply their learning in their everyday practice. Although staff had received moving and handling and medicines management training, not all staff's practice was effective or safe. Staff told us 2 people required catheter care and 1 person required support with their stoma. No staff had received training relating to these subjects.
- 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. However, a schedule of training for staff was planned between 20 July 2023 and 12 October 2023, and staff had been sent a memo detailing a range of online training to be completed.
- Suitable arrangements were not in place to ensure 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. It is made up of 15 minimum standards that should form part of a robust induction programme.
- 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. For example, the supervision records for 2 members of staff recorded they had not received supervision since September 2021. Neither had either member of staff received an annual appraisal of their overall performance within the last 12 months. Staff spoken with confirmed this was accurate.

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.

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

- The environment on the Dementia Suite was not appropriate for people living with dementia. There was a lack of visual clues and prompts, including signs using both pictures and text to help promote people's orientation and independence.
- There was a lack of sensory stimuli, for example, orientation boards and information for people in an easy-to-understand format. There were no dementia friendly household items, such as clocks with large LCD displays, reminder devices or items to provide sensory stimulus. There were no memory boxes and objects of reference to help aid reminiscence or provide a stimulating environment.

We recommend the provider seek national guidance to ensure the premises are suitable to meet people's needs and for the service provided at Ashingdon Hall [Dementia Suite].

- The Residential Unit was homely and decorated to a good standard.
- People's bedrooms were personalised and individualised according to their likes and preferences. There were different areas for people to use, including private space to spend time with their families or visitors, or to have time alone.

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

- Initial assessments were not always completed and did not consider all of a people's physical, mental, and

social care needs. Where assessments were completed, these were basic and did not always incorporate key information, such as their life history, wishes, preferences or demonstrate these had been conducted with the person using the service and/or those acting on their behalf.

- 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.

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

- People told us they were satisfied with the meals provided. Comments included, "The food is lovely", "I like the meals, they are good" and, "Yes, I am happy with the food, I have no complaints."
- The dining experience for people was positive. People were not rushed to eat their meal and the meals provided were in enough quantities and looked appetising.
- Where people were at risk of poor nutrition, their weight was monitored and 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 healthcare organisations to ensure they delivered joined-up care and support; records suggested people had access to healthcare services when needed. During the inspection one person's health deteriorated, staff sought immediate medical help.
- Relatives confirmed they were kept up to date about their family members needs and the outcome of health-related appointments. One relative told us, "[Family member] has had a few trips to hospital when they were taken poorly. They [Ashingdon Hall] have been amazing with that. They called an ambulance and were kept fully informed." A second relative told us, "They [Ashingdon Hall] deal with all [family member's] healthcare appointments as they call on the GP or the district nurse if necessary."

# 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 Good. At this inspection the rating has changed to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People felt supported and cared for. Relatives raised concerns about the high use of agency staff and the impact this had on people using the service. This referred to the difference, quality of care and knowledge provided by permanent and agency staff. One relative told us, "The care is pretty good at the moment. I ask a lot of questions and go in often. The only thing is when I ask questions of agency staff, they don't know anything."
- The care provided by staff was intuitive and staff were observed to treat people with care and kindness. However, the quality of conversations and social interaction was much better for those people who did not have dementia or complex care needs.
- People using the service and relatives told us they were happy with the care and support provided by staff. Comments included, "They [staff] are fantastic, very caring. They are always checking up on their welfare when I am there, asking if there is anything they want etc", "The staff are lovely" and, "90% of them [staff] are caring."

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

- No information was recorded to demonstrate people using the service and those acting on their behalf were involved in the development of care plans.
- No information was available or provided to demonstrate how people's and those acting on their behalf views and experiences were gathered and acted on to shape and improve the service or the culture of the service.

Respecting and promoting people's privacy, dignity, and independence

- Though staff were able to tell us how they would uphold people's dignity and treat them with respect, care was not always delivered in a way which respected the person being supported or maintained their dignity. Staff were repeatedly observed to stand over people when assisting them to eat and drink, instead of sitting at the same height as the person being supported. This meant the member of staff was not able to face the person and provide good eye contact.

# 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 Good. At this inspection the rating has changed to Inadequate. This meant services were not planned or delivered in ways that met people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Not all people living at Ashingdon Hall had a plan of care detailing their care and support needs and how this was to be delivered by staff. Not all care plans were up-to-date or reflective of people's current care needs. This meant there was a risk that 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.
- Where people could be anxious and distressed, individual care plans did not have personalised information needed to guide staff on how to intervene effectively through de-escalation techniques or other agreed good practice approaches.
- People using the service and their relatives were not involved in developing their care plan. The interim manager had outsourced some people's care plans to be completed to a third party. This person wrote the care plans at their home and there was no evidence to show people using the service and those acting on their behalf including staff, had been consulted.

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 applied. Although there was an easy read and pictorial activities programme displayed on the Residential Unit, this was not evident on the Dementia Suite. Additionally, there were no easy read or pictorial menus available.

We recommend the provider seek national guidance to ensure improvements are made for the use of the Accessible Information Standard.

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

- Prior to our inspection, the Local Authority spoke with people using the service, enquiring about their social care needs. People's comments about social activities were variable. Where comments were favourable, 1 person said they did not like to sit in the communal lounge and watch the television but enjoyed listening to music in their bedroom on their virtual assistive technology device 'Alexa' and to sit in the garden. However,

1 person told us they sat and watched television and got "so bored". Another person stated if they did not go out once a week they would be "Climbing the walls."

- Comments from relatives included, "There is not always enough going on. There is a singer once a week which is nice for people with dementia and a quiz, which is not" and, "There is some dancing and singing. There could be more activities, but it is only a small home."
- Our observations during the first two days of inspection demonstrated people were not engaged in meaningful activity throughout the day to help reduce the potential risk of boredom and loneliness. Throughout the inspection, there was an over reliance on the use of the television and radio to entertain people using the service. On the third day of inspection an activities facilitator was seen to undertake a quiz with people on the Residential Unit.

People did not receive person-centred care that met their needs. This demonstrated a 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

- Relatives knew who to approach if they had any concerns or complaints and were confident these would be used as an opportunity to improve the quality of the service provided. Comments included, "We have raised a few issues and they were resolved" and "I haven't had any concerns except when I noticed that [family member] required support with their continence needs and needed a drink." However, these had not been recorded within the service's complaint log, the last entry being in October 2021.



# 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 Good. At this inspection the rating has changed to 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.

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

- Quality assurance and governance arrangements were not reliable or effective in identifying shortfalls in the service. The provider's arrangements for identifying and managing shortfalls and areas for development were not robust. 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. Audits were not routinely completed in line with the provider's quality assurance policy. The purpose of auditing is to enable the provider to establish, validate and review their arrangements to comply with regulatory requirements and ensure the service is operating effectively and as intended.
- The updated action plan of 3 July 2023 failed to accurately demonstrate effective measures were in place to address identified shortfalls. For example, the action plan referred to inductions for new staff were in place on 30 June 2023 and care plans for people using the service to be in place by 30 June 2023. This did not concur with our findings. Neither did the action plan make any reference to poor recruitment practices and procedures.
- The provider did not ensure Ashingdon Hall was well-managed and led. Lessons had not been learned to drive improvement or to ensure the quality and safety of the service for people using the service. The lack of effective oversight and governance of the service has resulted in several breaches of regulatory requirements.
- We identified occasions where statutory notifications had not been sent to the Care Quality Commission. Providers must inform us of all incidents that affect the health, safety and welfare of people who use services.
- The General Data Protection Regulations [GDPR] for protecting people's confidential data and handling it securely were not being followed.

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

- There was no registered manager in post at the time of our inspection. An interim manager was employed at the service, but they subsequently left the inspection. Following their departure, the provider's regional

manager was enlisted to support the service and a new deputy manager was appointed, to commence in post on 17 July 2023.

- The provider's understanding of their role and responsibilities was not reliable or effective. There was no formal mechanism or expectation in place for the interim manager to formally report on issues relating to the day-to-day management of the service so the provider could be assured the service was running smoothly and in line with regulatory requirements.
- Suitable role models were not available to provide support and guidance to staff to enable them to effectively carry out their roles and responsibilities. The provider had failed to recognise the importance of this.
- Staff were not able to demonstrate an understanding of the provider's vision and values for the service. Staff were not able to describe this or knew where the information was recorded and located.
- Staff in key roles did not have a job description or understand what that role entailed.
- The provider's behaviour during the inspection was not appropriate or professional. The provider frequently raised their voice, talked over the inspector, and refused to listen to the grounds provided where the service was in breach of regulatory requirements.

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

- Suitable arrangements were not in place for gathering people's and relatives' views about the quality of service provided.
- Staff meetings were not routinely held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. However, a memo for staff dated at the time of our inspection, recorded twice daily meetings with staff were to be introduced and a staff meeting was planned for 12 July 2023.
- The external consultant confirmed meetings for people using the service and their family members had not been undertaken to enable people the opportunity to have some influence and participation in the service's decision making.

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.

- Regardless of the concerns identified during the inspection, relatives and staff spoken with told us they believed the service was well managed and led. Relatives confirmed they were happy with the care and support provided for their family member. Comments included, "
- Staff confirmed they enjoyed working at Ashingdon Hall. Comments included, "I really enjoy working here [Ashingdon Hall]" and, "It's a really nice place to work."

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	Regulation 11 HSCA RA Regulations 2014 Need for consent  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.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  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.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff were not adequately trained or have the knowledge to deliver effective care and support. Staff had not received an induction or regular supervision.