Achieve Together Limited

Cherrycroft

Inspection report

59 Crowstone Road
Westcliff-on-sea
SS0 8BG

Tel: 01702343654

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22 December 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?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

Cherrycroft is a care home for up to ten people. The service supports people with learning disabilities, and mental health needs. At the time of our inspection ten people were using the service.

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

Right Support:
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.

Staffing levels were insufficient in Cherrycroft to enable people to fully pursue their leisure interests and form meaningful relationships within their local community. The management team could not demonstrate how people's 1 to1 hours were being used. Whilst some people could access the community, there was a lack of information on people's care files about how people's' goals and aspirations where identified, planned for and met.

Risk plans were not always updated or reviewed in a timely way. Minor improvements were required with medicines management. Effective systems were not in place to ensure there was learning from events which occurred at the service.

The environment was not always safe or clean. Health and safety checks were not being consistently completed.

Right Care:
Whilst staff understood how to protect people from poor care and abuse. We could not be assured potential safeguarding incidents were recorded or reported to the local safeguarding team.

The service did not have enough appropriately skilled staff to meet people's needs and keep them safe. The training matrix provided demonstrated there were large shortfalls in staff refresher training.

Care was not always person centred, care records did not reflect people's goals and outcomes. Staff supervision was not up to date.

Right Culture:

People did not always receive good quality care, support and treatment. Management of the service was not effective, safety records and monitoring records which were not up to date.

Staff knew and understood people well but were not supported to enable people to meet their aspirations to live a quality life of their choosing. Audits had not been used effectively to identify and drive improvements and some relatives told us they had lost faith in the management at the service.

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

Rating at last inspection
The last rating for this service was Good (published 13 January 2022)

Why we inspected
We received concerns in relation to staffing, medicines, risk, safeguarding, and governance. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. Due to the concerns found we widened the scope of the inspection to a comprehensive inspection which included all key questions.

The overall rating for the service has changed from good to inadequate based on the findings of this inspection.

Enforcement
We have identified breaches in relation to staffing, staff training, risk, safeguarding, dignity and privacy, consent and governance at this inspection.

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The 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? The service was not safe. Details are in our findings below.	**Inadequate**
Is the service effective? The service was not effective. Details are in our effective findings below.	**Inadequate**
Is the service caring? The service was not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive. Details are in our responsive section below.	**Requires Improvement**
Is the service well-led? The service was not well led. Details are in our well led section below.	**Inadequate**

Cherrycroft

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team
The inspection was carried out by 2 inspectors.

Service and service type
Cherrycroft 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. Cherrycroft 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 a registered manager in post. However, they were not available during the inspection. A Chief operations officer and the previous manager were present during the inspection.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 6 December 2023 and ended on 22 December 2023. We visited the location on 6 and 12 December 2023.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 3 people and 5 of their relatives about their experience of using the service. We spoke with 7 members of staff including the interim chief operations officer, the previous manager and support workers. We reviewed a range of records. This included 6 people's care records and 5 people's medicine administration records. We looked at 4 staff files in relation to recruitment, training and supervision. A variety of other records relating to the management of the service, including audits were also reviewed.

Inadequate

Is the service safe?

Our findings

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
• People were not always protected from avoidable harm. Information was not always updated or reviewed to ensure staff had the correct information to keep people safe.
• A Percutaneous Endoscopic Gastronomy (PEG) is a soft tube placed through the skin into the stomach which allows food to enter directly into the stomach. A risk management plan for a person who had a PEG in place had not been reviewed for 12 months. It was dated 13 December 2022 for a review in 6 months or more often if required. The risk assessment included instructions for staff to advance and rotate the PEG as directed by the nurses daily. These records had not been completed daily and weekly checks had not been completed for 2 months.
• Other risk plans had not been recorded as reviewed. For example, the restrictive practice plan for 1 person for choking and the possibility of eating inedible items included restrictions related to locking their bathroom door. This was dated April 2021 and had not been reviewed.
• Arrangements in place to monitor and mitigate the risks in relation to fire safety at Cherrycroft were not effective. A fire risk assessment, dated November 2020, contained a suggested date for review for November 2021, this had not been completed. The fire risk assessment action plan highlighted 21 areas to be actioned. The management team were unable demonstrate these actions had been completed.
• Weekly fire safety checks had not been completed since 22 November 2023. Monthly fire checks had last been completed in October 2023.
• Other health and safety checks for areas such as Legionnaires and food safety checks were not completed consistently.
• Personal Emergency Evacuation Plans (PEEP's) were held within the service's emergency grab bag, and these had not been reviewed since 2021. One person's PEEP was missing, the purpose of a PEEP is to give staff and emergency service personnel critical information on the evacuation needs of each service user in the event of a fire emergency.

Preventing and controlling infection
• Systems were not always in place to ensure people were protected from the risk of infection.
• Bathroom cabinets in people's ensuites were not always clean, with some surface areas lifting making it difficult to clean. Some shower chairs were rusting with scale found on the back of seats.
• Ensuite flooring was very marked and not all sealed properly around edge of flooring. Gaps such as these can harbour germs and bacteria and make cleaning difficult.
• A relative told us the service consistently ran out of anti-bacterial soap and had placed an order with an on-line retailer themselves to ensure the service had adequate supplies.
• We found the medicine trolley and the pill cutter was very dirty. Infection control audits had not been effective in recognising the shortfalls in relation to infection control.

Systems were not effective to assess, monitor and mitigate risks to the health, safety and welfare of people

using the service This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong
• Systems did not robustly identify areas for improvement or how lessons learned would be shared across the service.
• The management team at the service were not able to demonstrate any analysis of accidents and incidents was in place to identify themes or trends.
• An interim chief operations officer was in the service during the inspection and did respond immediately to concerns raised. An interim management team was put in place and an action plan to address concerns was sent to us immediately following the inspection.

Staffing and recruitment
• Staffing levels were not appropriate to meet people's needs, there were not always sufficient staff to meet the emotional and leisure needs of people.
• People living at Cherrycroft had specific 1 to 1 hours in place. 1 to 1 hours were in place for people for social activities both in house and within the community. The management team and staff were unable to demonstrate how 1 to 1 hours were being used because records were not accurate or up to date.
• When we looked at people's care notes and in the activity section 1 recorded, "[Person] walking around the home and looking out the window." Another person's record contained several entries related to them running around, smiling at staff or sleeping. This did not demonstrate activities which were based on people's identified interests, needs or goals.
• Relatives told us there were not enough staff. A relative told us, "I know [family member] has a 1 to 1 package over 7 days, but I know they are not getting these. They come home now every weekend as I was worried about [family member] and did not want them staring at the walls all weekend." Another relative said, "Existing staff are drained and working excessive hours, there is only 1 driver in the whole place."
• A staff member told us, "We could do with 1 more member of staff on Wednesday and Thursday. We have a client goes to a voluntary job at 9.am, another goes out at 10 so it only leave us with 3 staff."

The provider had failed to ensure enough competent and skilled staff were deployed in the service. This is a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
• People were not always safeguarded from the risk of abuse.
• We were not assured all accidents and incidents were recorded appropriately or reported to the safeguarding authorities. Accidents and incidents were recorded on an electronic system, however, the management team were not able to provide these during the inspection.
• Incidents had been described to us by relatives which were either not reported to safeguarding or the CQC. We tried to check these during the inspection but the management team were unable to access the electronic system which logged incidents and accidents to demonstrate how they managed this. This meant we were not assured all accidents and incidents were recorded appropriately or reported to the safeguarding authorities.
• One relative told us their family member had been on a community trip but had to leave the event early due to staff shortages. They became upset and laid in the middle of the road as a direct result of the distress caused by their activity being shortened. This meant this resulted in a potential risk to this person.
• Another relative told us their family member had a bite mark and they suspected they had been bitten by another person, this had not been reported or entered in the accident book. The relative raised a safeguarding but this had not been reported to the commission by the service.

The systems for safeguarding people from abuse were not operated effectively. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
• Following the inspection we were given assurances all accidents were being reviewed. All actions would be shared with staff as lessons learned.

Using medicines safely
• Minor improvements were needed in relation to medicines management.
• Some oxygen cylinders were not always stored correctly. Oxygen cylinders should be stored upright and restrained at all times. Whilst some were attached to the wall, others were not attached but laying on the floor. Following the inspection, the provider took appropriate steps to monitor oxygen storage.
• The provider had reported medicine errors to both the safeguarding team and CQC. However, when we requested to look at investigation reports, and lessons learned for these errors these were not provided.

Visiting in care homes
• There were no restriction placed on visiting and visitors could access the home freely. One relative told us, "I can visit at any time, and [family member] comes to us once a month and the staff drop her off and pick them up, they are very good."

Inadequate

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.

Staff support: induction, training, skills and experience
• Staff had not received all the training needed to support people safely.
• We reviewed the training plan for all 21 staff employed at Cherrycroft. Staff training was not up to date in key areas. Overall compliance for face-to-face training was recorded to be 35%. Overall compliance on service specific training for staff was recorded to be 43%.
• One person's care plan recorded they had the undiagnosed condition of pica. However, the staff training plan recorded training attained for this subject was only 19%. Pica is a mental health condition where a person compulsively swallows non-food items.
• Another person had a Percutaneous Endoscopic Gastrostomy (PEG) in situ. PEG training had been cascaded to staff by a member of the management team who also carried out staff competency checks in this area. We were not assured this staff member had the right qualifications to cascade this training as they had not completed a train the trainer course in this area.
• The Health and Social Care Act 2022 introduced a requirement all CQC registered service providers must ensure their staff have training on learning disability and autism if appropriate to their role. The Oliver McGowan mandatory training on Learning Disability and Autism is the Government's preferred and recommended training for health and social care staff to undertake in adult social care settings. Whilst staff had completed on line training in this area no staff had completed this specific training.
• We found no evidence of supervision records for 5 members of staff and members of the management team.
• There were 10 missing profiles for agency staff. The 3 profiles in place for 3 agency staff demonstrated some of their training had expired. There was no follow up or action taken to address this.

Systems were not effective to ensure staff received appropriate support and training. This put people at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Following the inspection competency checks in relation to the PEG were completed with staff by a qualified person. The provider had also taken steps to update staff training in relation to pica and Oliver McGowan training. An action plan was received in relation to outstanding training.

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.
•We were not assured Deprivation of Liberty Authorisation (DoLS) applications or applications for renewals were being sent in a timely way as the tracker had not been updated and the information required was not provided. Following the inspection, the DoLS tracker was updated.
• The DoLS for 1 person expired in March 2022. A request for renewal was sent in February 2023. We were not provided with any evidence of what was in place following the expiry in March 2022.
• The oversight for DoLS was poor and only identified when applications had been sent. A note on the overview stated 1 person required an application for renewal in August 2023 but there was no evidence this had been completed.
• The DoLS for another person had expired in December 2020. It was unclear when a new application had been sent.
• Mental capacity information in care plans was confusing, or there were no mental capacity assessments for specific restrictions such as bedrails. People had restrictive intervention plans but these had not always been reviewed and had not provided any evidence of who had been involved in people's best interest decisions.

The principles of MCA were not being followed within the home. This placed people at risk of harm. This was a breach of regulation 11 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
• People's needs had been assessed when they first started living at the service. However, care plans had not been updated to reflect people's needs in line with new standards and guidance such as Right Support, Right Care, Right Culture.
• There was limited information recorded in care plans related to progress on people's goals or aspirations.
• A person had moved to the service and their transition has gone very well. The person has settled in well and their family has reported no issues with the care and support being provided.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to eat and drink to maintain their health and nutrition. We observed people having lunch and saw people being provided support to eat and drink where required.
• The service held meetings so menus could be developed with people who used the service.
• Care plans recorded people's dietary needs and preferences. Whilst not all care plans had been updated. Staff knew people well and knew whether people had allergies or specific requirement relating to food.
• A person within the service historically chose not to eat a variety of different foods. Now, following support from the service, the person will eat most things and enjoyed doing so.

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

people's needs
• We found issues of concern with the physical environment of the service as recorded within the safe section.
• Some areas of the service were not being appropriately maintained. For example, a bowling alley and summer house in the garden required works to bring them back to standard and useable for people. A relative told us, "I like spending time in the house and would use the quiet lounge to watch a DVD with [family member] but now it looks abandoned."
• Some areas of the service required redecoration to paintwork and radiators.
• These issues had been picked up by a health and safety audit prior to the inspection and work was being scheduled.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Staff contacted health professionals such as GP's and nurses if this was needed. Advice from health professionals was recorded in people's support plans.
• A relative told us, "The staff organise any health appointments [person] might need."
• The service supported a person to attend a voluntary job every Wednesday morning. The person really enjoyed going to the group and help setting up. This has developed the person's independence and confidence.

Requires Improvement

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.

Respecting and promoting people's privacy, dignity and independence
• People were not always treated with dignity and respect. Relatives who regularly visit the service told us about concerns they or their family member had experienced.
• Two relatives told us their family members had arrived home with items of other people's clothing on, some items did not fit appropriately.
A relative said, "There is nothing dignified about the care, the other evening I went in, and they were putting [person] to bed, the door was wide open, and they were naked." A third relative said, "[Family member] had a [item of underwear] on which was clearly too small and cutting into them. Also, they were putting size 1 shoes on which were clearly too small, they have Pedro boots to wear but they keep putting unsuitable footwear on."

Ensuring people are well treated and supported, respecting equality and diversity
• People overall were treated with kindness and respect during our observations; however, this was not always consistent.
• We found when the previous manager was present and directing staff observations were positive but on other occasions, we found minimal interaction from staff.
• During an observation we observed the television did not have a picture, but sound was on loudly. A person was shouting out and another person was covering their ears. Staff did not pick up on the communication from people who were clearly trying to convey their distress.
• People's cultural and religious needs were stated in care records. Where people chose, they were supported around their spiritual needs.
• Relatives told us overall staff treated their family members with kindness and respect. However, this was not always consistent when familiar staff were not on duty. A relative told us. "I do think staff understand [person] and are really good with them." Another relative told us, "They are using a lot of agency staff who are not so familiar with [family member] who responds better to familiar staff." A third relative said, "I have always found it first class. I think they might be having problems with staff, and I do understand it is difficult to get staff. It is very good, and I think people are being well cared for."

Supporting people to express their views and be involved in making decisions about their care
• People were not always supported to be involved in their care and support.
• The last house meeting was in April 2023 and formal reviews had not been completed recently. For example, in 1 care file the last formal review was 2019.
• Key workers meeting were not being completed so limited information was recorded in relation to people's

goals and aspirations.

People were not consistently supported with dignity, respect and kindness. This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

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 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
• Whilst most care plans were written in a person-centred way, they were not always reviewed or updated in a timely way to ensure staff had the current information they needed to meet people's needs.
• There were no key worker meetings so progress or updates in relation to people's goals or aspirations were not being recorded.
• One person had been admitted in June 2023 and some areas of their care plan contained minimal information. For example, there were no goals or dreams recorded, no health action plan found and in other areas it was recorded it would be updated when team got to know the person better.
• Whilst some care plans were being reviewed others were not and there was no evidence that people or their representatives were involved in these reviews.

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.
• Staff did not always follow guidance in people's communication plans. We observed a staff member give a person an item of interest. The person quickly put this down and the staff member picked it up and took it away. There was no communication, and the staff member did not try to understand what the person was trying to communicate or offer an alternative.
• People's communication needs were recorded in their care plans but during observations we did not see evidence staff were using this effectively. When noise levels in the lounge were high and some people appeared anxious, staff did not always respond to support people effectively.

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
• Whilst we did see people accessing the community during our visit, for others there was little in the way of activities in the home at the time of our inspection.
• People were in receipt of 1 to 1 hours to access the community or provide suitable activities. There was not evidence recorded to demonstrate how these hours were utilised to ensure people were being supported.
• Relatives told us activities and community access was not always happening. A relative told us, "They used to really make a fuss of birthdays with banners. They had music and dancing now we have to nag them to do stuff. I now pay to make sure [person] goes out on Tuesday and Thursday. They used to take [person]

swimming on a Sunday but not sure this is happening now. They used to go to lakeside or to town." Another relative said, "We bought table top activities and put individual activities in a box with people's names on and just asked staff to return them to their labelled bags once people had finished using them but within 2 weeks, they was all missing as staff were not putting them back."
• Following our inspection an action plan was developed to include detailed information about how 1 to 1 hours were being utilised.

Improving care quality in response to complaints or concerns
• The providers complaints procedure was available, and people confirmed they knew how to complain. However, we were not assured all complaints were being appropriate logged and followed.
• A relative told us, "We have sent emails and received no replies they are either not answered or we are fobbed off."
• An interim chief operations manager told us they were aware of all the concerns raised by relatives and had met with most of them prior to the inspection. All the issues will be subsequently logged and followed up.

End of life care and support
• There was no-one receiving end of life care during the inspection.
• There was limited information in care plans related to their wishes around end-of-life care.

Inadequate

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The providers quality assurance and governance arrangements at Cherry croft were not reliable or effective in identifying the shortfalls in the service. Systems and processes to assess, monitor and improve the quality and safety of the service did not pick up the concerns identified during this inspection, or action what their audits had identified in a timely way.
- We looked at 6 area manager reports and none of these visits had picked up the concerns we found during this inspection, or did they provide an accurate picture of what was happening at the service.
- The registered manager was not present during the inspection and when we looked at their audits, we found for 4 consecutive months the audits had scored over 90% compliance. This meant they were not identifying issues of concern at the service.
- A governance audit was completed in July 2023 with 52% compliance. This identified issues with the service's fire procedures, non-compliance of training for staff, non-compliance with staff supervision and non-compliance with profiles for staff employed via an external agency. However, during this inspection we found these areas and others remained outstanding and had not been addressed. This meant we were not assured the arrangements to address the shortfalls identified were followed up and actioned in a timely way.
- In November 2023 a health and safety audit was completed with a compliance score of 52%. This again picked up issues relating to the service's fire records, fire emergency grab bag contents and water temperature checking. Again, we found no evidence the findings in this audit had been followed up or actioned. Some of these issues remained outstanding during our inspection.
- We identified concerns relating to person centred care, privacy and dignity, staffing, risk, safeguarding, staff training and consent, as recorded within this report.
- Staff were not always engaged with at the service. The management team were not holding staff meetings and supervisions were not always happening.
- The registered manager and deputy manager had not received an induction or training specific to their role. There was no evidence of supervision for the registered manager.
- The last house meeting for people who lived at the service was April 2023 and relatives told us there had been no family meetings for a long time.

Effective systems to monitor and improve the quality of the service, were not robust. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The interim chief operation officer and the previous manager were present during the inspection, and both were open and honest about the concerns found. Following the inspection an action plan was sent to us which included additional management support. This support included the previous manager who was familiar with people, staff and relatives at the service. The action plan included assurances actions were underway to address the more serious of our concerns.

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
• Care was not being provided in keeping with the CQC's Right Support, Right Care, Right Culture guidance, or other national best practice guidelines to meet people's needs in a specialist setting.
• People were not being supported in a person-centred way. Staff did not engage with people regularly throughout the day and people were not always being supported to try new things or identify and follow their social interests and pastimes.
• Some relatives told us they had lost faith in the management of the service. One relative told us, "We loved this home when we first started and so sad to see the summer house and bowling alley go to rack and ruin. In 2020 it was lovely, and I was very happy, it was perfect for [family member]. [Previous manager] left and it has gradually gone down." Another relative said, "I do not think it is as well organised as it was. They changed managers and it does not flow as well."
• Other comments from relatives were more positive, "A relative told us, "I am happy with the placement." Another relative said, "{Deputy manager] is amazing and staff have always been lovely."

Working in partnership with others
• The provider worked with social workers, health and social care professionals and other agencies.

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 not consistently supported with dignity, respect and kindness. This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The principles of MCA were not being followed within the home. This placed people at risk of harm. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 13 HSCA RA Regulations 2014

personal care	Safeguarding service users from abuse and improper treatment The systems for safeguarding people from abuse were not operated effectively. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure enough competent and skilled staff were deployed in the service. This is a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems were not effective to ensure staff received appropriate support and training. This put people at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.