

Nash Care Homes Ltd

Ashleigh House

Inspection report

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Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service effective?	Requires Improvement 
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

Ashleigh House Residential Care Home registered to provide accommodation and personal care for up to nine people with physical and learning disabilities including autism. Eight people were using the service at the time of our inspection. The service is larger than current best practice guidance. The service comprised of five ground floor bedrooms all with en-suite facilities. There were four further bedrooms on the first floor three of which had en-suite facilities. People were able to use a lounge area as well as dining and activity rooms.

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

People were not always supported in line with their care plans and, on occasions, were closely monitored by staff which was not always necessary. People spent large parts of the day being supervised by staff rather than being supported to be as independent as possible. The registered manager had not considered other ways of supporting people and the service was not always acting in line with its Statement of Purpose. Staffing levels did not always meet the minimum safe levels stated by the registered manager which left some people not receiving the one to one support they required. Whilst there had been no specific safeguarding incidents since the last inspection the system to identify concerns was not clear and potential safeguarding concerns had not been identified. Some staff lacked understanding in some aspects of their role which meant people were 'managed' rather than supported by them.

People spent large parts of the day in one area of the home and activities were not meaningful to them in all cases. Staff were seen to be well-intentioned and kind towards people, and feedback from relatives was positive who were happy with the home and how their loved one was supported. However, opportunities to provide person centred care were missed which meant some people were limited in what they did. The quality assurance systems in place had not identified areas for improvement which meant people were restricted unnecessarily at times. Feedback from staff about the registered manager was positive. After the inspection the registered manager told us they had undertaken activities with people later in the day.

The environmental issues identified at the last inspection had been addressed and action taken to help ensure the health and safety of people in relation to this was maintained.

Previous Inspection

The last rating for this service was Inadequate (Report published 13 May 2019.)

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvement. Please see the Safe, Effective, Caring, Responsive and Well Led sections of this full report.

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

Follow up

We will continue to monitor the service closely. 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 six 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.

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

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.	Inadequate ●
Is the service effective? The service was not always effective.	Requires Improvement ●
Is the service caring? The service was not caring.	Requires Improvement ●
Is the service responsive? The service was not always responsive.	Requires Improvement ●
Is the service well-led? The service was not well-led.	Inadequate ●

Ashleigh House

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 Care Act 2014.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Ashleigh House is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced. We inspected the service on the 4 November 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider completed a Provider Information Return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We observed the care provided to eight people who used the service and spoke to three relatives. We spoke with the registered provider and three members of staff. We reviewed a range of records. This included five people's care records and multiple medicines records. A variety of records relating to the management of

the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also carried out telephone interviews with three relatives of people who used the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question is still Inadequate. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider had failed to ensure that staff had appropriate recruitment checks and that there were sufficient numbers of staff deployed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found there had not been sufficient improvements made and there continued to be a breach of regulation 18.

- There were not always enough staff deployed to keep people safe. There were three care staff working each day and the registered and deputy manager. The registered manager told us there should be five staff to meet people's funded support hours and identified support needs which included the registered and deputy manager. Three members of care staff supported eight people with complex needs. Of these eight, five required various hours of one to one staff support totalling 30 hours per day which we did not see happen on the day of the inspection.
- One person was funded for, and required, 12 hours one to one staff support each day. On the day of the inspection they did not receive this and neither did others who required it as there were not enough staff available to do this.
- People were supported by staff in certain parts of the home and closely supervised which affected their independence. Staff spent most of the day keeping people in one particular area of the home where they could be more easily supervised. For example, one person opened the lounge door to leave the room, the member of staff present said, "Yes, you can [leave], but come back quickly." As a result, the person came back into the room straight away. Another person could become challenging to others and one of their triggers for this was boredom. This person spent the majority of the inspection sitting in the activities room with minimal interaction from staff.
- From a review of the staff rota over a three-week period there were 12 days when there were less than the required five staff working. This meant people would also not have received their one to one support. The registered manager told us if people had activities to go to then staffing levels were increased however there were only seven occasions in the same three-week period when more than five staff were working.

Failure to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider now operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that people were protected from the risk of abuse. 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.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 13.

- Relatives told us they felt their family members were safe. One told us, "They keep him safe all the time, never had any concerns."
- Whilst systems were in place these were not always effective in identifying potential safeguarding concerns. The service also did not have the correct local authority safeguarding procedures in place. Staff still had limited understanding of what safeguarding meant or the actions they should take if they suspected abuse was occurring. One member of staff told us they would, "Tell them to stop fighting," should an incident occur but could not say what other steps they would take to safeguard people. For example, they did not mention they could contact the police or local authority safeguarding team.
- Incidents of potential abuse had not been recognised by staff nor reported to the relevant authorities to safeguard people from harm. It had been recorded in an appraisal that one member of staff had used, 'Harsh words' towards people. The registered manager had not identified this as a potential safeguarding issue other than to say "Staff needed to be firm [with people] but not being over the top" when their behaviour became challenging. This had not been considered by them to be a potential safeguarding issue and which put people at risk of further verbal abuse.

Failure to ensure that people were protected from the risk of abuse is a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

- Relatives told us they felt their family members were safe. One told us, "In everything they do I have never had any concerns about [persons] safety. It is quite obvious that they take this very seriously and [persons] safety is paramount."
- Risks to people's safety were mitigated, however this was done by close supervision rather than by positive risk management'. For example, during the inspection people were kept together in one room throughout large parts of the day. One member of staff told us, "We are always checking on people and making sure we know where they are."

- Incidents were recorded but action was not always taken to review and analyse these to reduce the risk of them happening again. This meant opportunities to reduce the risk of harm to people and help them understand and manage their own emotions and behaviours, were missed.
- There were aspects of the management of risks that had been addressed since the last inspection. For example, each person had a Personal Emergency Evacuation Plan (PEEP) which outlined how the person could be removed or kept safe in the event of an emergency. Staff were aware of this and knew what to do in the event of a fire. One member of staff told us they would, "Meet at the fire assembly point and wait for the emergency services."

Using medicines safely

- Medicines were managed in a safe way and people told us that they received their medicines when needed. One relative told us, "If [person] needs medication, they will help him."
- People's medicines were recorded in Medicine Administration Records (MAR) with a photo of them and details of any allergies they may have.
- Where medicines were 'as required' (PRN) basis there were guidelines in place for their use.
- Medicine competency checks took place to ensure that staff were appropriately administering medicines.

Preventing and controlling infection

- People were protected against the spread of infection within the service as the environment was clean and had been recently refurbished in places.
- Staff were seen to wear personal protective equipment (PPE) where needed. Gloves and aprons were available for staff throughout the service. Staff understood how to ensure that people were protected from the risk of infection.
- Regular infection control audits took place to ensure that staff were adhering to the correct procedures.

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 the last inspection this key question was rated as Inadequate. At this inspection this key question has been rated as Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

At our last inspection the provider had failed to ensure the requirements of the MCA were appropriately applied. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 11.

- Relatives told us staff asked for consent from people, "All the time." However, we found there was still an inconsistent approach to obtaining consent from people about what they did on a day to day basis and for other important decisions. For example, throughout the day we did not see staff ask people for their consent for day to day activities. One person wanted to get up and leave the room where activities were being undertaken. As soon as they attempted to stand staff would encourage them to sit down again.
- For important decisions people were also being restricted. Some people's behaviour resulted in them damaging items in their bedrooms and the communal areas. They had no personal items in their bedrooms which were locked in their dressing tables or wardrobes. The registered manager and staff told us this was done in people's best interest. Whilst some DoLS applications had been made for this, others had not. There had been no consideration on how to manage this in the least restrictive way. The registered manager gave a contradictory explanation for this by saying people's behaviour had improved and incidents did not happen anymore. This had not resulted in the restrictions placed on people being reviewed or reduced.

- Staff received training in respect of the MCA however lacked understanding about how this should be put into practice.

As people were being restricted and consent to care and treatment was still not being obtained in line with the MCA this is 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

- Relatives told us staff were well trained. One told us, "I'm confident. I was a bit frustrated when I couldn't have a conversation because of the language barrier. I flagged it, they seem to have improved and now I can get those updates." Despite this staff competency needed improvement.
- Staff had received training specific to their role however this had not embedded into practice. For example, staff were not able to describe the actions they would take should they suspect abuse was occurring and had not always ensured consent was obtained appropriately. Staff understanding of how care should be delivered was directed by the registered manager and deputy. They told us staff had been given training to help them support people with a learning disability and/or autism. Whilst this was positive it had not helped staff understand what caused people's behaviour. There had been instances recorded where one person's behaviour had led to them being, 'Cautioned not to do it again' by staff. There had been no recognition by staff that the person was unable to understand their actions.
- Staff told us they felt supported and were now having one to one supervisors and appraisals with the registered manager. These were recorded but had limited detail in them and did not fully explore all areas of the work care staff did. For example, under the section named 'Support and guidance from the manager' they simply had 'Getting good support. No issues' in each record we saw. Supervisions had not been effective in identifying the lack of staff understanding in relation to the Mental Capacity Act or safeguarding procedures'..

As staff were still not appropriately trained and supervised in their role this is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There had been significant improvements to the environment since the last inspection. Peoples rooms had been refurbished and redecorated and en-suite facilities upgraded. This included sensor taps and easy access bathrooms in some bedrooms. The registered manager told us relatives were 'Thrilled' with these improvements.'
- Improvements were required to the environment to support people. People's rooms were sparse and lacked personalisation. One person's rooms had no personal belongings other than two pictures on the wall. We asked a member of staff whether these were the person's favourite artists and they said, "No, it was just pictures we put up." They had not considered what the person would have wanted.
- Furniture in people's rooms was limited in some rooms. and the lounge area was sparsely furnished. We were told this was due to people's behaviours of breaking things there was no sufficient consideration given to alternative options to give the place a homelier feel.

We recommend the registered provider considers how to make the environment more homely for people using the service.

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

- Relatives told us their family members had sufficient food and drink at the service. Comments included,

"He always eats well", "I think the food is nutritious and [their family member] seems to like it" and, "She loves her food."

- During the inspection people were supported with their lunch and staff knew what people's preferences were. Drinks were offered to people as well as snacks during the day.
- Staff understood people's dietary requirements. Staff were provided the information about people's dietary needs including whether meals needed to be modified, for example pureed, and those that had allergies. People were weighed on a regular basis and where people had lost weight health care advice was sought.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Information about people's needs had been assessed before they moved in. This was to ensure that they knew the service could meet their needs. Assessments included information about communication, allergies, medical background, weight, dietary needs and mobility.
- People had appropriate access to health care services in their ongoing care. Relatives told us that staff always supported their family members to any appointments when needed and they had no concerns. One relative told us, "They're really good at making sure she gets to all her appointments and sees a doctor if she needs to." Another told us, "He sees a doctor whenever he needs to."
- There was evidence in care plans that various healthcare professionals were involved in people's care including GP, district nurse, optician and dentist.
- Staff were aware of what they needed to do to monitor a person's health.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question had remained the same. 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; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence:

- Relatives told us they thought staff were kind and caring. Comments from them included, "The staff are very, very caring" and "(Staff) genuinely care about the people they care for."
- Staff interacted with people in a kind way. Whilst this was positive, the majority of the interactions observed were to encourage and tell people to return to the activities area where most were sitting. Staff were well-intentioned but did not proactively engage with people which meant the atmosphere in the service was 'flat.' Opportunities to engage and interact with people were missed by staff. For example, one person tried to get staff attention by pointing to their mouth and pointing to the kitchen. Staff saw them do this but did not respond or approach them to find out what they wanted.
- There were long periods of the day where people had no interaction or engagement with staff. For example, one person had been sitting in a small room used to keep records in. Staff told us this was because they liked to spend time alone. The person's care plan detailed, 'Staff need to encourage me on a daily basis to engage in living skills.' This did not happen throughout the day and the person was left alone by staff. Another person was sitting in the activities room with no interaction with staff for long periods of the day whilst another was not offered a drink by staff for over four hours.
- People were not always encouraged by staff or supported to be more independent. One member of staff told us, "I'm not sure" how they would support people to be more independent. As soon as people got up from their seats staff followed or shadowed them closely. One member of staff asked a person if they wanted to help prepare lunch in the kitchen. The person followed the member of staff into the kitchen and was then encouraged to sit at the table. They were not encouraged to participate in the meal preparation.
- People's privacy was not always respected by staff. For example, one person frequently went into the bathroom of another person's room to use their toilet. A member of staff immediately knocked on the bathroom door but did not wait for the person to respond before they opened it. We asked a member of staff how they would ensure that people were treated with respect and dignity and they responded, "I'm not sure."

We recommend the provider reviews how staff interact with people to ensure their dignity is maintained.

- There were elements of the care that staff provided that relatives fed back was kind and thoughtful. One relative said, "The staff are great, and they arrange for him to come overnight and stay for one night during

half term. They also arranged for him to visit on Mother's Day and had helped him make me a gift, which meant so much." Another told us, "They are all great with her, compassionate and caring all the time with everyone that lives there."

- One person's care plan detailed, "Things to know – due to my autism, I do not like changes to my routine, please help me try to keep to this." This was due to them becoming agitated and anxious when their routine was changed at short notice or unnecessarily. They were taken to a health appointment by mistake but staff minimised the impact on them by taking them to the local shops.
- When staff provided personal care to people this was provided behind closed doors to protect their dignity.
- People's religious and cultural needs were considered and respected. One relative told us, "I said it was important to me that he goes to Church because he likes it. They take him every Sunday."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were not always met.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question had remained the same. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support; 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; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained some information on the likes and interests people had but this was not always detailed, or staff did not always follow what was written. There was information missing on people's preferred routines and their life histories. For example, in one care plan it detailed 'What areas do I need encouragement on?' followed by 'I need encouragement with participating in more activities.' There was no additional information on what activities the person might be interested in to help guide staff. The registered manager told us other activities were provided such as swimming, pottery and horse riding. One person enjoyed playing video games in their room which was supported by the service.
- There was not always sufficient and up to date guidance in the care plans around the specific needs of people. This meant that there was a risk that staff would not deliver the most appropriate care. For example, one person required prompting to wear their glasses however staff did not do this on the day and did not know they required glasses. Staff knowledge about how people preferred to be cared for was inconsistent. One member of staff was unable to describe how they would care for one person and simply said, "I'm not sure, sorry."
- Relatives told us that their loved ones were involved in activities. One told us, "They try to accommodate his love for the outdoors with regular trips." Another said, "They help her to keep active and she enjoys this." However, we found there was a lack of meaningful activities for people to be involved in. On one occasion a person wanted to go outside. They were told by staff, "You cannot go outside it's raining. When it stops raining we can go out for a drive." No alternative activity was offered to them. The registered manager told us activities were recorded on a whiteboard and were matched to people's interests. Despite this most activities for people were the same and were not always meaningful. For example, activities were 'going for a drive', 'having nail care' or 'relaxing at home'. We discussed how this could be improved with the registered manager.
- One person went to college full time however they had not been for over a week due to issues with their transport. The registered manager told us they had been paying for a taxi but had stopped as this was the

responsibility of the local authority. They had liaised with the person's family but not considered how to resolve this or advocate for the person on their behalf.

- One care plan stated that in order to manage a person's behaviours they needed to be stimulated with activities. We saw this person did not have meaningful activities during the inspection. Activities seen were not age appropriate and in the afternoon were limited to a group walk.
- The care plans did not always contain detail on how people were able to communicate. In one care plan it stated that staff should, "Speak clearly to me. Please don't shout or turn away whilst you are talking to me." However, there was no information on how the person was able to communicate whether verbally or through signs or gestures. We asked one member of staff how they ensured that they were communicating with people in the most appropriate way. They responded, "I just keep trying."
- Care notes lacked detail around the person's activities or how the person was feeling that day. The notes were limited to what the person ate or whether they went out. In one instance a person had their dinner and then had a shower, and this was listed as their 'Activity' for the day.
- End of life care was not being planned around people's wishes. Peoples spirituality, religion, what family they wanted around them and where they wanted to be at the end of their life were not discussed.

Failure to plan care and treatment around people's needs was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were elements to the planning of care that was informative and helpful for staff. Care plans included a full life history and what the persons interests were.

Improving care quality in response to complaints or concerns

- There had no recorded complaints at the service since the last inspection. Relatives told us that they would not hesitate to raise a complaint if they needed to and were confident it would be responded to appropriately. Comments included, "I did when I couldn't get an update, this seems to have been resolved" and "I would go to the manager, but I have never had any need to."
- There was a complaints policy clearly displayed in the service. The registered manager told us they had not had a complaint since the service started operating.
- Feedback from relatives had been received which were complimentary. One relative had written that the manager ran "A fantastic home" whilst another thanked the staff for, "The kindness, patience and dedication with which you looked after [person]."

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 the last inspection this key question was rated as Inadequate. At this inspection this key question remains as 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 the provider was in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found there had not been sufficient improvements made and there continued to be a breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a lack of robust oversight from the registered provider to ensure that improvements to the quality of care had been made. The focus had been on improving the environment rather than addressing other concerns found at the previous inspection. This meant there were continued breaches of regulations. Care planning, meaningful activities, staffing levels and competency and the lack of dedicated one to one hours for people had not been identified as an issue. The system in place to analyse people's behaviours to look for patterns or trends was also not effective. A robust auditing system should have identified these areas in need of improvement.
- People did not receive care or support in accordance with the providers stated values. The registered providers statement of purpose sets out the homes aim is to 'Provide Care Home services that offer support and stimulation to help Service Users maximise their potential through physical, intellectual, emotional and social capacity within an individual care programme approach. Service Users have a right to live a normal life as far as possible and to have the respect of those who support them'. It adds the home has a 'Busy activity programmes and also have access to experts in a diverse range of therapies including aromatherapy, physiotherapy and hydrotherapy.' This did not happen during our inspection.
- The registered providers philosophy of care details the aim was 'To provide the highest standard of physical, emotional, spiritual and social care that recognises the needs of individuals. We enable our Service Users to have a fuller life as possible in a comfortable and safe environment that fosters independence, self-respect and rights and dignity.' The service was not operating in line with their own statement of purpose.

The lack of an effective monitoring system was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered provider had employed an external quality assurance company to audit the health and safety aspect of the service. This had identified a number of areas that required attention such as fire doors needing adjustment or electrical repairs being needed. The registered manager told us all the

recommendations had been acted on and resolved.

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

- Relatives told us they were frequently asked for feedback on the service. One told us, "They seem to have improved quite a lot of the home with decorating." Another told us, "He (their family member) is the happiest I have seen him."
- Staff told us they felt supported. We asked one member of staff whether they were able to contribute to the running of the service. They told us, "Yes, of course" However they were not able to provide us with examples of how this had been done.

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; Working in partnership with others

- Relatives fed back positively about the management team. Comments included, "He (the registered manager) is very caring, and (staff member) is such a motherly figure", "They're lovely" and "They are great with (family member) and making sure she is getting the care she needs." One member of staff told us, "He's (the registered manager) okay he's handling everything."
- The provider and registered manager ensured they shared information with people and their families. Relatives told us they were also contacted if there had been any concern in the way care had been delivered to their family member.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. Notifications had been sent to the CQC where it was appropriate to do so since the last inspection in March 2019.
- The provider and staff worked with external organisations that regularly supported the service.

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 always receiving person-centred care or meaningful activities.
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's legal rights were not upheld.
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems to identify abuse were not always effective.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to ensure quality and safety was maintained were not effective.

The enforcement action we took:

We issued a warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not enough staff to safely meet peoples needs.

The enforcement action we took:

We issued a warning notice.