

Sheval Limited

Heatherside House Care Centre

Inspection report

Dousland
Yelverton
Devon
PL20 6NN

Tel: 01822854771
Website: www.heathersidehouse.co.uk

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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: The service provides care and support for up to 25 younger and older adults with a diagnosis of learning disability and/or autism. Some people also have sensory impairments and/or physical disabilities.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 25 people. There were 20 people living at the service at the time of the inspection. Other people also used the service for respite care. This is larger than current best practice guidance. The service had not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The outcomes for people still did not fully reflect the principles and values of Registering the Right Support for the following reasons: lack of choice and control, limited independence and limited inclusion.

People's experience of using this service:

People told us other's behaviour sometimes made them feel unsafe. Recruitment checks had been completed on new staff members; but checks had not been carried out on builders working at the service of their suitability to work near vulnerable adults.

There were not always enough staff or vehicles available for people to be able to choose how they spent their day.

People did not spend their days engaged in a way that was meaningful to them which reflected their choices and preferences. People's care records had been improved but did not contain information about how staff could provide them with person-centred care that increased their independence.

Management of medicines had improved, and people were supported to see healthcare professionals when they needed to.

People enjoyed the food but were not routinely involved in planning menus or shopping for food.

Relatives gave positive feedback about the service.

The provider and registered manager had increased their monitoring of the service, but this had not resulted in all the improvements required. We found concerns that had been raised at previous inspections still remained.

We made recommendations about how people contacted staff if they needed help, how people's information needs are assessed, how staff levels are calculated, staff recruitment and training processes, how people's dignity, privacy and independence are promoted and how the environment is used.

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

Rating at last inspection: Requires improvement 22 November 2018

At a comprehensive inspection in March 2017, we found ongoing breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included breaches of Regulation 12 (Safe care and treatment), 17 (Good governance), 18 (Staffing) and 19 (Fit and proper persons employed). We asked the provider to complete an action plan to show what they would do and by when, to make improvements. We also served a warning notice on the provider and on the registered manager which required improvements to be made, so that the service met the requirements of Regulation 17 within six months.

In December 2017, we undertook a focussed inspection to check whether the service had addressed the concerns in the warning notices. At this inspection we only looked at the Well-led domain. We found that the requirements of the warning notice had not been met and there was still a breach of Regulation 17. Following the focussed inspection, we met with the provider to discuss how they were going to meet the requirements of the warning notice and improve the service to ensure that they were good in all domains.

At our last inspection, we found the quality assurance and governance arrangements for the home were still not sufficient to ensure people received safe, effective care. We found breaches of regulation 11 (Consent), 12 (safe care and treatment), 17 (Good governance) and 18 (Staffing). Following this inspection, the provider submitted an action plan stating how they would make the required improvements. The service was placed in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: We found breaches of regulation in relation to safe care and treatment, good governance, consent and person centred care.

Please see the action we have taken at the end of the report.

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The full details can be found on our 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 always safe.	Requires Improvement ●
Is the service effective? The service was not always effective.	Requires Improvement ●
Is the service caring? The service was not always caring.	Requires Improvement ●
Is the service responsive? The service was not responsive.	Inadequate ●
Is the service well-led? The service was not well-led.	Inadequate ●

Heatherside House Care Centre

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one adult social care inspector and an expert by experience on the first day and two adult social care inspectors on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was residential care and physical and sensory impairment.

Service and service type: Residential care home

Heatherside House Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Heatherside House Care Centre accommodates up to 25 people with a diagnosis of learning disability and/or autism in one adapted building. The home has recently been adapted to improve the private and communal areas available to people. There were communal lounges and dining rooms and gardens available to people.

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

Notice of inspection

This inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service including notifications and the provider's information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Notifications are specific events registered people must tell us about by law.

During the inspection:

we spoke with
seven people using the service
two professionals: district nurses
seven staff members
the registered manager
the service's responsible person
the provider

we looked at
six people's care records
records of accidents, incidents and complaints
audits and quality assurance reports
medicines management
health and safety records

Following the inspection, we spoke with two relatives of people living at Heatherside House Care Centre; and an independent mental capacity advocate (IMCA). We also emailed and received feedback from a GP and a relative of a person who lives at Heatherside house.



Is the service safe?

Our findings

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

Requires improvement: 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.

At the last inspection this key question was rated as 'requires improvement.' The service was not consistently following safe practice in relation to medicines management or risks relating to the environment. Following the inspection we asked the provider to take action to make improvements to these areas. They told us they had made improvements.

At this inspection we found medicines management had improved and actions were being taken to help ensure the environment was safe. However, we found further concerns.

Systems and processes to safeguard people from the risk of abuse

- Some people raised concerns about other people's behaviour that sometimes made them feel unsafe. The impact people's behaviour could have on others had not been assessed and there was no detailed guidance for staff in place regarding how to help people calm down if they became agitated. We observed a staff member encourage one person who was shouting, to enter the dining room, even though there were three other people in there who were visibly anxious about the person's behaviour.
- Builders had been present in the service for three years. They had access to the whole building and were not supervised by staff. Recently they had been requested to check the restrictors on windows in people's own bedrooms. We requested assurance that the registered manager or provider had seen disclosure and barring service (DBS) checks and their contents, for the builders to help ensure they were suitable to work near vulnerable adults. None was provided. We made a safeguarding alert about this to the local authority; however, there was no evidence to suggest anyone had experienced harm

Learning lessons when things go wrong

- Staff recorded any incidents or accidents which were monitored by the registered manager. However, where these related to people's behaviour, detail was not always recorded about possible triggers to help staff identify how to reduce reoccurrences.

The provider had not acted to ensure people were safe. This was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police.
- Safeguarding had been discussed with people in a recent residents' meeting.

Staffing and recruitment

- Before new employees started work at the service pre-employment checks were carried out including DBS

checks. Gaps in new staff's employment history had not always been accounted for even though this had been highlighted at a previous inspection.

- The registered manager told us they aimed to have four or five staff on duty during the day. However, the rota showed this did not always happen. A recent rota showed that over one weekend, only two staff had been on duty. There was no record of how staffing levels were calculated to ensure people were safe.

We recommend the provider review their recruitment procedures and seek advice from a reputable source regarding the calculation of staffing levels.

- Relatives told us they felt there were enough staff on duty at the service. One relative told us, "It's such a relief to know [...] is safe."

Assessing risk, safety monitoring and management

- Assessments of risks relating to people's health or social care needs had been completed. These were supported by guidance for staff detailing how to help reduce the risks.
- There were arrangements in place to keep people safe in an emergency.
- No assessments had been made of whether people should have a call bell to request staff assistance. Some people told us they would like one because there were times when they were unable to go and find staff and had to shout instead.

We recommend the provider reviews how people are able to call staff if they need help.

Using medicines safely

- People told us they were happy with the way staff administered their medicines.
- Accurate records were kept when medicines had been administered.
- Staff had shadowed other staff before administering medicines; however, no assessments of staff's competency had been completed before they were enabled to administer medicines. Following the inspection, the registered manager confirmed they now had the correct records to complete these assessments.

Preventing and controlling infection

- Staff had received infection control training.
- The service was clean and tidy and people told us they were happy with the cleanliness of the home.

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At the last inspection this key question was rated as 'requires improvement'. This was because staff training was not all completed, the provider had not ensured the principles of the Mental Capacity Act 2005 had been followed; and the home did not meet the standards described in best practice guidance for supporting people living with a learning disability. Following the inspection we asked the provider to take action to make improvements in these areas. They told us they had made improvements.

At this inspection we found there had been some improvements to the recording of people's capacity. However, other improvements were still required.

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

- Information and guidance was in place so staff understood how to meet people's health needs. However, information about what people needed to maintain quality of life, how they wanted their emotional and social needs meeting or what their aspirations and hopes for the future were, had not been sought. There was little detail about what staff needed to do to support people to achieve or maintain these things.
- The PIR stated, "I ensure I support the residents to engage in fulfilling lives." Staff confirmed "We don't have access to information about people's hopes or dreams" and "I've never asked them but I would do whatever they asked. It's never entered my head to ask."
- When people were described as having low moods or depression, their care plans did not contain information about how staff could support them to maintain their wellbeing or what staff could do to support them, other than offer reassurance, if they felt low in mood.

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

- We were told people's preferences were considered when the menu was planned but people were not routinely involved in planning the menu.
- People were not involved in buying food for the service.
- Some people were supported to eat. We observed that for one person this was not done in a dignified way. The staff member supporting the person to eat did not focus on them but gave them food and then served other people's food or drink whilst they were chewing. They did not engage in conversation or ask the person if they were enjoying their meal.

The provider had not ensured all people's needs were assessed or met. People had not always been involved in decisions about their care or how it was provided. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they liked the food available and were able to make choices at each mealtime.
- When people had specific dietary needs, guidance for staff was recorded in people's records. If further support or advice was needed, people had been referred to the appropriate professional.

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.

- The registered manager had completed some MCA assessments and applications for DoLS authorisations had been made. One person was subject to several restrictions, but mental capacity assessments had not all been completed.
- Staff did not know exactly which people were subject to DoLS and which people were free to leave.
- The conditions the service had to meet in relation to one person's DoLS authorisation had not been met.
- The service had control of all people's money. No consent had been sought from people to hold their money; and no assessment of their ability to look after their own money, or care plan describing what level of support they required had been completed.
- People told us staff knocked on their doors before entering. However, staff did not always seek consent before providing support.

Consent was not always sought from people about their care. This was a continued breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was taking action to ensure people's consent to receive care was recorded.

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

- Heatherside House was registered to provide accommodation for up to 25 people which is more than the maximum of six people recommended in Registering the Right Support.
- The communal areas of the home were accessible to all people. The design of the home and the way it was used had not taken into consideration the mix of people's behaviours, needs and preferences.
- Following the last inspection, the provider told us via their action plan that a small kitchen area would be available for people to use. This was now available, but people were not routinely encouraged to use the environment in a way that met their needs.

We recommend the provider seeks people's views regarding how the environment can be best used to meet their individual needs.

- The home had recently undergone renovation. The registered manager told us, "It's all been for the benefit of the residents. Everyone has an en-suite, nice communal areas, accessible bathrooms, better windows and insulation."

- People's bedrooms were personalised with their possessions. One person told us, "This place feels like my home. In fact, it is that home from home feeling and I wouldn't swap it for the world."

Staff support: induction, training, skills and experience

- At the last inspection it was identified that staff training was not up to date. Staff had now received further training but only four staff had completed food hygiene training.
- Training regarding people's specific health needs had been provided by the district nursing team.
- Staff felt they received enough training and supervision; and most people told us they felt staff were well trained.
- Staff completed an induction and shadowed experienced staff before working unsupervised.

We recommend the provider reviews their staff development plan to ensure all staff have completed mandatory training.

- Relatives told us they felt staff had the right skills to meet their family member's needs.

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

- People told us they were supported to maintain their health and that referrals were made to relevant professionals when required.
- A healthcare professional confirmed the service sought advice promptly and followed any recommendations they gave.
- The provider's PIR stated, "We also use hospital passports so if a resident is admitted to hospital the information is taken with them to be shared by health professionals within the setting."
- A relative told us, "The care the registered manager and the team give is second to none. They have picked up health concerns very quickly."

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

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

At the last inspection this key question was rated as 'requires improvement'. This was because people living at Heatherside House were not supported to live as ordinary a life as any citizen. Following the inspection we asked the provider to take action to make improvements to these areas. They told us they would take action.

At this inspection we found improvements were still required.

Respecting and promoting people's privacy, dignity and independence

- The registered manager told us, "The majority of the people in the home are quite independent." Staff told us some people did a few tasks in the home like taking their clothes to the laundry room, wiping tables or tidying their rooms; but people were not encouraged or offered the opportunity to make their own drinks, cook their own meals or do their own cooking or cleaning. These were done by staff.
- The PIR stated, "We as a home look at ways that we can promote independence for each person within their care plans." Some people's care plans stated, "Encourage me to be independent" but did not detail how they could be encouraged or what support they needed.
- People told us their privacy and dignity were respected. However, one person had a video monitor in their bedroom which was viewable from the communal lounge. The registered manager told us it was related to a health need and the person had consented to the monitor, but there was no record of this. The monitor was removed during the inspection and the registered manager told us they would find an alternative. We shared this information with local safeguarding team who closed the concern as action had already been taken.

We recommend the provider reviews how people's privacy, dignity and independence are promoted.

- Relatives told us their family members were treated with respect and that staff always knocked on doors.

Ensuring people are well treated and supported; equality and diversity

- People gave us mixed feedback about how well they were treated by staff. Some people told us they liked all the staff, whereas other people told us they only felt comfortable with a small number of staff.
- People were not all treated equally. One person who used a wheelchair, enjoyed going out but rarely did so as the vehicle available at the service was not wheelchair accessible. The registered manager told us they could request the use of a minibus but had not done this often. They had not requested a wheelchair accessible taxi so the person could go out either.

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

- One person had a communication aid which was not present during the inspection. Other professionals had also found the communication aid had not been available when they visited the person. This made it more difficult for the person to express their views.

The provider had not taken action to ensure all people felt comfortable with the staff supporting them. Reasonable adjustments had not been made to enable people's needs to be met. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A relative told us their family member appeared more settled since they were living in the service.
- A compliment received by the service from a relative stated, "It is a great comfort to know that the staff are committed and caring."
- Most of the staff had worked at the service for several years and knew people well. A relative commented, "One of the strengths of the home is that many staff have been there for a quite a long time and know [...] very well."
- Information about advocacy services was displayed in the service.

Is the service responsive?

Our findings

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

Inadequate: Services were not planned or delivered in ways that met people's needs. Some regulations were not met.

At the last inspection this key question was rated as 'requires improvement'. This was because people's records did not always contain enough detail. Following the inspection we asked the provider to take action to make improvements to these areas. They told us improvements to people's care records would be made.

At this inspection we found improvements had been made but found further areas of concern.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People did not all have control and choice regarding how they spent their day. They were not all enabled to live as full lives as possible or achieve the best outcomes.

- People now had care plans in place which described their health and care needs. However, there was little information describing what support people needed to live lives as ordinary citizens, how staff could promote choice, independence and inclusion, or provide individualised care for each person.

- The PIR stated, "The range of activities within the home are tailored to meet residents' preferences individually, and also as a group setting. As a staffing team we look at ways to promote individuals' choices and try to ensure no barriers can affect this for them, whether this is in-house, or community based."

- There were not always enough staff on duty to enable people to live a full a life as possible, based on meaningful activities of their choice.

- People told us they did not go out often. They told us there were not always enough staff available to take them out when they wanted to go. A resident's meeting had been used to tell people, "Once we are back at our full (staff) quota, we can look at outside activities and short breaks."

- Staff told us they would provide people with whatever they asked for. However, they acknowledged there were barriers to this; for example, lack of staff and lack of vehicles.

- A staff member had been employed to increase the activities available to people. They had not received any training for the role. Some of the activities were not age appropriate and were not based on people's interests. The staff member told us they asked people what they would like to do but had not read people's care plans and did not know what people's interests or hobbies were. They decided the theme each week and what the activities would be.

- Guidance was not available to guide staff what people's preferred pastimes or goals were, or what support they would require to fulfil these. Staff could not describe these for the people living in the service.

- Where there was information in people's care plans about preferred activities, going out or using the local community, this did not always happen.

- The PIR stated, "We will ensure all residents have the opportunity to engage in activities within the home and also community."

- Not all people had options available to them each day that reflected their interests or hobbies. Some people preferred to stay in their room or watch television; and some people enjoyed the activities provided

by the activities staff member. However, most people spent their day without being engaged in activities that were individualised to meet their preferences. Several people wandered about the building all day.

- There were several times during the day when people got cross with each other and arguments ensued. A recent resident's meeting had asked people to get on with each other and to try not to escalate arguments, suggesting this happened regularly.
- Some people were sitting in the dining room waiting for lunch before 11.30am and several people had their nightwear on by 5.30pm. This was their choice but suggested they had little else to occupy their time.
- People were not actively encouraged to be a part of their local community or of the wider community. There was a national election on the day of the inspection but, despite voting cards having been sent to people, no-one had been asked if they would like to vote.

- Information about the accessible information standard was displayed in the service. (The accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.)
- The registered manager told us people's communication needs had not all been assessed and recorded as required by the guidance.
- Information displayed or available to people did not all meet people's communication. Staff told us the local Healthwatch staff had recommended using a picture menu but this had not yet been implemented.

People were not empowered to make choices and have as much control as possible. The lack of choice and control over their daily lives meant people were not living lives as ordinary as any citizen. The provider had not ensured people's information needs were identified, recorded or met in line with national guidance. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed some people enjoying one to one time with staff for example sewing knitted squares together or folding laundry. Another person was looking forwards to a holiday staff had supported him to book.
- Relatives gave examples of how staff and the registered manager had supported them to maintain relationships with their family member.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place for dealing with any concerns or complaints.
- People told us they would talk to staff, the registered manager or the responsible person if they had a concern.
- Relatives told us they felt their family members were able to share anything they were unhappy about with staff and that the registered manager would take action as a result.

End of life care and support

- People's end of life wishes were discussed with them and, where possible, documented as part of their care plan.
- Staff had received training on providing end of life care.

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

Inadequate: There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

At the last inspection this key question was rated as 'inadequate'. This was because checks and audits to ensure the safety and quality of the home had not identified environmental risks and because the provider did not have a governance framework which ensured they were able to monitor and address issues.

Following the inspection we asked the provider to take action to make improvements to these areas. They told us they had taken action.

At this inspection we found action had been taken to reduce risks relating to the environment but still found concerns relating to the provider's governance arrangements.

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

- The provider had developed ways of collecting and monitoring people's views of the service. However, they had not ensured people had the opportunity to be fully engaged in decisions about the service.
- People and their relatives were not included in the recruitment of new staff.
- The provider's equality and diversity policy did not incorporate how people living in the service should be treated; it focused on staff.
- The provider had not ensured people's human rights were promoted.

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

- People were not protected by the provider's systems and processes to monitor the quality of the service.
- The registered manager and provider had failed to maintain an effective overview of the home or taken sufficient action to make the required improvements. Concerns about the provider's governance framework had been identified at inspections in March 2017, December 2017 and November 2018. Improvements were still required at this inspection.
- The registered manager and responsible person had implemented checks and audits but had not fully understood or effectively fulfilled their responsibility to monitor the service effectively, identify gaps or take sufficient action to make the required improvements.
- The registered manager and provider were aware of Registering the Right Support. They told us they thought the service now met the values that underpin registering right support. These values include choice, promotion of independence and inclusion and enabling people with learning disabilities and autism using the service to live as ordinary a life as any citizen. We found these values were not built into the ethos or every day practice within the service. People with learning disabilities or autism using the service were not supported to live as ordinary a life as any citizen.

- The registered manager had not had the opportunity to maintain their knowledge of best practice. This was reflected in our findings during the inspection.

Continuous learning and improving care

- Information available to the service had not always been used to improve the quality of support people received.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider and registered manager had not developed a culture of person-centred care within the service. One staff member asked, "How can they (people) have hopes and dreams? Their lives will never change."
- The provider had not ensured staff understood how to ensure people were engaged in their day, or in a meaningful way with the life and tasks within the home.
- There were plans to complete information describing what made a good day for each person, however these had not been completed for everyone.
- People did not spend their days engaged in meaningful activities and how they spent their time was restricted by numbers of staff and vehicles available.
- In response to a complaint, the responsible person had stated, "Our clients enjoy as much freedom as possible." However, records of how people spent their time showed this was not the case. These had not been reviewed as part of the governance process.
- The previous inspection report had identified people were not supported to maintain their independence. In response the provider had sought occupational therapy assessments for all people living in the home. This showed they did not have the appropriate skills and knowledge to support people with developing daily living and personal care skills.

This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The lack of robust quality assurance meant people were still at risk of receiving poor quality care.

- The registered manager told us they looked at inspection reports from other services to identify further ways to improve the service.
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.
- People, a healthcare professional and relatives gave positive feedback about the registered manager. Relatives gave positive feedback about the service.
- People were able to attend resident's meetings. One person told us they were able to vote on outings. They added, "Everyone has a chance to have their say and staff take notice of what you say."

Working in partnership with others

- The registered manager and responsible individual had been open to advice from the local authority quality team and the local Healthwatch service. They had acted to implement suggestions made by both organisations to improve the service. However, at the time of the inspection not all these improvements had been made.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had not ensured all people's needs were assessed or met. People had not always been involved in decisions about their care or how it was provided. Reasonable adjustments had not been made to enable people's needs to be met. People were not empowered to make choices and have as much control as possible in their lives. The lack of choice and control over their daily lives meant people were not living lives as ordinary as any citizen. The provider had not ensured people's information needs were identified, recorded or met in line with national guidance.</p>

The enforcement action we took:

NoP to cancel registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Consent was not always sought from people about their care.</p>

The enforcement action we took:

NoP to cancel registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not acted to ensure people were safe.</p>

The enforcement action we took:

NoP to cancel registration

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care

governance

The lack of robust quality assurance meant people were still at risk of receiving poor quality care.

The enforcement action we took:

NoP to cancel registration