

Ashview House Limited

# Ashview

## Inspection report

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### Ratings

Overall rating for this service	Inadequate 
Is the service safe?	<b>Inadequate</b> 
Is the service effective?	<b>Inadequate</b> 
Is the service caring?	<b>Requires Improvement</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Inadequate</b> 

# Summary of findings

## Overall summary

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.

### About the service

Ashview is a residential care home providing personal care to 12 people at the time of the inspection. The service can support up to 13 people with a learning disability and autistic people.

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

The provider was not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right Support

The provider did not focus on people's strengths or promote what they could do, so people had a fulfilling and meaningful everyday life.

People were not supported to achieve their aspirations and goals.

People did not benefit from an interactive and stimulating environment. People were not always supported by staff to pursue their interests.

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.

People were not always supported with their medicines in a way that promoted their independence and achieved the best possible health outcome.

### Right Care

The provider had not ensured staff were appropriately skilled to meet people's needs and keep them safe. People's care, treatment and support plans did not reflect their range of needs or promote their wellbeing and enjoyment of life.

People's care was not focused on their quality of life and was not delivered in line with best practice.

People's care was not always dignified or respectful.

### Right Culture

People were not always supported by staff who understood best practice in relation to the wide range of strengths, needs or sensitivities people with a learning disability and/or autistic people may have. This meant people did not always receive compassionate and empowering care that was tailored to their needs. The provider had not ensured people's wishes, needs and rights were placed at the heart of everything they did. The provider had not created a culture of improvement and inclusivity.

People and those important to them, were not involved in planning their care. The provider had not effectively monitored and evaluated the quality and safety of the support provided to people.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (18 July 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We also received information of concern about management oversight at the service and the quality and safety of the care people received.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. We also assessed whether the service was applying the principles of Right support, right care, right culture.

We have found evidence the provider needs to make improvements. The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection.

#### Enforcement

We have identified breaches in relation to safe care and treatment, safeguarding, staff training, person-centred care, treating people with dignity and respect, supporting people's nutritional needs, management oversight and requirements relating to the registered manager.

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

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

For adult social care services, the maximum time for being in special measures will usually be no more than

12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Details are in our safe 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 findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Ashview

## 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

This inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ashview 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. Ashview 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.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 2 people who used the service and 4 relatives about their experience of the care provided. We spoke with 5 members of staff including the registered manager, senior support workers and support workers. We spent time observing people's care to understand the experiences of people who could not talk with us.

We reviewed a range of records. This included 4 people's care records and 3 people's medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. 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; Using medicines safely

- The provider had not assessed, monitored, or managed safety well.
- Risks to people's health were not appropriately assessed or documented. For example, we found 1 person's health needs had changed significantly following an injury and they required ongoing support with the management of their pain and the monitoring of their appetite to identify any signs of their health deteriorating. However, the person's risk assessments had not been updated to include any specific guidance for staff about what they should look out for and what actions they should take if they had concerns about the person's health. This placed the person at risk of harm.
- Environmental risks were not always assessed to ensure people were safe in their homes. At the time of the inspection, a number of refurbishments were taking place and maintenance workers were coming in and out of the building. We found the side door to the building open whilst materials were being carried through. The provider was not able to demonstrate they had assessed these security risks to ensure people remained safe during the refurbishment.
- People were at risk from unsecured bedroom furniture which may fall or be pulled over. For example, the provider told us 1 person sometimes knocked over their own furniture and belongings when they were feeling distressed. The provider had not assessed the risks relating to people's large items of bedroom furniture such as wardrobes and drawers to decide whether these posed a risk and should be affixed to the wall.
- The provider had not ensured accidents and incidents involving people were adequately managed. Reports were poorly completed and lacked detail about what had happened and how risks were being mitigated to keep people safe.
- The provider had not ensured the documentation in people's medicines folders was accurate or reflected their current support needs. For example, information about people's as and when required [PRN] medicines was not always up to date or detailed. People's medicines administration records did not always correctly evidence why or when these medicines were given. This meant we could not be assured people were being offered medicines such as pain relieving drugs as frequently as required. This placed people at risk of pain or discomfort.
- Body maps were not always in place to show where topical or transdermal medicines should be applied. This meant there was a risk medicines may not be appropriately administered.

The provider had not effectively managed risks to people's health and safety or ensured safe medicines processes were in place. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People could take their medicines in private when appropriate and safe. However, the provider was not

always able to demonstrate how they had reviewed their medicines administration processes to promote people's independence in this area.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider's processes for managing safeguarding concerns were not robust. Safeguarding concerns were not accurately documented on the provider's safeguarding log and this meant it was difficult to see what concerns had been raised and when. There was a lack of detail about what actions had been taken and what the outcome was.
- The provider was not able to demonstrate how they learnt from incidents which affected people's safety. There was a lack of investigation into possible trends and themes, and this meant lessons were not always learnt.

The provider did not have effective systems in place to safeguard people 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.

- Staff had safeguarding information available and safeguarding training was provided. Staff we spoke with were able to tell us what they would do to protect people from the risk of abuse and confirmed they would alert senior staff to any safeguarding concerns.
- At the time of the inspection, the provider was in regular contact with the local authority safeguarding team to monitor and review ongoing safeguarding investigations.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Equipment used by people living in the service was being stored in the garden due to a lack of indoor storage. We were not assured this equipment was kept hygienically clean and ready for use due to it being uncovered and left outside for prolonged periods. Some communal surfaces were worn and no longer fully intact. This increased the risk of cross infection.
- We spoke with the provider, who confirmed they were aware of these environmental concerns. A programme of refurbishment and improvements to the service was in progress at the time of the inspection and the provider was able to demonstrate the storage and communal surfaces were being addressed as part of this.
- We were somewhat assured the provider was making sure infection outbreaks can be effectively prevented or managed. Not all staff had up to date infection prevention and control training at the time of the inspection.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider ensured visitors were able to come into the service without restrictions and in line with government guidance.

Staffing and recruitment

- The provider had processes in place to recruit staff safely and appropriate checks were completed prior to staff starting their employment.
- People and relatives told us they generally knew who staff were and staff were available to provide support when requested. Comments included, "Staffing appears consistent" and "I do see the same staff every time I go there."

# 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

At our last inspection the provider had failed to ensure staff received appropriate training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider remained in breach of regulation 18.

- The provider had not ensured all staff had completed relevant, good quality training around understanding the needs of people with learning disabilities and autistic people.
- Not all staff demonstrated an appropriate level of knowledge about the wide range of strengths and needs people with a learning disability and autistic people may have, including their mental health needs, communication, positive behavioural support needs and any restrictive interventions. For example, we found staff did not always know the reason why they were providing support at specific times or in a specific way. We were not assured staff understood the different strategies for providing support to people experiencing periods of distress. This placed people at risk of receiving inappropriate care and support.
- The provider had not checked staff's competency to ensure they understood and applied best practice in their support.
- The provider had not ensured agency staff were appropriately trained in supporting people with a learning disability and autistic people. Agency worker's training profiles did not always record whether they had any relevant previous experience or training and the provider's agency induction process was not robust. We found agency inductions which were incomplete or out of date. This meant there was a risk agency workers may not understand how to support people appropriately.
- Staff did not receive support in the form of continual supervision, appraisal and recognition of good practice. Supervisions were not taking place regularly and the information recorded lacked detail.

The provider had failed to ensure staff were suitably qualified, competent, skilled and experienced. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's care plans were not personalised, holistic and strengths-based. They did not adequately reflect people's needs and aspirations, including any physical and mental health needs. Guidance was task-based

and brief and did not include detailed information about how people liked to be supported.

- People were not supported to plan and achieve meaningful and relevant outcomes. For example, the provider was not able to evidence how people were encouraged to develop more independence in their daily living or manage more of their own care if they wished to.
- The provider had not ensured staff had appropriate guidance in place about how to understand and support people's emotional and psychological needs. There was a lack of information in people's care plans about how to consult and involve them in making decisions and how to offer choice in line with their assessed needs and preferences.
- People's daily records did not demonstrate how they were being given choices in their care. For example, we found some people were eating the same foods every day. The provider told us a new pictorial menu had been created to support people in making choices about their meals. However, we found staff did not consistently record what options people were offered or how they had been supported to make a choice. During the inspection, we observed a person being given a snack without being offered any choice about what they wanted.
- People and those important to them were not involved in reviewing care and support plans. The provider had recently rewritten several care plans; however, we found no evidence of people or their relatives being consulted during this process.
- People told us they were not always happy living with the other people in the service and we observed people being negatively impacted by others during the inspection. We found no evidence people had been consulted or given choice about who they lived with.
- The provider was not able to demonstrate how people had been involved in the design of the service to ensure it met their expectations and aligned with best practice. The interior and decoration of the service did not reflect people's individual needs and preferences. The environment was cluttered, and equipment was stored in hallways and in the garden. The service did not appear homely or stimulating. People's bedrooms were not always personalised.

The provider had failed to ensure people received appropriate person-centred care which met their needs and reflected their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had not always ensured people were supported to eat a healthy and balanced diet. People's daily records demonstrated a lack of variety in the meals and snacks provided.
- The provider had not reviewed people's daily food and fluid records to ensure any concerns with the amount or variety of food eaten were promptly identified and actioned.
- Where concerns had been identified with people's eating and drinking, staff had not consistently recorded how much people had consumed. This meant any changes in people's appetite may not be accurately identified.

The provider had not reviewed people's nutritional and hydration needs to ensure their needs were met. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received specialised support from the relevant health professionals to support their eating and drinking needs when necessary.

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

- The provider was not able to demonstrate how they had supported people to play an active role in maintaining their own health and wellbeing. People's care plans did not document how staff should consult or involve them in monitoring their own health and wellbeing.
- People's health actions plans were not always detailed or updated to ensure health and social care professionals had all relevant information in order to support people in the way they needed. We found information had been documented on health appointment records but not transferred into people's health action plans. This meant there was a risk information may not be easily accessible.
- The provider had not always identified concerns around people's healthcare needs promptly. This meant people had not always been referred to the relevant healthcare professionals in a timely way.

#### 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.

- People's mental capacity assessments were not up to date or detailed. It was not clear how people or those who were important to them had been involved in the process.
- People's care plans did not demonstrate how staff should empower people to make their own decisions about their care and support.
- People's risk assessments were not up to date or sufficiently detailed to ensure people were able to live safely and free from unwarranted restrictions. Where restrictions were documented, for example around the circumstances in which people were able to safely go out, it was not clear how the provider had ensured these were the least restrictive option or how frequently these were reviewed.
- The provider had recently resubmitted people's DoLS applications for authorisation.

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

- People were not always treated with dignity and respect. During the inspection, we observed language and terminology being used to describe people's emotional support needs which was outdated and not respectful.
- People's care plans and daily records were not always completed in a respectful way. For example, information about people's emotional support needs was not always written in a way which promoted positive communication rather than reactive measures.
- The provider was not always able to demonstrate how people were supported to try new experiences, develop new skills and gain independence.
- People were not always enabled to make decisions for themselves. We observed people being supported to undertake tasks without being given clear choices in order to decide. For example, we observed people being asked what they wanted to do and what they wanted to eat, without being given options to choose from.

The provider had not ensured people were always supported in a dignified and respectful way. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We observed some staff providing kind and compassionate care and interacting with people in a positive way which showed genuine interest in their well-being. However, this was not observed consistently throughout the inspection and we found many interactions where there was minimal conversation and only task based support. Despite this, people who were able to speak with us, told us they felt comfortable talking to staff and could raise any concerns about their care.
- The provider had implemented equality and diversity training for staff to support their understanding of how to promote people's individual preferences and rights. However, at the time of the inspection not all staff had completed this training.

# 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

- People's support did not focus on their quality of life outcomes. People were not supported to monitor and adapt their goals to ensure they remained meaningful and relevant to them. For example, we found people's care plans contained goals such as going out independently which were no longer in line with the support being offered due to changes in people's physical health or emotional support needs. However, these goals had not been reviewed.
- People's care plans did not effectively demonstrate how to promote people's rights to make choices and take control of their care. For example, 1 person we spoke with told us about what they could currently do for themselves and what else they would like to do; however, the provider was not able to evidence how this person had been encouraged to learn more everyday living skills.
- People's care plans did not contain enough information about what was important to them to enable staff to deliver care in line with people's personalised needs and preferences.

The provider had failed to plan people's care to ensure it met their needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not always supported to participate in their chosen social and leisure interests on a regular basis. People's care plans provided information about what they enjoyed doing; however, we found people's daily records did not evidence these social activities were taking place.
- The provider told us they were not able to support people to go out if a person's distress impacted on their safety. However, we found this was not being recorded in people's daily records. This meant we could not be assured people were being offered the opportunity to go out regularly. It was not clear how decisions about the safety of going out had been made, how the person had been involved and what alternatives had been offered.

The provider had not ensured people were supported to maintain their autonomy, independence and involvement in the community. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to stay in contact with friends and family. People's relatives told us they visited the service and spoke to people on the phone regularly.

### 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.

- People's care plans did contain information about how they communicated. However, this information was not always detailed and did not fully explain what approach staff should use for different situations.
- Visual communication aids were in place; however, we observed staff did not always use these to support people's understanding.

### Improving care quality in response to complaints or concerns

- The provider had made improvements to their complaints procedure and a process was in place for responding to concerns raised. We found not all concerns were recorded in detail; however, outcomes and apologies were documented where relevant.
- One person told us how the provider had responded to their concern. They said, "The area manager came through and apologised and they are trying to sort it out. They are doing their best."

### End of life care and support

- The provider was not supporting anybody with end of life care at the time of the inspection.
- The provider told us people's end of life care wishes would be incorporated into their care plans when required.

# 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 requires improvement. 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure robust systems were in place to monitor the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider remained in breach of regulation 17.

- The provider's processes for monitoring the quality and safety of the service were not effective and failed to keep people safe, protect people's rights and provide good quality care and support.
- The provider was not able to demonstrate they had oversight over people's current needs and risks to their health and safety. Risks to people's safety were not adequately managed. Information was not accurate or up to date and there was no process in place for effectively auditing people's care plans, risk assessments and daily records.
- The provider did not have robust oversight of incidents and safeguarding concerns. There was no effective process in place to demonstrate actions taken to investigate and analyse incidents and safeguarding concerns or to evidence how lessons were learnt.
- The provider was not able to demonstrate how people and those important to them were actively involved in developing and running the service. We spoke with one person who told us they would like to do more; they told us, "There's a lot I could help with." However, we found no evidence opportunities had been explored with the person.
- The provider has failed to achieve a good rating at this service since 2018 and there has been a breach of regulation 17 at the last 3 inspections. A number of the concerns identified during our inspection were also identified during the local authority's provider quality audit of the service and at our previous inspections. However, the provider had failed to identify these concerns through their own quality assurance processes.
- The provider has not ensured effective arrangements were implemented to drive and sustain improvements.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was not able to demonstrate an appropriate knowledge of best practice for

supporting people with a learning disability and autistic people. Care was not being delivered in line Right support, right care, right culture guidance. Improvements in the service were not being made or sustained despite additional management support being in place.

We were not assured the registered manager had the appropriate skills and experience to manage the regulated activity at the service. This was a breach of Regulation 7 (Requirements relating to registered managers) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture of the service did not promote people's individuality. People's care was not person-centred and they were not supported to plan and achieve meaningful outcomes which enabled them to develop and flourish.
- Managers did not always lead by example to ensure they created a positive culture which placed people's needs at the heart of the service.
- The provider was not able to demonstrate how they monitored the culture of the service or promoted positive values and behaviours in the staff team.
- People's relatives told us they were generally able to contact the provider when needed; however, we received mixed feedback about how involved and updated relatives felt. Comments included, "Sometimes they ask my views", "No updates, very rare" and "I can speak to [registered manager] face to face if they are free."
- Staff told us issues within the service were discussed during supervisions and team meetings. They told us they had also been asked to give feedback to the provider. One member of staff said, "When I came there was tension. Everyone explained their concerns to the Caretech team. Caretech listened to the concerns."

Working in partnership with others

- The provider had not always worked effectively with other healthcare professionals to drive improvements in the service. We received mixed feedback about how well the provider communicated and their responsiveness to information requests.
- The provider had not worked collaboratively with other healthcare professionals to ensure concerns with people's health and wellbeing were promptly identified and addressed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of the duty of candour. During the inspection we were shown examples of letters written to people, and those important to them, to apologise when things went wrong.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The provider had not ensured people were always supported in a dignified and respectful way.</p> <p>This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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 effectively managed risks to people's health and safety or ensured safe medicines processes were in place.</p> <p>This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not have effective systems in place to safeguard people from the risk of abuse.</p> <p>This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of The Health and Social</p>

Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have robust systems in place to protect people from the risk of abuse.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs

The provider had not reviewed people's nutritional and hydration needs to ensure their needs were met.

This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 7 HSCA RA Regulations 2014 Requirements relating to registered managers

We were not assured the registered manager had the appropriate skills and experience to manage the regulated activity at the service.

This was a breach of Regulation 7 (Requirements relating to registered managers) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure staff were suitably qualified, competent, skilled and experienced.

This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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 failed to ensure people received appropriate person-centred care which met their needs and reflected their preferences.</p> <p>This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

### **The enforcement action we took:**

A warning notice was issued

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's processes for monitoring the quality and safety of the service were not effective</p> <p>This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

### **The enforcement action we took:**

A warning notice was issued