Parkview Care Homes Limited

Asher Nursing Home

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
Asher Nursing Home is a nursing home which provides personal care to those with long standing, complex mental health needs. The service can support up to 17 people. At the time of our inspection, there were 14 people using the service.

People's experience of using this service and what we found
The service was not well-led. There was no robust or effective governance system in place to ensure the service was meeting regulations. The registered manager and provider had not maintained oversight of the service to ensure that people's safety was maintained.

There was not an effective system in place to ensure the environment was safe and clean. There was a significant risk of fire at the service due to people smoking in their rooms and this had not been robustly risk assessed.

Documentation had not been maintained to an appropriate standard. Care plans and risk assessments were out of date, inaccurate or missing. People's care was not always planned or delivered in a person-centred way as staff did not have access to up to date and relevant information about people's care and support needs.

Accident and incidents were not being accurately recorded and reported. It was not clear what investigations were being done following an allegation of abuse to prevent further risk. Not all safeguarding matters had been reported to CQC, this is a legal requirement.

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. There was a significant lack of meaningful activity planned or taking place. This meant a condition of one person's Deprivation of Liberty Safeguards (DoLS) was not being met.

Infection prevention and control (IPC) concerns were identified. Areas of the home were not suitably clean and this needed improvement to ensure people were safe and their dignity upheld.

Staff were not receiving regular supervision and told us that they did not always feel supported. There was a lack of consistent team meetings to allow ideas to be shared and improvements to be made to the service. Nurses had monthly meetings to specifically discuss clinical matters, however individual clinical supervision was not occurring consistently.

People told us they liked staff; we saw staff engaging with people in a kind and caring manner. The service worked with outside agencies to support people's mental health needs.

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

Rating at last inspection
The last rating for this service was requires improvement (published 17 September 2021).

Why we inspected
The inspection was prompted due to concerns received about lack of reporting or investigating potential safeguarding concerns, staffing levels, nutrition and hydration, and lack of activities. A decision was made for us to inspect and examine those risks. The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Asher Nursing Home on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to safe care and treatment; person-centred care; safeguarding people; need for consent; and good governance at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
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 of 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 always effective. Details are in our effective findings below.	**Requires Improvement**
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**

Asher Nursing Home

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection was completed by 2 inspectors.

Service and service type
Asher Nursing Home 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. Asher Nursing Home is a care home with 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 living at the service and contacted 4 relatives to understand their experiences. For those unable to speak with us, or who were anxious due to our presence, we observed interactions from a distance between them and staff. We spoke with 10 staff members, this included the operations manager, deputy manager, registered nurses, care assistants, administration staff, domestic staff and catering staff. The registered manager and provider were not present on the day of our site visit, but we spoke with both of them afterwards.

We looked at 5 care plans along with numerous daily notes and medicine records. We reviewed training records and information related to safety, audit and quality assurance processed at the service.

Inadequate

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

- Risks to people's safety and well-being were not assessed and managed consistently.
- Risk assessments were not always completed or reviewed after a serious incident to ensure the most effective and proportionate action was taken. This meant people and staff were at risk of incidents being repeated. We found 1 incident of significant concern was documented on an incident form but there was no risk assessment completed to guide staff on how to minimise this risk. We asked the provider to take urgent action to address this.
- Personal Emergency Evacuation Plans (PEEPs) were out of date or missing completely. We found 3 PEEPs in the 'grab and go' folder for people who no longer lived at the service. One person who had lived at the service for a number of months, did not have a PEEPs. The meant emergency service would not have correct information in the event of a fire or emergency. This was highlighted to the operations manager who remedied this soon after our visit.
- People were known to be smoking in their rooms. There were no risk assessments in place regarding this or plans for how staff should minimise the risks to people. Numerous incidents of people being found by staff to be smoking in their room were documented in daily notes, however, there were no incident reports about this and no action plan from the registered manager on this being addressed. This put people at unnecessary risk of fire.
- The fire risk assessment in place contained inaccurate information. It stated that there was no risk of smoking within the premises, however we found evidence of this occurring in people's rooms, used cigarette ends and ash were seen, there was a lingering smell of smoke and staff confirmed it was a regular occurrence. This was raised to the operations manager and addressed.
- Some people who were known to smoke in their rooms were prescribed emollient creams. The risk associated with this had not been assessed. Emollient creams are known to be flammable therefore this placed people at risk of harm.
- People were known to be using alcohol at the premises, which increased risk to people and staff. There had been an incident of alcohol being shared between people which would put their health at significant risk. There was no policy in place to guide staff how to manage this safely and reduce the impact on others living at the home.
- Staff who had worked at the service for longer were able to tell us about people and their needs. Staff told us, "Those of us who have been here some time know people and their risks, the risk is always higher when we've got agency staff on because we have to spend time showing them what to do."

Systems had not been implemented sufficiently to ensure health and safety risks were being mitigated. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Due to the serious nature of the concerns found, we asked the provider to take immediate action to address these. They were receptive to this feedback and provided suitable risk assessments following the inspection.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● People were not always protected from the risk of abuse. Lessons were not learnt when things went wrong. Robust procedures were not in place to ensure concerns were identified and acted upon in a timely manner.
● The completion of accident and incident reports by staff was inconsistent. We found a number of incidents written in daily notes, including skin tears and falls, which were not in the incident folder. There were several incident forms which still required management review and it was not clear what action had been taken after incidents to keep people safe.
● The registered manager had not ensured that all referrals to the local authority safeguarding team had been completed. Some recent safeguarding concerns that had been raised, had not been shared with CQC. Due to the process of reporting incidents not being followed robustly, we could not be assured that the relevant agencies had been alerted to all concerns to enable full and thorough investigations.
● Staff told us they did not feel confident that matters they reported would be robustly investigated and followed up to ensure people were protected from further harm. One staff member said, "I write an incident report and give it to who is in charge. There are times when I've mentioned things, and nothing has been done".
● People were at risk as no robust analysis of accident and incidents had been completed to identify any reoccurring risks or identify improvements and learning to keep people safe. For example, we found regular incidents of a person expressing aggressive behaviour that could put the individual and others at risk. These had not led to a thorough review of care or updated risk assessments for the person or the environment.

Robust procedures were not in place to ensure potential abuse was investigated and responded to in a timely manner. This placed people at risk of harm. 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 completed safeguarding training and demonstrated a good knowledge of this when spoken with.

Preventing and controlling infection
● Infection prevention and control (IPC) measures were not consistent or robust.
● Cleaning schedules were not adhered to in terms of deep cleans for bedrooms. These were scheduled to occur monthly, however, the checklists we saw in relation to this were blank. A number of the rooms we observed were significantly unhygienic with rotting food items and fruit flies evident. We discussed this with the deputy manager, and it was addressed immediately. Rooms were cleaned whilst we were on site, however, we could not be assured that this would be embedded going forward.
● People's beds did not always have sheets on them, meaning mattresses were getting soiled. There was no routine cleaning of mattresses occurring, increasing the risk of infection spread.
● Relatives spoke of their concerns regarding the cleanliness of rooms. One relative told us, "It always smells but if people won't have sheets on their beds, then it will. [Relative] now has a sheet so hopefully it will help."
● Staff did not always wear personal protective equipment (PPE) appropriately. During lunch service, we observed staff bringing people food without wearing gloves or aprons.

There was a failure to assess the risk of, and prevent, detect and control the spread of, infections, including

those that are health care acquired. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes

● There were no restrictions on visiting at the time of inspection.

Using medicines safely

● Medicines were not consistently managed safely. One person was routinely missing their medicine due to being intoxicated, however, there was no evidence of medical advice or intervention being sought when this occurred. This was raised to the operations manager at the time of inspection and action taken to remedy this.

● People were supported by staff who followed systems and processes to administer, record and store their medicines safely.

● Staff had received training on safe medicines administration and management. Following training, staff had a competency assessment to ensure they were safe to administer people's medicines.

We recommend that the provider and registered manager review guidance around medicine administration and how best to support people who may choose not to take prescribed medicines.

Staffing and recruitment

● Staffing levels were not always consistent to meet people's needs and ensure safety. Whilst during the inspection we observed a suitable level of staffing, there were issues reported with staffing levels being too low, mainly at the weekends. There was a process in place for weekend staff to follow should staffing issues occur.

● Feedback regarding staffing levels was mixed. One person told us, "There's always someone around, they pop in to see me all the time and if I ring my bell they come straight away." A relative told us, "They don't have enough consistency with staff, I know it's a national issue but there's always a new face each time I visit."

● Staff told us they felt staffing levels were too low. One staff member said, "If everything is going ok then there's enough, but it just takes one thing to happen and we get consumed in it, meaning there's one person or no-one to be on the floor."

● The provider had appropriate recruitment processes in place and relevant pre-employment checks were made. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● Checks had been completed to ensure nursing staff were appropriately registered with Nursing and Midwifery Council.

Requires Improvement

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 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 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.

● Improvements were needed regarding MCA and DoLS, this included assessment and recording to ensure people were supported to make decisions in the least restrictive way and legal requirements were met.
● Conditions in relation to DoLS authorisations were not always being met. One person was to be supported to access a specific kind of event; this was not happening. There was evidence that the registered manager had highlighted not being able to meet this condition at the last review of DoLS however documentation did not show what measures had been applied to improve this.
● Care plans did not clearly show how people's capacity had been assessed and guidance for staff around consent was lacking. This presented a risk that not all options were assessed to ensure decisions made on behalf of people were in their best interests. For example, people often declined support with personal care or cleaning their rooms. There was no clear monitoring of this to review people's capacity or guidance for staff when to act in their best interests if required.

The provider had not ensured the principles of the MCA had been applied. This was a breach of regulation 11 (Need for consent) 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; Supporting people to eat and drink enough to maintain a balanced diet
● People's needs were not being robustly assessed, reviewed, or documented. Some care plans were out of

date or missing completely. We could not find evidence that people had been involved in monthly reviews or that changes to their health or care needs had been discussed with them.
● Care plan reviews, handovers and daily records were handwritten, including where changes had been made, which meant information was confusing and difficult to follow. One person had recently experienced a fall, this was written in the daily notes and handover but there was no updated risk assessment or care plan. This put people at risk of receiving unsafe care and experiencing a further fall, especially given the service use agency staff who did not have access to clear guidance about people's care and support needs.
● There was limited information to demonstrate how the provider and staff kept up to date with relevant standards and guidance. Some policies and procedures were out of date or missing, for example, the alcohol use policy, this meant staff did not have access to relevant guidance and information.
● People told us they felt bored. There were no structured activities provided for people to motivate and engage with them to do the things they enjoyed. Care plans lacked goals and aims for people to work towards. People spent their time sleeping, sitting in their rooms or communal areas watching television. One person said, "There's never much going on. We don't go out."
● Improvements were needed to ensure people's nutritional needs were met.
● People always had access to food and drink. However, staff did tell us that food supplies sometimes ran low meaning people did not always have access to the choices they wanted. Some people purchased their own food, while one person told us this was their choice, it was not clear what action had been taken to incorporate their wishes to the communal menus. We asked the provider to review this situation.
● Feedback regarding the food available was mixed. One person told us, "We always have chicken, I don't like chicken." Another said, "I always look forward to Friday as it's fish and chip day."
● Staff told us that people were given choice but were not fully involved in shaping the menu at the service. Feedback from people surveys expressed a wish to be more involved in the menu planning however, we did not see evidence of this being implemented.
● Kitchen staff displayed good knowledge of people's specific dietary needs, however instruction to agency staff were not robust or clear. One staff member told us, "I do worry about new or agency staff, I don't think they always get it right. I'm not sure how they are told what people need."

The provider failed to ensure people's needs were assessed and care was delivered in a person-centred way. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs
● The environment was not clean and tidy. Areas of the home needed repairs and cleaning, especially people's bedrooms and communal corridors.
● A ceiling on the top floor showed signs of water damage. Whilst we were on site, there was significant rainfall and we noted two areas of the home were actively leaking. This was raised to the deputy manager who alerted maintenance immediately.
● The passenger lift needed repair and whilst people could manage the stairs, some found this difficult. One relative told us, "I wish they'd get that lift fixed, it worries me that [relative] has to use the stairs.
● People had some personalisation on their doors to indicate which room was theirs. They also had personal effects in their rooms, such as photographs.

Staff support: induction, training, skills and experience
● There was no robust process in place to ensure staff received supervision and felt supported. We requested evidence of supervisions being undertaken however this was not received. Staff we spoke with told us they were not receiving regular or effective supervision. This is further addressed in the well-led section.

● Nurses were employed to support with people's clinical needs, for example, administering injections. Nurses had monthly meetings to specifically discuss clinical matters, however individual clinical supervision was not occurring consistently
● New staff received an induction when they started working at the home. However, we were not fully assured that a robust skill set was developed in order to best support people because care plans did not contain clear guidance or personalised care.
● Staff training was up to date and was relevant to the people who use the service. For example, specific mental health training and diabetes training had been completed. However, we did not always see best practice being utilised during the inspection. Please see more on this in the caring section.

We recommend the provider review the use of staff supervision at the service to ensure this is consistently delivered and is effective and meaningful for staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked with external agencies to support people with their healthcare needs. This included the mental health teams, community nurses and GPs.
● Referrals had been completed to healthcare professionals. For example, a person had been referred to physiotherapy due to difficulties with their mobility.
● People were supported to attend appointments to ensure they remained compliant with the terms of any community treatment orders (CTOs) in place.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection, this key question was not reviewed so the rating remained good. At this inspection, the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Staff mostly treated people with dignity and respect, but we saw occasions when this was not always everyone's experience. For example, some people living within the home looked unkempt, some people had not been supported with personal care in line with their care plans and the general appearance of people did not promote their dignity. We observed people wearing soiled clothing throughout our visit. Whilst staff told us that this was people's choice, it was not clear from documentation what robust measures were in place to minimise this.
- Relative feedback regarding staff was mixed. One relative told us, "They do their best and treat [relative] well but they need to encourage him to do a bit more."

We recommend the provider and registered manager complete reviews of people's care plans to establish a clear plan on how to support people with personal care and provide staff with guidance on what action to take if support is declined.

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

- Care plans lacked details of how people were involved in decision making about their care. However, staff knew people well and were able to explain clearly what people needed when asked.
- People spoke positively about staff and how supportive they were. One person said, "[Staff] are wonderful. They come and see me regularly. I can always tell them if I want something."
- We saw staff interact with people in a kind and caring manner when helping them to make choices about their day-to-day care, such as what drink they would like to have.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, for example by ensuring bathroom or bedroom doors were closed when they provided personal care to people. One person told us about a specific way they preferred staff to enter their room, we saw staff complying with this.
- People were encouraged to be independent with tasks they were able to do.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection, this key question was not reviewed so the rating remained good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Personalised care documented in people's care plans was lacking. Clear information for staff to follow regarding what each person preferred was not readily available. Whilst some likes and dislikes for people were documented, it was not evident how these linked into the care people received.
- The provision of activities and opportunities for people to follow their interests was significantly lacking. We didn't see any meaningful activities taking place whilst we were at Asher Nursing Home; only late into the afternoon was a movie put on which some people engaged with.
- We observed staff interacting with people in a positive way, however, this was just conversational rather than supporting any activity. One person told us, "We don't go anywhere, they used to have a bus, but they don't use that anymore".
- Staff expressed frustration in not being able to facilitate activities for people. One staff member told us, "I don't know if it's a budget thing or if there's not always enough of us, but I would like to be able to do more with people."

The provider failed to ensure care and support was delivered in a person-centred way. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 preferred method of communication was documented in their care plans. However, not everyone at the service had an up to date or sufficient care plan. Staff were observed to be communicating effectively with people when needed.

Improving care quality in response to complaints or concerns

- At the time of the inspection, there were no formal complaints recorded in the complaints folder.
- People who were able told us they would feel comfortable telling staff in they had concerns. One person said, "I don't often see the manager, but I can tell staff if I'm worried about anything. I did have an issue with one member of staff, I mentioned it and I've not seen them since."

End of life care and support

● At the time of the inspection, no one was receiving end of life care. People's views on what they would like at the end of their life was recorded in their care plan if appropriate.

Inadequate

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question 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, we recommended that the provider reviews the governance of record keeping to ensure records accurately reflect how risks are being managed with people and staff. We recommended the provider reviews how deprivation of liberty is managed to ensure the service takes action in a timely way. The provider had not made sufficient improvements.

- The provider and registered manager had not maintained good and effective quality assurance processes. There was no evidence of learning, reflective practice and service improvement.
- Environmental audits were being carried out, however, the issues found during the inspection demonstrated a lack of provider oversight and clear systems in place for the management of maintenance. Staff told us they reported concerns, but these were not always sorted in a timely manner.
- Maintenance and service checks had not been managed safely. We found a number of issues during the inspection regarding fire safety as detailed in the safe sections of the report which put people at risk of avoidable harm.
- Parts of the home were significantly untidy. This included a number of people's bedrooms. This was not a nice environment for people to sleep or relax in and did not show respect for people's dignity. Regular deep cleans of bedrooms were part of the provider and registered manager's policy however these were not being completed. Staff told us, "We just haven't got time along with all the other things we have to do." There was no action plan in place from management to address this issue.
- Risks were not being responded to appropriately to ensure people were protected from the risk of abuse. Following allegations of abuse raised by staff, the provider and registered manager had not always ensured a referral was completed to the local authority and CQC as required, and appropriate actions had not been taken to investigate and learn from this.
- Accident and incident processes were not being followed. Incident forms were not always completed and those that were did not include all required information, for example, body maps were not consistently completed following an injury or wound. There was no clear process in place to assess, review and analyse accidents and incidents to identify patterns and trends to minimise reoccurrence.
- There was no clear improvement plan from any issues identified or learning taken forward.
- People's care needs had not been fully assessed or care plans completed. For example, one person had moved in months ago and did not yet have a personalised care plan for living at Asher Nursing Home. This placed this person, others living at the home and staff at heightened risk.

● Further areas of people's personal care needed to be improved, for example, we observed people to be wearing soiled clothing. Whilst it was documented in people's daily notes they had declined support, there was no clear plans in place to address this and best support people.
● Information in people's care plans was not always in line with best practice guidance. People's care was not always planned or delivered in a person-centred way, as they were not all up to date or accurate. We found documentation had not been maintained appropriately. Information provided for staff was confusing and contradictory. Staff did not have access to up-to-date policies or procedures relevant to the people living at the service and effective quality assurance systems were not in place.
● Staffing levels and staffing allocation needed to be improved, especially on a weekend. Relatives told us there had been a lot of new staff recently and the lack of consistency was a concern for them and people using the service.

The governance processes in place were ineffective and risks to people and staff were not being mitigated. This was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager had failed to send statutory notifications for significant events as required. This was a breach of Regulation 18 (Notification of other events) The Care Quality Commission (Registration) Regulations 2009.

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 in the home was not person centred. People were not being supported to engage in activities which were meaningful to them. Surveys had been sent to people to get feedback however only 4 people responded. There was no evidence of action taken regarding concerns raised or whether there was encouragement to engage in the process or to make the survey more accessible.
● Relatives told us they weren't routinely asked for feedback. One told us, "No we don't get asked for feedback. I send emails but you never hear back. I don't get feedback about how the things I've suggested are going." Another said, "We don't meet with [registered manager], I don't think there's been a meeting for years."
● Staff were not receiving regular supervision and team meetings were not consistent. Staff expressed frustrations about not feeling listened to and wanting better engagement with the management team. One staff member told us, "No, we don't really have team meetings. We do have handovers daily, and that is where we discuss any issues from the previous shift. But the handwritten notes make it hard to understand. There's no consistency with the meetings though so we don't get chance to stop and share ideas." Another told us, "I wish managers would attend the handovers we have. That way they'd really know what is going on and where we need support as a staff team."

There were no robust systems and processes to ensure a positive culture, or to engage people and staff in shaping the service by acting on feedback. This was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 and registered manager were aware of their duty of candour but we could not be assured this was always being applied due to identifying an issue with the sharing of information regarding incidents in the home.

Working in partnership with others

● The registered manager did not consistently work with external agencies. One professional spoke positively about the service and told us, "[Registered manager] has worked with us proactively to try and make the placement work." However, other professionals stated that information regarding incidents within the home was not always robust and forthcoming.

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 18 Registration Regulations 2009 Notifications of other incidents The registered manager and provider had failed to send statutory notifications for significant events as required.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure people's needs were assessed and care was delivered in a person-centred way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure the principles of the Mental Capacity Act (2005) were met. Deprivation of Liberty Safeguards conditions had not been managed appropriately.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to ensure service users had been protected from allegations of abuse.

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 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been implemented sufficiently to ensure health and safety risks were being mitigated. There was a failure to assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care acquired.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager had not maintained appropriate quality assurance. Audits were not robust to assess, monitor and improve the quality and safety of the service provided in carrying out the regulated activities.

The enforcement action we took:

Warning notice