



Care Quality Commission

Clubworthy House

Overview

Overall Rating: Inadequate

The service is performing badly and we've taken action against the person or organisation that runs it.

Summary

Safe	Requires Improvement
Effective	Inadequate
Caring	Inadequate
Responsive	Requires Improvement
Well-led	Inadequate

Overall Service Commentary

Date of assessment 2 October to 17 October 2025.

Clubworthy House is a 'care home' that provides care for a maximum of 2 people with learning disabilities and autistic people. At the time of the inspection, 2 people were living at the service.

At this assessment, we looked at all quality statements. This was a responsive assessment in response to concerns that had been shared with us about people's safety and the outcomes of their care.

We assessed the service against 'Right support, right care, right culture' guidance to make judgements about whether the provider guaranteed people with a learning disability and autistic people respect, equality, dignity, choices, independence and good access to local communities that most people take for granted.

The service was not operating in accordance with the regulations and best practice guidance including Right support, right care, right culture. This meant people were at risk of receiving care and support that did not promote their wellbeing or protect them from the risk of avoidable harm. We found 4 breaches of regulation at this assessment in relation to safeguarding, staffing, person centred care and good governance.

The provider did not have a proactive and positive culture of safety based on openness and honesty. They did not listen to concerns about the culture of the service.

This service is being placed in special measures. The purpose of special measures is to ensure services providing inadequate care make significant improvements. Special measures provide a framework within which we use our enforcement powers in response to inadequate care and provide a timeframe within which providers must improve the quality of the care they provide. In instances where CQC have decided to take civil or criminal enforcement action against a provider, we will publish this information on our website after any representations and/ or appeals have been concluded.

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Overall People's Experience

We spoke with 2 people living at the service and gained feedback from relatives and health care professionals. One person living at the service had raised concerns with health professionals which included allegations of verbal, physical and emotional abuse. They shared these concerns with us during our site visit and were supported to move from the service the following day.

During this assessment, staff and ex members of staff disclosed significant concerns about how people living at the service had been treated and the ways they were routinely spoken to. This included degrading and emotionally abusive language, punitive practice and the emotional impact of being exposed to a closed culture.

People's relatives gave positive feedback, telling us they felt the service was safe, and their family member was "thriving". They reflected that their family member had close relationships with the staff and was supported to enjoy a range of activities.

We received positive feedback from health professionals who told us people were well supported when they attended healthcare appointments, and that staff ensured any treatment plans were followed.

We also received two letters of support from the local community, who felt people received a good level of support at Clubworthy House.

While relatives and some health professionals expressed general satisfaction with the service, our assessment found elements of care did not meet the expected standards.

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Safe

Rating: Requires Improvement

Percentage Score: 53.00 %

► [How do we score this?](#)

Summary

This service is not always safe

Commentary

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last assessment we rated this key question good. At this assessment the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

The service was in breach of legal regulations in relation to safeguarding and staffing.

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Safe

Learning culture

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not have a proactive and positive culture of safety based on openness and honesty. They did not listen to concerns about the culture of the service. Lessons were not learnt to continually identify and embed good practice, and they failed to identify where working practice caused distress to people.

Staff told us they felt unable to raise concerns and the provider failed to recognise elements of poor practice which impacted on people's physical and emotional safety. Staff told us the provider lacked insight into the culture of the service and did not support staff to raise concerns or disagree with them. One staff member said, "I got paid to agree". Another staff member told us the provider did not welcome input from other health professionals. They said, "They [the provider] hated people coming to the house; I've lost count of the complaints they made against other health professionals".

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Safe

Safe systems, pathways and transitions

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider worked with people and healthcare partners to establish and maintain safe systems of care, in which safety was managed or monitored. They made sure there was continuity of care, including when people moved between different services.

The provider worked well with other health professionals and services to support people's physical health and wellbeing. They supported people to access health services at appropriate times and ensured people's individual needs were met so they could access treatment. For example, playing music whilst attending an appointment to ensure one person was comfortable and relaxed.

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Safe

Safeguarding

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not work well with people and healthcare partners to understand what being safe meant to them and how to achieve that. They did not concentrate on improving people's lives or protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. The provider did not recognise or share concerns quickly or appropriately.

Despite having appropriate policies, the provider failed to report or investigate allegations of physical and verbal abuse. There were no systems to ensure allegations made against the provider or the registered manager were independently investigated or reviewed. One person told us they had seen

[provider] "scream in [person's] face". A staff member told us "[provider] shouts back at [person] if they shout or throw stuff, they say it's desensitising, or mirroring". Another staff member told us, "[Provider] laid on the floor next to [person] and screamed at [them] like they were a child". We heard from multiple staff that the provider would routinely swear at people in an aggressive manner.

The provider failed to recognise that a closed culture existed at the service. Staff told us the provider had regularly behaved in ways which were described as controlling and coercive. One staff member said, "It's a closed culture, there's no one to hold them to account". Another staff member told us, "There were subtle methods of control and punishment, like if they [people] weren't well enough to feed the animals, they weren't well enough to have a hot chocolate. Or if they didn't want to do the cleaning, their afternoon activity wouldn't be safe to do because of their behaviour". Staff raised concerns about the boundaries between personal and professional relationships and told us people living at the service were treated more like family members or members of staff. This meant they were at times treated with love and affection, but at other times were picked up on jobs not done correctly, or behaviour which the provider deemed inappropriate.

The provision of care failed to maximise people's choice, control, and independence. Decisions were routinely made for people, and weekly routines were planned in advance. Weekly plans included household tasks such as shopping, cooking, cleaning and looking after the many animals at the property. People and staff did those tasks together as a group, and people living at the service had little choice about how to spend their time on a daily basis. One person told us they did what was on the schedule, because otherwise the provider would "get grumpy" with them. A staff member said, "Weeks are meticulously planned, it's like a military camp, if anyone suggests anything different, they will find an excuse and say it's unsafe because of the service user's behaviour". Another staff member told us "They [people] end up agreeing to do what the provider wants, they have to have their own way". A third staff member said, "We're not allowed to take people out in the car or anything, everything is done as a group, everything is planned in advance".

People were not supported to make decisions about their life, care and treatment in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where appropriate, authorisations to deprive people of their liberty had been applied for, however, mental capacity assessments had not been completed which in one person's case meant the provider was not satisfying the legal conditions of the authorisation.

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Safe

Involving people to manage risks

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not always work well with people to understand and manage risks. Staff did not always provide care to meet people's needs that was safe, supportive and enabled people to do the things that mattered to them.

Risk assessments were completed and people were supported to keep themselves safe. People took part in a range of activities and tasks which involved elements of risk and did so safely.

However, when people communicated their needs, emotions or distress they were not consistently supported in a way that protected their rights and dignity. People's care plans did not contain information to support staff to recognise and effectively manage foreseeable risk or situations which may cause people distress, nor guide staff on how to respond in the least restrictive way. Staff told us they witnessed poor responses to people's emotional behaviours, which escalated risks rather than minimised them. This included restricting people's movement by blocking doorways, raising voices and making threats as a 'consequence', which would further distress the person.

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Safe

Safe environments

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider detected and controlled potential risks in the care environment. They made sure equipment, facilities and technology supported the delivery of safe care.

The environment was well maintained and safe for people to live and work in. Equipment was maintained and there were effective practical fire safety procedures. We signposted the provider to guidance to ensure their fire risk assessment was regularly reviewed and updated in line with best practice.

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Safe

Safe and effective staffing

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not make sure there were enough qualified, skilled and experienced staff. They did not always make sure staff received effective support, supervision and development. They did not work together well to provide safe care that met people's individual needs.

As a small service, the providers were an integral part of the team providing support and care. At the time of our inspection, they were recruiting and were covering any unfilled shifts themselves to ensure continuity of care, in addition to their usual working hours. Rotas showed the providers also covered all sleeping shifts and were the only staff members on duty overnight for the whole month. This meant they were scheduled to work in excess of 80 hours a week each. Staff told us the providers were “almost always” present at the service, even on their scheduled days off. One staff member said, “They will say they never get a day off in front of the service users, it makes them feel like a burden.” The registered manager told us they had only had “3 days off together in 17 years”.

Staff were recruited safely and received regular supervision; however, they told us they felt undermined and de-skilled by the provider’s approach. One staff member said, “They are lovely people, but they have a control issue and will deskill you, because it all has to be done their way, right down to the way we chop the carrots”. Another staff member said of a supervision they received, “I have never been ripped apart so brutally in my life, I was in tears. You come away absolutely broken, with your confidence on the floor”.

Staff completed appropriate training but were not empowered to implement it and it was not embedded into practice.

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Safe

Infection prevention and control

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider assessed and managed the risk of infection. They detected and controlled the risk of it spreading and shared concerns with appropriate agencies promptly.

The service was clean and appropriate handwashing facilities were available. People were supported to wash their hands after tending to the animals or working outside. Staff had completed appropriate training including infection control and food hygiene, and people were included in this as appropriate.

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Safe

Medicines optimisation

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider made sure that medicines and treatments were safe and met people's needs, capacities and preferences. Staff involved people in planning, including when changes happened.

People received their medicines safely and systems were in place to monitor and audit medication systems. Staff had completed appropriate training, and people were supported to understand their medicines and why they took them.

Effective

Rating: Inadequate

Percentage Score: 38.00 %

► [How do we score this?](#)

Summary

This service is not effective

Commentary

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 assessment we rated this key question good. At this assessment the rating has changed to inadequate.

This meant there were widespread and significant shortfalls in people’s care, support and outcomes.

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Effective

Assessing needs

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not always make sure people's care and treatment were effective because they did not always check and discuss people's health, care, wellbeing and communication needs with them.

Care plans lacked sufficient detail to guide staff in delivering person-centred care. For example, one person's care plan did not provide any information about how their health condition affected their daily life or support needs or how to mitigate risks associated with the condition.

Although the provider had long-standing relationships with the people they supported, this familiarity was not reflected in the quality of documentation. Care plans included some personal preferences, such as favourite TV shows or preferred seating arrangements at the theatre, but did not explore people's aspirations, goals, or how they wished to develop independence.

Assessments were not always consistent with the level of choice and control people were reported to have. This meant people were at risk of receiving care that did not fully meet their needs or reflect their preferences.

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Effective

Delivering evidence-based care and treatment

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not plan and deliver people's care and treatment with them. They did not follow legislation and current evidence-based good practice and standards.

The model of care at Clubworthy House was not aligned with the principles of Right support, right care, right culture. People were not supported to make meaningful choices about their daily lives, and routines were rigidly structured around the preferences of the provider.

Care plans did not reflect best practice in supporting people with learning disabilities or autistic people. For example, one person's care plan stated they liked to be reassured when anxious but gave no guidance on how staff should do this. Incident records showed repeated episodes of distress, including shouting, throwing objects, and self-injury, yet there was no evidence of positive behaviour support planning, trauma-informed practice or de-escalation strategies.

There was no evidence the provider used recognised tools or frameworks to assess or plan care. Risk assessments were narrative-based and lacked measurable outcomes or review dates. Staff received training, but there was little evidence learning was embedded into practice. One staff member said, "You get trained, but you can't use it. Everything has to be done their way".

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Effective

How staff, teams and services work together

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not always work well across teams and services to support people. They did not always work openly with other health professionals.

For example, one person had told health professionals they wanted to consider an alternative placement. There was no evidence the provider had explored this possibility with the person or supported them to make an informed choice.

Where health professionals had tried to engage with and support the service in relation to concerns that had been raised, they had encountered resistance and found the provider unwilling to work openly or acknowledge concerns. The provider obstructed information sharing and dismissed the service user's opinions, challenging the health professional and making complaints about their conduct, rather than working in collaboration to support the person's needs.

Two health professionals told us they felt unable to visit the property alone due to the provider's conduct.

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Effective

Supporting people to live healthier lives

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not always support people to manage their health and wellbeing, so people could not always maximise their independence, choice and control. Staff did not always support people to live healthier lives, or where possible, reduce their future needs for care and support.

People were well supported with their day-to-day health needs by staff, however, there was a lack of planning for the future and people did not have health action plans to support them to manage their healthcare needs.

People were supported to attend health appointments and access specialist services. Records showed involvement from dentists, podiatrists, and other health professionals. Staff described how they used strategies such as playing music during appointments to help people feel calm and comfortable.

We received positive feedback from some health professionals. One said, "I feel Clubworthy House excels in their communication and responsiveness to me as a professional. The service providers ensure I am aware of any [specialist area] related concerns that they may have at the start of any appointment, they actively seek to question and understand any issues and want to know what they need to do to resolve these. They take onboard any treatment advice and act on it immediately".

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Effective

Monitoring and improving outcomes

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not routinely monitor people's care and treatment to continuously improve it. They did not ensure that outcomes were positive and consistent, or that they met both clinical expectations and the expectations of people themselves.

There was no evidence of a structured approach to monitoring outcomes or evaluating the impact of care. Incident records were inconsistent and lacked analysis. Several reports described episodes of distress or conflict, but there was no evidence of follow-up, learning, or changes to practice.

The provider did not use recognised tools or frameworks to measure progress or outcomes. There were no goals or targets in care plans, and no evidence of people being supported to achieve personal aspirations. There was no evidence people were able to explore new interests or hobbies that did not align with those of the provider.

The lack of outcome monitoring meant people were at risk of receiving care that did not meet their needs or support them to develop skills, independence, or confidence.

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Effective

Consent to care and treatment

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not tell people about their rights around consent or respect these when delivering care and treatment.

At the time of inspection, there were no mental capacity assessments, despite one person being subject to a Deprivation of Liberty Safeguards (DoLS) authorisation with conditions requiring capacity assessments to be completed. The provider completed 12 assessments following the inspection, but there was no evidence people were supported to understand or participate in decisions about their care.

The provider's approach to consent was inconsistent and they planned how people spent their time in advance. This placed people at risk of receiving care that did not respect their autonomy or legal rights.

Caring

Rating: Inadequate

Percentage Score: 30.00 %

► [How do we score this?](#)

Summary

This service is not caring

Commentary

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

At our last assessment we rated this key question outstanding. At this assessment the rating has changed to inadequate.

This meant people were not treated with compassion and people's dignity was not always respected.

The service was in breach of legal regulation in relation to person centred care.

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Caring

Kindness, compassion and dignity

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

The provider did not treat people with kindness, empathy and compassion, or respect their privacy and dignity. Staff did not treat colleagues from other organisations with kindness and respect.

During this assessment, staff and ex members of staff disclosed significant concerns about how people living at the service had been treated and the ways they were routinely spoken to. This included degrading and emotionally abusive language, punitive practice and the emotional impact of being exposed to a closed culture.

The evidence we heard and saw during this inspection strongly supported the staff view that this had been common practice for several years and had been normalised and accepted. For example, the routine use of foul language both in general conversation and aimed at people, name calling and restricting access to activities if people did not behave in the way the provider wanted.

Colleagues from other organisations told us they found it difficult to work with the provider, and that they felt it necessary to visit the service in pairs. A recent local authority assessment at the service was abandoned, because the health professional completing it felt uncomfortable and intimidated.

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Caring

Treating people as individuals

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not treat people as individuals or make sure people's care, support and treatment met people's needs and preferences. The provider did not take account of people's strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

People's care plans contained limited information about their needs as individuals, their likes and dislikes, abilities or aspirations for the future.

Whilst staff knew people well, they told us their day-to-day care and support was planned for them in advance, and that there was limited flexibility around their individual preferences and needs. For example, one person's care plan said they were able to make their own choices about what to eat, however, staff told us meals were planned in advance and there was little flexibility.

Staff told us people were expected to complete various tasks within the service, irrespective of their interests or preferences for that day. There was no evidence of developing different skill sets which might not align with those of the provider.

People's care plans did not demonstrate people's changing needs over time had been considered, or that people's goals and aspirations were being explored.

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Caring

Independence, choice and control

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not promote people's independence, so people did not know their rights and have choice and control over their own care, treatment and wellbeing.

The provider told us people were involved in planning how they spent their time through bi-monthly 'house meetings' where upcoming events, activities, and meal plans were discussed. Advanced weekly plans were then created which included the chosen activities, including multiple theatre trips and live music events, appointments, and household tasks. Staff told us that whilst there might be some flexibility, people were not given real choice on a day-to-day basis.

A staff member said, "They don't have any choice, it's written down what will happen. They go and see the bands [the provider] wants to see, it's not a real choice, it's coerced". Another staff member said, "You don't have any choice, but we're going to pretend you do". A third staff member said, "[Name] can't just decide to do something, they won't let you out of their sight".

People took part in daily household tasks including cleaning their own bedrooms, communal spaces, cooking communal meals and feeding and tending to the wide range of animals at the property. People clearly enjoyed some of these activities, for example, one person showed us a photograph of their horse and said they enjoyed spending time with him. However, people were not given an active choice about what they did each day or offered alternative activities to choose from. One staff member said, "[Name] can't just decide to go into Exeter, they [the provider] will talk around any idea that doesn't fit with what they want. The control is ridiculous. [Name] can't even pick a DVD, it gets "suggested".

People cooked and ate communally with both the providers and staff from a weekly planned menu. Whilst this communal approach to sharing meals had some positive benefits, it also meant people were not being given real choice on a day-to-day basis. One staff member said, "The food is the same week in week out. They can't just ask for a glass of wine, but if [the provider] offers it it's ok". Another staff member said of having a social drink, "All of that is very controlled, they decide when it can happen".

Similarly, people gained some benefit and enjoyment from completing household tasks and looking after the animals, but these tasks were pre-planned into the weekly schedule, and no active choice was given. One person had raised concerns with a health professional about how much they were allocated to do. A staff member said, "It's expected, and planned into the week." Another staff member said, "They don't employ cleaners, so it's how they keep the house clean, they call it promoting independence'. [Name] did so much, they were so capable, it was like having another staff member". Despite this person being clearly capable, there was no planning around developing their skills or seeking either paid or voluntary work outside of the home.

Staff told us people rarely declined to follow the weekly plan or requested alternative activities, because the "[Provider] can get moody if plans change".

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Caring

Responding to people's immediate needs

Overall Score

1 2 3 4

[▶ How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

The provider did not listen to or understand people's needs, views and wishes. Staff did not respond to people's needs in the moment or act to minimise any discomfort, concern or distress.

People's needs, views, wishes and comfort were not placed at the centre of care delivery. Whilst we had no concern about people's physical health needs being well responded to, staff told us people's emotional needs were not always recognised or respected. For example, staff told us the providers did not always respond to people's emotional distress in line with their care plans, and that their response often exacerbated the person's distress, which on at least two occasions resulted in a person physically harming themselves. Records showed one staff member raised concerns several years ago that the provider told them they were "too soft" and needed to be "firm" in their approach.

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Caring

Workforce wellbeing and enablement

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not always care about and promote the wellbeing of their staff. They did not always support or enable staff to deliver person-centred care.

Staff told us they felt de-skilled by the provider's approach and felt unable to raise concerns through routine supervisions or using the provider's policies. One staff member told us they were left "completely broken" by their time at the service. Another staff member said, "You can't challenge them". Another staff member said, "If you comply and do what they want it's ok. They know who they can be themselves around".

Staff also told us the providers could be generous and supportive and often gave them and their families cash gifts in addition to favourable employment terms. They described an unpredictable atmosphere, where "you just want to keep [provider] happy".

Responsive

Rating: Requires Improvement

Percentage Score: 39.00 %

► [How do we score this?](#)

Summary

This service is not always responsive

Commentary

Responsive – this means we looked for evidence that the provider met peoples' needs.

At our last assessment we rated this key question outstanding. At this assessment the rating has changed to requires improvement.

This meant people's needs were not always met.

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Responsive

Person-centred Care

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

The provider did not always make sure people were at the centre of their care and treatment choices and they did not always work in partnership with people, to decide how to respond to any relevant changes in people's needs.

While there were some examples of person-centred approaches, these were undermined by a lack of meaningful choice and control in daily routines and decision-making. One staff member said, "[Completion of] tasks are expected and planned into the week. [People] know what they do in each room. If they don't want to do it, it's fine, but I'll have to so we might be a bit later doing the next thing".

Care planning lacked sufficient detail to support person-centred responses to distress or emotional needs. For example, one person's care plan stated they should be reassured when anxious but did not specify how staff should do this. Staff described incidents where people became distressed and were met with controlling or punitive responses, such as being blocked from leaving a room or shouted at.

There were examples of people being supported to engage in activities they enjoyed, such as attending theatre performances and music events. However, staff questioned whether these reflected people's preferences or those of the provider.

Care plans included some personalised details, such as people's preferences for music, theatre, and animal care. One person told us they enjoyed brushing their horse and showed us a photograph of them together.

We received positive feedback from one person's family, who felt that the care provided was well suited to their family member's individual needs.

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Responsive

Care provision, Integration and continuity

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

There were some shortfalls in how the provider understood the diverse health and care needs of people and their local communities, so care was not always joined-up, flexible or supportive of choice and continuity.

While people's physical health needs were well supported, the overall model of care did not reflect best practice or promote independence and community inclusion.

There was limited evidence of people being supported to build or maintain relationships outside of the service and people had limited contact with others outside the home placing them at risk of social isolation.

Staff told us activities were planned in advance and carried out as a group. While this promoted consistency, it did not allow for flexibility, spontaneity or individual choice.

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Responsive

Providing Information

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not always supply appropriate, accurate and up-to-date information in formats that were tailored to individual needs.

Care plans included basic information about people's preferences and routines but lacked detail about how information should be presented to support understanding and how staff should adapt communication to accommodate people's individual needs.

A picture board was used to display the weekly planned activities and the provider described using leaflets and posters to support people to make choices, but there was limited evidence that these techniques were used in day-to-day care provision.

Mental capacity assessments were completed following the inspection; however, these did not demonstrate that people had been supported to understand the decisions being made.

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Responsive

Listening to and involving people

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not make it easy for people to share feedback and ideas, or raise complaints about their care, treatment and support.

People's views were not always respected, and there were examples of dismissive or coercive responses to expressed preferences.

One person told us they wanted to leave the service and described feeling scared and unable to sleep at night. They reported being called a liar by the provider and staff corroborated this, saying, "[Providers] call [name] a liar and say they cannot trust what they say".

Staff described a culture where people were expected to comply with plans and routines, and where refusal was met with subtle consequences.

There were examples of people being involved in house meetings and recruitment discussions, but staff questioned the authenticity of this involvement.

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Responsive

Equity in access

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not always make sure that people could access the care, support and treatment they needed when they needed it.

People were supported to attend health appointments and received appropriate care from external professionals. However, access to wider community resources was restricted by the rural location of the service and the provider's approach to supervision. Staff told us people were not allowed to go out independently with support staff and that one person was always accompanied by one or other of the providers. The providers confirmed this was the case, and recognised a need to 'step back'

Access to transport was limited, and staff told us people could not choose to go somewhere spontaneously. The provider told us people's funding did not include transport costs and that they funded those costs themselves, which meant they decided if and when transport would be made available to people.

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Responsive

Equity in experiences and outcomes

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Staff and leaders did not listen to information about people who are most likely to experience inequality in experience or outcomes. This meant people's care was not tailored in response to this.

People were not supported to develop skills or pursue opportunities outside the service. One person was described as "very capable," but there was no planning around education, employment or volunteering. Another person's care plan stated they wanted to make their own choices where they were able to, but this was not reflected in practice.

Staff and people described differences in how people were treated, with one person being treated "like family" and another "like a co-worker". One staff member said, "[Name] is treated differently". This impacted their emotional

wellbeing and sense of autonomy.

The provider did not demonstrate an understanding of how to tailor care to reduce inequalities or promote positive outcomes. This impacted people's ability to live fulfilling lives.

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Responsive

Planning for the future

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

People were not supported to plan for important life changes, so they could have enough time to make informed decisions about their future, including at the end of their life.

Care plans included basic information about people's preferences and routines but lacked detail about aspirations or long-term goals.

One person told us they wanted to leave the service and described feeling scared and unhappy. Staff corroborated this and said the person had expressed a desire for more independence. However, there was no evidence of future planning to support this transition.

Well-led

Rating: Inadequate

Percentage Score: 32.00 %

► [How do we score this?](#)

Summary

This service is not well-led

Commentary

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 assessment we rated this key question good. At this assessment the rating has changed to inadequate.

This meant there were widespread and significant shortfalls in leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

The service was in breach of legal regulation in relation to good governance.

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Well-led

Shared direction and culture

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not have a shared vision, strategy and culture based on transparency, equity, equality and human rights, diversity and inclusion, and engagement.

The provider's stated ethos and vision for the service did not match the reality of the care people experienced. The providers had failed to identify the inherent risk factors which made the service vulnerable to a closed culture developing. The providers lived at the service, and there was a small team providing support. People were unable to leave of their own accord and had limited access to community facilities and groups due to the rural location of the service.

During this assessment, we heard multiple allegations that the provider had, at times, excluded, belittled and taunted people and took a punitive approach to care. We heard that staff were not encouraged to raise concerns and felt a need to be complicit with the provider's approach, in part because at times the providers were generous and treated staff well. One staff member told us, "Their ethos sounds so good at interview, but really it's an ethos of control and coercion". The impact of this meant the atmosphere was unpredictable and inconsistent. Another staff member said, "It's a horrendous atmosphere, you don't know what you're walking into. Some days they will be sweetness and light, other days a nightmare. It's all about control". This impacted on people living at the service and their ability to make real choices about how to spend their time; a third staff member said, "I've rarely heard [people] refuse [to do the planned activity]".

We found that the culture of the service did not always put people living at the service at the centre of decision making. The providers told us they viewed themselves as living in the care home and it being people's home first and foremost. However, we found the communal living arrangements introduced difficulties which impacted on people living at the service. For example, one staff member told us, "They will say it's a care home, but will also say this is our house, you're not just doing things willy nilly in our house". We heard multiple accounts of the provider telling people to "[expletive] off out of my kitchen". Another staff member said, "They [providers] argue, [name] tells [name] to shut up all the time". There was no division between the provider's personal and professional life, and in effect the care home ran like a family home, with meals and household chores shared between the providers, staff, and people living at the service. This approach had some positive outcomes for people but was not in line with best practice and also exposed people to harm.

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Well-led

Capable, compassionate and inclusive leaders

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not have inclusive leaders at all levels who understood the context in which they delivered care, treatment and support, or who embodied the culture and values of their workforce and organisation. Leaders did not have the skills, knowledge, experience and credibility to lead effectively, and they did not do so with integrity, openness and honesty.

Staff consistently told us the providers lacked the leadership skills required to operate the service in line with best practice including Right support, right care, right culture. The culture at the service meant it was not inclusive, and the provider did not always work openly and in line with their own policies. The providers were not aware of their own limitations and did not access support or independent scrutiny. They failed to identify or act on signs of a closed culture which affected the quality of people's care and had a detrimental impact on staff.

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Well-led

Freedom to speak up

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

People did not feel they could speak up and that their voice would be heard.

One person told us they had spoken up about being unhappy at the service, both to the provider and to health professionals. They, and staff, told us their concerns were not taken seriously, and they were accused of being dishonest. We shared our concerns with the Local Authority, and one person was moved from the service within 24 hours of our inspection.

The provider told us they encouraged staff to speak up. They had policies and appropriate phone numbers for staff to report concerns were displayed in the office. However, staff told us when they raised concerns, they were not listened too. One staff member said, "I've tried raising it, but they just argue". I have to go and unwind and talk to other staff, it makes you feel crazy, it's like a toxic relationship". Another staff member said, "I didn't raise my concerns with them, there's no point as they always have to be right, they will try and flatten you with legislation, they have an answer for everything".

Where staff had raised concerns to partner agencies in the past, we saw the provider had made counter allegations about the staff member's conduct which discredited their account. Staff meeting minutes recorded this information being shared with the current staff team, including informing them it may affect the ex-staff member's ability to work in the future. This discouraged staff from speaking up.

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Well-led

Workforce equality, diversity and inclusion

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not value diversity in their workforce. They did not work towards an inclusive and fair culture by improving equality and equity for people who worked for them.

The provider failed to continuously review and improve the culture of the organisation in the context of equality, diversity and inclusion.

Staff did not feel they were treated fairly and did not think people's human rights were always upheld. Staff told us of the emotional impact of working at the service, including having "sleepless nights". One staff member said, "You feel awful, because you get dragged into it".

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Well-led

Governance, management and sustainability

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not always have clear responsibilities, roles, systems of accountability or good governance. They did not always act on the best information about risk, performance and outcomes, or share this securely with others when appropriate.

Governance systems failed to identify poor practice and that people were not receiving care in line with Right support, right care, right culture. There were no systems of accountability or oversight, and whilst the providers closely monitored and assessed the actions, behaviour and performance of staff, they did not apply the same scrutiny to their own conduct when delivering care.

The service was a family run organisation and there were no senior positions held by non-family members. The providers had not considered the inherent difficulties in this arrangement. For example, how staff might be supported to raise safeguarding concerns which involved the providers.

Systems were in place to routinely audit and analyse records, including records relating to medicines, care plans and risk assessments.

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Well-led

Partnerships and communities

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not always understand their duty to collaborate and work in partnership, so services worked seamlessly for people. They did not always share information and learning with partners or collaborate for improvement.

The provider did not always work or share information openly where concerns were raised, however, they did work well with partners and other healthcare organisations when supporting people with their physical health needs. They had some connections with community groups and invited members of the local community to events held at the home.

We received positive feedback from some members of the local community. They told us people appeared to be well supported and treated with dignity and respect at the times they saw them.

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Well-led

Learning, improvement and innovation

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

The provider did not focus on continuous learning, innovation and improvement across the organisation and local system. They did not encourage creative ways of delivering equality of experience, outcome and quality of life for people. They did not actively contribute to safe, effective practice and research.

The providers did not demonstrate an improvement culture and did not have systems to measure outcomes or impact on people. There was limited learning from things that had gone wrong, a lack of reflection or collective problem solving and examples of good practice were not used to develop the service.