

# Care Quality Commission - Garsewednack Residential Home

## Overview

### Overall Rating: Inadequate

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

#### Summary

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

## Overall Service Commentary

Date of assessment: 2 September 2025 to 30 September 2025. Garsewednack Residential Home is a care home, providing accommodation for up to 21 people who require personal care. The service specialises in providing care to adults over 65 years living with dementia. At the time of our assessment, 16 people were using the service.

This assessment was prompted by information of concern received in relation to infection prevention and control, environment, staffing, people's care needs not being met, medication, visiting arrangements, and complaints.

We identified the provider was in breach of 6 legal regulation relating to consent, dignity and respect, safe care and treatment, safe environment, governance, and recruitment.

Although during our site visit we found that staff as individuals were kind and caring to people, there were several examples where people's home was disrespected and their dignity disregarded.

The service were not acting in accordance with the Mental Capacity Act 2005.

The registered manager and provider did not ensure that the property was well maintained, suitable for the purpose of use and was free from odours that are offensive and unpleasant.

The provider could not be assured their systems and processes were robust and identified issues with the safety and quality of the care.

This service is being placed in special measures. The purpose of special measures is to ensure that 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 the Care Quality Commission 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 3 people living at the service and 6 relatives to help assess and understand how people's care needs were being met.

Some people were unable to verbally provide feedback on their experience of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spend time in the communal lounge and dining room, as well as visiting people in their rooms. We observed people spending their day how they wanted to within the lounge and caring interactions between staff and people. We also identified someone's dignity and privacy not being maintained. For more information, see the kindness, compassion and dignity quality statement.

People told us they felt safe using the service, and relatives told us their loved ones were safe. Most relatives shared positive views about the care provided. Comments included, "What I like about this place is small and its close family feel. I also like that staff are very

familiar with resident's needs," and "We have no issues and we liked the home very much, would have no problem to recommend it to people who need care".

Despite this positive feedback, our assessment identified concerns with the quality of the service. These issues may have impacted people's overall experience.

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## Safe

### Rating: Inadequate

**Percentage Score: 28.00 %**

► [How do we score this?](#)

#### Summary

This service is not 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 inadequate.

This meant people were not safe and were at risk of avoidable harm.

The provider and registered manager were in breach of the legal regulation relating to safe care and treatment, governance and premises and recruitment.

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Safe

## Learning culture

## Overall Score

1 2 3 4

**This score has been adjusted by CQC.**

**Read about why we adjusted scores** (<https://www.cqc.org.uk/guidance-regulation/providers/assessment/assessing-quality-and-performance/reach-rating>)

In accordance with the Reduced processing Approach guidance, all quality statements have had their scores moderated following a single evidence category being used to record evidence across the whole quality statement.

► [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

**Score:** 1 2 3 4

The provider did not always have a proactive and positive culture of safety based on openness and honesty. The registered manager did not always listen to concerns about safety. Lessons were not always learnt to continually identify and embed good practice.

We reviewed incident and accident records. The registered manager told us these were reviewed monthly. However, the reviews were not always effective or robust. For example, the "lessons learnt" section was often left blank, and one review failed to record an injury sustained after a fall.

This contributed to a breach of regulations relating to safe care and treatment and governance.

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Safe

## Safe systems, pathways and transitions

## Overall Score

1 2 3 4

**This score has been adjusted by CQC.**

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► [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

**Score:** 1 2 3 4

The provider did not always work well with people and healthcare partners to establish and maintain safe systems of care. They did not always manage or monitor people's safety. They did not always make sure there was continuity of care, including when people moved between different services. The systems in place did not identify all the concerns we found at this inspection.

We found one person's medical guidance, provided by a medical professional, was not being followed. This placed the person at risk of choking and aspiration. When we spoke to staff about the person's food and fluid needs, they were unsure whether a modified diet and thickened fluids were required. The registered manager was also unaware of the person's needs. We advised them to contact a medical professional and the local authority safeguarding team.

This contributed to a breach of regulations relating to safe care and treatment.

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Safe

# Safeguarding

## Overall Score

1 2 3 4

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### ► 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

**Score:** 1 2 3 4

The provider did not always concentrate on improving people's lives or protecting their right to live safely, free from abuse, avoidable harm and neglect.

During our assessment, we identified a person was at risk of avoidable harm and neglect. We asked the registered manager to make a safeguarding referral to the local authority. For more information in relation to avoidable harm see safe systems, pathways and transitions.

We found the service was holding people's finances, which was not included within people's care plans and risk assessments. This decision was not in line with the Mental Capacity Act 2005. For more information in relation to decisions see consent to care and treatment quality statement.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and hospitals, this is done through the Deprivation of Liberty Safeguards (DoLS), part of the Mental Capacity Act 2005 (MCA). We checked whether the service followed the principles of the MCA and how it managed DoLS. Although the service had applied for DoLS

authorisations, people's care plans lacked information about the purpose of the DoLS. There was no clear guidance for staff on the restrictions in place or how these affected people's care.

While we did not identify anyone who had come to harm, this contributed to a breach of the regulation relating to consent and governance.

Staff told us they would report any abuse to the registered manager, and if no action was taken, they would escalate concerns to the police or local authority. People told us they felt safe at the service. One relative told us, "I do believe he is safe in this residential home". Another told us, "I do believe she is safe and comfortable".

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Safe

## Involving people to manage risks

### Overall Score

1 2 3 4

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► [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

**Score:** 1 2 3 4

The provider did not 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.

We found one person's guidance, provided by a medical professional and nationally recognised guidance was not always followed. This placed the person at risk of choking and aspiration. When we spoke to staff about the person's food and fluid needs, they were unsure whether a modified diet and thickened fluids were required. The registered manager was also unaware of the person's needs. We advised them to contact a medical professional and the local authority safeguarding team.

The provider did not take all reasonably practicable steps to mitigate risks. For example, risks associated with bedrails and moving and handling had not been assessed, mitigated, or managed. As a result, care plans contained limited information to guide staff in delivering safe and effective care.

This contributed to a breach of the regulation in relation to safe care and treatment and governance.

A relative told us, the service communicates well with them. The staff and management will contact regularly about any changes in the person's day.

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Safe

## Safe environments

### Overall Score

1 2 3 4

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► [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.

## Observation

**Score:** 1 2 3 4

The provider did not consistently identify or manage environmental risks.

The service failed to protect people from hazards linked to the premises and was not following current legislation and guidance. For example, most first-floor rooms lacked tamper-proof window restrictors, placing people at risk of falling from height. The registered manager and provider told us they were unaware of the Health and Safety Executive guidance published in 2014.

The service also failed to manage fire safety risks. Several fire doors did not fully close, increasing the risk of harm from smoke and fire. Although fire drill records were available, they did not show that evacuations had been discussed or carried out. One staff member told us, "I don't think we have any kind of drills".

An external fire risk assessment had been completed, but not all required improvements had been actioned. Some environmental risk assessments were missing or out of date, and measures to reduce the risk of burns had not been implemented.

Although Legionella check records were in place, they had not been completed. This exposed people to increased risk from Legionella disease.

While completing the SOFI, we noticed two staff members tripping over a cat in the lounge; this risk had not been assessed, mitigated or managed

Whilst we did not identify anyone who had come to harm, this contributed to a breach of regulations relating to premises and equipment and governance.

Relatives told us there could be some improvements with the environments. Comments included, "Maybe it could be improved with new coat of paint, it's tired looking but cosy," and "Décor could be maybe improved, but it is totally irrelevant when my relative is happy in there".

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Safe

## Safe and effective staffing

## Overall Score

1 2 3 4

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### ► [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

**Score:** 1 2 3 4

The provider did not consistently ensure there were enough qualified, skilled, and experienced staff to deliver safe, person-centred care. Staff did not always work effectively as a team to meet people's individual needs.

Staff told us they were sometimes unable to carry out their roles due to staff sickness and a lack of support from the management team. Feedback from staff was mixed regarding whether there were enough staff to meet people's needs.

Although the service used a dependency tool to assess the level of support people required, the registered manager and provider told us this did not account for the time needed to meet those needs.

People and relatives also gave mixed feedback about whether staffing levels were adequate. Comments included, "Not always, they can be busy", and "A couple of times, they are short of staff".

Safe recruitment practices were not always followed. Two staff members had not received Disclosure and Barring Service (DBS) checks, as required by the provider's own policy. DBS checks help employers make safer recruitment decisions by identifying criminal convictions or cautions. Since the assessment, the service has completed DBS checks for both staff members.

Whilst we did not identify anyone who had come to harm, this was a breach of regulation relating to recruitment.

Staff told us they received regular supervision, and records confirmed this.

One relative told us, "Staff are very kind to him and he seems relaxed with staff, they banter and they make him smile". Another told us, "Carers are brilliant, I can't fault them".

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Safe

## Infection prevention and control

### Overall Score

1 2 3 4

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### 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

**Score:** 1 2 3 4

The provider did not assess or manage the risk of infection effectively and failed to detect or control the risk of it spreading.

We observed approximately 50 bags of clinical waste piled in the car park. The registered manager was not following the provider's policy, which states that "yellow sacks (clinical waste) should be sealed and stored safely to await collection by an authorized collector". This exposed people, staff, and the

public to the risk of infection and cross-contamination. Since the site visit, the provider has assured us measures have been put into place for the removal of the surplus waste, and a new waste management regime is now in place.

The laundry area did not have a clear segregation of clean and dirty items, to ensure staff and people were protected from contamination of linen.

The premises were not clean or free from odour. Cleaning schedules provided by the registered manager had not been completed since November 2024. Although some care staff were seen Hoovering and recording this in people's daily notes, the registered manager acknowledged the issue but had not taken sufficient action to address it.

On the first day of our unannounced visit, parts of the service had a strong, offensive smell of urine. This contributed to a breach of regulations relating to premises and equipment.

A staff member told us about the cleaning routines in the kitchen, and records confirmed these were completed daily. Another staff member told us, "With infection control, we have stocks of PPE (Personal Protective Equipment) on each floor. We have hand sanitise and do colour codes for cleaning equipment, and we sanitise throughout the home. Every time I [support a resident] I will always change everything, gloves and apron".

A relative told us, "(Person's name) room is tidy".

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Safe

## Medicines optimisation

### Overall Score

1 2 3 4

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► [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

**Score:** 1 2 3 4

The provider did not ensure that medicines and treatments were safe or aligned with people's needs, capacities, and preferences.

Topical medicines, such as creams, were recorded on topical charts but were not always administered in line with prescriber instructions. Medicines Administration Records (MAR) were not consistently completed in accordance with the provider's policy. For example, the policy states, "once delivered, all medication will be checked in against what has been ordered to ensure that quantities and instructions are as directed by the GP". But this was not always followed, which meant monitoring people were receiving their medication could not always be achieved.

Records for "when required" medication were not completed in line with NICE guidance on managing medicines in care homes. This placed people at risk of being overmedicated.

Staff carried out weekly medication audits, and the registered manager completed a monthly audit, last recorded in July 2025. However, these audits were ineffective and failed to identify the concerns found during this assessment.

Whilst we did not identify anyone who had come to harm, this contributed to a breach of regulation relating to safe care and treatment.

A relative told us, "All (Person's name) meds are managed by staff, and that's what we liked".

## 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.

The provider and registered manager was in breach of the legal regulation relating to safe care and treatment, consent and governance.

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Effective

## Assessing needs

### Overall Score

1 2 3 4

**This score has been adjusted by CQC.**

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► [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

**Score:** 1 2 3 4

The provider did not consistently ensure people received effective care and treatment. People's health, care, wellbeing, and communication needs were not always discussed or reviewed with them.

Care plans were being reviewed, but the process was not effective in identifying or addressing concerns found during this assessment. Plans often lacked consistency and key information, meaning staff did not always have clear, up-to-date guidance to deliver care tailored to individual needs, putting people at risk of not receiving effective care and support.

The provider did not always assess specific risks to people. For more information, see *Involving people to manage risks* quality statement.

There was no evidence in care records that people, their relatives, or advocates had been involved in creating or reviewing care plans. By not involving the person, their relatives or advocates the service cannot always be assured care and treatment is appropriate, meets the person's needs and reflects their personal preferences. A staff member responsible for reviewing care plans told us there was currently no documentation of such involvement. People we spoke with did not know what their care plan was.

Whilst we did not identify anyone who had come to harm, this contributed to a breach of regulations relating to safe care and treatment and governance.

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Effective

## Delivering evidence-based care and treatment

Overall Score

1 2 3 4

**This score has been adjusted by CQC.**

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► [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

**Score:** 1 2 3 4

The provider did not consistently plan or deliver care and treatment in partnership with people, including what was important to them.

Although staff understood IDDIS (The International Dysphagia Diet Standardisation Initiative) guidance. We saw one person's IDDIS guidance had not been followed or recorded in relation to delivering care and treatment which had been assessed for the person.

We found that MUST (Malnutrition Universal Screening Tool) assessments were not completed for people identified as at high risk of weight loss. The provider was not using weight loss, acute illness and nutritional intake to calculate a score and guide further assessment.

The provider systems did not always ensure national legislation, good practice and required standards were being followed. For example, HSE (Health and Safety Executive) guidance and Mental Capacity Act Code of Practice.

This contributed to a breach of regulation relating to safe care and treatment.

A relative told us, "I think staff are communicating well between each other, there are plenty of notices in her room about her fluid charts, repositioning charts, body map charts, all sorts of things they need to check". Another told us, "(Person's name) enjoys food, meals are really good".

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Effective

## How staff, teams and services work together

### Overall Score

1 2 3 4



## This score has been adjusted by CQC.

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#### ► [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

**Score:** 1 2 3 4

The provider did not always work together well with teams and services to provide safe care that met individual needs. The concerns identified during this assessment identified that staff did not have access to the information they needed to ensure, consistent, timely and person centred care.

We contacted several professionals who work with the service, but did not receive any feedback about how the service worked with them.

Staff told us they felt the care team worked well together. However, feedback was mixed regarding how well the care team and management team worked in partnership. A staff member told us, the care team tried their best, however morale was low and they did not feel the management team always respected and worked with them.

One relative told us, "Staff are working well together, and any changes are reported and fed back to team".

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Effective

## Supporting people to live healthier lives

## Overall Score

1 2 3 4

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► [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

**Score:** 1 2 3 4

The provider did not always support people to manage their health and wellbeing. Staff did not always support people to live healthier lives.

Staff were not always aware of people's food allergies, and kitchen staff did not have a complete record of all known allergies. Care records were inconsistent, which placed people at risk of allergic reactions. We advised the management team to contact medical professionals to confirm people's allergies and ensure records were accurate and up to date.

Whilst we did not identify anyone who had come to harm, this contributed to a breach of regulation relating to safe care and treatment.

Food was prepared freshly on site, and people were offered some choice in their meals.

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Effective

## Monitoring and improving outcomes

## Overall Score

1 2 3 4

**This score has been adjusted by CQC.**

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► [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

**Score:** 1 2 3 4

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

One person's care plan contained contradictory information about the correct setting for their pressure-relieving mattress. As a result, staff did not have consistent guidance on how to minimise the risk of skin damage or what action should be taken following a fault. We observed the mattress was set incorrectly, placing the person at potential risk of harm.

This contributed to a breach of regulations relating to safe care and treatment.

Staff monitored some people's food and fluid intake, but we found significant gaps in the records. In one case, there was a 16-hour gap between recorded drinks. This meant the monitoring system did not always protect people from the risks of dehydration.

One relative told us, "I think they are managing him so well that when I saw him last time I noticed improvements".

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Effective

## Consent to care and treatment

### Overall Score

1 2 3 4

**This score has been adjusted by CQC.**

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► [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

**Score:** 1 2 3 4

The provider did not consistently inform people of their rights around consent or respect those rights when delivering care and treatment. The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack capacity. It requires that people are supported to make their own decisions wherever possible, and that any decisions made on their behalf are in their best interests and the least restrictive option.

Records did not show whether people had been asked about their legal authority to make decisions on behalf of relatives, such as providing copies of an Lasting Power of Attorney for finances and/or health and welfare. This meant there was a risk that relatives and friends with the legal power to make decisions on their loved one's behalf would not have been involved appropriately in decision making. We raised this with the provider, who confirmed they had since requested this documentation from all relevant individuals.

Decision-specific mental capacity assessments had not been completed. However, some best interest decisions were recorded in care plans. This put people at risk of decisions and restrictions being made on their behalf, without any consideration as to whether the person could be supported to make the decision themselves. This was unlawful.

This contributed to a breach of regulation relating to consent to care and treatment.

Deprivation of Liberty Safeguards (DoLS) applications had been submitted. For more information, see the *Safeguarding* quality statement.

## Caring

### Rating: Requires Improvement

**Percentage Score: 45.00 %**

► [How do we score this?](#)

#### Summary

This service is not always 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 good. At this assessment, the rating has changed to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

The provider and registered manager was in breach of the legal regulation relating to safe care and treatment and dignity and respect.

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## Caring

## Kindness, compassion and dignity

### Overall Score

1 2 3 4

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► **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.

### Observation

**Score:** 1 2 3 4

The provider did not always treat people with, kindness, empathy and compassion or respect their privacy and dignity.

We observed a person being supported with their continence needs in a communal lounge, which did not promote dignity or respect.

Parts of the service were cluttered, poorly maintained, unclean, and had a strong smell of urine. This environment did not reflect a respectful or dignified home for people living there.

Although individual staff were seen to be kind and caring, we observed several instances where people and their home environment were not respected, and their dignity was disregarded.

This contributed to a breach of regulation relating to dignity and respect.

One relative told us, "They treat him with respect". Another said, "Staff are kind, patient and understanding and give her plenty of time if she is in her confused state".

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Caring

## Treating people as individuals

### Overall Score

1 2 3 4

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► [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.

### Observation

**Score:** 1 2 3 4

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

The service used a shower and bath rota to indicate when staff should offer a person support with a bath or shower. We raised this with the registered manager and provider. The registered manager told us it would not be practical for everyone to have a bath or shower daily, demonstrating a lack of understanding that this approach reflects institutional practice and does not promote individual choice or person-centred care.

This contributed to a breach of regulation relating to dignity and respect.

People's bedroom doors displayed information about what was important to them, and people we spoke to confirmed this information was accurate,

One relative told us, "They (Staff) know each resident well and they do their best".

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Caring

## Independence, choice and control

### Overall Score

1 2 3 4

**This score has been adjusted by CQC.**

**Read about why we adjusted scores** (<https://www.cqc.org.uk/guidance-regulation/providers/assessment/assessing-quality-and-performance/reach-rating>)

In accordance with the Reduced processing Approach guidance, all quality statements have had their scores moderated following a single evidence category being used to record evidence across the whole quality statement.

► [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.

### Observation

**Score:** 1 2 3 4

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

The registered manager did not always act in line with the Mental Capacity Act 2005 or the provider's policy, which may have resulted in people's human rights being infringed.

While on site, we observed people choosing where to sit, and staff interactions showed they knew the people they supported.



One relative told us, "Staff always try to encourage him to participate; that is the best they can do".

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Caring

## Responding to people's immediate needs

### Overall Score

1 2 3 4

**This score has been adjusted by CQC.**

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► [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.

### Observation

**Score:** 1 2 3 4

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

For example, one person's records showed multiple instances of respiratory distress. Although oral medication was administered to this person, the registered manager had not identified that the person was not receiving their food and medication as prescribed by IDDSI (International Dysphagia Diet Standardisation Initiative) guidance.

A staff member told us, "If someone has a fall, we ring the bell and the senior would assess, so we would ring 999 if there is an injury, but if not and we were able we would help them up with equipment we and ring for advice".

One relative told us, "Staff seem knowledgeable enough to look after him".

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Caring

## Workforce wellbeing and enablement

### Overall Score

1 2 3 4

**This score has been adjusted by CQC.**

**Read about why we adjusted scores** (<https://www.cqc.org.uk/guidance-regulation/providers/assessment/assessing-quality-and-performance/reach-rating>)

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► [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

**Score:** 1 2 3 4

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.

The registered manager and provider told us that, due to staff sickness and other recent staffing issues, some staff had been unable to carry out their intended roles. As a result, processes to improve the service had been delayed. For example, the development of an exemplar care plan intended to be used as a template to improve other care plans had not been completed.

During our inspection, we observed the registered manager addressing concerns with staff and did not take the opportunity to ensure their communication had been received as intended, which left the staff upset and unhappy during their shift. For more information in relation to the registered manager responsibility see *freedom to speak up* quality statement.

Staff gave mixed feedback about morale and working at the service. One staff member told us, "The morale varies, sometimes we are happy but sometimes we are stressed". Another told us, "I love it, that is why I am still here".

Staff spoke positively about the training provided. Comments included, "The training is very good here and last month we had manual handling and I love it," and "With training, (Registered manager's name) makes sure our training is refreshed regularly like manual handling is every year and it is good to have those refreshers and the first aid is every 3 years. The training is good here".

## Responsive

### Rating: Requires Improvement

**Percentage Score: 54.00 %**

► [How do we score this?](#)

#### Summary

This service is not always responsive

#### Commentary

Responsive- this means we looked for evidence that provider met people's needs.

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

This meant people needs were not always met.

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Responsive

# Person-centred Care

## Overall Score

1 2 3 4

**This score has been adjusted by CQC.**

**Read about why we adjusted scores** (<https://www.cqc.org.uk/guidance-regulation/providers/assessment/assessing-quality-and-performance/reach-rating>)

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### ► [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.

## Observation

**Score:** 1 2 3 4

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.

Some people's care records lacked information about their choices, views, likes, and dislikes, and were not always written in a person-centred way.

We received mixed feedback from people about whether staff knew them well. One person told us, "Not really, they don't address you by your name".

Some people's rooms were personalised with items of their choice.

A relative, when asked about areas for improvement, told us, "Home's décor. Maybe I can also put some effort into my relative's room and put some pictures up—it looks a bit bare so something to brighten his room".

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## Responsive

# Care provision, Integration and continuity

## Overall Score

1 2 3 4

**This score has been adjusted by CQC.**

**Read about why we adjusted scores** (<https://www.cqc.org.uk/guidance-regulation/providers/assessment/assessing-quality-and-performance/reach-rating>)

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### ► [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

**Score:** 1 2 3 4

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.

During the assessment, the registered manager was asked about people's needs. They did not always know the diverse health and care needs of people using the service. We observed the registered manager asking another member of staff, who knew most people's needs.

People benefited from weekly contact with a GP. The registered manager and staff told us they could contact the GP for advice and support, and non-urgent matters were discussed during the weekly contact. We saw evidence of this communication in people's records.

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## Responsive

# Providing Information

## Overall Score

1 2 3 4

**This score has been adjusted by CQC.**

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### ► [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

**Score:** 1 2 3 4

The provider could supply information in formats that were tailored to individuals needs. However, people were not involved in their care plans and did not have information provided about their care and treatment.

We saw people had communication care plans in place, to provide staff with guidance on how best to communicate with people.

The registered manager told us they were fully aware of the Accessible Information Standard and could provide information in different formats if needed. 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.

One relative told us, "There is always nice conversation between him and staff".

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Responsive

## Listening to and involving people

### Overall Score

1 2 3 4

**This score has been adjusted by CQC.**

**Read about why we adjusted scores** (<https://www.cqc.org.uk/guidance-regulation/providers/assessment/assessing-quality-and-performance/reach-rating>)

In accordance with the Reduced processing Approach guidance, all quality statements have had their scores moderated following a single evidence category being used to record evidence across the whole quality statement.

► [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

**Score:** 1 2 3 4

The provider did not always make it easy for people to share feedback and ideas, or raise complaints about their care, treatment and support. Staff did not always involve people in decisions about their care or tell them what had changed as a result.

Although relatives were given regular opportunities to provide feedback through surveys, the registered manager told us people using the service had not been offered the same opportunity. We discussed this with the registered manager, who acknowledged staff could support people to complete surveys and gather their views.

Staff gave mixed feedback about raising concerns with the management team and whether action would be taken.

Relatives told us they felt able to raise concerns with the service. Comments included, "I had no reason to raise any complaints, I speak frequently with manager," "Staff would always call me and let me know," and "If we have any concerns in the future, as I said the deputy manager would be my first person".

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Responsive

## Equity in access

### Overall Score

1 2 3 4

**This score has been adjusted by CQC.**

**Read about why we adjusted scores** (<https://www.cqc.org.uk/guidance-regulation/providers/assessment/assessing-quality-and-performance/reach-rating>)

In accordance with the Reduced processing Approach guidance, all quality statements have had their scores moderated following a single evidence category being used to record evidence across the whole quality statement.

► [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

**Score:** 1 2 3 4

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

Although the entrance to the premises was accessible and a stair lift was available, one person who required a hoist to transfer, lived on the top floor. Due to the layout of the stairs and stair lift, this person would not have been able to safely access the ground floor and communal areas, limiting their mobility and choice.



The provider ensured people could access medical professionals when needed.

Relatives confirmed people received care, support, and treatment in a timely manner. Comments included, "Professionals do come to see him, GP once a week, chiropodist and haircuts are regular," and "They see GP, other people are chiropodist and hair, staff organise everything".

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Responsive

## Equity in experiences and outcomes

### 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

**Score:** 1 2 3 4

Staff and leaders actively listened to information about people who are most likely to experience in inequality in experience or outcomes.

The provider had an Equality and Diversity policy in place, and the training matrix showed staff had completed equality and diversity training.

We observed many relatives and friends visiting people. The registered manager told us there were no restrictions on visiting. The registered manager and provider told us that if discrimination occurred within the service towards staff, or people, they would seek support from professionals to ensure appropriate action was taken

We saw a programme of regular activities. One staff member told us, "I feel they have enough to do, and activities are good here. We do karaoke and bingo, other stuff before tea and the residents love the karaoke with (Staff member's name) they do get involved". We observed people taking part in activities on both days of our visit.

One relative told us, "They respect my time when I come, very kindly always offer refreshments and they usually stop and have a chat about usual things".

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Responsive

## Planning for the future

### Overall Score

1 2 3 4

**This score has been adjusted by CQC.**

**Read about why we adjusted scores** (<https://www.cqc.org.uk/guidance-regulation/providers/assessment/assessing-quality-and-performance/reach-rating>)

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► [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

**Score:** 1 2 3 4

People were not always 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.

People's care records did not always include details about what was important to them at that stage of life, such as specific wishes relating to funeral arrangements, people's decisions on who they would want present and what matters to them at this stage of their life.

The provider's training matrix showed that some staff had received palliative care training.

## Well-led

### Rating: Inadequate

**Percentage Score: 36.00 %**

► [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 provider was in breach of the legal regulation relating to consent, dignity and respect and governance

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Well-led

## Shared direction and culture

### Overall Score

1 2 3 4

## This score has been adjusted by CQC.

### Read about why we adjusted scores (<https://www.cqc.org.uk/guidance-regulation/providers/assessment/assessing-quality-and-performance/reach-rating>)

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#### ► [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

**Score:** 1 2 3 4

The provider did not have a clear shared vision, strategy and culture which was based on transparency, human rights, and engagement.

Due to a lack of mental capacity assessments in line with Mental Capacity Act 2005, the service could not be assured that people's human rights were being upheld.

Shortfalls identified within this assessment in relation to respect and person-centred care, did not demonstrate a culture which had a joined-up approach, and care provision failed to be informed by the legal framework and best practice.

The registered manager did not always lead by example. We observed them shouting down the corridor to staff about individual people's personal health information. This was not respectful to people living at the service and demonstrated a lack of regard for confidentiality.

This contributed to a breach of the regulation in relation dignity and respect and consent.

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### Well-led

# Capable, compassionate and inclusive leaders

## Overall Score

1 2 3 4

**This score has been adjusted by CQC.**

**Read about why we adjusted scores** (<https://www.cqc.org.uk/guidance-regulation/providers/assessment/assessing-quality-and-performance/reach-rating>)

In accordance with the Reduced processing Approach guidance, all quality statements have had their scores moderated following a single evidence category being used to record evidence across the whole quality statement.

► [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

**Score:** 1 2 3 4

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.

While we received positive feedback about the management team from relatives, this assessment identified issues that led to breaches of legal regulations, which had not been identified and appropriate timely action had not been taken by the provider and registered manager.

The registered manager and provider did not identify their own learning needs and had not ensured they addressed gaps in their own knowledge. This meant they were not aware of relevant guidance to support safe, high-quality care and treatment. For example, they were unfamiliar with the *Health and Safety in Care Homes* guidance published in 2014.

Staff gave mixed feedback about feeling supported by the management team. They told us there was not always support available from the on-call team during out-of-hours.

The registered manager did not always follow the provider's policies, including those relating to medication and supporting people who lack mental capacity to make decisions.

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Well-led

## Freedom to speak up

### Overall Score

1 2 3 4

**This score has been adjusted by CQC.**

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► [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

**Score:** 1 2 3 4

The provider did not always foster a positive culture where staff felt confident to speak up and have their voices heard.

Staff gave mixed feedback about the registered manager's approachability and responsiveness to concerns. One staff member told us, "They (Management) are approachable".

We observed concerns being raised with the registered manager and provider; however, they did not take responsibility for their lack of oversight, which had contributed to the breaches in the regulations. For more information see

*Governance* quality statement, and Workforce wellbeing and enablement.

Records showed staff meetings were held regularly, and staff confirmed they attended these meetings.

Relatives felt the management team were approachable. Comments included, “Manager and all upper staff all approachable and there when you need them,” and “She seems approachable, she always finds a time to come and say hello when we are there”.

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Well-led

## Workforce equality, diversity and inclusion

### Overall Score

1 2 3 4

**This score has been adjusted by CQC.**

**Read about why we adjusted scores** (<https://www.cqc.org.uk/guidance-regulation/providers/assessment/assessing-quality-and-performance/reach-rating>)

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► [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

**Score:** 1 2 3 4

The provider valued diversity in their workforce. Although we received positive information from staff about the equality and equity. The staff did not always feel, the provider and registered manager were addressing concerns which had been raised.

Some staff told us they needed more support to carry out their roles and responsibilities. They told us they were not always listened to and that the registered manager did not always take appropriate action, which affected their ability to provide high-quality care.

The registered manager, provider, and staff acknowledged the team was diverse.

Staff told us they received reasonable adjustments to support personal circumstances. For example, reduced hours were offered and arranged. One staff member told us, "I feel welcome and part of the team, they gave me a present on my birthday".

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Well-led

## Governance, management and sustainability

### Overall Score

1 2 3 4

**This score has been adjusted by CQC.**

**Read about why we adjusted scores** (<https://www.cqc.org.uk/guidance-regulation/providers/assessment/assessing-quality-and-performance/reach-rating>)

In accordance with the Reduced processing Approach guidance, all quality statements have had their scores moderated following a single evidence category being used to record evidence across the whole quality statement.

► [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



**Score:** 1 2 3 4

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

Systems and processes were not robust enough to identify all the shortfalls found during this assessment.

While care plans were reviewed by the staffing team, these reviews were not always effective. Risks to people's health and safety were not always assessed, monitored, or updated, and the Mental Capacity Act 2005 was not being adhered to. Staff were not always given clear guidance, putting people at risk of harm. The registered manager was not auditing care plans to ensure reviews were effective, and current legislation was being followed.

We found one person's risk of choking was not being managed. We raised this with the registered manager, who did not take responsibility for the lack of oversight or the ineffective audit process.

The provider did not have embedded systems and processes. Blank audit templates for call bells and legionella were in place, but these had not been completed.

Some audits were completed, but were not consistent, for example, a monthly medication audit had not been completed monthly.

The provider and registered manager did not have processes to monitor environmental risks, such as falls from height, and were unaware of measures needed to mitigate these risks for people living at the service.

Systems and processes had not identified institutional practices or ensured people were always treated with dignity, respect, and their privacy needs met.

The registered manager was not following the provider's recruitment policy to ensure staff were safely recruited.

This contributed to the breach in relation to governance.

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Well-led

## Partnerships and communities

**Overall Score**

1 2 3 4

**This score has been adjusted by CQC.**

## Read about why we adjusted scores ([https://www.cqc.org.uk/guidance-](https://www.cqc.org.uk/guidance-regulation/providers/assessment/assessing-quality-and-performance/reach-rating)

[regulation/providers/assessment/assessing-quality-and-performance/reach-rating](https://www.cqc.org.uk/guidance-regulation/providers/assessment/assessing-quality-and-performance/reach-rating))

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### ► [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

**Score:** 1 2 3 4

The provider did not always understand their duty to collaborate and work in partnership to ensure seamless services for people. They did not consistently share information or learning with partners or work together to drive improvement. We contacted professionals who told us they had no concerns about the service working collaboratively.

The registered manager had not always established or maintained safe systems of care to manage and monitor safety. Due to concerns under the learning, improvement, and innovation quality statement, the provider and registered manager were not continuously improving the service through effective collaboration nor seeking and acting on feedback.

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Well-led

## Learning, improvement and innovation

### Overall Score

1 2 3 4

**This score has been adjusted by CQC.**

## Read about why we adjusted scores ([https://www.cqc.org.uk/guidance-](https://www.cqc.org.uk/guidance-regulation/providers/assessment/assessing-quality-and-performance/reach-rating)

[regulation/providers/assessment/assessing-quality-and-performance/reach-rating](https://www.cqc.org.uk/guidance-regulation/providers/assessment/assessing-quality-and-performance/reach-rating))

In accordance with the Reduced processing Approach guidance, all quality statements have had their scores moderated following a single evidence category being used to record evidence across the whole quality statement.

### ► [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

**Score:** 1 2 3 4

The provider did not always prioritise continuous learning, innovation, and improvement across the organisation and local system. They did not consistently encourage creative approaches to deliver equality of experience, outcomes, and quality of life for people. They did not always contribute to safe, effective practice or research.

The registered manager and provider had been visited by the local authority and funded an external consultancy team, which identified several improvements. However, they did not act in a timely manner to implement these changes. For example, template audits were provided but not completed, and care plans requiring more detail and accuracy were not updated. The registered manager had not made improvements that could have quickly addressed these concerns.

The provider's auditing process for incidents and accidents did not identify lessons learned to support continuous learning or improvement opportunities.

Staff did not always feel able to speak up, and action was not always taken following concerns raised.

This contributed to the breach in relation to governance.