

Clyde House Limited

# Clyde House Limited

## Inspection report

330 Wellington Road North  
Heaton Chapel  
Stockport  
Greater Manchester  
SK4 5DA

Tel: 01614328677

Website: [www.carefirsthomes.com](http://www.carefirsthomes.com)

Date of inspection visit:  
26 September 2017  
28 September 2017

Date of publication:  
05 December 2017

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on 26 and 28 September 2017, it was brought forward following the inspection of another of the registered provider's services in the area. Heaton Lodge.

We had previously inspected the service in October 2015 when we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not being safely managed, the premises were not always maintained securely, people were not protected against the risks associated with unsafe or unsuitable premises, there was poor infection control and lack of effective systems to regularly assess and monitor the quality of service people received.

During this inspection we checked if the required improvements had been made. We found the provider was still in breach of one of those regulations. We also found a further breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the provider failing to provide information requested by the Care Quality Commission. You can see what action we told the provider to take at the back of the full report.

Clyde House is registered to provide personal care and accommodation for up to 17 adults with mental health conditions. There is a lounge, dining room and kitchen on the first floor and there are bedrooms and bathrooms on all three floors of the property. At the time of our inspection 10 people were living at the service.

Medicines were managed safely and people told us they received their medicines as prescribed.

To minimise the risk of people smoking in their bedrooms, a new smoking shelter had been purchased and placed at the front of the premises for easy access by people who used the service.

Staff we spoke with demonstrated a good understanding of the need for safeguarding procedures and their role in protecting vulnerable people.

People living in Clyde House told us they were happy with the care and support they received.

Staff had received the training they needed to carry out their job roles effectively.

People living in Clyde House told us they had been involved in making decisions about their care needs and had consented to the care and support that was being provided.

People who used the service were complimentary about the support staff provided them with.

The service promoted people's independence and encouraged people to maintain contact with the local community, their relatives and friends.

People who used the service told us they were involved in reviewing their care plans and risk assessments.

Staff used daily logs in which they recorded the care and support that had been provided to the people who used the service. We found some of these logs lacked detail and reviews of care plans did not clearly indicate that people who used the service had been involved in those reviews. We recommend the service improves the way information is recorded in daily logs and that reviews of care plans indicate if the person had been involved.

At our last inspection of the service in October 2015 there was a lack of robust systems being in place to monitor the quality of service people received. Since that inspection, a new auditing system had been put in place but, at the time of our inspection was not fully operational.

The service is required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service did not have a registered manager. The last manager had left the service in May 2017. The provider was working at the service whilst a new manager was being recruited. The registered provider had also employed a quality consultant who was advising them on improvements that needed to be made and how those improvements could be made.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Medicines were managed safely.

Suitable arrangements were in place to help safeguard people from potential abuse.

Appropriate window restrictors had been put in place to keep people safe.

People who used the service told us they thought enough staff were on duty at any one time to meet their needs.

### Is the service effective?

Good ●

The service was effective

Staff receiving appropriate training.

People we spoke with were complimentary about the food that was made available.

People told us they were involved in making decisions about their care needs.

### Is the service caring?

Good ●

The service was caring

People told us staff were very good and knew the type of help people needed.

Staff knew people well and positive relationships had been developed.

People's independence was supported and promoted.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive

Improvements were needed to the way in which information about the support provided to people was recorded in their daily logs.

There was a suitable complaints procedure in place and people were provided with contact details of other supporting agencies.

**Is the service well-led?**

The service was not always well-led

A new systems was in place to assess, monitor and improve the quality and safety of the service provided. However, no evidence was available to demonstrate that quality checks or audits had been carried out prior to September 2017.

We asked the provider to complete a Provider Information Return. They did not return the information we requested which is a legal requirement.

The service did not have a registered manager. The provider was working at the service whilst a new manager was being recruited. Staff were positive about working for the service and the changes since the provider had been managing the service.

**Requires Improvement** 

# Clyde House Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced comprehensive inspection which took place on the 26 and 28 September 2017. This inspection was undertaken by one adult social care inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. The provider did not return the information we requested. We have addressed this in the well-led section of this report.

Prior to the inspection we reviewed the information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send to us by law. We used this information to help us plan the inspection. We also asked the local authority and Healthwatch Stockport for their views about the service. They raised no concerns.

During the inspection we spoke with seven people who used the service, the care manager, one team leader, one support worker, the maintenance person and a quality consultant currently working with the provider.

We carried out observations in the communal areas of the service. We looked at two care records, a range of records relating to how the service was managed including medication records, staff training records, duty rotas, policies and procedures and quality assurance audits.

# Is the service safe?

## Our findings

We last inspected the service on 27 and 29 October 2015 where we identified concerns in relation to the safe management of medicines, the security of the premises, lack of risk assessments relating to electrical appliances, people smoking in their rooms and lack of appropriate infection control in the laundry area.

At the last inspection we found medicines were not managed safely and issued a requirement notice.

During this inspection we looked to see if the required improvements had been made. We found the breach in regulation had been met.

We looked to see if people received their medicines safely. People told us they received their medicines as prescribed. We found that improvements had been made to the way in which medicines are managed in the home. We found the medicines safely stored in a locked medication room, with only suitably qualified staff having access to them. Since our last inspection of the service a full review of how medicines should be managed, stored and handled had taken place by the care manager and team leaders.

Appropriate medicines management policies and procedures were in place. The information in these documents guided staff on the safe storage and administration of medicines, guidance on ordering, disposing and management of errors and the action to take if a person refused to take their medicines. All staff with the responsibility for administering medicines had received relevant training and a system had been put in place to assess the competency of staff to administer medicines safely on a regular basis.

We looked at four medicine administration records (MAR's) during the inspection and found that each person who required support with their medicines had a MAR in place. Each MAR seen had a photograph of the person to help with safe identification when administering medicines. A daily system of monitoring that medicines had been given as prescribed had been introduced since our last inspection of the service. At the end and beginning of each staff shift change, the team leader will go through each MAR to make sure all medicines had been given as prescribed and had been appropriately signed. If, for any reason, an error had been found, we saw that appropriate action had been taken and the care manager informed.

Where people had been prescribed medicines to take 'as required' such as paracetamol, protocols had been put in place to guide staff on how this should be done and how staff would know when to administer and what dosage to give.

We saw that one person managed their own medicines and an appropriate risk assessment was in place, signed by the person to confirm their responsibility for managing and keeping safe their medicines. Suitable storage had been supplied and the person held a key to their bedroom door.

We checked the medicines which required refrigeration and found temperatures had been taken on a daily basis to make sure that medicines were being stored correctly. The medicines room temperature was also taken on a daily basis in order to maintain appropriate temperature levels in which to safely store

medicines. If such checks had not been carried out, storing medicines at the wrong temperature could alter their effectiveness.

At our last inspection of the service in October 2015 we found parts of the premises were not safe. This related to windows identified at the time not having appropriate window restrictors in place. These would prevent the windows being opened too wide and creating a potential falling risk to people using the service. A requirement notice was issued. During this inspection we looked to see if the required improvements had been made. We found the breach in regulation to have been met.

Touring the premises during this inspection, we found that window restrictors had been put in place on all windows where required and in accordance with Health and Safety Executive guidance.

At our last inspection of the service in October 2015 we found some people using the service regularly purchased second hand electrical goods, and, although all rooms had been portable appliance tested (PAT) many of the items brought into the home after PAT had been carried out, had not. This could place both people using the service and staff at risk of potential damage to their health. No room risk assessments had been carried out. A requirement notice was issued. During this inspection we looked to see if the required improvements had been made. We found the breach in regulation had been met.

During this inspection we looked at what action the provider had taken to minimise the risk to both people using the service and staff of unchecked electrical equipment being brought into the home. The provider told us that the newly employed maintenance person regularly checked for items in rooms that had not been PAT and reported this for appropriate action to be taken. We saw evidence of this in the maintenance records. They also told us that the maintenance person would be attending training in order to be able to carry out PAT as and when required in the home. Risk assessments were in place for those people liable to bring in unchecked electrical equipment.

On entering the premises we saw that a new specially designed smoking shelter had been provided at the front of the premises for people to use and to discourage people from smoking in the home. On our arrival we saw that three people were taking advantage of this shelter and were also having a chat at the same time. Whilst touring the premises we smelt smoke outside two people's bedrooms. One person denied smoking and the other was found to be smoking. The team leader reminded both of the rule of no smoking allowed in bedrooms and both said they understood. Risk assessments were in place for those people deemed at risk of smoking in the home. We saw evidence that staff regularly walked around the home to carry out a check in case anyone was or had been smoking. We saw that there had been success in encouraging one of the heaviest smokers in the home to use the outside smoking facilities and this person was very proud to tell us about it.

On the second day of inspection, an officer from the local fire station attended the home and gave a talk to all the people living and working in the home about the risk of fire and smoking on the premises. They confirmed that the staff at the home were doing as much as possible to minimise the risk of people smoking on the premises and gave some further advice on how to minimise the risk where people continued to smoke in their rooms, for example, put a ceramic plant pot with sand in to encourage the person to put out their cigarette in, or, place a small fire extinguisher close to the rooms where there is potential for a person to still smoke.

We also saw in the minutes of a residents meeting held on 29 August 2017 that people were reminded not to smoke in their bedrooms. The risks involved in smoking in their bedrooms was explained to people and those people who were now going outside to the shelter to smoke with thanked and told that "your efforts



are really appreciated."

At our last inspection of the service in October 2015, the laundry service was sited in the basement of the home. Although there was a porcelain sink that would enable staff to wash their hands after dealing with soiled linen, no soap dispenser or paper towels were available to use. Lack of maintaining appropriate levels of cleanliness and lack of appropriate equipment to help maintain hand hygiene could place both people using the service and staff at risk of potential infection and cross infections. A requirement notice was issued. During this inspection we looked to see if the required improvements had been made. We found the breach in regulation had been met.

During our tour of the premises we specifically asked to see the laundry area. We found that improvements had been made, for example, the old porcelain sink had been removed and a new stainless steel sink unit had been installed, along with soap dispenser and paper towels. A new washing machine and dryer had also been installed. Cleaning materials had been safely locked away in a cupboard with a coded lock. We found all other parts of the home to be clean with domestic staff doing their best to maintain standards throughout.

There was an infection control policy and procedure in place. The information contained in these documents gave staff guidance on preventing, detecting and controlling the spread of infection. Information was also provided to staff on effective hand washing procedures, disposal of contaminated waste and use of personal protective equipment (PPE) such as disposable gloves and aprons. Staff confirmed that such equipment was always available.

We saw that the way in which fire safety records and fire safety checks had been previously conducted prior to June 2017 had been reviewed and action taken to make sure such records and checks were conducted on a consistent bases to minimise the risk and keep people using the service, staff and visitors as safe as possible from the risk of fire. The fire alarm had been tested on a weekly basis, using different zones throughout the premises each time, with the latest test recorded on 22 September 2017. We found fire fighting equipment such as extinguishers were being checked on a monthly basis by the maintenance person as was the emergency lighting system. Where faults were found, we saw that immediate action had been taken to remedy those faults.

The alarm system had been serviced by a professional company in August 2017 and a complete fire risk assessment of the premises had also been completed by this company during the same month. Two staff were designated Fire Wardens for the service and had completed the relevant training. Staff had also completed fire safety training in June and September 2017.

We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person who used the service. PEEPs described the support people would need in the event of having to evacuate the premises. These were kept in a file in the office, which would be handed to the emergency services, for example, in the event of a fire. A business continuity plan was also in place giving staff contact details of relevant utility services such as gas, electric and the mains water supply.

We looked to see if arrangements were in place for safeguarding people who used the service from potential harm and abuse. We found policies and procedures for safeguarding people from harm were in place. The information in these procedures gave staff guidance on identifying and responding to signs and allegations of abuse. Staff we spoke with confirmed they had received safeguarding training and were able to tell us the potential signs of abuse. The service had a whistleblowing policy in place and staff we spoke with told us they would have no hesitation in using this policy to raise concerns about poor practice or other issues of

concern.

The service had a policy in place directing staff on how to manage incidents and accidents and what action they should take. Records we looked at showed that accidents and incidents were recorded. The records included a description of the incident and any injury, and action taken by staff or managers.

People who used the service told us that they thought enough staff were on duty at any one time to meet their support needs. One person told us, "The staff are good. I know them all and they help me when I need it." Another person said, "I've lived here a long time and know all the staff. Sometimes staff are very busy or someone has not come in, that's when they need more staff." Clyde House has a 'sister home' within walking distance called Heaton Lodge. Staff were employed to work across both services which meant if one service was short staffed, staff would come from the 'sister home' to provide support.

Staff responded to people's needs in a timely manner and when we asked, staff confirmed that staffing levels were sufficient to meet people's needs as and when required. The care manager told us that cover for staff sickness and annual leave was usually provided from within the permanent staff team. On occasions, bank staff that previously worked for the service would provide cover for staff shortages. This meant that staff knew people well and provided continuity of care and support for people.

# Is the service effective?

## Our findings

We asked people using the service if they were happy with the care and support they received from the staff and did they feel their needs were met. Comments made to us included, "Aye, things are okay, I'm well looked after", "I know the staff and they know me, it good living here" and "I'm happy enough, I didn't think I'd settle but I have and the staff are good."

Records we looked at indicated that when new staff joined the service they received an induction. This included shadowing experienced staff and being given information about the service, health and safety and important policies and procedures. As part of their induction, all new staff had to undertake a package of mandatory training.

We were informed that the training staff received had recently been reviewed and, with the support of an external quality consultant, a new on-line training system was being put in place. We were provided with a list of all the mandatory e-learning (electronic learning) staff had completed to date. This training included, first aid, food hygiene, fire training, safeguarding, infection control, moving and handling and behaviour that can challenge. Where people using the service had particular health related conditions, such as diabetes, alcohol misuse or epilepsy, we saw that staff had received training appropriate to helping support people with such conditions.

Staff told us that the training they had and were receiving had much improved over recent months. We were told that, "Since [provider name] and [consultant name] have been managing the service, things have been much, much better. We know where we are up to now, with training and everything."

We saw that staff were able to participate in staff meetings and minutes were available from the following meetings, team leader meeting 21 February 2017 and 23 August 2017, general staff meeting 26 April 2017, 06 June 2017, 19 July 2017 and 31 August 2017, housekeeper meeting 05 June 2017 and clinical governance meeting 20 September 2017.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we checked to see if the service was working within the principles of the MCA. We found the service was working within the principles of the MCA. At the time of our inspection no person living at Clyde House was subject to a DoLS. Policies and procedures were in place to guide staff on the MCA and DoLS procedures and staff we spoke with confirmed they had received training in MCA and DoLS and

understood their responsibilities.

At the time of our inspection, people's care records were under review and many of the care plans had or were being re-written. The service had identified whether each person could consent to their care. Information was available to demonstrate that consideration had been given about each person's capacity to consent to their care and support. People we spoke with told us they had been involved in making decisions about their care needs and had consented to the care and support that was being provided.

We saw that ongoing work was taking place to improve and update the decoration and furnishings around the home. This had included replacing some older beds, mattresses and bed linen and new settees had been provided in the main lounge. People who used the service told us they were happy with the improvements being made to the home, one person said, "That's a really comfortable settee you know, lovely, and I've got a new bed."

Clyde House did not have a cook at the time of our inspection but staff who had experience of catering were acting as cooks whilst a new cook was being recruited. Appropriate records were kept to show that staff made sure that food was stored and prepared at the correct temperatures. We found the kitchen to be clean and well organised. The service had received a four star rating from the national food hygiene rating scheme in June 2017 which meant they followed safe food storage and preparation practices. We saw there plentiful supplies of fresh meats, tinned goods, fresh vegetables and fruit. Food stocks were delivered by local suppliers on a regular basis.

People came to the dining room when they were ready to eat. There was no strict rule to the time people could have their lunchtime meal and meals were freshly prepared when requested. We saw that people were offered a choice of where to have their meals, either at the tables or in their room. People could make themselves a hot or cold drink whenever they wanted as there is a 'bar' where supplies of tea, coffee and juices are readily available along with a variety of snacks. Records were kept of the food served and, when necessary, we saw action had been taken, for example a referral to other health care professionals such as speech and language therapists or dietician, if a concern had been identified.

People we spoke with were complimentary of the food that was made available. Their comments included, "Good food, plenty to eat when you want it", "Some days the food is better than others, but generally its okay" and "Lovely grub."

We noted the atmosphere over the lunch time period was relaxed with people chatting or making themselves a drink at the 'bar' which encouraged people to maintain their independence.

Records we looked at demonstrated that people had access to a range of health and social care professionals include their own doctor, community psychiatric nurses, psychiatrist, dentist and a specialist diabetic nurse. People who used the service told us they got the support they needed. One person said, "The nurse comes every day to give me my insulin injection." Records we saw also demonstrated that people were supported to attend health and wellbeing appointments, such as hospital reviews.

## Is the service caring?

### Our findings

People we spoke with, who used the service, were complimentary about the support workers. Comments made to us included, "No worries, the staff are very good with us", "They know what I need help with and know when to leave me alone" and "I've really settled here, the staff have been great with me."

We observed staff providing care and support to people in the communal areas of the home. It was obvious from staff's interactions with people and vice versa, that good and positive relationships had been developed over time. The approach of the staff was kind and caring and respected people's personal space.

People moved freely around the home and staff were heard to provide encouragement when people were maintaining their independence, for example, when making their own drinks or bringing their laundry down for washing.

The care manager was working closely with the registered provider and the quality consultant to promote people using the service maintaining their independence as much as possible. During the inspection we saw people were not restricted from going out shopping to Stockport or the surrounding areas and one person told us that this was an important part of his routine. This person also told us, "I like to go out and about shopping for bits and pieces that interest me." Another person told us that he would be going out with their relative later that morning and this was part of their weekly routine. We had an opportunity to speak with this relative when they arrived. They told us, "The staff are absolutely wonderful. I cannot praise them enough. They keep me informed about everything they think I need to know – they involve me in [Persons name] care plan and any updates. I come twice a week and [Persons name] comes home. [Persons name] has a bath and I wash [Persons name] clothes – I am so, so happy with the service." People were encouraged to maintain any relationships they had with friend or relatives prior to moving in to Clyde House and visitors were also welcome to visit the home.

Information was available that provided people with details on how to access independent advocacy services. Advocacy services can provide people with support and guidance when needed, for example, if they lack capacity to make certain and important life decisions in their own best interests. We also saw that health and social care professionals, such as mental health specialist acted as advocates for people when required.

We saw that all care records were held securely. This should help ensure the confidentiality of people's personal information. Staff had received training in protecting confidential information.

People who used the service had regular opportunities to speak with the care manager about how they were finding things living in Clyde House. Most people did not like attending a larger meeting, so to make sure people were provided with an opportunity to discuss the running of the service, and to make shared decisions, the care manager spoke with each person on a regular basis. Records were kept of these meetings and any matters arising and actions taken as a result.

## Is the service responsive?

### Our findings

People we spoke with told us they were happy living at Clyde House and that the service was responsive to meeting their needs. One person said, "I don't have any worries, I have a room, my meals are done for me and the staff help me with anything I need."

Before moving into Clyde House the care manager would carry out an assessment of the person's needs at that time and, at the time of this inspection, the care manager was in the process of reviewing and updating both care plans and any related documentation. We were told that the information being gathered at the pre-assessment stage was being updated and a lot more information would be gathered about the person at this time than had been done previously. The information gathered was then used to format a 'lifestyle history' document. The information contained within this was person centred and included details about the person's social history, medical history, lifestyle preferences and their interests and hobbies.

Information gathered at the pre-admission stage was then used in the care plans and risk assessments. These documents identified people's needs and provided guidance to the staff team on how to meet and respond to those needs. Daily logs were kept in each person's care record and staff used these to report on, monitor and respond to people's wellbeing

The care manager told us that all care plans and related documentation was reviewed on a monthly basis. The people we spoke with who used the service confirmed they were involved in reviewing their care plans and risk assessments. We saw evidence of where people had signed to confirm their involvement in this process.

We found that when staff recorded in people's individual daily logs it was recorded, for example, that 'care plan three, four, five and six have been met'. Recording information in this way lacked the detail of the involvement of staff with the person and the person's interactions with the staff. We also found that the monthly reviews of care plans did not clearly indicate all plans had been individually reviewed or that people who used the service had been involved in those reviews.

We recommend the service improves the way information is recorded in daily logs and that reviews of care plans indicate if the person had been involved.

We asked staff how they kept up to date with people's changing needs to make sure that any care and support provided was done safely and effectively. Staff we spoke with told us that 'handover' meetings were held at the change of each shift in order to share and update staff on any changes to a person's wellbeing or health.

Throughout our inspection we observed the interactions taking place between staff and the people who used the service. Staff responded to people's needs in a timely manner.

During our visit we noted there was no 'structured' activity programme for the service. However, we did

observe that most people who used the service preferred to spend time in their room or go out and visit the local community or relatives. Staff told us that some people like playing games such as dominos or cards and others liked watching television or listening to music, but most preferred their own company. The care manager told us that two staff had started to plan and organise various activities and events to take place. These staff had spoken with people who used the service about the activities they would like to do and had started to plan and develop a structured activity programme. Staff also supported people to access the local community which included trips to local pubs and restaurants. People who used the service told us they were happy with the activities available and would join in if they wanted to.

We looked at how the service responded to and managed concerns and complaints. The people who we spoke with, could not remember what the complaints procedure involved but told us they would speak with the care manager. The service had a policy and procedure which informed people how they could raise a complaint and how their complaint would be dealt with. Other information was included, for example, contact details for other organisations that could be contacted if people were not happy with the outcome of their complaint to the service. The care manager told us that no formal complaints had been received by the service in the last 12 months. Records seen showed that there was a system for recording the details of complaints, including action taken and if the complaint had been satisfactorily concluded.

We asked people who used the service if they had any concerns or complaints they would like to raise with us during our inspection, and, without exception, all said they were happy with the service they received and didn't have any concerns or complaints at the present time.

## Is the service well-led?

### Our findings

People living at Clyde House told us they were happy with the way the service was managed. One person we asked told us, "Things seem to have got a lot better recently, lot of things happening around the place." Another person said, "Everything is good at Clyde House now, I'm happy."

During our last inspection in October 2015 we found there was a lack of robust systems in place to monitor the quality of service people received. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A requirement notice was issued.

At this inspection we looked to see if the required improvements had been made. We found the breach in regulation had not been met.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and regulatory obligations.

Since our last inspection of the service a new system of quality assurance and audit processes had been introduced by the quality consultant who was working with the provider. The new system in place was to record the monitoring of standards and quality relating to care plan files, infection control, housekeeping, medicines management, maintenance of the premises and environment, staff training and personnel records, room and kitchen audits and monitoring of compliance with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Although this new auditing system began in September 2017 the care manager told us that it was still early days and some audits had yet to be carried out. There was no other evidence available to demonstrate that quality checks or audits had been carried out prior to September 2017.

We found this to be a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Monitoring the quality of service had not been consistently carried out.

It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service did not have a registered manager.

The registered manager had left the service in May 2017. The provider told us they were in the process of recruiting a new manager. Whilst recruitment was underway and to help make the required improvements to the service the provider was working at the service three days each week. They were also using the services of a quality consultant who was advising them on improvements that needed to be made and how



those improvements could be made. The care manager of the service was also working closely with the provider and quality consultant.

We asked staff on duty about the provider and the changes that were being made to the service. One staff member said, "We work as a team. You need good management support and we now get good support from [provider] and [quality consultant]. I actually enjoy coming to work now, things have improved so much." "There has been a big improvement in the home especially since [name] came as the maintenance man." Another staff member said, "I wouldn't want to work anywhere else now. We feel as if we are doing a good job, we know where we are up to now and it is good to be told the work you do is appreciated. There have been lots and lots of positive changes in the service."

Policies and procedures were in place to provide staff with guidance including recruitment, safeguarding vulnerable people, whistleblowing, equal opportunities and sickness and disciplinary matters. Having such information available and accessible to staff helped them to understand and know what was expected of them in their job roles.

In October 2016 we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. The provider did not return the information the Care Quality Commission (CQC) requested. This had been sent by CQC to the registered manager and nominated individual. Both have since left the service. The provider showed us an email they had on record confirming the registered manager at that time had received the request. The provider stated that they had received assurances that the completed PIR had been sent back to CQC.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to provide a written report on how the regulations were being complied with and plans they had for improving the standard of service provided.

It is a requirement that the provider display a copy of their last performance assessment at the premises from which the regulated activity is provided and on their website. A copy of the last inspection report and rating was displayed on a notice board in the main hallway of the service. Prior to our inspection we looked if the provider had a website and if the required information was being displayed. We were unable to find a website. During the inspection the provider confirmed that the website for the service had been removed since the CQC inspection at the 'sister home' Heaton Lodge and was no longer available.

We were provided with a copy of the latest service user guide and statement of purpose for the service which had recently been updated (June 2017). These documents gave people who used the service and professionals the details of the services and facilities provided at this care home. This should help ensure people knew what to expect from the service.

People using the service and their relatives and friends were provided with opportunities to comment on the service being provided. We saw evidence to demonstrate that people had the opportunity to attend the latest resident meeting held on 29 August 2017. Agenda items discussed included the new protocol about no smoking in bedrooms, room audits to be carried out, staffing and if anyone had any concerns or worries to raise. One person we spoke with told us about this meeting and said, "I'm doing really well not smoking in my bedroom and I understand why we shouldn't (smoke in the bedroom)." Another person stated in the meeting that the chair in his bedroom was too low and made his knees ache. The provider told him a new chair would be purchased and we saw evidence that this had been done.

In the main hallway of the home was a locked 'post' box where people who used the service could post any concerns, complaints or ideas for improving the service. This meant people could do this confidentially without their identity being known, if that was their wish. The contents of this 'post' box was regularly checked and reviewed by the care manager and action taken if needed.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of events such as accidents. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place that were operational to regularly assess and monitor the quality of service that people received.</p> <p>Regulation 17 (1) (2)</p> <p>The provider had failed to complete the Provider Information Record, as required by law.</p> <p>Regulation 17 (3)</p>