

CAS Care Services Limited

Broughton Lodge

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Inadequate ●

Is the service caring?

Inadequate ●

Is the service responsive?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

This inspection was unannounced and took place on the 3, 7 and 10 July 2017.

This was the first inspection of Broughton Lodge since it was registered in July 2015.

Broughton Lodge provides accommodation and personal care for up to 20 people with autistic spectrum conditions, associated learning difficulties or co-morbid conditions and who are likely to display complex challenging behaviours. At the time of our inspection the service was accommodating 17 people.

There was a registered manager in place at Broughton Lodge. 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 registered manager was suspended from duty in response to concerns identified during our inspection and has since resigned.

During the inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to: staffing and training; recruitment of staff; safeguarding service users from abuse and improper treatment; records; medicine management; cleanliness and infection control; seeking consent in accordance with the Mental Capacity Act 2005; receiving and acting on complaints and governance arrangements. We also found a breach of the Care Quality Commission (Registration) Regulations 2009 as the registered person had not always notified the Commission of incidents or allegations of abuse.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate 

The service was not safe.

Safeguarding systems and processes did not provide adequate protection to people using the service.

People were not adequately protected from the risks associated with unsafe medicines management.

Staffing levels were not always sufficient to ensure people received appropriate levels of care and support.

Recruitment records were incomplete and did not provide sufficient assurance that the necessary checks had been undertaken prior to staff commencing employment.

Is the service effective?

Inadequate 

The service was not effective.

Systems for induction, core and specialised training relevant to the needs of people using the service were in need of review to ensure staff completed all training relevant to their roles and responsibilities.

The principles of the Mental Capacity Act had not been adhered to in respect of the use of CCTV.

The use of physical intervention within the service was in need of improved monitoring and review to ensure the human rights and health and wellbeing of people using the service was safeguarded.

People had access to a choice of nutritious meals and systems were in place to liaise with GPs and other health and social care professionals when necessary.

Is the service caring?

Inadequate 

The service was not always safe

Staff and whistleblowers raised numerous concerns regarding

the safety, care and treatment of people using the service.

Is the service responsive?

The service was not responsive.

Systems for managing and responding to complaints were in need of review to ensure all complaints are recorded, investigated and acted upon.

Care plan records, risk assessments and supporting documentation were in need of review to ensure the information recorded was up-to-date and contained all necessary information to assist in the delivery of person centred care.

Inadequate ●

Is the service well-led?

The service was not well led.

The registered manager did not provide effective leadership and direction.

Leadership and governance arrangements were not robust as systems and processes to safeguard people and assess, monitor and improve the quality and safety of the service provided were ineffective.

Inadequate ●

Broughton Lodge

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 checked whether the provider was 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.

The inspection took place on 3, 7 and 10 July 2017 and was unannounced.

The inspection was undertaken by two adult social care inspectors.

Before the inspection, the provider completed 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 improvements they plan to make.

We looked at all of the information which the Care Quality Commission already held on the provider. This included any information the provider had to notify us about. Furthermore, we invited the local authority to provide us with any information they held about Broughton Lodge. We took any information they provided into account.

During our inspection we spoke with the Nominated Individual / Operations Director, the Registered Manager; a visiting health care professional; a visiting social worker; an assistant psychologist; one activity coordinator; a maintenance person and 17 staff. We also spoke with one relative and eight people who used the service. We encouraged people using the service to communicate with us using their preferred methods of communication.

We undertook a Short Observational Framework for Inspection (SOFI) observation during lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records including: four care plans; four staff files; staff training; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and a range of audit documents.

Is the service safe?

Our findings

Many of the people using the service were not able to tell us verbally their thoughts about whether the service provided at Broughton Lodge was safe due to the complexity of their needs. No comments were received from people using the service in relation to the safety of the service.

We looked at four care files for people who were living at Broughton Lodge and noted that each person had a range of risk assessments and other supporting documentation. We noted gaps in the information available to staff which was in need of review. For example, one person's file contained details of an incident whereby the service user had self-injured themselves after becoming distressed. We found no care or risk management plan within the service user's records to help clarify what the ongoing risks were for the service user in causing further injury to themselves.

This is a breach of Regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in that, the registered person had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk in the carrying on of the regulated activity.

At the time of our inspection there were 17 people being accommodated at Broughton Lodge who required different levels of care and support.

We asked the registered manager for information on how the dependency needs of the people using the service and the resultant staffing levels were calculated. The registered manager told us that the minimum staffing levels required for the service was 1:1 (individual support) during the day time and, that at night, the staffing reduced to 0.5:1 via waking night cover.

We were provided with a two page document entitled 'Staffing analysis and minimum staffing levels'. The document had not been kept under review and made reference to out of date guidance such as outcome 13 of the discontinued quality and safety standards and Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This has since been replaced with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The required staffing levels according to the dependency tool were higher than what were deployed. We raised this issue with the Operations Director who later provided us with an updated document.

We looked at the staffing rotas with registered manager. The rotas were difficult to view as they were printed off in a very small font and codes and colours had been used to identify shift patterns. The registered manager told us that the day shifts were 7.45 am to 8.15 pm and night shifts were from 7.45 pm to 8.15 am.

We noted that the staffing levels were not always in accordance with the 'Staffing Analysis and Minimum Staffing Levels' guidelines produced by the provider. Some staff spoken with during our inspection raised concerns regarding the staffing levels in operation at Broughton Lodge. Similar concerns had also been minuted within a human resource review meeting during June 2017 and the Commission and other

professionals have identified situations when people had not been supported appropriately.

This is a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in that, sufficient numbers of suitably qualified, competent skilled and experienced persons were not being deployed effectively.

We looked at a sample of four staff personnel files. In all three files we found that there were: two references and proof of identity including photographs.

Only two of the four files viewed contained a pre-employment health questionnaire. Likewise, although there was evidence on each file that a disclosure and barring service (DBS) check had been undertaken for each staff member, one of the DBS checks was dated after an employee had commenced employment in the service. Furthermore, one of the four files viewed did not contain an application form only a curriculum vitae and we found no evidence that the gaps in employment history had been reviewed as part of the recruitment process.

The local authority contract monitoring and quality assurance team also noted concerns regarding the recruitment processes in place when they last undertook a monitoring visit during February 2017. Failure to operate robust recruitment practices has the potential to place people at risk of unsuitable staff gaining access to work with them.

This is a breach of Regulation 19 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in that, the registered person had not operated robust recruitment procedures and obtained the necessary information prior to staff commencing employment.

A corporate safeguarding policy and procedure had been developed by the provider to offer guidance for staff on their duty of care to prevent the abuse of adults at risk of abuse, harm or neglect. A copy of the local authority's adult protection procedure was also available for the registered manager and staff to reference, together with a policy on whistleblowing.

We looked at the safeguarding records for the service and viewed the 'central log of concern and safeguarding' record. This indicated that there had been 25 safeguarding incidents between the period 18/10/2015 to 11/05/2017. In the same period the Care Quality Commission had received only 16 statutory notifications for the abuse or allegations of abuse concerning a person(s) who uses the service.

At the time of our inspection, training records detailed that 91.9% of the staff team had completed safeguarding adults training. Systems were also in place to monitor staff that required safeguarding adults refresher training. Although the majority of staff had completed this key training, we identified concerns in relation to safeguarding systems and processes and a failure to report, notify and / or act upon safeguarding incidents correctly in accordance with local multi-agency policies and procedures.

During our inspection we discovered that there had been other allegations of abuse that had not been notified to the Commission or acted upon correctly by the registered persons. Examples were shared with the operations director and registered manager during our inspection.

This is a breach of Regulation 13 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in that, the registered person had failed to establish and operate effective systems and processes to protect people using the service from abuse and improper treatment.

The Commission and local authority were also contacted by whistleblowers during and following our inspection of Broughton Lodge who raised concerns regarding the care and treatment of people using the service. We have referred this intelligence to the Police and the local authority safeguarding team.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a medicines policy for staff to reference.

We checked the arrangements for the storage, recording and administration of medicines on one unit with a team leader who was designated with responsibility for the management and administration of medication.

The team leader told us that staff completed training from the dispensing pharmacist which involved the completion of training booklets and a competency assessment undertaken by a member of the management team. A list of staff responsible for administering medication, together with sample signatures was available for reference.

Medication was found to be safely stored in dedicated temperature controlled room. Separate storage facilities were available for controlled drugs and medication requiring cold storage. Records of the daily fridge and room temperature checks had been recorded.

The home used a blister pack system that was dispensed by a local pharmacist. We saw that a medication administration record (MAR) was completed following the administration of any medication and that key information such as the name of each service user, photographs and important medical information had been attached to each MAR. This helped staff to correctly identify people using the service and to be aware of key medical information.

We noted that a copy of the medication policy was not available in the medication storage area for staff to refer to. We also noted that staff were not always provided with PRN (when necessary) medication guidelines and this raised concern regarding PRN medication administration practices. During our inspection, one member of staff reported that they had raised four complaints with a member of the management team about people not being administered their medication or at the correct times. No record of the complaints were recorded on the complaint or safeguarding log for the service.

Following our inspection, concerns were raised by officers from the CCG. We have also been notified that some staff were found to be administering medication without appropriate training following a review of staff supervision records. Furthermore, following an audit by a pharmacist advisor a number of areas have been identified as in need of review to ensure the safe and secure handling of medicines.

We also viewed some previous MAR charts that had not been completed correctly or dated. Furthermore, although there were systems in place to periodically audit medication within Broughton Lodge, it was not clear from viewing the audits which units and records had been checked.

This is a breach of Regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in that, the registered person had failed to ensure the proper and safe management of medicines.

The provider had developed an infection control policy and procedure to provide guidance to staff on their collective and individual responsibilities for minimising and controlling the risk of infection. Personal protective equipment was also provided for staff to safeguard their health and safety.

Areas viewed during the inspection were in need of cleaning and redecoration. We also observed numerous refuse sacks with food waste, packaging, general litter and wipes scattered outside of the units. This posed a public health risk and was in need of attention.

We noted that the maintenance person was responsible for the completion of daily and monthly health and safety checklist which included checking that personal protective equipment was being provided and worn.

Although environmental checks formed part of the organisation's quality assurance system we saw no evidence that infection control issues were being identified and acted upon. For example, the last quarterly report was completed towards the end of June 2017 (shortly before the start of our inspection) and no issues of concern were identified in the health and safety and infection control section.

This is a breach of Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in that, the registered person had failed to ensure that the premises was kept clean.

Concerns were also highlighted around infection control by the local authority contract monitoring and quality assurance team when they last undertook a monitoring visit during February 2017.

A business continuity plan, fire risk assessment and personal emergency evacuation plans were in place to ensure an appropriate response in the event of a fire, breakdown of services or equipment and / or major incident. This information helped staff to be aware of their specific responsibilities and the action to be taken in the event of an emergency.

Is the service effective?

Our findings

Many of the people using the service were not able to tell us verbally their thoughts about whether the service provided at Broughton Lodge was effective due to the complexity of their needs. No comments were received from people using the service in relation to the effectiveness of the service.

Broughton Lodge provides accommodation and personal care for up to 20 people. The home is set within its own grounds. The service comprises of three residential units, each unit having its own staff team. All bedrooms are single occupancy and all have en-suite facilities. Within each living area there are communal lounges, kitchens and dining rooms. Two of the three living areas have assisted sensory bathrooms and each area has its own laundry, which are accessible to each individual to support learning and development. Each residential area has its own garden area and within the grounds there is an extensive and enclosed safe surface area where a range of outdoor sports are able to take place. Other facilities at Broughton Lodge include a sensory room, a family room (for family visits), an ICT suite which is equipped with computers and interactive white board.

We undertook a tour of the home and noted that where possible, people's rooms had been personalised with memorabilia and personal possessions and were homely and comfortable. We noted that some areas of the home were in need of cleaning and redecoration. We raised this feedback with the registered manager and received assurance that action would be taken to improve the environment.

We noted that the provider had established a programme of staff training and development that was delivered to operational staff via a mix of face-to-face and e-learning.

We asked the registered manager to provide us with evidence that staff had completed induction training that was compliant with the Skills for Care 'Care Certificate' as we could not see any evidence of induction training on files viewed. The registered manager told us that this might be because the certificates had not been filed and provided us with a 'Care Certificate Log'. This indicated that only 15 out of 50 staff had completed the care certificate. Records indicated that some staff that had been in post as far back as December 2015 had not completed this induction training and no supporting evidence such as certificates of completion could be provided.

Likewise, we asked the registered manager for information on which staff had a recognised qualification in health and / or social care. Again we were provided with a matrix which indicated that 20 staff (with different roles such as team leaders; support workers; housekeepers; and activity coordinators) had various qualifications however the record indicated that only three people had evidence of their qualifications on file. One of the staff was the head cook.

The registered manager informed us that the provider had developed its own e-learning system called ACHIEVE and that e-learning was used for the majority of staff training. Records indicated that the overall completion rate for e-learning (all courses) was 88%. The registered manager told us that the pass rate for this training was 100%.

We were informed that class room based training was used for autism, epilepsy, role of multi-disciplinary team, first aid, care certificate, medication; Mental Capacity Act and deprivation of liberty safeguards and management of actual or potential aggression (MAPA).

We received a copy of a training 'grid report'. This highlighted a number of gaps in mandatory subjects such as: administration of medication, first aid and MAPA training. Gaps in other key areas such as care planning and care, welfare safety and security were also noted.

Furthermore, we received a colour coordinated training matrix. This was difficult to read due to the size of the font and included information on a number of staff that had left. From analysis of the information, significant gaps were noted for: care certificate; autism awareness; report writing and record keeping; fire marshall, dysphagia; epilepsy and first aid training.

Staff spoken with raised different concerns regarding the accessibility and range of training. For example, one staff member told us that they had worked at Broughton Lodge for one month and not received any training to date. Likewise, another staff member informed an inspector that they had not received emergency first aid training and two other staff told us that they had not received training in dealing with mental health to help them understand the need of one person living with a mental health condition and their associated care needs.

This is a breach of Regulation 18 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in that, the registered person had failed to ensure that persons employed in the provision of the regulated activity had received appropriate training to enable them to carry out the duties they are employed to perform.

We were informed that daily handover meetings took place and noted that 'residential handover records and checklists' were completed to record and exchange information. Staff spoken with confirmed they had attended team meetings periodically and received supervision sessions throughout each year. Examination of the supervision matrix highlighted that the frequency of supervisions provided to staff from two team leaders were behind schedule.

Upon completion of our inspection we were informed that following a review of staff supervision records held on file at Broughton Lodge a number of concerning themes had been identified. These included: staff carrying out duties without appropriate training such as medication and mental capacity assessment training; staff attitude towards service users; team relationships and dynamics; staff encouraging service users to say illicit words; care records not being completed; medication errors being reported and dealt with in supervision; punitive restrictive practice and the quality and frequency of staff supervisions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA 2005 and the associated DoLS with the registered manager.

We noted that a policy on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had been developed by the provider to offer guidance for staff on the core principles of the Act, assessing lack of capacity, best interest decision making and deprivation of liberty safeguards.

We observed surveillance cameras were installed within the communal corridors of Broughton Lodge and asked the registered manager if the provider had sought consent from the people who lived in Broughton Lodge for the cameras to be viewing them. The registered manager told the inspectors that consent had not been sought and there were no best interest decisions recorded in care plans viewed. This meant that the principles of the MCA had not been adhered to.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in that, the registered person had failed to seek consent or act in accordance the Mental Capacity Act 2005 in respect of the use of closed circuit television cameras within communal parts of the home.

We saw that mental capacity assessments were undertaken if necessary and if applicable DoLS applications were completed. These were only completed if a person was deemed to be at risk and it was in their best interests to restrict an element of liberty. Applications were submitted to the local social services department who were responsible for arranging any best interests meetings or agreeing to any DoLS imposed and for ensuring they were kept under review. The registered manager maintained a record of people with authorised DoLS in place and the expiry dates. Information on applications awaiting authorisation and people with a Lasting Power of Attorney (LPA) had also been recorded. A LPA is a way of giving someone you trust, the legal authority to make decisions on your behalf if you lose mental capacity at some point in the future, or if you no longer want to make decisions for yourself.

Although training records viewed highlighted that a number of staff had not completed training in the MCA and DoLS, staff spoken with confirmed they had completed training in the MCA and DoLS and demonstrated an awareness of their duty of care in respect of this protective legislation.

We spoke with the head cook on duty and looked at the kitchen. We noted that information on the dietary needs of people using the service was not recorded in the kitchen despite this issue having been highlighted by the provider following an audit.

The head cook told us that there was no replacement cook for when she was off so staff had to cover her role. We were informed that the provider was in the process of recruiting another cook to ensure the kitchen was continuously covered.

The kitchen was viewed and appeared clean and well stocked. The head cook showed us how she recorded key information relevant to the operation of the kitchen in a food safety manual. The head cook told us that the last food hygiene rating for Broughton Lodge was 5 stars (which is the highest award that can be given) however we saw no evidence to confirm this rating during our inspection. We have also been unable to verify this rating via the food standards agency website.

Each unit also had a small kitchen area that was used to help people learn basic cooking skills and to prepare snacks and refreshments throughout the day.

A four week rolling menu plan was in operation at Broughton Lodge which was reviewed periodically. Daily and weekly menus were in place which offered people an alternative choice of meal at each sitting. Additional options were also available upon request.

We undertook a short observational framework for inspection in order to observe a lunch time meal being served. The dining room viewed had been decorated with pictures made by people using the service and painted fruits were displayed on the wall.

We saw that meals were transported from the main kitchen to each unit using heated trolleys. Meals were served in the dining area on each unit although some service users preferred to eat elsewhere and this choice was respected.

No menus were available in the dining room and dining tables contained minimal equipment for safety reasons. For example, there were no place mats and meals and refreshments were served to people using plastic plates and cups.

We observed that people were provided with a choice of meal at lunch time and that staff were attentive to the needs of people using the service. For example, we saw one member of staff asking a person what they would like to eat and offering support to cut the meal up into smaller pieces.

The food looked and smelled appetising and was attractively presented. People had a drink of their choice and additional refreshments and snacks were provided throughout the day.

The operations director informed us that the service employed a consultant psychologist and had vacancies for an occupational therapist and a speech and language therapist which were in the process of being recruited to. A service level agreement was also in place for a consultant psychiatrist and behavioural specialist nurse to provide professional support to people using the service.

The provider information return detailed that people using the service were registered with a local GP, dentist and optician and that annual health checks were routinely carried out. The home worked alongside the local community learning disability team to ensure people's development and health needs were met. Examination of health care records confirmed that people using the service had access to a range of social and health care professionals subject to individual needs.

Is the service caring?

Our findings

Many of the people using the service were not able to tell us verbally their thoughts about whether the service provided at Broughton Lodge was caring due to the complexity of their needs.

Comments received from two people using the service included: "I like the way they talk to me and they treat me nice"; "There isn't anything staff do that I don't like" and "Night staff are more fun."

Likewise, one relative reported: "Everything is okay. I can't fault them here."

During the three days of our inspection we spent time talking with people using the service, staff, a relative and visiting professionals.

People using the service appeared clean and appropriately dressed.

We undertook a tour of Broughton Lodge and spent time in each unit. We observed people using the service and staff to congregate in small communal areas in two of the units and saw little evidence of meaningful engagement. In another unit we visited we were introduced to a service user who was seen to spend time in his bedroom playing on his computer.

We observed that staff were attentive to the needs of the people living at Broughton Lodge and that people were supported to follow their preferred routines. For example, we saw staff stood in corridors outside people's room whilst people rested or slept during the day.

Information about people who lived at Broughton Lodge was kept securely to ensure privacy and confidentiality. The provider had produced an easy read information brochure on the service which was available in reception for people to view.

Prior to, during and following our inspection, we received information of concern from staff and whistleblowers that raised concerns regarding the care and treatment of people using the service. The concerns covered a range of issues such as: the management and staff culture within Broughton Lodge; inadequate training; the standard of care provided; inappropriate use of physical intervention; governance, quality assurance and leadership; failure to safeguard people from abuse and improper treatment and to act upon safeguarding concerns and complaints.

The Commission has referred relevant intelligence to the Police and the local authority safeguarding team. We continue to monitor the operation of the home in partnership with other agencies and will take the necessary steps to ensure the welfare of people is safeguarded and that people receive safe care and treatment.

Is the service responsive?

Our findings

Many of the people using the service were not able to tell us verbally their thoughts about whether the service provided at Broughton Lodge was responsive due to the complexity of their needs. No comments were received from people using the service in relation to the responsiveness of the service.

One relative reported: "She [a service user] has started to do activities that she hasn't done before such as swimming, cycling and going to the shops."

We looked at the care plan records for four people living at Broughton Lodge during our inspection and noted that corporate care planning documentation was in use.

Files viewed contained a range of information such as: key information; various assessments; past medical history; positive behaviour and support plans; risk assessments; incident reports; communication and support guidelines; health records and review meeting minutes.

We noted a number of issues with records viewed. For example, in one person's care plan file we were unable to locate a pre-admission assessment and a hospital passport document contained incorrect contact information. Likewise, the service user's journal records viewed over a ten day period were vague, difficult to decipher, had not been correctly completed and had not been signed by lead support workers, despite the records stating that they must be completed every day. Some records viewed had also not been kept-up-to-date and related to a previous placement.

Likewise, another service user's care plan did not contain PRN (as required) guidelines for staff to refer to when considering when to administer Lorazepam. Lorazepam is a prescription medication used for the management of anxiety disorders, the short-term relief of symptoms of anxiety or anxiety associated with depression.

Furthermore, another person's care plan contained details of an incident whereby the service user had self-injured themselves after becoming distressed. We found no care plan within the service user's records for staff to provide care in relation to this or what the ongoing risks were for the service user in causing further injury to themselves.

This is a breach of Regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in that, the registered person had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk in the carrying on of the regulated activity.

The registered provider had developed a 'Complaints, Compliments, Suggestions and Comments' policy to offer guidance to people using the service and / or their representatives on how to make a complaint. Information on how to raise a complaint, contact the advocate and / or other organisations had also been displayed on a notice board on each unit.

A complaint log had been established which indicated that there had been three complaints since the service was registered in July 2015. The first complaint was from a person using the service who raised concern that she was frightened by other residents' behaviour. The second complaint was from a service user who raised concern about a staff member using a phone whilst on duty. The third complaint was from the relative of a service user who complained about an incident relating to the standard of care and supervision provided to a service user.

Records were on file which confirmed action had been taken to investigate and respond to concerns and complaints. Where complaints had been received from people using the service, we noted that people had been supported to record their concerns using easy read forms. This process had also been used to share the outcome of complaints.

Despite the above processes being in place, we noted that the complaints process had not always been effectively followed. For example, upon reviewing one person's file we noted that a service user had written a letter of complaint to a Team Leader. The complaint was about another member of staff. The details of the complaint had not been logged in the complaints file and there was no evidence that the complaint had been investigated or acted upon.

This is a breach of Regulation 16 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in that, the registered person had failed to investigate and respond to a complaint from a service user in relation to the carrying on of the regulated activity.

At the time of our inspection, Broughton Lodge had two full time activity coordinators in post who generally worked weekdays. We spoke with one of the activity coordinators who told us that their role was to plan activities with people using the service and that at times staffing ratios, the availability of transport and funding could be problematic as people using the service had a budget of £15.00 each per week.

We saw that each person using the service had a personalised activity schedule in place that had been developed using signs and symbols. Schedules indicated that people had access to a range of in-house and community based person centred activities such as: activities of daily living; shopping and cooking; attending college and clubs; computer sessions; numeracy; sensory activities; art and craft work; exercise and leisure activities; musical instruments; swimming and walking; trips out to various destinations and visiting family members.

Although the home had a sensory, art and craft and ICT room we did not see these resources being used to maximum effect. Furthermore, records viewed lacked information on the outcomes of activities which people had participated in.

Is the service well-led?

Our findings

Many of the people using the service were not able to tell us verbally their thoughts about whether the service provided at Broughton Lodge was well led due to the complexity of their needs.

We received mixed feedback from staff regarding the effectiveness of the management team and senior staff and their ability to act upon information of concern.

For example, some staff made comments such as: "They [the management] couldn't be any more supportive"; "Her [the registered manager] door is always open" and "She [the registered manager] seems alright." However, we identified that information of concern had not always been recorded or acted upon correctly by the management team. Examples were shared with the operations director during our inspection.

Broughton Lodge had a registered manager in place who was registered with the Care Quality Commission. The registered manager was present for the first two days of our three-day inspection and was supported by her operations director.

The registered manager and deputy manager were suspended from duty by the operations director following the second day of our inspection. We were informed that this action had been taken in response to concerns that they had failed to respond correctly to safeguarding incidents. Upon commencing the third day of our inspection we were informed by the operations director that the registered manager had resigned from post.

We noted that the provider had developed a procedure for governance and a policy on measuring quality, satisfaction and compliance. During our inspection we asked the operations director for information on the governance systems and processes in place at Broughton Lodge to assess, monitor and improve the quality and safety of the services provided.

The operations director reported that he did not produce a report of any of his visits to Broughton Lodge. We were informed that quarterly governance meetings were coordinated and that weekly teleconference calls were carried out with the chief operating officer. We were also informed that the operations director reviewed key performance indicator and other reports that were submitted by the manager to identify any issues and trends and that the provider had an internal quality and compliance team that undertook inspections quarterly or more frequently if required.

We requested copies of the audits undertaken by the regional quality compliance manager. We did not receive a copy of the audits during our inspection however upon completion of our inspection we were sent a copy of a 'quality review' audit dated 15 and 22 May 2017 by email. This had been completed by a regional quality compliance manager. The audit identified 17 actions arising and it recorded many gaps and breaches in the assessment of the Fundamental Standards at Broughton Lodge.

We also spoke with the registered manager who showed us copies of 'monthly audits' that had been carried out. The last record on file was dated 25/05/2017 and had been completed by the registered manager. The overall score was 97% and only two non-immediate actions had been identified. It was not clear from viewing the audits which records had been viewed as the details had not been recorded.

Quarterly audits had also been completed by the management team or managers from other services. The last audit was dated 27/06/2017 and had been completed by the deputy manager from another service. The overall score was 99% and no actions had been identified.

Q gap audits had also been completed each month. The last one was dated June however the date and year had not been recorded. The overall score was 85 out of 100. An action plan could not be located for areas identified as requiring improvement by the registered provider.

One safeguarding adults' annual audit had been completed. The audit was not dated and it was evident that the registered manager was not confident that she had completed the document correctly as she had forwarded the document to another staff member to enquire whether it was completed correctly.

We asked the registered manager whether she undertook spot checks and observations in order to ensure she was visible on the units and provide leadership and direction to team leaders and support workers. The registered manager told us that she had undertaken regular walkarounds however no records of these checks or the findings had been maintained.

We also asked whether service users had been asked to provide feedback on the quality of their experience of the care provided. The operations director told us that he had asked an independent advocacy service to undertake a survey however this had not been completed at the time of our inspection. Likewise, the registered manager reported that a staff member had been asked to circulate surveys to service users however a summary report of the findings and action plan was not in place.

We noted that a relative / carer survey had been completed dated June 2017. Only three out of the 14 surveys distributed were returned. No staff surveys had been completed.

Despite a range of auditing and monitoring systems being in place, it was evident that findings were not always effectively acted upon. For example, during our inspection we identified concerns relating to: failure to adequately safeguard service users from abuse and improper treatment; failure to notify the Commission of incidents of abuse or allegations of abuse; concerns regarding the inappropriate and excessive use of physical intervention; poor record keeping and poor leadership and ineffective governance. The above highlights that effective systems and processes had not been established or operated effectively to assess, monitor and improve the quality and safety of the service provided.

This is a breach of Regulation 17(1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in that, the registered person had failed to establish and operate effective systems and processes to assess, monitor and improve the quality and safety of the service provided. Furthermore, the registered person had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users who may be at risk from the carrying on of the regulated activity.

The operations director assured us that action would be taken to improve standards and practice. Following our inspection we received a detailed action plan which outlined how the service would address specific issues.

Periodic monitoring of the standard of care provided to residents funded via the local authority was also undertaken by Cheshire East Council's Quality Assurance Team. This is an external monitoring process to ensure the service meets its contractual obligations. Broughton Lodge had last received a contract monitoring visit during March 2017. Following the visit, Cheshire East Council's Quality Assurance Team issued an action plan in response to concerns regarding: infection control, recruitment practice, staff supervision; gaps in recording of care plans and risk assessments; audits and personal emergency evacuation plans. Despite the action plan having been issued, we found similar issues during our inspection.

We checked a number of test and / or maintenance records relating to: the electrical wiring; fire alarm system; fire extinguishers; emergency lighting; portable appliances; oil powered boiler; passenger lift and found all to be in order. We were informed that there was no gas supply to the premises. We noted that the legionella risk assessment action plan had not been completed and found minor gaps in the weekly testing of fire alarm during one month. We spoke with the maintenance person regarding the fire test records, the need to include night staff in the drills and to ensure a list of participants is recorded. We received assurance that the issues would be addressed.

The registered manager is required to notify the CQC of certain significant events that may occur in Broughton Lodge. We noted that the registered manager had not always notified the Commission of safeguarding concerns. This meant that the registered manager had not complied with the legal obligations attached to her role.

This is a breach of Regulation 18 (1) (e) of the Care Quality Commission (Registration) Regulations 2009 in that, the registered person had failed to notify the Commission without delay of any incidents of abuse or allegations of abuse in relation to a service user.

Information on Broughton Lodge had been produced in the form of a detailed Statement of Purpose and an easy read information booklet. The information booklet had been developed using pictures, signs and symbols to help people using the service to understand the information more easily.