

Carrwood House

Carrwood House

Inspection report

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Sheffield
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29 April 2016

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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?	Requires Improvement 
Is the service responsive?	Inadequate 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

We carried out this inspection on 27 and 29 April 2016. The first day of our inspection was unannounced. This meant no-one at the service knew that we were planning to visit.

Carrwood House is registered to provide accommodation and personal care for up to 16 people with learning disabilities and mental health needs. The home is situated in the Grimesthorpe area of Sheffield and is close to local amenities. The home has a communal lounge and dining room, access to a garden and a small car park. There were 10 people living at the service on the days of our inspection.

It is a condition of registration with the Care Quality Commission that there is 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. There had not been a registered manager at the service since 2011. There was a manager present during both days of our inspection who told us they were going to apply for registration with the Care Quality Commission.

At the last inspection on 9 and 12 October 2015 the service was rated inadequate and placed into special measures by CQC. This inspection found that there were not enough improvements to take the provider out of special measures. CQC is now considering the appropriate regulatory response to resolve the problems we found.

The service did not properly follow safeguarding vulnerable adult procedures which meant that people living at Carrwood House may not have been protected from abuse.

Not all medicines were stored safely. We found gaps in medication administration records which meant people may not have always have been given their medicines at the right time. Medication administration records were not regularly audited to check that medicines were given to people as prescribed.

We saw that safe recruitment procedures were not always followed to ensure that all the required information and documents were in place before staff commenced employment. These procedures were required to verify people employed by the service were suitable to work with vulnerable adults.

Care records were not complete or up to date. There was no evidence that people's views and aspirations were taken into account when care records were reviewed.

People living at Carrwood House told us that staff were caring.

People were offered a limited selection of food and drinks.

There was an activity advertised as being available every day.

People were not encouraged to maintain their independence or supported to improve their health and wellbeing.

We found staff had not received all the appropriate training relevant for their role and responsibilities.

All staff had received supervision in the last month, but prior to this supervision and appraisals had not been undertaken to support staff to undertake their jobs effectively.

There was no evidence of regular quality audits being undertaken to ensure safe practice and identify any improvements required. The manager told us they were in the process of developing quality assurance systems.

We found incidents had not been reported to CQC as required by regulations 17 and 18 of the Care Quality Commission (Registration) Regulations 2009.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Although, some improvements had been made to the premises since our last inspection, work still needed to be done to improve some people's rooms, and ensure all toilets and bathrooms have hot running water and heating. □

There were not enough staff to meet the needs of everyone living at Carrwood House, particularly at night.

Medicines were not always stored safely or administered when they should be.

The service did not fully understand its responsibilities to protect people from abuse.

Safe staff recruitment procedures were not fully adhered to.

Risk assessments were out of date and therefore it was unclear whether they reflected the person's current level of risk.

Inadequate ●

Is the service effective?

The service was not effective.

People were not offered a variety of options to meet their nutritional and hydration needs.

Care records did not reflect whether a person had capacity to make decisions about their care and treatment.

Staff did not receive regular supervision, annual appraisals or appropriate training to support them to carry out their jobs effectively.

Inadequate ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

People living at Carrwood House said the staff were caring.

We saw staff interact positively with people.

People were not supported or encouraged to be as independent as possible.

Is the service responsive?

The service was not responsive.

There were some activities available to people every day.

Care records were incomplete and none of the records we looked at had been reviewed since November 2015.

There was a complaints policy in place, but this was not being followed by the service.

Inadequate ●

Is the service well-led?

The service was not well-led.

There was no evidence of regular quality audits being undertaken. The manager told us, and we saw they were in the process of introducing quality assurance systems.

There had been a recent staff meeting.

The views of people living at the service were not regularly obtained and were not recorded.

The service continued to be in breach of six of the seven regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that were identified at the previous inspection in October 2015.

Inadequate ●

Carrwood House

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 inspection took place over two days on 27 and 29 April 2016 and both days were unannounced.

On 27 April 2016, the inspection was carried out by two adult social care inspectors, an expert by experience and a specialist advisor. A specialist advisor is a professional with experience of working with people who use this type of care service. This specialist advisor was a qualified nurse. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On 29 April 2016 the inspection continued with the same two adult social care inspectors.

Prior to the inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification should be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury. Before our inspection we contacted staff at Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield City Council Social Services and Sheffield Clinical Commissioning Group. They told us they were continuing to jointly monitor the service and trying to support the registered provider to improve as they had concerns regarding the level of risk to people living at Carrwood House.

During the inspection we spoke with six people who lived at the service. We met with the manager, the registered provider, the registered provider's legal representative and an independent consultant the registered provider had recruited to assist with managing the service. We spoke with four members of staff. We spent time looking at written records, which included four complete care records, eight staff files and other records relating to the management of the service. We spent time observing the daily life in the service including the care and support being delivered by all staff. We checked the medication administration

records for everyone living at Carrwood House.

Is the service safe?

Our findings

We checked progress the registered provider had made following our inspection on 9 and 12 October 2015 when we found breaches of regulation in regard to premises and equipment and staffing.

We saw that the dining room had new flooring and lights. We were told the ceiling had also been re-plastered. The outside patio area which had previously been the communal smoking area had been cleaned and concreted over. There was a new smoking shelter in the back garden. The upstairs toilet now had a working sink installed, and all bathrooms had soap or hand sanitiser and paper towels available. We saw that the bathroom upstairs with the separate shower unit now had grab rails, a shower screen and a shower chair. This made it much more accessible to people who required support with their personal care. There was a cleaning rota on each bathroom door which had been regularly signed to say each bathroom had been checked and cleaned. We saw the registered provider held a 'building meeting' on 9 March 2016 and had recorded the outstanding work on the premises that needed to be completed.

During our inspection we checked whether both bathrooms and the two toilets in the main house had running water. They all had cold running water, however there was no hot water running water in either of the toilets. There was also a two bedroom annexe with a separate entrance attached to the main house. We spoke with both the people who lived here and they showed us around their rooms. Their shared toilet did not have a hand basin, and in the bathroom next door both the wash hand basin and bath did not have hot running water. One of the people living there has limited mobility and they told us they have to go to the main building bathroom on the first floor for a hot shower. We knew from the serious incident meetings with the local authority and the registered provider that there had been problems with the boiler in the past. We checked the gas certificate and it stated that the existing boiler had been refurbished with new parts and serviced, and the next gas safety check must be carried out within 12 months. This was dated 22 January 2016. We were told by a member of staff that the two bedroom annexe needed to be connected to the existing boiler.

This continues to be a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Premises and equipment.

Other servicing and checks of the environment to ensure its safety were in place. We saw in date certificates of satisfactory inspections for fire extinguishers, electrics and water.

We found that people at the home were not always encouraged to act independently. There were risk assessments in all the care records we looked at however they did not reflect any involvement or the views of the person. One assessment identified nutrition as a risk on the 31 March 2015, with instruction from the GP to record the person's weight each month; the recording sheet with this document was blank. All the risk assessments we saw were out of date with no recent reviews recorded. This meant the information regarding each risk may no longer be relevant to the person.

We looked at the staff rotas for April and May 2016 and saw that there were now two support staff employed

to cover the 12 hour day shift. We were told the cook no longer worked at Carrwood House, however an additional member of support staff was now employed for part of the day shift to prepare the lunchtime and evening meal. There was a cleaner employed every working day, Monday to Friday until 2pm, and a part time office administrator. We were told this member of staff was on annual leave at the time of our inspection. However, we were told and the rotas showed that there was now only one member of support staff covering the 12 hour night shift, where previously there were two. Staff we spoke with felt this wasn't enough cover at night.

We saw that the same staffing dependency tool from our previous inspection on 9 and 12 October 2015 was being used. The tool used is based on the Rhys Hearn method of determining levels of nursing staff and it calculates the amount of care staff hours a person requires each day based on an assessment of each person's care needs. We saw the registered provider was continuing to use the care needs assessments completed on 6 August 2015 for each person. During our previous inspection we cross referenced the care needs assessment with three people's support plans and the information on each support plan indicated the person had higher levels of need than those recorded on their care needs assessment. None of these three support plans had been updated since our last inspection and none of the care needs assessments from 6 August 2015 had been reviewed. This meant that the staffing dependency tool used continued to not accurately reflect the levels of need people had.

This continues to be a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

We checked whether people's medicines were stored securely and administered correctly. We looked at everyone's Medication Administration Record (MAR) chart and found seven missing signatures for three different people over two days in April 2016. There was no explanation as to why these medicines had not been signed for and it meant there was no way of knowing if these people were given their medicines on these days. Another MAR chart we looked at showed that a medicine was signed as being administered to the person during the morning when it should have been given at night.

Some of the MAR charts we looked at had a large number of 'A' entries, meaning the person was asleep at the time they were offered their medicines. This meant some of the people who lived at Carrwood House had gone days without their medicines with no documentation to support alternative ways to address how to administer the medicines people had been prescribed. As medicines were not given to people when they were asleep this presented a risk that their health needs may not be met.

There was no evidence of any recent audits of the MAR charts that could have addressed these issues and reduce the risk of them happening again.

When we asked to check the fridge that medicines were stored in, a member of staff with responsibility for medicines told us, "We don't use that." We asked to look in the fridge anyway and saw there was a medicine in there that had been delivered the day before. The same staff member then said "[Name] has only just gone on that." We checked this information with the pharmacy who told us the medicine had been prescribed for the person since May 2015. This particular medicine needs to be safely stored in a fridge.

The medicine fridge was dirty and the ice box had red liquid spilled in it. There was also a jug of water in there that we were told was given to people to take their medicines with. When asked about recording the fridge temperatures a member of staff told us, "We used to but don't anymore as it's never really used." The temperature was taken three times over three hours during our inspection and recorded at 10, 9 and 10 degrees Celsius. This is above the NHS guidance of between 2 and 8 degrees Celsius. Some medication

needs to be stored at low temperatures within a fridge. These include insulin for diabetics, some eye/ear/nose drops, injections and creams. Requirements for refrigeration will be stated on the warning label and those medicines that need to be refrigerated will normally be highlighted when delivered by the pharmacy.

The lack of proper and safe management of medicines is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 12, Safe care and treatment.

Staff members we spoke with all had awareness of what different types of abuse were and they told us they would report any concerns to management. One member of staff told, "I have never known a safeguarding incident here." Other information we held about the member of staff told us the staff member may not have fully understood what constitutes abuse.

We saw there was a 'vulnerable resident's policy' dated January 2015. This was linked to outcome 7, Regulation 11 (Safeguarding people who use services from abuse). This is from the previous Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The policy did not contain any information on what constituted abuse or how to report it. We asked the provider if they kept a record of safeguarding incidents and action taken, and we were told they did not. The only safeguarding file available to us was a copy of South Yorkshire's safeguarding procedures.

Prior to this inspection we were made aware of a number of allegations of abuse of people living at Carrwood House by some members of staff. The registered provider had not informed CQC of any of these allegations, which they are required to do under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4). We did see evidence of an internal investigation that had been undertaken by the registered provider into allegations made against two members of staff. This consisted of individual interviews with all members of staff. There was no evidence of any of the alleged victims being asked for their version of events. In addition we saw it recorded that some of the staff interviewed did have concerns about the behaviour of some of their colleagues. There was evidence of action taken against members of staff, but no evidence of any further action being taken to minimise the risk of the same abuse happening again.

Although the registered provider undertook their own investigation, safeguarding incidents should also be reported to the local authority to decide what, if any action should be taken and ultimately whether abuse has taken place. We spoke to the registered provider's legal representative about this who told us that Sheffield local authority were aware via the serious incident meetings. However, this is not the same process as referring directly to the local authority safeguarding team to assess and take appropriate action in regard to the allegation, in line with South Yorkshire's safeguarding procedures.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

We were unable to look at any staff files on the first day of our inspection. The registered provider told us that they had been sent to an independent human resources company to be reviewed. We asked the registered provider to retrieve these files, which they did. We were able to look at these files on the second day of our inspection. We checked to see whether safe recruitment procedures were followed.

Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires certain information and documents to be obtained to demonstrate a thorough recruitment process has been followed to ensure fit and proper persons are employed. This includes evidence of a disclosure and barring

(DBS) check taking place and satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health or social care or children or vulnerable adults and where a person has been previously employed in a position whose duties involved work with children or vulnerable adults, satisfactory verification, so far as reasonably practicable of the reason why that person's employment ended.

We looked at the recruitment records in eight staff files. Two of the application forms we looked at had gaps in the person's employment history; there was no explanation as to the reasons why. Three of the files held incomplete reference checks.

All the files we looked at had evidence of DBS checks taking place. One member of staff had a number of criminal convictions, which they had declared as part of their job application. Where any criminal convictions are declared it is good practice that the service undertake a risk assessment to show that the circumstances surrounding the incident(s) had been discussed, and any actions taken to mitigate any risk identified before a person is offered a job or not. We saw there was a written record of a risk assessment taking place and the outcome was recorded as 'withdraw offer of employment'. This didn't happen and the person was offered and accepted a job at the service. Another member of staff had not declared having any criminal convictions in their job application. It came to light three years later that this member of staff did have criminal convictions. A risk assessment was undertaken and it was recorded that as the person had now worked for the service for three years without incident and their employment could continue.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 19, Fit and proper persons employed.

Is the service effective?

Our findings

We checked progress the registered provider had made following our inspection on 9 and 12 October 2015 when we found breaches of regulation in regard to person-centred care, need for consent, and staffing.

We asked one person if the food was satisfactory and they replied, "Yes." We asked what different meals they were offered and they replied, "Sausage sandwiches." They couldn't think of anything else they had been offered.

The kitchen continued to be inaccessible to people living at Carrwood House as the kitchen door could only be unlocked by a member of staff. Two flasks of coffee were located next to a small table top fridge in the dining room for people to help themselves. There was an empty and dirty sugar bowl next to the flasks. We pointed this out to a member of staff and the sugar bowl was refilled. There were no other hot or cold drinks available. We asked if a person could have a cup of tea instead of coffee. We were told that only one person living at Carrwood House liked to drink tea and they only had to ask if they wanted this drink. However, we saw a list of people's preferred drinks on display in the kitchen. It listed the drink and number of sugars for each person. We saw that all had tea/coffee or coffee/tea listed except for one person, who only liked coffee. During both days of our inspection we did not see any snacks readily available to people in the communal areas.

We spoke with a member of staff about the menus and we were shown the menus for weeks one, two and three. These were the same, or very similar to the menus we were shown during our previous inspection on 9 and 12 October 2015. We were told that menus were amended after resident's meetings if people asked for different meals. We were told, "They like simple things [to eat]." We asked about the frequency of these meetings and a member of staff said that they are held every few weeks and no notes are taken. The same member of staff could not remember when the menus were last updated as a result of people asking for different meal options.

We observed part of the lunch service for four people. Each person received one white bread sausage sandwich, with a cup of coffee. No alternatives to this meal were offered. There was a menu board on display in the dining room but it was blank and therefore people were not aware of other options that might be available, without asking. No person received any encouragement to eat even though two people only ate half of their sandwiches. We asked a member of staff if deserts were available and we were told that they had tinned fruit, cake, custard, fresh cream and merengue nests. None of these were offered to people having their lunch. The lunch service ended very quickly and plates were immediately cleared away.

This continues to be a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care.

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 application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We did not observe any restrictions in place at Carrwood House. This meant that no-one living at Carrwood House was deprived of their liberty. Staff we spoke with did not understand the principles of the MCA and what it meant in practice. One member of staff told us they had not received any training in this area.

Since our previous inspection on 9 and 12 October 2015 none of the care records we looked at had been updated to reflect the person's level of capacity and possible impact on their care and treatment. Where there were capacity assessments on a person's care record they did not include reference to any involvement of the person in the process, and were not always signed or dated. One such capacity assessment around medication resulted in a best interest meeting taking place. This was led by the local authority and the outcome was for staff to covertly give medicines to the person, for example by crushing it up in food. However, the previous 15 days on the person's MAR chart were recorded as the person refusing their medicines with no documentation to support alternative ways to covertly get the person to take their medicines. This meant the service were not following outcomes of assessments and decisions made in a person's best interests.

This continues to be a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent.

We were told there had been a number of staff changes since our last inspection, with some longstanding members of staff leaving the service and new staff starting. We saw there was an induction programme and this was recorded on the three new starter's files we looked at. Not all had been reviewed within the four and eight week timescales as described within the induction process. The induction pack covered guidance to staff on general housekeeping issues. There was also a mentoring sheet to be completed when the new starter had observed colleagues showing them how things were done around the service. Under the health and safety section of the induction pack it stated that, "It is your responsibility to ensure that you familiarise yourself with the following including safe manual handling" amongst other things. There was no guidance as to how staff might do this and no references anywhere in the induction pack to any training or how to access it. One member of staff told us they hadn't received any training since starting at the service approximately three months ago.

The manager showed us the training matrix they were completing for all staff. The matrix was designed to show either a date in the future when the member of staff was due to undertake a specific training session, or a date in the past to show when they had completed it. In addition some training needs to be completed more than once in order to keep up to date with current legislation and any innovations in practice, for example safe moving and handling techniques. This training was also listed on the matrix with an 'expire date' so it was clear when the member of staff needed to redo the training. There were significant gaps across the training matrix for long standing members of staff (employed before January 2016) and no dates at all were recorded for any training for the three new starters whose files we had looked at (employed since January 2016).

The service continued to use the same supervision and appraisal policy dated January 2015 we saw during our previous inspection on 9 and 12 October 2015. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. Since the arrival of the new manager at the beginning of April 2016 we saw evidence of a supervision meeting taking place in April 2016 in all the staff files we looked at. Prior to April 2016 and since our last inspection on 9 and 12 October 2015, four of the five files we looked at for long standing members of staff had evidence of one supervision meeting taking place during this time frame. We could not find evidence of any member of staff having an appraisal since our last inspection.

As staff were not receiving such appropriate support, training, professional development, supervision and appraisal as is necessary to carry out the duties they are employed to perform this a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

Is the service caring?

Our findings

We checked progress the registered provider had made following our inspection on 9 and 12 October 2015 when we found breaches of regulation in regard to dignity and respect.

We asked everyone living at Carrwood House if they felt the staff were caring. Everyone replied yes. One person told us they felt safe living at Carrwood House and said, "You can go for a smoke any time you like. They keep a check on you if you go to the toilet, and give me something if I am in pain." Another person told us they had been living at Carrwood House for many years and they liked the place. They told us the staff were caring and the place was nice and clean. We asked this person if they had noticed any recent changes and they said, "Yes, lots of hot water for a bath."

We saw members of staff talking to people asking them if they were OK and if they needed any support to get dressed or if they wanted to play any games. The interaction was positive with good eye contact.

People told us and we saw staff knocking on people's doors before entering their rooms. We saw a member of staff interact positively with a person watching the television. They knew the person's TV preferences and found a TV guide to help them decide what they wanted to watch.

During our last inspection we read staff entries in care records describing the behaviour of some people with negative words, using terms such as "sneaky [behaviour]," and "exaggerates and plays on [their illness]." During this inspection we saw the care records didn't reflect a change to the negative use of language to describe staff's opinions of people, rather than fact.

We saw some of the people living at Carrwood House wandering aimlessly around the building and others sat in the lounge watching TV all day. We did see staff positively engage with people on a superficial level, but we didn't hear any meaningful conversations or any encouragement to engage people in activities other than board games.

There was no evidence of any staff supporting people with developing life skills, such as cooking in order to become as independent as possible with a view to moving on from Carrwood House. Practical tasks were done for people rather than with them. Overall this gave the impression that people were institutionalised with the routines and life at Carrwood House.

Is the service responsive?

Our findings

We checked progress the registered provider had made following our inspection on 9 and 12 October 2015 when we found breaches of regulation in regard to person-centred care.

The service's policy stated that people's care records should be reviewed '3 monthly'. We found some of the care records we looked at showed reviews had taken place, however they had only been reviewed up until November 2015. Some of the care records we looked at had never been reviewed. The reviews that had taken place were found to be recorded with a single entry with 'Actions - None' or 'Reviewed' with no further evidence of any discussions detailed in the care records.

The daily handover notes for each person were kept on one sheet which had the names of all the people living at Carrwood House listed on it. We asked a member of staff how this information was transferred to people's individual care records and we were told, "We have only just started [completing] them," and "We don't write it anywhere else." The quality of these entries varied each day, however the majority of the entries we saw were, 'Gone out,' 'Came back,' 'Had dinner' or 'Shopping' as the only entry of the day.

All of the care records we looked at had a booklet entitled 'My Life' at the beginning of the file. This book was designed to give an insight in the likes/dislikes and history of the person. We found that the majority of the booklets were blank and some of the ones that were filled out were brief, so they offered no real insight at all to the person it related to. We asked a member of staff whose responsibility it was to complete this document about the lack of personal information and we were told, "I'm only quite new here, I have never seen that before." Another staff member said "I haven't seen that book."

All of the people living at Carrwood House had a 'Physical Health Passport' which would accompany them to hospital in the event of an admission. One part of this document lists the medication the person is prescribed, however four of the passports we looked at contained out of date information that could possibly lead to the incorrect medication being administered if the person was admitted to a general hospital. One of the staff members we spoke with confirmed that this document would be the only document sent with a person needing hospital treatment.

The registered provider acknowledged there was still work to be done updating and reviewing care records and they were continuing to work on this.

This continues to be a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care.

We saw the activity timetable in the dining room had been updated since our last inspection. There was now a different activity advertised as being available every day. The activities were listed on a whiteboard and it stated it was week 3 of the activities cycle. The listed activities were: Monday – Dominos; Tuesday – Board Games; Wednesday – Bingo; Thursday – Card Games; Friday – Crafts; Saturday – Movie Night; Sunday – Movie Night. On the entrance door into the dining room a notice stated that it was Movie Night today

(Wednesday), which was not in line with the activity planner. We asked a member of staff about this and what different activities were on offer during weeks 1, 2 and 4. We were told there was no activities programme and, "We do what the people want."

We saw there were more board games, books and DVDs available for people in the lounge and dining room and the photographs of people living at Carrwood House and staff had been updated since our last inspection. We asked one person what they were going to do today and they said, "Nothing." During both days of this inspection we did not see any activities taking place.

This continues to be a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care.

We saw there was information on Sheffield Mental Health Advocacy Service displayed in reception.

We also saw there was a complaints policy dated January 2015 and due for review in January 2016. There was no evidence to suggest this review had taken place which meant the policy may not have reflected current guidance. The policy stated that, 'Details of all verbal and written complaints must be recorded in the Complaints Book, the resident's file and in the home records'. We asked to see where complaints were recorded and we were told there wasn't a complaints book. We did see a 'complaints and comments' file in the office but this was from 2014.

The registered provider's monthly compliance visit on 5 February 2016 (which they called 'regulation 26 visits') had recorded that two complaints had been received. Very little information was recorded about the nature of either complaint and there was no record of any action taken or the outcome of either complaint.

This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Receiving and acting on complaints.

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission that there is 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. At the time of our inspection there was not a registered manager in place. There was a manager who told us they had been in post for four weeks and would be applying to CQC for registration. Our records show that the previous manager was in the process of applying for registration but they left the service earlier this year before this could be completed. The service last had a registered manager in 2011. This is a breach of Regulation 5 of the Care Quality Commission (Registration) Regulations 2009 (Part 2).

We checked progress the registered provider had made following our inspection on 9 and 12 October 2015 when we found breaches of regulation in regard to good governance.

Since our last inspection we found written evidence of a medication audit taking place on 14 October 2015. Audits are one way management can check and record that standards are being maintained. They also provide a record of any action taken to improve standards. This medication audit had identified the issue of one MAR chart missing a photograph of the person it related to. We saw the audit was undertaken again on 23 November 2015 and it confirmed that all MAR charts now had an up to date photograph of the person it concerned. There was no further evidence of this audit continuing into 2016. We spoke to the manager about this who showed us a 'random medication audit' they had developed. We were told this was going to be completed every day for a different person until any outstanding issues were resolved.

Since our last inspection we found evidence of a 'safe working practices' monthly audit taking place on 14 October 2015. This covered fire safety, first aid box, boiler, electrics, flooring, premises, housekeeping, infection control, C.O.S.H.H and pest control. This audit recorded that some window panes needed replacing. The audit was undertaken again on 23 November 2015 and again identified that some window panes needed replacing. There were no further audits of this type on file and no record of the window panes being fixed.

The manager told us they were in the process of implementing a 'manager's daily audit' and we saw a completed record of this taking place on 12 April 2016. We saw this covered a number of areas that would be checked by the manager every day, which included care, charts, maintenance, kitchen, laundry, activities and 'other issues'. There was space to record any actions that needed to be taken to improve any areas of concern the manager identified. We were also shown a copy of the 'daily walk around' audit which had been completed the day before our inspection. The form used listed a number of general checks to be undertaken by a member of staff each day. This included 'kitchen checks: Are kitchen records up to date, fridge temperature, labels on food etc.' The manager had written 'all done' in relation to these checks, however we saw that the table top fridge checks in the dining room had not been completed since 3 September 2015.

The registered provider had completed three 'regulation 26 visits' since our last inspection. Regulation 26 refers to previous regulations. There was a brief written record of each visit looking at areas such as complaints, safeguarding, and visits from other professionals. At the end of each form there was space to write what actions needed to be taken and these had been completed.

During our last inspection we found the service did not produce a questionnaire for people living at Carrwood House to complete. Questionnaires can provide management with feedback, positive or negative. It is one way to ascertain the views of people who may not be able to attend or contribute to meetings. During this inspection we were told that service had not yet introduced a questionnaire for people to complete. However, the manager told us they had held a coffee morning with people, and their friends and relatives the previous week to introduce themselves and get to know people. We were told several people attended. As it was an informal event there was no written record of it.

Staff told us the new manager was approachable. Comments included, "[Manager is] good, there when you need her."

The manager showed us a staff satisfaction questionnaire that they had introduced and was currently being discussed with all staff during supervision. It was too early in the process to have any analysis of staff's views on the service. The manager told us she planned to hold a staff meeting every month. We saw handwritten notes of their first meeting, held on 13 April 2016. There was a clear agenda for the meeting and we were told the minutes would be typed up and distributed to all staff. We were told they will also be discussed in individual supervisions. We also saw handwritten notes of an action plan from a recent management meeting held on 6 April 2016.

We reviewed the policy and procedure file, which was available to staff in the office downstairs. The file contained a wide range of policies covering all areas of service provision relating to both people living at Carrwood House and staff who worked there. All were dated January 2015 and all stated they were due for review in January 2016. There was no evidence of any reviews taking place. This meant they may not reflect current legislation and practice guidance.

It is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that a service displays their most recent rating on their premises and on every website maintained by or on behalf of any service provider. During our last inspection on 9 and 12 October 2015 the service was in breach of Regulation 20A, Requirement as to display of performance assessments.

On the morning of the first day of this inspection on 27 April 2016 we saw the rating from the inspection on 12 December 2014 on display in the reception area. By the end of the day this had been updated to show the rating from the previous inspection on 9 and 12 October 2015. We checked the service's own website www.carrwoodhouse.co.uk as part of our inspection. This did provide a link to the CQC website, however it did not directly display the service's most recent rating.

This continues to be a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Requirement as to display of performance assessments.

Our findings from this inspection identified the governance systems in place to evaluate and improve practice in regard to past breaches of regulation had not consistently been effective.

Since the last inspection on 9 and 12 October 2015 the service remains in breach of Regulation 15, Premises and equipment; Regulation 18, Staffing; Regulation 9, Person-centred care; Regulation 11, Need for consent;

Regulation 20A, Requirement as to display of performance assessments; and Regulation 17, Good governance.

During this inspection we found further breaches of Regulation 12, Safe care and treatment; Regulation 13, Safeguarding service users from abuse and improper treatment; Regulation 19, Fit and proper persons employed; Regulation 16, Receiving and acting on complaints; and Regulation 5 of the Care Quality Commission (Registration) Regulations 2009 (Part 2).

We also found omissions in the reporting of incidents to CQC as required by regulations which is a breach of Regulation 17 and 18 of the Care Quality Commission (Registration) Regulations 2009.

The new manager is looking to implement new systems, however it is too early to tell whether these will be effective and sustained. In addition the service has been in special measures for over six months and the improvements made by the registered provider have been slow, incomplete and dependent on whether there has been a manager in post. This is evident with some initial improvement with audits and supervision after our previous inspection on 9 and 12 October 2015. This manager then left during December 2015 and this was not continued until the current manager started at the beginning of April 2016.

This continues to be a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Food choices, care records, lack of activities.
The enforcement action we took: Cancellation of registration.	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users was not always provided with the consent of the relevant person.
The enforcement action we took: Cancellation of registration.	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed properly or safely.
The enforcement action we took: Cancellation of registration.	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes were not established or operated effectively to prevent abuse of service users.
The enforcement action we took: Cancellation of registration.	
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 15 HSCA RA Regulations 2014 Premises

personal care

and equipment

Premises and equipment used by the service provider were not clean, suitable for the purpose for which they were being used or properly maintained.

The enforcement action we took:

Cancellation of registration.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints

The registered person had not established and effective system for dealing with complaints.

The enforcement action we took:

Cancellation of registration.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

Systems or processes were not established and operated effectively to ensure compliance with the regulations.

The enforcement action we took:

Cancellation of registration.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not receive such appropriate support, training, professional development, supervision and appraisal as is necessary to carry out the duties they are employed to perform.

The were not sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed.

The enforcement action we took:

Cancellation of registration.