

Cliffemount Community Care Limited

Cliffemount Community Care

Inspection report

411 Hale Road
Hale Barns
Altrincham
Cheshire
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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

This inspection took place on 5 and 6 June 2018 with the first day being unannounced.

Cliffemount Community Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Cliffemount accommodates up to five people with a learning disability or autism. At the time of our inspection there were four people living at the service. The service was last inspected in August 2017 when it was rated as 'requires improvement'; however, there were no breaches of the of Health and Social Care Act 2008 at that time.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a new manager in post at the home who was in the process of registering with the CQC. A registered manager is a person who has registered with the CQC 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 new manager was supported by a new Chief Operating Officer (COO) whose role was financial management and oversight of the service.

The inspection was prompted in part by the receipt of information of concern from a whistle blower who had worked at the service. This information indicated potential concerns about the provider's financial management and oversight of the service.

The overall rating for this service, following this latest inspection, 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 may lead to cancelling their registration or to

varying the terms of their registration within six months if they do not improve.

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.

During this inspection we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to the lack of clear guidelines and for the use of physical intervention, staff training for the use of physical intervention, the lack of pre-employment checks with the Disclosure and Barring Service (DBS), the governance and oversight of the service and the fitness of the provider, Cliffemount Community Care Limited, and its director to fulfil their statutory responsibilities.

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

We found serious concerns about the financial management of Cliffemount Community Care by the provider, (Cliffemount Community Care Limited) and its director. Bills for utilities had not been paid resulting in bailiffs' letters stating that they would seize goods at the property if payment was not made. Council tax had not been paid over a period of five years and a court order had been made to set a payment plan. We saw a letter stating the providers public liability insurance was to be cancelled in August 2017 due to non-payment of premiums. The COO arranged for new public liability insurance to be bought after our inspection, meaning the service did not have suitable insurance in place for a period of nine months. We had also been contacted by an external investigator prior to this inspection. This matter was still on-going and we were awaiting the outcome from this.

Information had been removed from the staff personnel files. We were told this was by the previous manager. Staff DBS checks had been completed for all staff in April 2018. The COO said the previous manager had not processed the DBS checks for new staff. However, our investigations showed Cliffemount Community Care Limited had not processed any DBS checks for a period of three years, which preceded the previous manager's employment with the service. This meant staff had been employed at the service without the required pre-employment checks being made to check they were suitable to work with vulnerable people.

Care plans and risk assessments were in place and had been regularly reviewed. These provided guidelines for staff to follow when supporting the people living at the service. Behaviour support plans were in place, where required, which detailed potential triggers for any behaviours and details of the distraction techniques to be used to reduce people's anxieties. However, one behavioural support plan did not provide any details of the physical intervention techniques staff were to use. New staff had not received physical intervention training and so were not trained to use any of the physical intervention techniques that they may need to use.

Staff completed an induction when they started working at the home. A range of e-learning training was completed.

The provider did not have the governance systems in place to have clear oversight of the service regarding the lack of DBS checks, financial management and the destruction documents relating to staff information.

The pre-admission assessment and transition for one person moving to the home had gone well and they had settled at the home. However, for another person the information provided to the service was not the

complete picture of the person's complex needs, meaning the full information about their needs had not been established prior to their move. The service was told by the person's family and the information from a previous provider, that the person's epilepsy was well controlled, which was not the case. Epilepsy care plans were written following the person having a seizure. Staff described how they supported people during a seizure and when rescue medication should be administered.

Details of any incidents and accidents were recorded, including what happened before, during and after the incident. These were reviewed by the new manager and action taken to reduce the risk of further incidents where possible.

Medicines were administered as prescribed. People's health and nutritional needs were being met.

The previous manager had completed supervisions and appraisals. The new manager planned to complete these every three months. Staff feedback about the changes in the management of the home were mixed. Some staff were very positive and said the new manager and COO were approachable and would listen to their ideas. However, other staff were unsettled by the changes and the reasons why they had occurred.

Clear details about how people communicated was included in the care files, including the use of individual signs and iPads where appropriate. We observed kind and respectful interaction between people living at the service and the members of staff.

The service was working within the principles of the Mental Capacity Act (2005). People's capacity to consent to their care and support was assessed. Where people lacked capacity, decisions were made in their best interests.

People were supported to maintain their cultural beliefs and needs.

People were encouraged to complete tasks they could do for themselves. People engaged in a range of activities within the local community.

A range of audits were in place for health and safety and medicines. A monthly overview of the service was written for the COO. There had been a gap since April 2018 in these being completed due to the changes in manager and staff at the home. These were due to restart in June 2018.

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.

Checks with the Disclosure and Barring Service had not been completed for a three-year period up to April 2018.

Risk assessments were in place. However, guidelines for the physical intervention techniques to be used for one person were not documented.

Medicines were safely stored and administered as prescribed.

Inadequate ●

Is the service effective?

The service was not always effective.

New staff had not received training in the physical intervention techniques to be used. All staff had completed a range of e-learning courses.

Initial assessments were completed. However, for one person the information was not representative of their needs on a typical day.

The service worked within the principles of the Mental Capacity Act (2005).

Requires Improvement ●

Is the service caring?

The service was caring.

Detailed information was provided about people's methods of non-verbal communication. Staff knew how to communicate with the people they supported.

Positive interactions between staff and people living at the service were observed.

Staff could explain how they maintained people's privacy and dignity.

Good ●

Is the service responsive?

Good ●

The service was responsive.

Care plans identified people's needs and provided clear guidance for staff in how to meet these needs.

People were engaged in a range of activities within their local community.

Is the service well-led?

The service was not well-led.

We found serious concerns with the financial management of the service by the provider.

We found serious concerns with the oversight of the service by Cliffemount Community Care Limited.

A quality assurance system was in place at the service. This had not implemented since April 2018 due to a change in manager and staff. It was due to recommence in June 2018.

Inadequate ●

Cliffemount Community Care

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.

The inspection was prompted in part by the receipt of information of concern from a whistle blower who had worked at the service. This information indicated potential concerns about the provider's financial management and oversight of the service. The inspection examined these areas, with details contained within this report.

This inspection took place on 5 and 6 June 2018 and was completed by one inspector. The first day was unannounced.

We did not ask the provider had completed a Provider Information Return (PIR) prior to our inspection. The PIR provides some key information about the service, what the service does well and improvements they plan to make. We reviewed other information that we held about the service including notifications made to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law.

We had contacted the local authority commissioning and safeguarding teams regarding the whistle blowing concerns we had received. They also raised concerns with the CQC around the staff knowledge and the support provided for one person who had epilepsy.

Some of the people living at the service had limited communication skills. We made observations throughout our inspection of interactions between the people living at Cliffemount and the care staff.

During the inspection, we spoke with one person who used the service, two people's relatives, five members of care staff, one visiting social work professional, the new home manager and the new Chief Operating Officer (COO).

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, three staff recruitment files and training records, two care plans, and quality assurance systems.

Is the service safe?

Our findings

We looked at the risk assessments in place for people living at the service. A 'risk identification assessment' was completed to identify the risks for each person. We found the risk assessments were up to date and included risks within the home, when accessing the local community, self-harm and harm to others. The assessments provided guidance for staff to follow to reduce the identified risks where possible.

Three people living at the service sometimes engaged in behaviours that could be perceived as challenging. We saw behaviour support plans clearly identify the potential triggers and how staff should support the person to distract them and reduce their anxieties. One behavioural support plan we saw identified the physical intervention that could be used if required to keep the person and others safe. A social worker told us, "They (the staff team) have a good handle on how to minimise risk and manage [Name's] behaviour."

However, one behavioural support plan did not specify the physical restraint techniques that could be used and stated, 'physical intervention plan at review with the placing local authority.' This person had lived at the service since February 2018. Assessments clearly showed they became anxious and engaged in challenging behaviours. Care plans from a previous placement documented that physical intervention had been used at that service when required. This meant the staff did not have clear guidance on the safe physical intervention that they were able to use if required to prevent the person from harming themselves or others. Records showed there had been regular incidents and on one occasion we noted physical intervention had been used by members of the care staff when supporting this person. The behavioural support plan had not been reviewed following these incidents to ensure the staff team was fully equipped to keep this person safe.

This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to 2 (a) and (b).

We discussed this with the new manager. They said they would update the physical intervention plan to identify the physical intervention techniques to be used if required.

Prior to our inspection a social worker had raised concerns about how the service had supported one person when they had had an epileptic seizure. We saw that epilepsy care plans had been written following this incident. This provided information about potential triggers for seizures and when emergency rescue medication should be administered. Details of how the person presented during a seizure had not been included. We were shown these details were on the electronic version of the document, but had not printed out correctly. The new manager added these details to the printed epilepsy plan during our inspection. This meant the person's epilepsy support plan to guide staff had not initially been in place, which could have had implications on the care and support provided following a seizure.

Staff told us that the information given to them prior to the person moving to the service, was that the person's epilepsy was well controlled. However, this was not the case. The service had found that the person's parents brought sugary food with them when they visited and this seemed to be a trigger for the

seizures they had seen. They had added this to the epilepsy care plans, informed the person's social worker and discussed this with the person's family. They now tried to monitor the food being given to the person by their parents when they visited them.

All the staff we spoke with could explain how each person presented during a seizure, how they should be supported and when to administer the rescue medication. Additional staff training had been provided following the severe seizure in the administration of the epilepsy rescue medication to ensure staff were confident in its administration.

Following an incident an ABC (antecedent, behaviour, consequence) form was completed. A body map was also completed if people had sustained an injury. These gave details of what was happening prior to the incident, what the incident was and what happened after the incident.

The new manager told us they reviewed all incident reports. This was confirmed by the staff members we spoke with. We saw changes had been made after one incident to reduce the likelihood of a re-occurrence. For example, an additional computer had been bought to enable people to have access to a computer when they wanted after an incident took place where one person wanted to use the computer whilst another person was already using it. This had reduced incidents where two people wanted to use the computer at the same time. Good quality plastic crockery had also been bought as one person threw items onto the floor when anxious. This meant that if they did this the new crockery would not smash.

Staff we spoke with were aware of the safeguarding procedures at the home. They understood how to report any safeguarding concerns and confirmed they had completed on-line safeguarding training.

We looked at the recruitment process at the service. The COO told us the personnel files were held off site as the previous manager had removed items from them. Prior to the inspection a whistle blower at the service had raised concerns that suitable recruitment checks were not being completed through the Disclosure and Barring Service (DBS). We were shown electronically that all current staff had their DBS checks renewed in April 2018.

However, our joint investigations with the DBS showed that no DBS checks were made by Cliffemount Community Care Limited between January 2015 and April 2018. Some staff we spoke with said they were registered with the DBS update service. This allows employers to check the person's DBS is still valid and if there have been any changes to the DBS certificate, the provider can then apply for a full DBS check to be completed. We saw that the service had checked on-line to ensure the DBS's were still valid where this applied. However, not all staff over the last three years had been registered with the update service, including five current members of staff. As part of a DBS check a copy of the DBS certificate is sent to the staff members home address. We were told by staff we spoke with that they had not received this when they started work at the service.

This meant the provider had not completed the required DBS employment checks over a three-year period. We asked the COO about the DBS checks. They said the previous manager had not completed them as they should have. However, our investigations showed that the lack of DBS applications preceded the employment of the previous manager. Therefore, the COO had no overview of how long this poor recruitment practice was going on for.

One of the three staff files we looked at did not contain any references and another only had one reference. The COO said they were auditing all the staff files to confirm what was missing. However, the person with only one reference was a new member of staff who had worked at the service for two months. We also found

the application forms for two of the staff had gaps within their employment history that were not explained. Under the Health and Social Care Act 2008 regulations, employers should make all reasonable attempts to show prospective staff are of good character. Part of this process is a full history of employment and education, with information about any breaks in this history.

This was a breach of Regulation 19 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that there were sufficient staff on duty to meet people's assessed needs. Staffing levels were confirmed by the rotas we viewed and the staff we spoke with. However, we also saw that agency staff were being used due to vacancies in the staff team and staff sickness. Staff told us regular agency staff were used wherever possible, but the team had lost some experienced staff who knew people's needs well. This meant the established staff had to organise the staff team as to who supported which person and support the new staff and the agency staff. Staff and relatives told us the changes in staff had not adversely affected the people living at Cliffemount.

We found medicines were administered as prescribed. Medicine Administration Records (MARs) were fully completed. The behavioural support plans and epilepsy support plans gave guidance for when any 'as required' medicines were to be administered. Controlled drugs were appropriately stored and recorded. Staff received training in the administration of medicines and their competency was observed before they could administer medicines.

Equipment had been serviced in line with manufacturer's instructions and legal requirements. However, we noted that weekly tests of the fire alarm system and fire extinguishers had not been carried out since 15 April 2018. We were told the new health and safety champion was due to complete these weekly checks. A new fire log book had been purchased to record these checks.

The service had a high-level business continuity plan in place. However, this did not provide staff with detailed guidance of what they should do in the event of an emergency. Contact details for utilities and emergency tradespeople were held in the office. We were told staff would contact the on-call manager for advice in the event of an emergency. The COO said they were aware that the business continuity plan was not detailed enough and was in the process of re-writing it.

Is the service effective?

Our findings

Initial assessments were completed for people who were moving to the service. We saw this had worked well for one person who had moved to the service in 2017. However, another person had moved in February 2018 and the information gathered before the move had not fully detailed the person's complex needs. As described in the safe domain full details of the person's behaviour and the physical interventions required were not recorded, even though this was a known part of the person's support needs.

The person had moved from their family home. Information about the person's needs was provided by the family and the local authority social services. Staff told us the information they received described a 'good day' for the person and not a typical day. For example, the service was told they needed a clear structured routine for the day, with activities planned. When the person moved to the service it was found that they would refuse activities offered. When this was followed up with a provider, who had supported the provider before they moved back to the family home, the service was informed that it was usual for the person to refuse activities and the previous provider had not been able to establish a regular routine. Staff also told us the information provided to the home suggested the person's epilepsy was well controlled. This was not the case and they had had several seizures since moving to the home. This meant the information given to Cliffemount had not been accurate. However, Cliffemount had not been robust in questioning and seeking further information based on the known facts in the assessments given to them prior to the person moving to the home. It is expected that a full pre admission assessment is completed prior to someone using the service, this means the service can be confident it can meet the persons needs and make sure staff have the right skills and knowledge.

We saw that a transition plan had been agreed to try to reduce the person's anxieties around their move to the home. This had been agreed with the person's family, their social worker and the home and included using social stories to let the person know about their move.

Staff completed two days of training before shadowing staff at the home to get to know people's needs and routines. An induction checklist was used to monitor that all the required topics had been discussed / shown to the new staff member. The training included e-learning courses in medication, fire awareness, health and safety, moving and handling, food hygiene and mental capacity. Staff who administered medicines received additional training and were observed for their competency prior to administering medicines. The training was refreshed on an annual basis.

Three staff who had joined the service in the last six months had completed a generic on-line course on managing challenging behaviour. However, before using any physical intervention techniques staff needed to have completed a practical hands on course. This is to support staff to use the identified physical intervention techniques safely and appropriately. One staff member said, "I'd feel more confident if I had had restraint training."

This meant that three of the staff team had not been sufficiently trained to safely use physical intervention. Certificates showed that the Chief Operating Officer (COO) and the Chief Executive Officer (CEO) had

attended a 'train the trainer' course for physical intervention. However, they had not yet held a course for the staff team. It was also planned for staff to be enrolled on a level 2 course in challenging behaviour.

This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to 2 (c).

A handover was held at the start of each shift, with a written hand over sheet being used. This provided the incoming staff with any information about people's wellbeing. The handovers were also used to discuss and debrief on any incidents that had taken place, so staff were aware of the potential triggers and how the person was supported during the incident. However, one staff also told us the handover only covered the previous 24 hours, which meant that they did not always receive a comprehensive handover when they had been off work for a few days. Other staff told us they asked at handover if there had been any changes they needed to be aware of when they had been off work. This meant staff received up to date information about changes in people's needs, but sometimes had to ask for more details when they had been off work to ensure they were fully updated.

Daily notes were written for each person. We saw these notes were comprehensive and gave a good overview of the activities people had done and the support provided.

We saw the previous manager had completed regular supervisions and an annual appraisal with staff. These included discussions about the support each individual people living at the service needed and any support or training the staff member required. The new manager told us they were planning to complete supervisions for all staff and would hold these on a quarterly basis throughout the year.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was meeting the principles of the MCA. People's capacity was assessed and applications for DoLS had been made where it had been assessed that they lacked capacity to consent to their care and support.

People were registered with a local GP. A health needs checklist had been completed for each person. We saw referrals had been made to the Speech and Language Team (SALT) for a swallowing assessment for one person. Psychiatric appointments were evidenced. This meant people's physical and mental health needs were being met.

Each person had a 'hospital passport' in place. This is a document that details key information about the person's support needs, what they like and don't like and how they communicate. The aim of the document is to assist hospital staff in the event of the person being admitted into hospital.

One member of staff involved people in planning their weekly menu and ensured the required food was bought to meet the menu. Hallal meat was bought where required to meet people's cultural needs. People

were weighed monthly and there were no current concerns about their weight. A food and fluid chart was used; however, it was seen that this was not consistently completed. The new manager had recognised this and was reminding the staff team to complete these documents. One person sometimes refused to eat meals. We observed staff encouraging them to eat, using a 'when you have eaten this we can' technique. The activity offered was one the person had asked to do.

The home was seen to be well maintained. Non-urgent repairs were grouped together and then completed by local handyman service when there were enough jobs for one to be booked.

Is the service caring?

Our findings

Staff were seen to be patient and respectful when supporting people. Staff knew people's needs and how to reduce their anxieties and risks. One relative said, "There are a few new staff but they know [Name] and his support needs" and another told us, "[Name] has settled in really well since they moved here; the staff know him and how to support him." Two relatives also told us their relative was happy living at Cliffemount.

People's communication needs were being met by the service. Some of the people living at Cliffemount had very limited verbal communication. The care plans included detailed information about how people living at the service communicated their wishes and needs. This included descriptions of the unique signs used by one person. Another person used an iPad to communicate their needs. The inspector saw staff were knowledgeable about people's communication techniques and could communicate well with the people living at Cliffemount.

One relative said, "[Name] is coming on with his speaking – he is clearer and repeats words with staff to practice" and another told us, "The staff know how to communicate with [Name]."

People were supported to maintain relationships with their relatives. Relatives could visit at any time and people were supported to use Skype or Facetime to see and speak with their relatives on a daily basis if they wished.

Staff were able to explain how they maintained people's privacy and dignity when providing personal care. This included ensuring doors were closed and leaving people to wash themselves where they were able and safe to do so.

Staff encouraged people to be involved in their own care and support where possible. Care plans included details of what the person could do for themselves and what support they needed from the care staff. For example, one person liked a cooked breakfast and could prepare this for themselves. One person had also been assessed as being able to self-administer their medicines. This was monitored by the staff team each week. This showed that people were encouraged to maintain and improve their independence where possible.

We saw that people's cultural beliefs and needs were recorded and support provided to meet these identified needs. Where appropriate people's families were also involved in supporting people to follow their religious practices. Staff had completed training in equality and diversity as part of their induction.

People's care files were stored in the locked office which meant their confidentiality was maintained.

Is the service responsive?

Our findings

We looked at two care files in detail. We found these identified people's care and support needs and provided guidance for the staff team in how to meet these needs. Care plans included personal care, mobility, living skills, eating and drinking, activities and finances. People's specific routines were also described, for example one person touched the floor or door handles as part of their routines. This was described and guidance given for staff when they did this.

The care plans were up to date. The new manager told us they had arranged for members of staff to be involved in updating and reviewing people's care plans. They would then have oversight of the care plans to ensure they were sufficiently detailed and consistent.

Care plans also included an information sheet which summarised the person's needs, including the triggers and distraction techniques for increased anxiety and challenging behaviour. There was also a two-page profile, which contained brief details about people likes and dislikes, communication and support needs. These were useful for staff to refer to when supporting people, especially new or agency staff.

People were supported to attend activities of their choice. Risk assessments were completed for any new activities being undertaken, which specified the number of staff needed to support the person at the activity. One relative told us, "[Name's] active; he enjoys visiting the airport."

Staff encouraged people to take part in activities; however, guidelines were in place so that people were not overstimulated, which would have an impact on their wellbeing. A social worker told us, "They (the staff) have a balance so there is not too much going on that [Name] gets overstimulated. [Name] tends to relax in the morning and has an activity in the afternoon which is reasonable." A relative also told us, "If [Name] is tired he doesn't go out, but this is not used as an excuse to not do something." They went on to say that this had improved since the new manager had started at the service.

One person undertook voluntary work twice a week at a café. Staff supported them to travel to work and then they stayed on their own. The person told us they enjoyed their job.

The service had a complaints policy in place. No formal complaints had been received since our last inspection. Cliffemount is a small home so relatives were able to speak with staff or the manager when they visited. One relative told us, "I can talk to the new manager" and another said, "I've raised issues and they have been sorted out now."

The people currently living at the service were young adults. Care plans included a section to record people's end of life wishes. The care plans we saw stated that this would be discussed with the person and / or their family when appropriate. We saw staff had completed an on-line training course on end of life care.

Is the service well-led?

Our findings

At the time of our inspection a new manager, who had started in April 2018 was in place who was in the process of applying to be registered with the Care Quality Commission (CQC). They were supported by a new Chief Operating Officer (COO) who was at the home two days a week. The COO had worked at the home previous in the role of cognitive behavioural therapist and had taken up their new role in March 2018.

Relatives said the new manager and COO were approachable and would listen to any concerns they may have and address them.

We received mixed feedback from staff about the recent changes in management at the service. Some staff had welcomed the change and said the new manager and COO had made improvements and would listen to them and act on suggestions made. However other staff members were unsettled due to the previous manager and other members of staff leaving and not knowing why. One staff member said, "I don't know what to believe about what happened."

Prior to our inspection a whistle blower had raised concerns about the financial management and oversight of the service. As reported in the safe section of this report, the provider had not undertaken the required Disclosure and Barring Service (DBS) checks prior to employing new staff. We asked the COO about this, who said this was down to the previous manager not processing the applications as they should have done. However, our investigations have shown that the lack of DBS checks preceded the previous manager's employment. Therefore, the COO had no overview of how long this poor recruitment practice was going on for. We also saw that the staff files were not complete. The COO told us the previous manager had removed information from the files.

The whistle blower had told us that the provider had not paid bills which had led to court orders and bailiff letters stating they would visit the home to seize goods if the amounts owed were not paid. Our investigations have shown that the provider had not paid the council tax due for the home since 2013. We asked the provider about this and they claimed that they had been advised the people living at the home were liable to pay the council tax. However, this is not the case for registered care homes and this fact is easily verified. The council were sending reminders to the provider about the council tax and a payment plan was only agreed when the matter went to court.

Following a court order Cliffemount Community Care Limited had entered a payment plan to repay the arrears for the period 2014 – 2017. However, no payment plan was in place for the monies owed for 2013 – 2014 and 2017 – 2018.

We had also received information that the providers public liability insurance had been cancelled in August 2017, due to non-payment of the monthly premiums. We asked the COO about this, who told us the insurance brokers would not confirm to them if the insurance had been cancelled as they were not known to the broker. The COO therefore purchased a new public liability insurance following our inspection. This meant the provider had been operating without public liability insurance for a period of nine months.

The COO assured us that all utility bills had been paid and there were no outstanding issues involving potential bailiff visits to the home. Following the inspection, the COO contacted the inspector to say the new manager had found an envelope in the office containing letters and bills that the previous manager had not handed on to the provider, which had resulted in their non-payment. Our investigations following the inspection have shown that there had been court judgements about the non-payment of monies owed by Cliffemount Community Care Limited dating from 2014.

Concerns had also been raised with us that Cliffemount Community Care Limited had not paid tax and national insurance deducted from staff wages to the HMRC. A whistle blower had told us they had lost their working tax credit due to this. We saw that Cliffemount Community Care Limited had registered with the HMRC in February 2018 and contracted with a payroll firm to complete staff wages and make payments to HMRC. The COO told us Cliffemount Community Care Limited was in the process of supplying historical payroll data to the payroll company to establish what, if anything, was owed to HMRC.

We had also been contacted by an external investigator prior to this inspection. This matter was still on-going and we were awaiting the outcome from this.

This meant the CQC had serious concerns about the financial management of the home and the financial viability of the provider, Cliffemount Community Care Limited.

The lack of DBS checks, lack of financial management and lack of oversight which allowed the destruction of staff records was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told the director of Cliffemount Community Care Limited visited the service a few times each week. We found the director of Cliffemount Community Care Limited had not fulfilled their statutory responsibilities with regard to the DBS checks and financial management. They had not demonstrated they had the qualifications, competence, skills and experience which were necessary for their position. This was a breach of Regulation 5 (Fit and Proper Persons: Directors) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a 'monthly project audit tool' (PMAT) in place to monitor the quality across the service. This gave an overview of health and safety checks completed, when care plans and risk assessments had last been updated and when staff supervisions and team meetings had been held. The last PMAT completed was in March 2018. The COO told us they were due to introduce the PMAT to the new manager so they would complete it from June 2018. The completed PMAT was sent to the COO and Nominated Individual. A Nominated Individual is a person employed as a director, manager or secretary of an organisation with responsibility for supervising the management of the regulated activity.

We saw that health and safety checks were completed each week. One member of staff had been nominated as health and safety champion with responsibility for completing these checks and reporting any issues found to the new manager. We were also shown correspondence with a specialist health and safety organisation who were due to complete an external audit and advise the service in health and safety matters. Another member of staff completed the weekly medicine audits.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We discussed this with the new manager who was aware of the type of incidents that needed to be reported to the CQC. The CQC had been notified of relevant incidents by the home.

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	<p>Regulation 5 HSCA RA Regulations 2014 Fit and proper persons: directors</p> <p>The director of Cliffemount Community Care Limited had not fulfilled their statutory responsibilities with regard to DBS checks and financial management. They had not demonstrated they had the qualifications, competence, skills and experience which were necessary for their position.</p>

The enforcement action we took:

CQC cancelled Cliffemount Community Care's registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The lack of guidance with regard to the physical intervention techniques to be used if required.</p> <p>Regulation 12 (1) with regard to 2 (a) and (b).</p> <p>The lack of training for new staff in the physical intervention techniques to be used if required.</p> <p>Regulation 12 (1) with regard to 2 (c).</p>

The enforcement action we took:

CQC cancelled Cliffemount Community Care's registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The lack of DBS checks, lack of financial management and lack of oversight which allowed the destruction of staff records.</p>

The enforcement action we took:

CQC cancelled Cliffemount Community Care's registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed DBS checks had not been completed for a period of three years up until April 2018. Staff full employment histories were not documented Information had been removed from the staff files.

The enforcement action we took:

CQC cancelled Cliffemount Community Care's registration