Hamer Cottage

Quality Report

Hamer Cottage
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

We found that:

• Soft furnishings and mattresses were dirty and heavily stained.

• There was poor maintenance throughout the building and equipment.

• Food was not being stored appropriately and there was a small amount of out of date food stored in cupboards.

• There was no legionella testing and monitoring to ensure that adequate measures were in place to control the risk of exposure to legionella bacteria.

• The registered manager had made several requests to the owner to try to address various aspects of the cleanliness and maintenance of the premises but these had not been actioned.

• Staff were not always ensuring fire safety as doors were wedged open, noticeboards were not updated and fire safety checks were not occurring as regularly as the policy stated.• The quality checks were not robust and had failed to fully address these issues.

• There were not appropriate contingency arrangements to ensure that, in the event of absence, Hamer Cottage would be appropriately staffed.

• There was not an overall system for checking whether this service was continually meeting all of the regulations required whilst they were registered with the Care Quality Commission.

As a result of what we found, we issued the provider with warning notices in December 2015 in relation to regulation breaches about premises due to poor cleanliness and maintenance and the quality checks in place.

In the warning notices, we told the provider they need to take action by January 2016 to improve the cleanliness and by March 2016 to improve the management and quality assurance of the service.

We would normally return after these dates to check that improvements had been made. However, the provider has told us that they have closed the service and we are processing the cancellation of their registration.

Summary of findings

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Background to Hamer Cottage

Hamer Cottage provides 24 hour care and treatment for people who are recovering from alcohol or substance misuse. The service is based just outside Rochdale city centre. It has 13 beds over three floors. The service provides residential rehabilitation and recovery through offering a range of individual and group based work. The service accepts nationwide referrals from male and females aged 18 or over. The service accepts referrals for people who are NHS funded.

The service is registered with the Care Quality Commission to provide accommodation for persons who require treatment for substance misuse. Shanna Maling Lancaster was the registered manager. At the time of this inspection in December 2015, there were nine people receiving care and treatment at the service.

We have inspected Hamer Cottage twice before. We last inspected Hamer Cottage on 4 April 2013 and found that it was meeting all the standards we looked at on that inspection.

In January 2016, the provider told us that they have closed the service and we are processing the cancellation of their registration.

Our inspection team

The inspection team consisted of three inspectors.

Why we carried out this inspection

We carried out a focused inspection to look at concerns raised with us about the cleanliness and infection control arrangements in place at Hamer Cottage. We looked into the concerns raised to see whether the service was safe and well led.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

On this focused inspection, we looked into the concerns raised to see whether the service was safe and well led. On this inspection we did not look at the other key questions. We do not currently rate independent substance misuse services.

Before the inspection visit, we reviewed information that we held about the location. We carried out a focused unannounced inspection on the 7 December 2015. During the inspection visit, the inspection team:

- spoke with the manager
- spoke briefly with two people who used the service
- reviewed six care records of people using the service
- looked at the environment and in particular the cleanliness, infection control and fire safety arrangements
- looked at a range of policies, procedures and other documents relating to the health and safety arrangements and the running of the service.

Summary of this inspection

What people who use the service say

We spoke briefly with two people who used the service. People commented that they felt well supported at Hamer Cottage. They stated that they found staff very helpful and supportive. People told us they liked their rooms and did not have any concerns.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that:

- Soft furnishings and mattresses were dirty and heavily stained.
- Some items of equipment were not maintained for example furniture equipment which were showing signs of wear and tear.
- There was poor maintenance throughout the building.
- Food was not being stored appropriately and there was a small amount of out of date food in the cupboards.
- The arrangements to manage cleaning equipment and cleaning were not sufficiently robust.
- There was no legionella testing and monitoring to ensure that adequate measures were in place to control the risk of exposure to legionella bacteria.
- The registered manager had made several requests to the owner to try to address various aspects of the cleanliness and maintenance of the premises but these had not been actioned.
- Staff were not always ensuring fire safety as fire doors were wedged open, noticeboards were not updated and fire safety checks were not occurring as regularly as the policy stated.

However:

- We saw that some improvements had been made following a visit from an infection control specialist; such as improved cleanliness around the taps in the vanity units and improved overall cleaning in the bathrooms as a result of advice given.

Care plans and risks assessments for people who used the service were detailed.

As a result of what we found, we have issued the provider with warning notices in December 2015 in relation to regulation breaches about premises due to poor cleanliness and maintenance. We have told the provider they need to take action by January 2016 to improve the cleanliness. We would normally return after this date to check that improvements had been made. However, the provider has told us that they have closed the service and we are processing the cancellation of their registration.

Are services well-led?

We found that:

Summary of this inspection

- Prior to our inspection, the service received verbal advice from a visiting infection control nurse who highlighted areas of cleanliness and maintenance to the staff on duty. This meant that the provider's own systems had initially failed to maintain appropriate standards of cleanliness.
- There was continued poor cleanliness and maintenance of the premises and equipment. This meant that the provider had failed to fully act on feedback from the visiting professional and failed to improve cleanliness and maintenance standards as a result.
- There were no arrangements in place regarding legionella tests and monitoring to ensure that adequate measures were in place to control the risk of exposure to legionella bacteria.
- The management of fire safety risks were insufficient to adequately protect people using the service.
- The contingency arrangements in place to ensure that, in the event of absence, Hamer Cottage would be appropriately staffed were not sufficient.
- There was not an overall system for checking whether this service continually met all of the regulations when they registered with the Care Quality Commission.

As a result of what we found, we have issued the provider with warning notices in December 2015 in relation to regulation breaches regarding the management and quality assurance of the service. We have told the provider they need to take action by March 2016 to improve the quality assurance arrangements. We would normally return after this date to check that improvements had been made. However, the provider has told us that they have closed the service and we are processing the cancellation of their registration.

Substance misuse services

Safe	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- Prior to our inspection, the service received verbal advice from a visiting infection control nurse who highlighted areas of cleanliness and maintenance to the staff on duty.

On this inspection, we found that:

- We saw that, as a result of this advice, some improvements had been made such as improved cleanliness around the taps in the vanity units and improved overall cleaning in the bathrooms.
- All the sofas in the main lounge area were dirty and heavily stained. Temporary throws had been placed on the sofas.
- Throughout the home, mattresses used by service users were heavily stained and showing signs of wear and tear. There was a mattress audit, completed on 23 October 2015, which highlighted the need for replacement mattresses in some rooms or other action to be taken. However, sufficient action had not been taken to address the poor results of the mattress audit.
- In the kitchen, the cooker hood was dirty.
- Some items of equipment that were not maintained, with furniture that was showing signs of wear and tear, for example, bedroom wardrobes and drawers and the armchair in bedroom four.
- There was poor maintenance throughout the building. The maintenance issues included:

- a cracked bath panel on the lower ground floor

- damp in the stairwell at the very top of the building and on the external facing wall in bedroom 12

- in the kitchen area, the kitchen units had broken kickboards and the under sink cupboard showed significant water damage

- a window on the stairs was smashed with a small amount of exposed glass edges without any remedial action to ensure people's health and safety

- in the bedrooms, vanity units were showing signs of wear and tear with the integrity of the surround being damaged, for example, in bedroom two

- carpets throughout the building were stained and required cleaning, for example, the carpet in the dining area

- carpets in some parts of the building were showing signs of wear and tear and had been temporarily repaired with duct tape, for example, in the stairwell.

The provider did not therefore make sure that the premises and equipment where care and treatment were delivered were clean, maintained and used properly which may put the health and safety of people who were using the service at risk.

- At lunchtime on the day of the inspection, we found cooked food (including cooked meat, cooked vegetables, Yorkshire pudding and a chocolate cake) left out on the cooker and kitchen worktops. The meat and cake were uncovered and showing levels of dryness consistent with being left uncovered for some time. A staff member informed us that people were encouraged to cook their own food and the food that was uncovered was from the previous day's lunchtime meal. This meant that food was not being stored appropriately, contrary to guidance on the prevention of infection when food was prepared and then stored, and people were therefore at risk of food poisoning.
- Whilst there was a system to use colour coded mops within the home to prevent cross contamination, the system was not properly operational so mops and buckets of different colours were stored together and mops were not hung to dry, contrary to guidance on the prevention of infection.
- The arrangements to manage cleaning fluids safely under the Control of Substances Hazardous to Health (COSHH) Regulations were not sufficiently robust. This was because cleaning fluids (which were domestic style cleaning products including products with bleach) were kept in a cupboard that was not locked when we toured the premises. There were no individual hazardous substance assessments or alert sheets detailing the

cleaning products used and the precautions that needed to be taken by people using these products. We saw the location's COSHH policy was a one page policy which did not outline fully the responsibilities and steps needed to ensure that the service worked within the COSSH guidelines.

- There was no legionella testing and monitoring to ensure that there were adequate measures to control the risk of exposure to legionella bacteria. For example, there were a number of empty bedrooms with vanity units and there was no system to ensure that hot water taps and showers which were not being used were turned on or checked regularly to help prevent exposure to legionella bacteria.
- The maintenance book for the home was not adequately maintained. The maintenance jobs were written clearly. However, where a repair was undertaken it was reported as done without recording a date when the repair had been carried out or there was no action stated alongside the recording of certain maintenance jobs. This meant that it was difficult to understand which maintenance work had been actioned and when. There were a number of outstanding maintenance jobs according to the maintenance book.
- There was not a copy of the current gas safety certificate on the registered premises available for inspection.
- The registered manager had made several requests by email in September, October and November 2015 to one of the directors who was responsible for authorising expenditure, to try and address various aspects of the cleanliness and maintenance of the premises that we had also identified. At the time of our inspection, many of the issues identified in these emails regarding cleanliness and maintenance of the premises had not been actioned.
- This meant that the provider was failing to make sure that the premises and equipment where care and treatment were delivered were clean, maintained and used properly. The provider was also failing to maintain appropriate standards of hygiene at Hamer Cottage.
- Staff were not always undertaking regular fire safety and environmental checks daily, weekly and monthly. Records showed that these checks had been carried out on a sporadic basis and had not always been carried out as regularly as stipulated in the provider's fire procedure. For example, fire drill logs, means of escape checks and fire extinguisher checks were required weekly but records showed these checks occurred on a sporadic basis and regularly on a less than monthly basis.
- There were no notices displayed throughout the building to indicate that fire doors should be kept shut.

This meant that the provider was therefore failing to make sure that the premises and equipment where care and treatment was delivered was clean, maintained and used properly. The provider was also failing to maintain appropriate standards of hygiene at Hamer Cottage. As a result of what we found, we issued the provider with warning notices in December 2015 in relation to regulation breaches about premises and equipment due to poor cleanliness and maintenance. We told the provider they need to take action by January 2016 to improve the cleanliness and maintenance. We would normally return after this date to check that improvements had been made. However, the provider has told us that they have closed the service and we are processing the cancellation of their registration.

Safe staffing

- There was a registered manager at Hamer Cottage who worked during office hours.
- There were four other members of staff employed by the provider and a volunteer worker. Staff had duties including providing care and treatment, as well as cleaning and cooking alongside people who used the service, as the provider did not employ cleaners or cooks. One member of staff was on duty at night doing a sleep in shift.
- There were no bank staff employed and no arrangements with relevant agencies to provide agency staff. The service was operating with a small number of staff, so if someone went off sick other staff members would be asked to do overtime, having already worked long days. This meant that the contingency staffing arrangements were not sufficient to ensure that, in the event of absence, Hamer Cottage would be staffed appropriately to provide the appropriate rehabilitation programmes for people recovering from substance misuse.

Assessing and managing risk to patients and staff

Substance misuse services

- The management of fire safety risks were insufficient to adequately protect people using the service. We saw fire doors were wedged open throughout the building and fire doors were not marked to ensure people were aware the doors should be kept closed. This was a particular risk because the provider permitted smoking in bedrooms throughout the building. People had individual risks assessments regarding smoking in bedrooms and the overall policy stated that fire doors should be kept closed at all times and doors leading to communal areas were kept closed whilst smoking was taking place.
- We saw that the fire door to the laundry was wedged open with a large heavy weight, which also posed a tripping hazard.
- We saw that the fire noticeboard was not kept up-to-date. This contained details of people who had been discharged from the service. Details of newly admitted people were not included on the board so in the event of fire, the board was not an accurate record of the people being cared for and residing at the home. The board did not accurately record who was in or out of the building. This meant that in the event of a fire staff would not be able to account for who was in or out of the building.
- Staff failed to complete the relevant checks as stated in the fire safety policy to manage the risks associated with fire safety. For example, the daily, weekly and monthly tests were not occurring with the regularity stated in the policy and were occurring on a sporadic basis.
- We saw there was a small amount of out of date food stocked in the kitchen, which consisted of mostly dry products such as gravy granules etc. We saw there was no food labelling system in place for food that was opened and then stored and when fresh food was frozen. We saw food that was cooked and left out uncovered. This meant that the provider did not have appropriate checks in the kitchen to ensure that people were not put at risk of infection when food was prepared and then stored.
- People at Hamer Cottage managed their own medicines. We saw that each person had a locked cabinet in their rooms that was used to store medicines. We checked and medicines were appropriately locked away in the cabinets. One person was receiving support with their medicines and we saw that appropriate storage and records about the management of their medicines were maintained, including consent to self-administer and appropriate risk assessments in place.
- We looked at six care records and plans to understand how people were cared for, how risks were managed and to check whether regular audits of plans of care were occurring. The service managed risks from people using alcohol and illicit substances through a small number of restrictions that people consented to on their admission. This included participating in the programmes and agreeing to drug testing if ongoing drug use was suspected whilst people were undergoing treatment. Care plans and risk assessments were well completed with detailed information about people's journey to recovery, individual key worker sessions and the management of risks.
- People were provided with a range of treatments in the form of education, counselling and group sessions to promote their recovery from substance misuse. The written plans of care in people's files had good information about the care, treatment and recovery goals for people being treated by the service.

Are substance misuse services well-led?

Good governance

We found that:

- Prior to our inspection, the service received advice from a visiting infection control nurse who highlighted areas of cleanliness and maintenance to the staff on duty. This meant that the providers own systems had initially failed to maintain appropriate standards of cleanliness. We saw that some improvements had been made such as improved cleanliness around the taps in the vanity units and improved overall cleaning in the bathrooms as a result of this advice.
- On this inspection we found continued issues with the cleanliness and maintenance of the premises and equipment. This meant that the provider had failed to fully act on feedback from the visiting professional and failed to improve cleanliness and maintenance standards as a result.

Substance misuse services

- There were no arrangements in place regarding legionella tests and monitoring to ensure that adequate measures were in place to control the risk of exposure to legionella bacteria.
- The management of fire safety risks were insufficient to adequately protect people using the service. We saw fire doors were wedged open, the fire notice board was not up-to-date and the relevant checks were not always being carried out to ensure fire safety and fire doors were not marked to ensure people were aware the doors should be kept closed. This was a particular risk because the provider permitted smoking in bedrooms throughout the building.
- There was not a copy of the current gas safety certificate available for inspection on the registered premises.
- There was sufficient staff to cover the current shifts. However, the contingency arrangements were not sufficient to ensure that, in the event of staff absence, Hamer Cottage would be appropriately staffed.
- There was not an overall system for checking whether this service was continually meeting all of the regulations required when they continue to be registered with CQC
- This meant that the provider did not have an effective system designed to enable them to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk.
- When people transferred between Hamer Cottage and the associated independent flats (also managed by the provider), appropriate and clear records were not always maintained regarding the reasons for transfer and clear financial information. We passed this information to the relevant local authorities who were currently funding placements to look into this.

However, we found that:

- There was a registered manager who had experience of managing substance misuse services. They had attempted to improve the premises and equipment through contact with the director.
- The service sought the views of people using the service through regular meetings and took action to address concerns raised by people. Community meetings were taking place routinely once per week. Minutes of the meetings confirmed that people's views were sought and action taken.

As a result of what we found, we have issued the provider with warning notices in December 2015 in relation to regulation breaches in relation to the management and quality assurance of the service. We have told the provider they need to take action by March 2016 to improve the quality assurance arrangements. We would normally return after this date to check that improvements had been made. However, the provider has told us that they have closed the service and we are processing the cancellation of their registration.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure the cleanliness of Hamer Cottage is improved through thorough cleaning or replacement of soft furnishings and mattresses throughout Hamer Cottage.
- The provider must appropriately maintain the building through repairing or replacing a broken window and addressing small areas of damp within the building.
- The provider must improve fire safety arrangements including ensuring that fire doors are appropriately labelled and kept shut and through ensuring that the fire board is regularly updated.
- The provider must improve the arrangements for the preparation and storage of food including ensuring that cooked food is properly covered and stored and food stocks are checked to ensure that food is not out of date.
- The provider must improve the quality assurance arrangements to ensure that issues identified for improvement are actioned within reasonable timescales and ensure that appropriate health and safety checks are carried out on an ongoing basis including checks for legionella bacteria and checks to meet the Control of Substances Hazardous to Health (COSHH) Regulations.

Action the provider SHOULD take to improve

The provider should ensure that when people are transferred between Hamer Cottage and the associated independent flats managed by the provider that appropriate and clear records are kept which include records relating to the reasons for the transfer and the financial arrangements where public funds are utilised.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment Regulation 15 Premises and Equipment The provider did not make sure that the premises and equipment where care and treatment were delivered were clean, maintained and used properly. The provider was also failing to maintain appropriate standards of hygiene at Hamer Cottage. Therefore the provider was failing to comply with regulation 15 (1) a and e and 15 (2). • There was poor cleanliness, especially of soft furnishings and mattresses throughout Hamer Cottage. • There were areas of the premises and some equipment which required repair or maintenance. • Fire doors were not appropriately labelled and kept shut and the fire board was not regularly updated. • Cooked food was not properly covered. • There were no legionella testing or monitoring. We served a warning notice to be met by 28 January 2016.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 Good Governance The provider and registered manager were failing to protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment because they did not have an effective system designed to enable them to identify, assess and manage risks relating to the health, welfare and safety of service

This section is primarily information for the provider

Enforcement actions

users and others who may be at risk from the carrying on of the regulated activity. Therefore the provider was failing to comply with regulation 17 (1) and 17(2) (b). This was because:

- Prior to our inspection, the service received advice from a visiting infection control nurse who highlighted areas of cleanliness and maintenance to the staff on duty. This meant that the providers own systems had initially failed to maintain appropriate standards of cleanliness.
- There was overall poor cleanliness and maintenance of the premises and equipment. The provider had failed to fully act on feedback from the visiting professional and failed to improve cleanliness and maintenance standards as a result.
- There were no arrangements in place regarding legionella tests and monitoring to ensure that adequate measures were in place to control the risk of exposure to legionella bacteria.
- The management of fire safety risks were insufficient to adequately protect people using the service.
- The contingency staffing arrangements in place were not sufficient to ensure that in the event of absence that Hamer Cottage would be appropriately staffed.
- There was not an overall system for checking whether this service was continually meeting all of the regulations required whilst they were registered with us.

We served a warning notice to be met by 28 March 2016.