

Carrwood House

# Carrwood House

## Inspection report

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Inadequate



Is the service well-led?

Inadequate



### Overall summary

We carried out this inspection on 9 and 12 October 2015 and both days were unannounced. This meant no-one at the service knew that we were planning to visit.

The service was last inspected on 12 December 2014 and was not meeting the legal requirements of the regulations for person-centred care, safe care and treatment, premises and equipment, good governance and staffing. The provider was asked to send us a plan of actions that they would take to meet the legal requirements in relation to each breach in regulation. At the time of this inspection we hadn't received this plan. We checked that the registered provider had become compliant with legislation during our inspection and

found improvements were still required with regard to person centred care, premises and equipment, good governance and staffing. In addition we found the service was not meeting the legal requirements of the regulations for consent, dignity and respect, and requirements to display performance assessments.

Carrwood House is registered to provide accommodation and personal care for up to 16 adults with learning disabilities and mental health needs. The home is situated in the Grimesthorpe area of Sheffield and is close

# Summary of findings

to local amenities. The home has a communal lounge and dining room, access to a garden and a small car park. There were 11 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 in the process of registering with the Care Quality Commission.

People who lived at the service and staff told us the manager was approachable and supportive.

People told us the service and the staff were "alright".

Staff received training and some support to undertake the job they were employed to do.

Staff recruitment procedures were in place which meant that people were cared for by suitably

qualified staff who had been assessed as safe to work with people.

Staff demonstrated an understanding of their responsibilities to protect people from abuse.

We found systems were in place to make sure people received their medicines safely.

People had access to a range of health care professionals to help maintain their health.

We saw there were not enough staff available to care for people adequately and to meet all of their needs.

Staff didn't always uphold people's dignity or treat them with respect.

There were four activities available during the week for people to take part in. We were told and we saw that these did not always take place.

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

People were offered a limited selection of food and drinks.

We saw some care records that reflected individual needs and preferences. However, there was no evidence that mental capacity assessments had been completed.

We found the home was not completely clean and there was a strong odour of stale cigarette smoke. There was not enough equipment or adaptations in place to support people with physical disabilities to be as independent as possible

There were not systems in place to monitor and improve the quality of the service provided. Regular checks and audits were not undertaken to make sure the policies and procedures in place were properly followed.

At the last comprehensive inspection this provider was placed into special measures by CQC. This inspection found that there was not enough improvement to take the provider out of special measures.

CQC is now considering the appropriate regulatory response to resolve the problems we found.

# Summary of findings

## 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 always safe.

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

The premises were not completely clean and there was not appropriate equipment and adaptations available to support people to be as independent as possible.

We found systems were in place to make sure people received their medicines safely.

Support staff told us they had safeguarding training and understood what they needed to do to if they suspected a person may have been abused.

Staff recruitment procedures were adhered to, which meant that people were cared for by suitably qualified staff who had been assessed as safe to work with people.

**Requires improvement**



### Is the service effective?

The service was not always effective.

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

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

Staff received appropriate training and had varying amounts of supervision to support them to undertake their jobs.

**Requires improvement**



### Is the service caring?

The service was not always caring.

We saw that people were not always treated with dignity and respect.

We did not see people being actively encouraged to engage in meaningful conversations.

We did not see any positive interventions to support people living at Carrwood House

**Requires improvement**



### Is the service responsive?

The service was not responsive.

Not all people's care plans were complete.

There were risk assessments on people's care records, however there was little information on what actions staff should take to minimise the identified risks.

**Inadequate**



# Summary of findings

There was a lack of stimulating activities available for people to participate in. People were not encouraged to engage in activities that would promote their independence and improve their health and wellbeing.

## Is the service well-led?

The service was not always well-led

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

The views of staff were sought however there was no record of any actions or improvements being made as a result of these meetings.

There was no evidence of regular quality audits being undertaken.

Most people who used the service and most staff told us the manager was approachable and supportive.

The service had a full range of policies and procedures available to staff.

**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 9 and 12 October 2015 and both days were unannounced.

On 9 October 2015, the inspection was carried out by an adult social care inspector, an adult social care inspection manager and an expert by experience. 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 12 October 2015 the inspection was carried out by an adult social care inspector.

We reviewed the information we held about the service, which included correspondence we had received and 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 had been jointly monitoring the service and trying to support the provider to improve as they had concerns regarding the level of risk to people who used the service.

During the inspection we spoke with six people who lived at Carrwood House. Not everyone living there wanted to speak with us. We met with the manager and operations director. We interviewed four members of staff. We spent time looking at written records, which included four care records, four staff records 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 people receiving medicines while we were there.

# Is the service safe?

## Our findings

During our last inspection on 12 December 2014 we found evidence of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. Care and treatment must be provided in a safe way, including the proper and safe management of medicines. During this inspection, which took place on 9 and 12 October 2015 we found improvements had been made in this area.

We observed medicine administration by the senior support worker during our inspection. We saw medicines were clearly labelled and locked away. The senior support worker checked the medicine packet for each person before giving out the medicine and afterwards signed the medication authorisation record (MAR) to confirm the medicine had been given. We checked MAR charts. Each person had a photograph of themselves to identify who they were on their individual care record. There were no unauthorised gaps where medicines were unused or the person had refused to take them in the MAR charts we looked at. This is good practice and means medicines are accounted for and kept safe at all times.

During our last inspection on 12 December 2014 we found evidence of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. During this inspection, which took place on 9 and 12 October 2015 we found some improvements had been made with keeping accurate records.

We saw an up to date business continuity plan which gave information on what to do and who to contact in a variety of situations, such as extreme weather conditions. We saw an up to date fire risk assessment and the care records we looked at all contained personal emergency evacuation plans in case of fire. We spoke to the fire safety officer who had inspected Carrwood House previously and they confirmed the service was now compliant in all areas.

During our last inspection on 12 December 2014 we found evidence of a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. During this inspection, which took place on 9

and 12 October 2015 we found there continued to be in sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet people's care and treatment needs.

On the 9 October 2015 there was one senior support worker and one support worker on duty, in addition to one cleaner and an administration manager both working until 2pm. The manager and operations director were also present. The manager told us there should have also been a cook on duty, however the cook was on annual leave and no cover had been obtained. This meant the support workers had to undertake the preparation and cooking of meals. During the afternoon of 12 October 2015 there was one senior support worker and one support worker on duty, the manager was also present. I asked the manager if I could talk to the cook. I was told the cook was due back at work today but had been unable to attend. No cover was available and support staff continued to prepare and cook meals. This meant that on both days we were there support staff were carrying out additional tasks which took time away from their duties as support workers.

On 9 October 2015 we saw a support worker leave the premises to assist a person to attend a dental appointment in the morning. This meant one support worker remained on duty at Carrwood House who also had responsibility for preparing lunch while their colleague was absent from the building. One member of staff told us "if we had three care staff on, we could get people out more. A lot of people would like to go out at lunch [time] but we cannot do this on current staffing." No-one we spoke to raised any concerns about staff knowing their jobs. One person said that it was "always the same staff working and that one of the care staff had to do the cooking but that they were coping."

The manager and operations director told us there were enough staff to meet the needs of the people living at Carrwood House. They showed us the staffing dependency tool they used to work out how many staff were required to meet people's needs during the day and night. 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 that every person had a care needs assessment completed on 6 August 2015 and overall this tallied with the amount of staff we were told should be on duty each day. We cross

## Is the service safe?

referenced the care needs assessment with three people's support plans. The information on each support plan indicated the person had higher levels of need than those recorded on their care needs assessment. This means that the staffing dependency tool used did not accurately reflect the high levels of need these three people had.

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

During our last inspection on 12 December 2014 we found evidence of a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Premises and equipment. During this inspection, which took place on 9 and 12 October 2015 we did not find all of the premises and equipment provided by the service to be clean and maintained to a standard of hygiene suitable for the purpose for which they were being used.

We looked round the premise with the manager when we arrived. We saw there was building work being carried out to refurbish the premises. We saw one bedroom that had recently been refurbished that was clean and personalised. Another bedroom we saw smelt of urine and the bedding had been removed. Staff told us they hadn't had chance yet to clean the bedroom and the person living there was incontinent. A third bedroom we were shown contained just a single bed and basic furniture. The lounge furniture was worn. We saw a broken chandelier in the hall, dirty/rusty metal tables and chairs in the backyard, missing skirting boards in one of the toilets, a wobbly dining table and two clocks that had stopped. This gave an overall impression of an unkempt and neglected appearance to the premises.

There were two communal bathrooms for people, one of which also had a separate shower unit. We were told the bathroom with the separate shower unit had recently been refurbished. The bath did not have any grab rails to assist with getting in or out of it and the shower was not a level access as there was a raised shower tray. Some people living at Carrwood House had been assessed as needing assistance and/or encouragement with personal care. This meant one of the baths and the shower was not accessible without staff support for people requiring assistance to mobilise.

There was also a separate toilet on the first floor (in addition to two more on the ground floor). We saw it was in

a room that had previously been a shower room. The shower head was still on the wall, and the drainage hole in the floor. A washbasin was propped against a wall, but not plumbed in. There was no hand gel. This meant there was nowhere readily available for a person to wash their hands after using that toilet.

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

None of the people we spoke to raised any concerns about abuse or mistreatment and they all said they felt safe. We saw evidence that all support workers had received training on safeguarding within the last 12 months. Support staff we spoke with confirmed they had been provided with safeguarding training so they had an understanding of their responsibilities to protect people from harm. Support staff were also clear of the actions they should take if they suspected abuse had taken place so that correct procedures were followed to uphold people's safety. We were told cleaners and administrators did not receive any training on safeguarding vulnerable adults. This meant they may not be able to recognise the signs of abuse while carrying out their duties at Carrwood House.

CQC had not been notified of any safeguarding incidents at Carrwood House since the previous inspection. We checked with the local authority, where safeguarding incidents should be reported be under the South Yorkshire adult safeguarding protocols. They confirmed that they had not received any safeguarding referrals for anyone living at Carrwood House for at least twelve months. We saw there was a whistleblowing policy in place and staff had signed to say they had read it. A whistleblower is a person who raises a concern about a perceived wrongdoing in their workplace or within the NHS or social care setting.

The manager told us she held bank cards and cash for six people in the office safe. All financial transactions were recorded and this helped to keep their money safe. We were told Carrwood House staff did not manage anyone's money on their behalf. Where a person was assessed as not being able manage their financial affairs then the local authority commissioned this support from another provider.

We looked at four staff files. Each contained acceptable references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information

## Is the service safe?

about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This confirmed that recruitment procedures in the home helped to keep people safe.



# Is the service effective?

## Our findings

During our last inspection on 12 December 2014 we found evidence of a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. During this inspection, which took place on 9 and 12 October 2015 we found some improvements and staff were now receiving some support, in the form of supervision and training to enable them to carry out the duties they were employed to perform. We saw that the service had a supervision and appraisal policy. 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.

The supervision policy didn't include how often supervision should happen. The manager told us she would ideally like to meet with staff every two months for supervision, but was not currently meeting that target. She was waiting until she had been at the service twelve months before completing staff appraisals. The manager told us she received regular support from the operations director.

We looked at four staff files, of which two held a written record of an appraisal taking place in 2013. The frequency of supervision records were varied. One file contained evidence of the member of staff having three supervision sessions since the beginning of the year, while other members of staff had only one record of supervision on their file. Staff told us the manager was approachable and they confirmed they did have supervision.

We and were shown a copy of the training matrix. This showed us that support staff were provided with some training necessary to undertake their jobs. There were some gaps, particularly around end of life care, dignity, and equality and diversity. In some cases a date in the future had been identified when the member of staff would be undertaking the training. Support staff told us they would benefit from further training in working with people with a mental health diagnosis and or learning disabilities and managing aggression. This specific type of training was not identified on the training matrix.

During our last inspection on 12 December 2014 we found evidence of a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care. During this inspection, which took place on 9 and 12 October 2015 we found the service did not always respect and involve people.

We asked people what their opinions were of the food provided.

One person said, "I think it's all right. You get your sandwiches and all that," and "you eat whatever they put out, what they give you. Semolina's not very nice." We asked if they could have something else if they didn't like what was on the menu and we were told, "they'll give you something else. They'll do egg on toast or a chip butty." We asked another person if they could make themselves a tea or coffee whenever they wanted. They said, "You get what you're told. Do you know what I mean?"

Another person told us the food was "not bad" and said their favourite meal was fish and chips. They said they had fresh vegetables "every so often" and mentioned sprouts, cabbage and carrots.

One person said, "The food's not too bad. Three meals a day. It's usually meat, stew and veg. We have pizza quite a bit, or full English [breakfast]. The veg is usually fresh but sometimes from the freezer. My favourite is spag bol. The worst is sweet and sour. You can make a drink when you want one. Cold drinks are sometimes out. You can ask. Sometimes I ring up for a take-away delivery, pizza, kebab, chicken and chips."

The kitchen was not accessible to people living at Carrwood House. The kitchen door could only be unlocked by a member of staff. We saw there was a flask of hot water on the side in the dining room, along with teabags, coffee and a small worktop fridge next to it with milk and a jug of squash so people could help themselves to drinks. The flask and containers did not look clean and we saw that mugs were available, but there weren't any glasses available for cold drinks. This was not conducive to creating an environment that was inviting or encouraging people to drink. On the days of our inspection we didn't see any snacks available for people to help themselves to throughout the day. One person told us the staff

## Is the service effective?

sometimes leave snacks out (biscuits, oranges, apples). They said, “You ask and get it if they’ve got it.” They said they sometimes had hot chocolate, but they hadn’t always got it.

Some people had specific dietary requirements. One person required Halal meat. The manager said that if this person didn’t want to, or couldn’t eat what was on the general menu for the day, they had their own choice of food, for example cheese on toast, chip butties or onion bhajis. Another person who had difficulties with gripping things with their hands was given tea in a beaker to reduce the risk of spillages and to make it easier to hold.

Almost all references to food we heard and saw were about processed food. On the first day of the inspection visit, one person told us they had fish and chips for lunch in a café and it was going to be fish and chips for dinner that night as well. We did not see anyone being offered a different, freshly cooked meal as an alternative and no encouragement was offered by staff to try something new. There was some information about ‘5 a day’ stuck on a wall in the dining room which looked as if it had been there quite a while as it had faded in the light and we didn’t see anyone reference it while we there. The menu board in the dining room was blank and the menu plan that we and staff were able to see was in the kitchen. It didn’t contain many references to vegetables or fruit. Meals on the menu were mainly processed food, for example pizza, and fish and chips.

The manager and one of the people living at Carrwood House told us they had meetings every three or four months where food options were discussed. We were told “they talk about what the food’s like and things to do - pies and chips and that.” There were no written records of the meetings available so we were unable to see what different options were discussed and whether healthy eating was encouraged.

This continued 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) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in

people’s best interest. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS are part of this legislation and ensures that where a person without capacity may be deprived of their liberty that the least restrictive option to keep them as safe as possible is taken. 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.

Support staff told us they had training around MCA legislation and DoLS. We saw evidence of this taking place on the training matrix. Support staff we spoke to had limited understanding of MCA legislation and DoLS. One member of staff told us “no-one here lacks capacity” and they had “never completed a capacity assessment.” One of the care records we looked at indicated a person required covert medication for pain relief. This is when medication is given to a person without their knowledge or consent, for example crushed up in food. There was no assessment of this person’s capacity on their care record. We spoke to the manager about this who told us that there had been a recent best interest assessment undertaken by the local authority around this issue and they were waiting for the written outcome of this. Another care record we looked at indicated that a person may have fluctuating capacity. This meant there may be times when a person can consent to care and treatment but other times when they may not be able. None of the care records we looked at made any reference to a person’s level of capacity and possible impact on their care and treatment.

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

We checked that people had access to healthcare services and received ongoing healthcare support. We saw information in people’s care files that health professionals were contacted in relation to people’s health care needs such as doctors and the community mental health team. This was confirmed by the people who used the service. This meant staff involved professionals, so that people received appropriate support to manage their physical and mental health needs.

# Is the service caring?

## Our findings

One person told us, “It’s alright here.” And, of the staff, “They’re alright.” Another person said, “The staff are alright. They don’t shout but they get annoyed if you make a mess or don’t tidy your bedroom. They pull you up. They remind you and warn you that it’s not going to happen again. They don’t threaten you, they just keep telling you.”

We saw staff interacting with people in a basic, matter of fact way. When staff spoke with us about people, they did not refer to them in a holistic, person-centred way, for example, they did not make reference to their history, likes, preferences, needs, hopes and goals in life. They told people what was happening during the course of the day and they asked people to tell us what activities they had been up to.

We saw one person being supported to go to a dental appointment. The person didn’t appear to have any support to get ready to go out, as the person’s top had quite a large dirty mark on it and they were wearing slippers rather than shoes. The support worker took the person out of the house without talking to the person about the suitability of their appearance for going outside to attend a dental appointment. We saw another person who had dirt engrained on their hands and clothing. Staff told us that the person had put clean clothes on that morning and they always got dirty very quickly.

We asked one person if staff usually knocked on their door before entering. We were told that sometimes they

knocked and sometimes they just opened the door. The person said it was possible that they opened the door because they had not heard them knocking. When we were shown round the premises we had to stop staff from opening doors to people’s rooms for us to have a look around. We had to remind staff that people needed to give consent for anyone to enter their room and not doing this, showed a lack of respect for those people as individuals.

We were told that one person sleeps during the day and gets up at night. No explanation was given to us as to why this was the case. There was no assessment as to whether this was their choice and therefore no plan to support the person to reverse this pattern if they wanted to.

We heard and read staff describing the behaviour of some people with negative words, using terms such as “sneaky [behaviour],” and “exaggerates and plays on [their illness].”

We saw staff engage in conversation with people who were using the communal lounge and dining area. We did not see evidence of any proactive ways to engage with people who were in other areas on the premises. We saw a poster advertising a coffee morning at 11am every Friday, however, this did not take place on the Friday we were there. We asked staff about this and we were told it was difficult to get everyone together, however, we did not see any staff encouraging the people that were there to get together and have a drink and socialise.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Dignity and respect

# Is the service responsive?

## Our findings

During our last inspection on 12 December 2014 we found evidence of a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care. During this inspection, which took place on 9 and 12 October 2015 we found the service did not always ensure the preferences and needs of people using the service were met.

We looked at four people's care records. These all held a photograph of the person and half of them had detailed personal information in the 'my life' section of their record. In the other two files this section was completely blank. We spoke to the manager about this and she told us they were working through updating everyone's files and any blank sections would be completed.

Each of the four care records contained a lot of information about the person's level of need in all areas of daily living, such as mobility, sleeping and maintaining a safe environment. There was little information on how to work with the person to meet the identified needs. Most sections had been reviewed at least once in the last twelve months. However, each review recorded 'no change' and 'no action required.' There was no record of any discussions taking place or any signature to suggest the person had been involved in the review of their own needs. One person told us they had a key worker. They said that their keyworker "does his reviews but they don't do it now unless there's an issue. They used to when I first came. I think they do reviews on you."

In the dining room we saw the word 'Activities' had been cut out in large, coloured letters and stuck on the wall with some photographs of people having a barbeque in the garden. We saw there were four activities advertised as being on offer on four different days of the week. They were board games on Tuesday, arts and crafts on Thursdays, coffee morning on Friday and film with snacks on Saturdays. We asked people about the activities displayed on the wall in the dining room and we were told "They don't bother" and "They haven't really had them. They've done a few games but not every week."

One person told us they go to a gardening group and with prompting from a member of staff, told us that they went to

'chairobics' at a church. We asked if they could choose what they did and we were told "not really." The person told us they did have a support plan, but they hadn't seen it.

One person told us how they normally spent their day, saying "I watch telly and smoke." This person said they would like to go on more daytrips, for example to the seaside. We were told they had last gone on a day trip a month or two ago to Skegness and had enjoyed walking on the beach. They would also like to go to a sports centre and play cricket and tennis. Another person told us they watch TV, talk to other people living at Carrwood House or listen to music in their bedroom. They did go to a day centre in the past but "it wasn't my cup of tea." They also said that they sometimes have a movie night in the house "The staff bring in a DVD and they [all] have pizza and popcorn. It's usually on a Saturday night."

Some of the people living at Carrwood House had been diagnosed with mental illnesses which impacted on their ability to live independently and support themselves. Some people needed encouragement to look after themselves and engage in meaningful activities. We did not find any evidence to support that this happened. People were not involved in preparing and cooking their own meals and we were told that staff did most of the cleaning and laundry. People were not encouraged and supported to look after themselves as far as they were able. The lack of structure and meaningful activities available for people to engage in meant people weren't fully supported to improve their health and wellbeing.

We did not see that any information was provided to people who used the service about how they could access advocacy services if they wished. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf. We asked a member of support staff about advocacy who replied, "what's that?" When we explained we were told that no-one was involved with advocacy services.

This continued 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 provider's complaint policy. The manager told us there hadn't been any complaints since the last

## Is the service responsive?

inspection so nothing had been recorded. We were told that any day to day issues raised by people living at Carrwood House were usually dealt with straight away and recorded on the person's daily notes.

One person told us that if they weren't happy about something they would "go and see someone." They

couldn't tell us who that would be. Another person said, "They do ask you what you think about the food sometimes." They also said that they would feel OK about making a complaint.

One person said there hadn't been a meeting for a while – about two months ago. They said suggestions go to the manager.

# Is the service well-led?

## Our findings

During our last inspection on 12 December 2014 we found evidence of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. During this inspection, which took place on 9 and 12 October 2015 we found the service continued not to have systems in place to assess and monitor the quality of service provision.

There was a full set of policies and procedures held on file in the office on the ground floor. They covered all aspects of the service and were up to date. We saw that support staff had signed a sheet at the front of the file to confirm they had read them. The file was accessible to all staff.

No evidence was produced of any regular audits being undertaken. 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. We did ask the manager about this and she was unable to provide us with any recent written records of any audits.

The service did not produce a questionnaire for people living at the service 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. We were told there was going to be a resident's meeting on the first day of our inspection, however it was cancelled due to our presence. We did ask the manager to go ahead with the meeting, however, this never happened. No agenda for this meeting was available and there were no written records of any previous meetings with residents. We were told the meetings were "usually about food" and they took place approximately every two months.

Staff told us they had regular meetings and the manager said the last one was held last month. We were told the minutes from this meeting were being typed up so we couldn't see them. We did see records of previous staff meetings that did show they happened regularly. No action points were identified in regard to outcomes of discussions that had been held. This meant there was no effective monitoring of actions as a result of the meetings.

After the last inspection on 12 December 2014 we asked the provider to produce an action plan detailing how they were going to improve the service in the areas where they were in breach of the regulations. At the time of this inspection we had not received an action plan.

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

At the time of our inspection there was not a registered manager in place, however the manager told us that she was in the process of applying for registration with CQC. We had been told this process began in April 2015. Our records show the previous registered manager had left the service in 2011. We asked the nominated individual why there had not been a registered manager in place and their response was "We have already explained that we are awaiting a fit person interview which is set by CQC. Every other condition in [name of manager] becoming a registered manager has been met. I would like to ask what else we can do about this as the matter is out of our hands and we are awaiting an appointment from CQC." This did not fully explain why there had not been a registered manager in place since 2011.

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 the first day of our inspection we did not see the rating from the previous inspection on 12 December 2014 on display. The manager told us she didn't know she needed to. We also asked the operations director about this and when we left the building on 9 October 2015 the rating was displayed.

Information submitted after the inspection by the provider stated "The ratings sign had been displayed after the joint risk assessment meeting [this was a meeting held on 5 October 2015 by the local authority, which included representation from Sheffield Clinical Commissioning Group and CQC] however it would appear that this has been removed by someone. Therefore to ensure that the report isn't removed in future we will fix the ratings display on to a board so it can't be removed."

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