

Mrs A Kelly & Mr A Kelly

# Cairn House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

We carried out an unannounced inspection of Cairn House on 25 and 27 January 2017.

Cairn House is a care home providing personal care and accommodation for up to five adults with a mental health need. The home is a large semi-detached house and is situated on the main bus routes close to a busy slip road leading off Eccles Old Road onto the A6. The driveway and back garden are shared with the house next door, Lancaster House, which is also a care home owned by the same provider. At the time of inspection five people were using the service.

The home was last inspected on 03 May 2016, when we rated the service as 'requires improvement' overall. We also identified three breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to ensuring premises and equipment was properly maintained, ensuring staff received appropriate support and professional development and good governance.

At this inspection we identified nine breaches in six of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, including continuing breaches relating to premises and equipment, staffing and good governance along with additional breaches relating to safe care and treatment, management of medicines, person-centred care and receiving and acting on complaints. We are currently considering our enforcement options.

At the time of the inspection the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was not being cleaned effectively, with areas of dust, cobwebs and stains observed during a walk round of the premises. Infection control procedures, specifically in relation to hand hygiene practices, were not in place with no guidance available and cotton hand towels, rather than paper towels being provided in all bathrooms and toilets. However cleaning equipment was stored safely and securely and Control of Substances Hazardous to Health (COSHH) forms were in place for the cleaning products in use.

We identified on-going issues with the overall décor and maintenance of the property. We saw broken or damaged fixtures and fittings with no record that these had been noted by the service. Paintwork in a number of areas was worn, cracked or flaking away, many of the carpets throughout the property were old and stained, and in some places had started to wear through. Some of the communal areas were also cluttered, with boxes and other items left lying around, which was reported to be due to a lack of storage.

During a review of medicine management we saw the service did not use 'as required' medicine protocols or topical medicine charts and the system in place for documenting medicines received and in use, made it

difficult to ensure stock levels were correct. We did see that the Medicine Administration Record (MAR) chart was being filled in correctly and robust systems were in place to ensure staff knew what medicines people took and at what time.

People we spoke with told us they felt safe. The home had safeguarding policies and procedures in place, with all referrals being stored electronically. Staff had been trained in safeguarding vulnerable adults and had knowledge of how to identify and report any safeguarding or whistleblowing concerns.

Although the service advertised as providing 24 hour support we saw they ran with just one staff member who worked 9.30am to 5.30pm, people we spoke with told us this was a sufficient number to meet needs during the day, however would like someone there all of the time. This had previously been in place as the service used to have a live in housekeeper; however they were no longer employed. The registered manager told us people living in Cairn were very independent and could contact staff at the adjacent service, Lancaster House, should they require any support after 5.30pm.

We looked at two care files in detail, each contained detailed, personalised information about the people who used the service, their background and life history. Care files were stored electronically and covered a range of areas including care plans and risk assessments. However one person's risk management plan was blank and did not cover behaviours or situations which were elsewhere documented as being a potential hazard. People could not remember being involved in planning or reviewing their care and whilst the service said that care plans were reviewed monthly, the dates of completion documented did not show this.

We found the service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Training in both areas had yet to be facilitated, despite being identified as an issue at the previous inspection in May 2016; however we saw that this had been sourced and was being scheduled. We found no restrictive practices in place.

Staff told us training at the service could be improved. The training matrix showed since the last inspection in May 2016, only one training session had been completed, this being in first aid. We saw that aside from this session and training in safeguarding completed in April last year, most people had not completed any additional training since their induction, in some cases this was over five years ago. Despite the service providing support to people with a mental health diagnosis, only two people had completed any training in this area.

The services supervision policy stated staff would receive supervision on a bi-monthly basis, however our review of staff records demonstrated this was not being done. One person had completed two meetings within the last 12 months, whilst another had only completed one.

People told us they enjoyed the food provided by the service and received enough to eat and drink. People could choose when and where to eat, with provision being made in the way of a packed lunch or monies being given to people who would be out during meal time.

Throughout the inspection we observed positive and appropriate interactions between the staff and people who used the service. Staff were seen to be patient, caring and treated people with dignity and respect. People who used the service were complimentary about the staff and the standard of care received.

Complaints were documented in people's electronic care files, however a centralised log of complaints received was not in place, nor did the service have specific complaints forms which were accessible to people using the service. We also noted the complaints procedure displayed in the service was out of date

and provided incorrect information.

The service advertised in its literature that people would be consulted about the service through regular resident meetings; however we saw that none had taken place for some time. We also saw that staff meetings were not being held. Staff told us the need for these meetings had been discussed, but not been arranged.

The service did complete annual quality assurance questionnaires with people using the service, relatives and professionals. People we spoke with told us they liked having their say and found the forms easy to complete.

The service did not currently use any systems or procedures to monitor the safety, quality and effectiveness of the service. The registered manager told us the only audit currently being carried out was in regards to medication, and we saw this just involved a stock count, rather than an audit of the entire process. Documentation was in place, including a comprehensive audit document, however this was reported as being too complicated to use and a revised version had yet to be drawn up. Neither fire nor environmental risk assessments were in place, although regular checks of fire equipment and fire drills had been completed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Not all aspects of the service were safe.

The building in many places was not well maintained. Much of the décor, carpets, fixtures and fittings throughout required replacement, repair or re-decoration.

Appropriate infection control procedures were not in place, especially in regards to hand hygiene practices and equipment.

Risk assessments were not being completed fully and in some cases at all, in order to minimise the risks to people who used the service.

People reported feeling safe and staff had knowledge of safeguarding policies and procedures and how to report concerns.

**Requires Improvement** ●

### Is the service effective?

Not all aspects of the service were effective.

Training and supervision were not completed regularly to ensure staff received the appropriate amount of support and personal development.

People enjoyed the meals provided and reported getting enough to eat and drink.

People were supported to stay well through involvement of a multidisciplinary team and annual health checks with their GP.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People using the service were positive about the care and support provided, telling us that staff were kind, respectful and treated them with dignity.

Throughout the inspection we observed positive interactions between staff and people using the service.

**Good** ●

Staff had a good understanding of the people they cared for and were actively involved in promoting people's independence.

### Is the service responsive?

Not all aspects of the service were responsive.

Care files contained personalised information about people including their background and life history, which ensured care provided was person-centred.

Keyworker sessions were being completed regularly to allow people to receive support for certain areas of need or development.

People were not involved in reviews of their care and review dates on care files indicated they had not been done for some time.

The service did not have an effective system for managing complaints, with outdated policy and guidance displayed and no option for people to complete complaint forms anonymously.

**Requires Improvement** 

### Is the service well-led?

The service was not well-led.

No audits and monitoring tools were in place to assess the safety, quality and effectiveness of the service.

Meetings with both the staff and people using the service were not completed, which impacted on the dissemination of information.

Policies and procedures were out of date, with no robust system in place for reviewing these. This meant that staff would be unaware of changes to legislation, procedure and best practice.

Annual questionnaires were given to people, relatives and professionals to request feedback on the service.

**Inadequate** 

# Cairn 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.

The inspection took place on 25 and 27 January 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors from the Care Quality Commission (CQC).

Before commencing the inspection we looked at any information we held about the service. This included any notifications that had been received. A notification must 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. We checked any complaints, whistleblowing or safeguarding information sent to CQC. We also contacted the local authority to request any information they had about the service.

The provider had completed a Provider Information Return (PIR) prior to the last inspection in May 2016. A PIR is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. A further PIR was not requested prior to this inspection.

During the course of the inspection we spoke to the registered manager and two staff members. We also spoke to three people who used the service and one visiting relative.

We looked around the home, including both communal areas and people's bedrooms. We viewed a variety of documentation and records. This included two staff files, two care plans, Medication Administration Record (MAR) charts, policies and procedures and audit documentation.

# Is the service safe?

## Our findings

We checked the progress the provider had made following our inspection on 03 May 2016 when we identified a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to premises and equipment. This was because the service had failed to ensure the premises and equipment were properly maintained.

A comprehensive inspection of the premises was completed including all communal areas, all bathrooms and toilets and one person's bedrooms. Although we saw some work had been carried out, we identified ongoing issues with the overall cleanliness, décor and maintenance of the property. In the lounge we found cobwebs on the ceilings, the walls were 'grubby' and many surfaces contained old 'ring marks', where cups had been placed but not cleaned. The paint on one of the window frames was also cracked and peeling. In the first floor bathroom we noted water marks and stains on the walls and no shade on the light fitting, which was covered in thick dust. The ceiling and corners of the room were also full of cobwebs and the bath panel was badly cracked. On the top floor we found the plaster and wall covering was cracked in places and peeling away in others. In the bedroom we checked, we saw that the carpet was worn and stained, which the person themselves commented on. We also noticed that the curtain rail was broken and the curtains supplied were too short, with them hanging about three inches above the windowsill. This would impact on the person's privacy.

The registered manager told us they were not aware of the issues with the curtain rail or curtains, as the person had not reported this, which the person verified. Arrangements were made to purchase a new curtain rail and curtains whilst we were inspecting.

We asked the registered manager if the home had a schedule of works or a maintenance plan in place to ensure the property was kept up to required standards. We were told that neither of these was in place. We did see a repairs book was in use, into which staff recorded any maintenance issues. We looked through the book but found it difficult to identify what had been actioned as there was no section or room for feedback. We also noted that many of the areas we had identified during the inspection were not captured within the repairs book.

We looked at the procedures in place to ensure the premises were kept clean. The registered manager told us staff were responsible for carrying out all cleaning duties, following checklists which were in place for each room. We spoke to staff and asked them if they had time to carry out cleaning tasks. One told us, "The people over here are very independent and tend to do their own thing; this gives us time to do the cleaning." We saw what cleaning had been done along with which bedrooms had been checked and cleaned, was recorded in the service's diary.

This is a continued breach of Regulation 15(1)(a)(c)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to premises and equipment, because the service had failed to ensure the premises and equipment were clean and properly maintained.



As part of the inspection we looked at the systems in place to ensure safe infection control practices were maintained. We saw the service used separate cloths for cleaning tasks, along with separate colour coded mops. However we noted that bathrooms and toilets contained cotton hand towels and bottles of hand wash located on the sink. We saw there was no hand hygiene guidance in place. Both Department of Health and NICE guidelines for the prevention and control of infection in care homes, state that providers should 'educate residents and carers about the benefits of effective hand hygiene; the correct techniques and timing of hand hygiene; when it is appropriate to use liquid soap and water or hand rub and the availability of hand hygiene facilities'. Hand hygiene facilities should include as a minimum, disposable paper towels and wall mounted liquid soap dispensers. Top up/refillable dispensers and hand towels should not be used as these pose a risk of contamination and cause the spread of infection.

We spoke to the registered manager about hand hygiene requirements in care homes, however they were unaware that the current systems in place were contrary to these, or that pictorial hand hygiene guides should be in place in all bathrooms and toilets.

This is a breach of Regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment, because the service did not assess the risk of, or control the spread of infections.

We asked both people using the service and staff working there for their views on staffing levels. One person told us, "We do not have a housekeeper now but hopefully someone else will move in soon. If we need assistance at night we go to Lancaster and see a staff member there." Another said, "Staffing is okay, I would like someone to be over here at all times, as it's supposed to be a 24 hour service." A staff member said, "Staffing is okay over here, they are very independent and go out a lot on their own. Whilst people are fine on their own at night, it would make sense to have someone here just in case."

The statement of purpose for Cairn House stated that 'help is on hand 24 hours per day.' We asked the registered manager about staffing levels and were told the service ran with one staff member per day, who worked 9.30am until 5.30pm. Previously the service had a live-in housekeeper, who would provide support between 6.30pm and 8.30pm and then provide an on-call service until staff arrived the next day. The previous housekeeper had left and the service had struggled to find a replacement. As a result no support was provided to people in Cairn House between 5.30pm and 9.30am. The manager confirmed what we had been told, that should anyone require assistance during this time period, they could ask the staff member in Lancaster House for support. We asked the registered manager and owner whether they had looked at alternative options as a temporary measure, such as providing sleep in's. We were told this had not been considered, but was something they would look at.

We saw there was not a clear approach to determining staffing requirements based on people's needs. People's dependency had been assessed in their care file, but there was no overview of dependency levels to determine staffing levels or assessments in place to identify whether people were able to be left unsupported.

This is a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to staffing, because the service did not deploy sufficient numbers of staff or have a systematic approach in place to determine staffing requirements based on people's needs.

People told us they felt safe living at Cairn House. One person said, "Yes, I'm very safe here." Another told us, "I like living here, I am safe. The atmosphere makes me feel safe." We spoke with a visiting relative who said, "[Person] has settled in really well here, this is their home now."

We looked at the home's safeguarding systems and procedures. The home had a dedicated safeguarding file, however this just contained general information about safeguarding along with the reporting procedure. The registered manager told us that all referrals were stored electronically. We looked on the computer and saw that a colour coded system was used to 'flag' any safeguarding referrals that had been emailed to the local authority. However the service did not have a matrix or other system in place to document progress or outcomes of the referrals. We noted there had been two referrals made since the last inspection in May 2016. Notifications informing CQC of these incidents had also been received.

The staff we spoke to confirmed they had received training in this area, which had been refreshed in April 2016. The staff demonstrated a practical understanding of what to look out for and how to report concerns. One staff member told us, "I've completed training in safeguarding. If I had any concerns I would report them to the manager."

We reviewed two staff files to check if safe recruitment procedures were in place and saw evidence that Disclosure and Barring Service (DBS) check information had been sought for all staff and was logged on each file. Staff also had a completed application form, at least two references as well as a full work or educational history documented. These checks ensured staff were suitable to work with vulnerable people.

We looked at how accidents were managed at the home. An accident file was in place which contained an accident book and some basic guidance. Accidents were recorded in the accident book with the completed sheet stored in either the staff members personnel file or the 'non-working' file of the person using the service, this is a file used to store miscellaneous information about the person, due to the service having electronic care files in place. There was no log in place within the accident file, which meant it was not possible to determine when or to whom accidents had occurred.

People's care files contained a risk management section, which was used to detail any risks, the level of risk using a scale of low, medium and high along with a management plan to minimise or mitigate the risk. In one of the care files we looked at we noted concerns had been documented in about that person smoking in bed and how this presented as a risk, however the risk management section of the care file was blank. We spoke to the registered manager, who told us this was not considered a risk and was unsure why the care file had alluded to this being so; however this did not excuse the risk management section being blank.

We looked at the home's safety documentation, to ensure the property was appropriately maintained and safe for residents. Gas and electricity safety certificates were in place and up to date. Call points, emergency lighting and fire doors were all checked regularly to ensure they were in working order. The service had trained people living there in the operation of the fire alarm equipment. One person we spoke with told us, "I have been taught how to turn the fire panel off if the alarm goes off. That is an important job. I would look what zone it is and if there's no issues I would switch it off." However when reviewing the fire file we saw neither fire risk assessments nor personal emergency evacuation plans (PEEPs) were in place, these provide guidance on support people may require to respond to an emergency. A fire hazard list was present, which covered potential risks and how to reduce these; however this had not been updated since 2010. A robust and regularly updated fire risk assessment would be particularly important considering people were allowed to smoke in their bedrooms, however even in care files we saw no assessments covering this area.

This is a breach of Regulation 12(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment, because the service did not assess the risks to the health and safety of service users, review these regularly and ensure they complied with statutory requirements or national guidance.

As part of the inspection we checked to see whether the service managed and administered medicines safely. We viewed three MAR charts and saw that all prescribed medication had been administered and signed off correctly. Where people had refused medicines the correct code had been used and an explanation written on the rear of the MAR chart. We did not see any medication error forms in place to document missed or refused medicines. We were told by the owner the service did not use these, choosing to record all information on the MAR chart. We saw a specimen signature chart was in place and this tallied with the staff signatures on the MAR charts. All MAR charts contained a photograph of the person along with details of what medicines they took, when and how these were stored.

The home did not have when required medicines (PRN) protocols in place. These are used to inform staff what a medicine is for, the required dose, how often it can be administered, time needed between doses, if the person is able to tell staff they need it and if not what signs staff need to look. This ensures 'as required' medicines are being administered safely and appropriately. The registered manager told us as all people using the service had capacity and were able to communicate their wishes, these were not required. We were also told that anyone requiring PRN medication's during the night, could request these from a staff member in Lancaster House.

The service had a system in place for recording when medicines were received on site and when they were issued to the medicine cabinet. However the system did not include documenting the amount of each medicine remaining when new medicines were added. We attempted stock checks of two people's medicines, but due to not having an accurate record of how much of each medicine should be in the cupboard, we were unable to confirm the correct amount were remaining.

We saw the medicines policies and procedures in place were out of date, the policy was dated 2010 and the guidance on file was from 2003. Records showed that whilst all staff authorised to give medicines had completed training in this area and had their competency assessed, this had only been done when they commenced employment and had not been refreshed.

This is a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment, as the service did not ensure the proper and safe management of medicines.

# Is the service effective?

## Our findings

As part of this inspection we checked the progress the service had made following our inspection in May 2016, when we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to staffing, because the provider could not demonstrate staff had received the appropriate support and professional development.

We asked the registered manager about the procedure for completing staff supervision. They told us, "These are every three to four months and are done by the senior. I used to do them but don't anymore. The completed sheets are kept in the staff files." The home's supervision policy stated supervision should be completed every other month, which was contrary to the information given by the registered manager. We looked at supervision documentation in two staff files and saw one person had attended two meetings in the last 12 months, whilst the second had attended just one. We asked staff about supervision meetings, one told us, "I had one last week. Only had the one since I started here. I am due to have my first appraisal next month."

The registered manager told us since the last inspection staff had all completed first aid training. We looked at the training matrix and noted that aside from the first aid training which had been completed in August 2016 and safeguarding training held in April 2016, most staff working at the service had not completed any training since their initial induction. This meant some staff had not had their knowledge and learning refreshed for over five years. As the service caters for people with mental health needs, we looked to see how many people had received training in mental health awareness. Of the twelve staff on the matrix, only two had done so, one of whom was in 2002.

We asked staff for their views on the training provided at the service. One told us, "I haven't done any training since last year, did SOVA training (safeguarding vulnerable adults) and first aid. The training could be better." We asked staff about the content of their induction training and whether they felt this was enough to support them in completing the role. One said, "Induction training was good, it gave me enough knowledge about people living here and I had to shadow as well." Another told us, "We only did fire safety, safeguarding, first aid and medication. I have asked for training in mental health but am still waiting. Fortunately I have done mental health awareness at last place I worked at, so do know about it."

This is a continued breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to staffing, because the provider could not demonstrate staff had received the appropriate support, training and professional development to enable them to carry out their duties.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that all people using the service were deemed to have capacity and no restrictive practices were in place. This was confirmed by the registered manager who told us everyone was free to come and go as they pleased, and chose to reside at Cairn House, therefore no DoLS were required.

Staff we spoke with told us they had not received any training in the MCA or DoLS, and the matrix showed that only six staff had ever done so, four of whom had completed it in 2010 and so were out of date with current practice. However the registered manager showed us an email which evidenced MCA/DoLS training had been sourced externally and was in the process of being arranged.

People using the service told us they enjoyed the food and got enough to eat and drink. One said, "Staff prepare the meals. We have a set menu but we can choose an alternative if we don't like what's on offer. The food is good." Another said, "Meals are provided here. They have just started to get me healthier foods, to help with my diet. I am happy with the food, we get a choice of two things most of the time. There is also food and stuff in the cupboards, which you can help yourself to."

At the time of the inspection no one using the service required a special diet, although one person had to avoid certain food types, with this information clearly documented. As stated by the people we spoke with, we saw meals were prepared by a member of staff, who had completed food hygiene and 'food for better business' training. A six weekly menu was in place, with an alternative choice available each day in case people did not like the option provided. Prior to meals being served, dining tables were set out with a table cloth, placements and cutlery along with a jug of cordial. We noted that people were able to eat where and when they wanted to.

Individual food and fluid monitoring was not in place, however a notebook was used to record what meal options people had chosen to eat and the diary was used to detail what people had actually eaten.

Our review of people's care records showed the service worked with other professionals and agencies to meet people's health needs, these included general practitioners (GP's), district nurses and podiatrists. Any involvement or appointments were recorded in the multidisciplinary section of the care plan. People we spoke with told us they received help and support to stay well, with one stating, "They will sort out any appointments for you when needed, there's no problems in this area."

We looked at how the home sought consent from people who lived there. Despite everyone being deemed to have capacity and therefore able to consent to their own care and treatment, we saw no signed consent forms within the care files we viewed. However people we spoke with told us they were happy living at Cairn House. One person said, "I choose to be here. I choose everything, what I want to do, when I want to do it, the lot."

During the inspection we saw staff seeking verbal consent from people before providing care and support. One person told us, "Staff always knock on my door and ask permission before entering my room."

# Is the service caring?

## Our findings

People using the service told us staff were kind and caring. One person said, "We get looked after very well." Another stated, "Yes, they are, very kind and caring." A third told us, "We all get on well with each other and all the staff are great and caring." People also said the staff were supportive and willing to listen. One person told us, "Staff always listen to me. I can go to them with any problems."

We asked a visiting relative for their opinions on the staff at Cairn House, they told us, "I am always made to feel welcome. The staff are lovely. They care for everyone really well."

We asked people using the service if staff treated them with dignity and respect. Everyone we spoke with said they did, with one person telling us, "The staff treat me with respect, I always feel listened to." Another said, "I have no issues with the staff, we all have a routine and the staff respect that." We asked staff to tell us how they ensured people were treated with dignity and respect. One said, "Respect people's privacy, never just walk into a room without getting permission. Offer people choice and respect their wishes and opinions."

The staff we spoke with displayed an awareness and understanding of how to promote people's independence, as well as knowledge of person-centred practice. One said, "People here are very independent and go out a lot on their own." One person using the service told us, "Staff clean my room once a week but help me to do this in between. They let me get on and do the things I can, and just help where I need it." Another told us, "We have key-worker sessions, where we get to talk about what we want. I am able to do whatever I like." During the inspection we observed people leaving the property to complete activities of their choosing. For safety purposes they informed staff when they were going, who recorded this in the diary, updating the record on the person's return.

Over the course of the inspection we observed the care and support provided. We saw staff interaction with people was both natural and friendly, and the small nature of the service meant staff knew each person well and how best to interact with them. Conversations with people were person centred and involved asking people how they were, about their day and what plans they had.

It was evident that people were able to choose how to spend their time and what they wanted to do during the day. One person told us, "I go out and about whenever I wish. I can come back late too, staff don't mind. I can basically do whatever I please."

The service utilised a staff communication book, which was used to log any changes to a person's programme and other information staff needed to be aware of. Each staff member was required to read and sign this when they were next back on shift.

At the time of inspection no one using the service had an advocate in place, however the service had links with 'Care Aware Advocacy Service', which is a community based mental health advocacy service. Contact details and information relating to this service was contained in the service user guide, given to all people

who use the service.

## Is the service responsive?

### Our findings

During the inspection we looked at two care files in detail. These were produced and stored electronically on the service's laptop using a system that had been devised by the provider. The registered manager told us this system had been in place since April 2016, prior to which they had used paper records. However over the weekend, staff did not have access to the laptop as this was locked away, therefore each person also had a small file into which daily notes were recorded during this period.

The care files consisted of 13 sections, which included sections for personal details, assessments, care plans, daily reports and social activity. The initial sections of the files showed that people's care was personalised and responsive to their individual needs and preferences. The details section covered basic information about the person such as name, date of birth, next of kin and mental health diagnosis as well as capturing their previous occupation/s and any special wishes they had. The 'other info' section of the care file contained people's life stories, which succinctly captured their background and life history up to their admission to Cairn House. This provided a quick reference point for staff to assist in their interactions with people.

The assessment section contained arrange of assessments covering such areas as physical capabilities; which included self-care, hygiene and physical health, psychological needs; which looked at each person's likes, dislikes, cultural and spiritual needs and wishes, and emotional well-being; which looked at what helps keep the person well.

Each person had a range of care plans all of which followed the same format, consisting of the area of need, assessment of the problem or need, goal or objective, care instructions, evaluation and outcome. This was to ensure that staff were aware of each person's needs, how best to support them and when this had been achieved. Examples worked on included domestic tasks and dietary management, one person needed to have low purine foods; their care plane explained the reasons why and what foods to avoid.

Both of the care plans we looked at had been completed fully, however according to the information contained in the care files had not been reviewed since March 2016. The registered manager told us the care files were reviewed on a monthly basis and they must have forgotten to amend the date each time this had been done. There was also no evidence within the care files that people using the service had been involved in discussing and/or reviewing their care, as no comments or signatures had been captured. We asked people using the service if they had seen their care plan and been involved in reviews. One person told us, "I don't think this has ever been discussed with me." Another said, "I know I have a file which includes things about me, which the staff look at."

This is a breach of Regulation 9(3)(d)(e) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to person-centred care, as the service did not ensure people were actively involved in their care or sought their views regarding if their needs were being met.

Each person using the service was allocated a keyworker. The purpose of this was to 'provided one to one



support for certain areas of need or development, with the primary focus being on social needs.' The keyworker sessions were used to generate goals and then track progress, ensuring each person was fully involved in their programme. We asked staff about these sessions. One told us, "Keyworker sessions are used so the residents can tell us what they want or would like to do. I try to do these with people a couple of times a month. I complete sessions with everyone here. If anyone refuses, I record this in the keyworker file. "We reviewed the key worker files for two people using the service and saw sessions had been held regularly, with people's wishes captured.

We looked at how complaints were handled. There was a complaints procedure displayed on a notice board in the dining area which told people how to complain or who else to speak to if they were not satisfied with how a complaint had been handled, however this information was out of date, as it contained contact details for CSCI, the name of the regulatory body in place prior to CQC, which was abolished in 2009.

The service did not have a complaints file in place with any complaints or issues received recorded in the 'comments' section of that person's electronic care file. The service did not keep a centralised complaints log, so had to rely on staff's memory to remember who had made a complaint and when. We asked if the service had a complaints form, and was this easily available, so that people who may wish to raise an issue anonymously could do so. We were told that no such forms were in place. One person we spoke with told us they knew who to speak to make a complaint, and had made complaints since moving into Cairn House, which had been resolved satisfactorily. We checked this person's care file but found no record of these complaints.

This is a breach of Regulation 16(2) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to receiving and acting on complaints, as the service did not have the correct information and guidance available about how to complain or have an accessible system for the identifying, receiving, recording and handling of complaints.

The service did not provide an activity schedule, with people choosing how they wanted to spend their time. People we spoke with were happy with this arrangement and liked having their independence. One person told us, "I just do what I like. I visit my family two to three times a week, chat to people on the other side (Lancaster House), as it's livelier over there. It's quiet on this side with just the five of us and people being out and about a lot." A staff member said to us, "People's routines are decided by themselves, they go out a lot on their own. If they want to do something specific we discuss this in the key worker session and then support them with this."

Once a year the service arranged and paid for a holiday, which people had the option to attend.

## Is the service well-led?

### Our findings

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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 were no audits completed or in place at the service. We saw that an audit tool had been designed by the provider but was not being used as the registered manager said it was too complicated and had requested a different format. We were shown an audit file, which contained an 'interior and exterior check' document. The description on this form stated it was to be used for 'an annual audit of the interior and exterior of the home. Areas should be inspected for their quality, state of repair and suitability for purpose, with any deficits or uplift requirements recorded.' The file contained blank forms dated January 2017, and some partially completed ones dated January 2013.

Due to the issues we identified with cleanliness, overall décor and documentation within the service, we asked the registered manager if they had a system or systems in place for monitoring the cleanliness of the environment, assessing the safety and suitability of the premises and to monitor and assess the quality of the service. They told us that, "We have cleaning checklists for each room, staff do this and report back to me, but we don't have any monitoring in place to check it's been done and to the required standard. We used to do a health and safety check once a month, but not done this since 2013 and we do medication audits but have no others in place at the moment."

We did see that checks of people's bedrooms had been carried out, with the staff member responsible having to determine if the room was satisfactory, what action was required and date of completion. These checks looked at amongst other things the overall cleanliness of the room, fixtures & fittings and décor. A staff member told us, "We record in the diary, which rooms have been checked and which rooms have been cleaned." We looked through the diary and saw checks were documented, however these had not identified the concerns we had noted.

During the last inspection in May 2016, we identified that the service's policies and procedures were in need of review and updating to ensure they covered the most recent best practice guidelines. At this inspection we saw no review or updates had taken place. We also noted that the service had no MCA and DoLS policy, which was an area of practice in which issues had been identified. We asked the registered manager how often policies were reviewed and updated and how this was done. They told us the service "receives updates by email from the federation of small businesses, but have not been updated for some time, not sure when they were last reviewed to be honest."

We asked staff whether staff meetings were completed. One staff member told us, "No, we have never had one." We spoke to the registered manager who confirmed this saying, "We have not had these for some time." The registered manager also told us that meetings with people who used the service and their relatives had also not occurred. The service's statement of purpose and the service user guide both stated

regular resident meetings would be held in order for people to be consulted and involved. However people we spoke with told us, "We have resident meetings. I can speak my mind then." Another said, "Occasionally [registered manager] will come and speak to us as a group, to discuss an issue." We asked staff about the conflicting reports regarding meetings and were told, "The residents sometimes meet amongst themselves, they will then go and discuss what they have talked about with the manager."

This was a breach of Regulation 17(1)(2)(a)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to good governance, as the provider had failed to operate effective systems to assess and monitor the quality, safety and effectiveness of the service and have effective communication systems in place for people using the service and the staff.

The staff we spoke with told us they liked working for the service and felt supported by the manager. One said, "Yes, I do enjoy working here. I feel supported because if I have any problems, when I go to [registered manager] they help you out." We were also told that the atmosphere in Cairn House was "good" and that "everyone is friendly".

We asked how people were able to provide feedback on the service and were told that annual questionnaires were sent to people, relatives and professionals every April. We looked at two of the most recent questionnaires from people using the service and saw that feedback was largely positive. People had been asked to rate a number of statements about the service using the following scale, strongly agree, agree, don't know, disagree or strongly disagree. Both people had chosen agree or strongly agree to answer all but two of the questions, with one person stating they disagreed they had a choice in the food they ate and that the service provided enough activities.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider did not ensure people were actively involved in their care or sought their views regarding if their needs were being met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not assess the risk of, or control the spread of infections, assess the risks to the health and safety of service users, review these regularly ensuring they complied with statutory requirements or national guidance and ensure the proper and safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had failed to ensure the premises and equipment were properly maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  The provider failed to have information and guidance available about how to complain or have an accessible system for the identifying, receiving, recording and handling of complaints.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider could not demonstrate staff had received the appropriate support, training and professional development to enable them to carry out their duties and did not deploy sufficient numbers of staff or have a systematic approach in place to determine staffing requirements based on people's needs.</p>