

Deepak Patel

# Heaton Grange Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

The inspection took place on 24 August 2016. The inspection was unannounced which meant the staff and registered provider did not know we would be visiting. The service was last inspected in 2014 and at that time was meeting the regulations we inspected.

Heaton Grange is a single storey detached residence located in the Heaton area of Bradford. The service is registered to provide care and support to a maximum of 20 people in both single and double bedroom accommodation. At the time of inspection there were 17 people using the service and all single occupancy.

The service 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 overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. Improvements were needed in many areas where the provider was not meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements were needed in the management of medicine administration and guidance for medicines prescribed as 'when required'. Staff were signing for medicines they had not administered and one person self-medicated some of their medicines, this was not risk assessed and staff were signing to say they had administered these medicines. Medicines were stored safely, however temperatures were not taken daily to make sure the medicines were stored at a temperature below 25 degrees. We have required that the registered provider makes improvements to ensure the safe management of medicines.

Risks to people arising from their health and support needs were not always assessed and risks to the premises and environment were not in place. Therefore there were no plans in place to minimise risks.

The service kept no record of accidents and incidents taking place.

We asked to see safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment and gas safety. We did see a copy of a electrical installation condition and the last check in October 2013 stated it was unsatisfactory. The registered manager said they would provide this certificate after the inspection. Water temperature checks were taking place every week, however there were just ticks and no temperatures were recorded, therefore we could not evidence that water temperatures were at a safe level. Fire drills were taking place twice a year, however we could not see evidence which staff had completed a fire drill as the records just stated a number.

On arrival to the inspection we were met by a member of staff who was the deputy manager and another person who turned out to be the registered manager. The registered manager quickly went inside to put their uniform on. We found that they were the only two staff on duty. We shared our concerns for the lack of staff and the fact they were both outside and people were left alone inside. The registered manager stated the cook was keeping an eye on the people using the service and a carer had also rang in sick. We asked to see the staff rotas and we were told there were none.

Staff we spoke with understood the principles and processes of safeguarding. Staff knew how to identify abuse and act to report it to the appropriate authority. Staff said they would be confident to whistle blow [raise concerns about the service, staff practices or provider] if the need ever arose.

The registered provider and registered manager did not always follow safe processes to help ensure staff were suitable to work with people living in the service. Gaps in employment were not checked and recorded, files contained no ID, one person had no references and one person had no Disclosure and Barring Service (DBS). Staff did not receive regular supervisions and appraisals to monitor their performance. One member of staff refused to have a supervision meeting.

Staff received regular training in the areas needed to support people effectively.

Policies were in place to ensure people's rights under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were protected. Where appropriate, the service worked collaboratively with other professionals to act in the best interests of people who could not make decisions for themselves. Evidence of signed consent was not always sought for everyone and there were inconsistencies from one care file to another. Not all staff were clear on what DoLS meant.

People were supported to maintain a healthy diet, and people's dietary needs and preferences were catered for. People told us they had a choice of food at the service, and that they enjoyed it.

The premises were clean and tidy. The service did not employ cleaning or laundry staff and the care staff completed these tasks. There were people living with dementia using the service, however there were no dementia signage available and people's room doors had no numbers or anything to distinguish who the room belong to. People had the choice of keeping their own key to their room.

Staff treated people with dignity, respect and kindness. People and their relatives spoke highly of the care they received.

Procedures were in place to support people to access advocacy services should the need arise.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. We found care plans were becoming person centred. Person centred planning [PCP] provides a way of helping a person plan all aspects of their life and support, focusing on what's important to the person. People who lived at the service received additional care and treatment from health professionals based in the community.

There was no evidence of activities provision. Staff carried out activities such as music and dance or sitting talking and reminiscing. People were happy with what was on offer.

The service had an up to date complaints policy. Complaints were not recorded.

Quality assurance checks were undertaken monthly. However these stopped in April 2016, the registered manager stated this was due to running out of printer ink. The audits we did see were not effective as they had not highlighted any issues we found.

Staff felt supported by the registered manager, who they described as approachable. The registered manager also worked as a carer.

Feedback was sought on an annual basis from people and their relatives on how to improve the service.

Staff and people who used the service had meetings every three months. No meetings took place for relatives..

The registered manager did not understand all their roles and responsibilities.

We identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not always safe.

Improvements were needed in the management of medicine administration and guidance for medicines prescribed as 'when required'.

Staffing levels were low and no staff rota's were in place

Risks to people were identified however not all risk assessments were in place.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff were not supported through a regular system of supervision and appraisal. Staff received regular training.

Policies and practice were in place to ensure people's rights under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards were protected. We did not always see evidence that consent was sought.

People were happy with the food that was on offer.

The service worked with external professionals to support and maintain people's health.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with dignity and respect.

People and their relatives spoke positively about the care they received. We saw examples of positive, kind care throughout the inspection.

The service supported people to access advocacy services if needed. Procedures were in place to provide people with end of life care.

### Is the service responsive?

The service was not always responsive.

Care plans provided information on person-centred care.

There was no evidence of activities provision, however people were happy with what was on offer.

There was a complaints policy in place, however no complaints had been documented.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Quality assurance checks were undertaken until April this year. Audits did not highlight the issues we found.

Staff felt supported by the registered manager, who they described as approachable.

Feedback was sought from people and their relatives on how to improve the service.

The registered manager did not understand their roles and responsibilities.

**Inadequate** ●

# Heaton Grange Residential Home

## **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 on 24 August 2016 and was unannounced. This meant the registered provider did not know we would be visiting.

The inspection team consisted of one adult social care inspector 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 service.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities and the local authority safeguarding team to gain their views of the service provided at this home.

During the inspection we spoke with seven people who lived at the service and four relatives. We looked at three care plans, and twelve people's medicine administration records (MARs). We spoke with five members of staff, including the registered manager, deputy manager, two care staff and the cook. We spoke with two

visiting community nurses. We reviewed four staff files, including recruitment and training records.

We also completed observations around the service, in communal areas and in people's rooms with their permission.



# Is the service safe?

## Our findings

People we spoke with said they felt safe living at the service. One person said, "Yes I feel safe, the surroundings, staff, I pull the cord if I need help."

People told us they received all their prescribed medication on time and when they needed it. We observed medication being administered to people safely during a lunch time medicine round.

We observed the deputy manager administering people their medicines. They followed safe practices and treated people respectfully.

We were told that no one self medicated. However we found a medicine pot with some pre potted medicines in the trolley. We asked the registered manager what these were doing in the trolley. The registered manager explained they were the morning medicines for a person that used the service but when they had potted them ready for them to take, the person was busy. The registered manager went on to say that this person administered this medicine themselves and usually took it along to their room. We looked at this person's medication administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. The MAR had been signed by the registered manager to indicate that this person had received their medicine that morning. We discussed only signing the MAR when a person has taken their medicine not before. If a person self medicates, care staff should use the appropriate code to state they have made the medicine available to the person but not seen them take the medicine. We asked to see a risk assessment for this person who self medicated and we were told there was not one. This did not adhere to NICE guidelines 1.13.2 Managing medicines in care homes.

We asked the registered manager what arrangements were in place for applying prescribed creams. We were told that care staff applied these creams but the registered manager or trained staff member signed the MAR chart. However the registered manager or trained staff member did not see the cream being applied and were therefore signing for something they had not witnessed. The registered manager said they would devise a topical medication administration record for the care staff to complete.

We saw that there was no divider between each person's MAR. Therefore we could not tell when one person's MAR finished and another one started. This provided potential for error as someone could administer a medication for someone else without realising they had gone onto the next MAR.

Medication kept at the home was not stored safely. There were no daily checks carried out on the temperature of the room which stored items of medication.

We looked at the guidance information kept about medicines to be administered 'when required'. Arrangements for recording this information was not in place for people.

We looked at how medicines were monitored and checked by management to make sure they were being

handled properly and that systems were safe. We found that the registered manager completed a monthly audit of medicine checks. However these had not been completed since April 2016 and the completed audits did not highlight any of the issues we found. We asked the registered manager why the audits had not been completed since April and we were told this was due to the printer running out of ink.

At the time of inspection no one using the service was prescribed controlled drugs. Controlled drugs are medicines liable to misuse.

Staff had been trained on administering medicines safely, however we did not see evidence of competency checks. NICE guidance Managing medicines in care homes 1.17.1 states Care home providers must ensure that designated staff administer medicines.

We were provided with the medicine policy. This had not been updated since 2012 and did not include NICE guidelines.

Risks to people arising from the premises were not assessed or monitored. Required certificates in areas such as gas safety, fire fighting equipment and hoist maintenance were in place. However the electrical safety certificate was not available. We did see an electrical installation condition report from 21 October 2013 to 29 October 2013 and the summary showed it was unsatisfactory. We could find no other records. The registered manager said they would send the certificate to CQC after the inspection. However we did not receive this.

Risk assessments for people who used the service were not always in place. For example one person used glasses and had cataracts, there was no risk assessment in place. Two people were at risk of falls and there were no risk assessments in place. One person was on a monthly weight record but no weights were taken due to them being unable to stand on the scales. Records stated the district nurse had been informed but no date when and what had since happened. Where risks had been identified such as one person scored as a risk on the nutritional risk assessment, but nothing was included in the care plan on how to monitor and mitigate the risk. This showed that the registered provider was not taking appropriate steps to protect people who used the service against risks associated with the person or the home environment.

Records confirmed that monthly and weekly checks were carried out of emergency lighting, fire doors and fire extinguishers. Hot water temperature checks were taken weekly, however no record was made of what the temperatures were, there was just a tick. Therefore we could not evidence that water temperatures were within safe limits.

Fire drills were not capturing every member of staff at least annually. We saw fire drills had taken place twice in 2015 and once so far this year. Staff names were not recorded but the numbers were very low which indicated not all staff had received a fire drill.

We looked at the evacuation pack and individual personal emergency evacuation plans (PEEPS). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. The plan should contain a summary of people's support needs and guidance on how they could best be supported in emergencies. The individual PEEPS needed to become more person centred to include information such as whether the person was hard of hearing.

The registered provider did not have a business continuity plan. A business continuity plan would provide information about how they would continue to meet people's needs in the event of an emergency, such as

flooding or a fire forced the closure of the service. This showed us that contingencies were not in place to keep people safe in the event of an emergency.

The service had no record of any accidents or incidents taking place. We were told that there were not any. However we did see in one person's care plan that an incident had taken place when they were transferred from their bed to the wheelchair. The registered manager agreed to start recording and analysing accidents and incidents monthly.

These findings evidenced a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014 and a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulation 2014. The registered provider or the registered manager were not identifying risks to people or taking action to address this.

We looked at the recruitment records of four staff. We found there were gaps in employment not followed up or documented. No files had a copy of ID or evidence these had been checked. One file showed no Disclosure and Barring checks had been carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people from working with children and vulnerable adults. The service did not update staff member's DBS's every three years which is good practice or discuss with staff to confirm nothing had changed. One staff member had no references.

These findings evidenced a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Through our observations we found there were not enough staff to meet the needs of the people who used the service. At the time of the inspection there were 17 people who used the service and two staff members on duty, these were the registered manager and the deputy manager. On arrival both staff members were sat outside. We asked who was taken care of the people sitting inside and we were told they had asked the cook to keep an eye on them. We were also told that one staff member had rang in sick that morning. We asked staff if they thought there were enough staff on duty and all the staff we spoke with said yes there were enough staff. One staff member said, "There are enough staff, everything runs smoothly, we work as a big team and I do the same hours every week." One person who used the service said, "I feel the level of staffing is generally okay, but weekends there are less staff and could do with more."

We asked to see the staff rotas but we were told that there were none. We asked how do staff know when to come into work, the registered manager said, "All staff work the same shift, it just works." We were told if anyone needed a day off staff worked it out between themselves and shifts were always covered. However due to having no rotas we could not see if all shifts had been covered and guarantee who worked when.

The service did not employ a cleaner or laundry assistant. Therefore as well as providing care for people staff also did the cleaning and the laundry. Staff did say they had plenty of time to do this, however, the laundry was located outside the main building and therefore if there were only two staff on duty and one was in the laundry, this meant that there would be only one member of staff to care for 17 people.

The service was clean and tidy and one person using the service said, "It is spotless."

A visiting healthcare professional said, "The staffing is okay for the current residents if they had anyone on end of life maybe not."

These findings evidenced a breach of Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014 and a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Staff demonstrated a working knowledge of safeguarding procedures. They were able to describe types of abuse, the signs to look for and the correct action to take. No records were kept of any safeguarding's.

The service had a Whistleblowing policy that was available to staff. Whistleblowing is when a person tells someone they have concerns about the service they work for. However the policy did not include clear instruction on raising a concern internally, and no guidance was provided on who staff could contact externally.

We saw people who were out of sight of staff for example in their own room all had easy access to a call cord which had been moved in order for the person to reach easily.

## Is the service effective?

### Our findings

Staff did not receive regular supervision or an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Two members of staff had received five supervisions in 2015, however the record just stated no concerns. Therefore there was no evidence of a thorough discussion or personal development. We discussed this with the registered manager who showed us some new paperwork they were about to introduce. The new paperwork was more robust and supportive for staff.

These findings evidenced a breach of Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Staff received mandatory training that included areas such as health and safety, food handling, infection control, moving and handling and safeguarding. Mandatory training is training that the provider thinks is necessary to support people safely. The registered manager monitored staff training on a training matrix, and this showed the dates that staff had completed training. We were concerned that every member of staff had received training on the same day. We asked how this was possible as staff could be on day off, holiday, on nightshift or working on the floor. The registered manager said that the trainer arrived at 8am to cover the night staff and stayed all day. Competencies in medicine administration and safe moving and handling were not taking place. The registered manager said that these were planned in to happen annually.

New staff undertook induction training. This covered areas including the service's policies and procedures, health and safety and delivering care. The registered manager said, "All new employees are given a three day induction, they shadow a competent member of staff until they feel fully confident they can carry out the task unsupervised they then will be observed carrying out this task." One new staff member had started completing the Care Certificate at a previous employer, however we saw no evidence the registered provider was encouraging provision of the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. This covered 15 standards of health and social care topics.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We saw that the registered manager was working within these guidelines. At the time of our inspection no one using there service was subject to DoLS authorisations,

Although staff had received training on MCA and DoLS, not all staff demonstrated an understanding of the basic principles of the Act. One staff member could explain clearly about MCA and DoLS another staff member struggled and could not provide an answer to their understanding. We discussed refresher training with the registered manager or some easy read guidance which they said they would look into.

Evidence of signed consent was not always sought for everyone and there were inconsistencies from one care file to another.

These findings evidenced a breach of Regulation 11 (Need for consent) of the Health and Social Care Act (Regulated Activities) Regulations 2014

People were supported to maintain good health, they had health action plans in place that were reviewed on a monthly basis. We saw evidence that people were seen by health professionals such as dentists, opticians and chiropodists when needed. One district nurse we spoke with said, "They are proactive for example they will tell us if they see any changes, they tend to just get on with things as they always have."

People were very complimentary about the food. People we spoke with said, "You get the best help and the best food here." Another person said, "We get a variety of food." We observed a lunch and tea time meal. People really enjoyed the food and the majority of people ate everything on their plate. There was lots of banter between the cook and the people who used the service. One person called the cook 'top of the pops.'

All the meals were home cooked and prepared by the cook. There was a menu with a coloured photograph to illustrate the meal and other choices if people did not want what was on offer. The cook knew people's likes and dislikes and any special dietary requirements. However none of this was recorded. The cook discussed the menu with people who used the service and introduced new items on their request. The cook demonstrated they were clearly interested in the people who used the service and cared about them. They had recently tried faggots and these were really well received. We saw people were offered help if required and this was done with the respect of the person.

The tables were set nicely for lunch with full condiments. One person who used the service helped to set the dining tables and appeared to enjoy this. People had choice of where they ate their meal, either in the dining room, the lounge or their own room. One person preferred to stay in their own room for meals saying, "They [staff] know my problems." We observed their meal was brought to them and help was offered.

People had access to snacks and drinks continuously throughout the day.

Not all doors to people's rooms had identification such as room numbers or people's names. The registered manager said a previous person who used the service had removed these. There were no dementia friendly signage or adaptations available. We recommend the registered provider looks into making the environment more dementia friendly. People who used the service had the choice of keeping a key to their rooms or not. Three people kept the key to their rooms. People were free to walk around the service without restrictions and access the outside patio if they chose to.

# Is the service caring?

## Our findings

People who used the service and their relatives all expressed they were very happy with the service and the care their relatives received. People who used the service said, "It is absolutely superb here, the staff are helpful in quiet ways." Another person said, "I like it here better than home." And another person said, "I am very comfortable here and I get on well with the staff."

Relatives we spoke with said, "The staff are observant and pick up early if there are any issues then lets us know, particularly compression needs."

Two external visiting professionals said, "Staff are genuinely caring and good at communicating with us, the care is very good to a high standard, the aesthetics of the home let it down." Another external professional said, "This is one of the better homes, they follow advice."

People were encouraged to maintain relationships with family and friends. Visitors told us they were able to visit at any time. It was clear to see that they knew the staff and the staff knew them. Relatives were greeted by their first names, cups of tea were offered, and children were offered juice and crisps. We observed staff chatting openly to relatives.

Staff were happy in their job and had a positive attitude about the care provided by the service. One staff member said, "I love the residents and I love the staff, the residents always put a smile on my face." And "I would work here every day if I could."

Through observations we saw that staff demonstrated a lovely, kind approach to people and knew people well. One staff member said "I know them [people who used the service] so well, for example [person's name] always screams when they have a shave, I would ring the doctor if they didn't as that is individual to them."

Meetings for people who used the service took place every three months. Topics discussed during these meetings were activities, meals, staff, their rooms, laundry and how they were feeling. We saw that some people had expressed an interest to go shopping and we were told that this took place.

Throughout the inspection we saw staff treating people with respect. When speaking with people, they approached them and stood close to them to have conversations rather than shouting across communal areas.

Staff were able to describe how they promoted people's privacy and dignity. One staff member said, "I always lock the door and I would leave their bedroom if they wanted me to."

Staff we spoke with explained how they promoted people to remain independent. One staff member said, "If they can do it themselves I will leave them to it and only assist where needed." One person who used the service was pleased with the care home staff because they helped them to get better said, "They [staff] keep

helping me with dressing practice, I am much better now than when I came in here."

People using the service had access to independent advocates. An advocate is someone who supports a person so that their views are heard and their rights are upheld. There was information available for people if needed.

At the time of our inspection there was no one receiving end of life care, however basic information on peoples wishes and preferences were documented in their care files. One person had left a comment which said, "Knowing that we were welcomed at the home was a great comfort to us, all the care and sympathetic way you looked after us after [person's name] died will never be forgotten and it went well above the call of duty. Although we are very sad [person's name] is no longer with us we are so happy that during his final few months he was cared for by people who really loved him."



## Is the service responsive?

### Our findings

People we spoke with were not aware of their care plan. One person said, "I can't remember being asked about my own care needs." A relative stated they could not remember being asked about care but they were happy with the care provided.

People's support plans were beginning to be written in a person centred way. Person centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. People's likes and dislikes were recorded. There was a very detailed record of people's history such as relationships, home life and working life. Staff we spoke with were very aware of people's history and could easily describe people's history and family relationships. We discussed adding more outcomes for the person and involving the person with the care plans with the registered manager.

We could not see evidence of formal reviews of people's care. Relatives we spoke with said if they had any problems they would speak to staff and did not appear to be concerned in anyway.

Daily notes were completed throughout the day and included detail such as what the person had done, what they had eaten and how they had slept. Some records in the daily notes contradicted the care plan. For example, one person's daily notes stated that the person had a pad change, the care plan stated the person had no issues with incontinence. We checked this with the registered manager who said, "Oh they probably decided to wear a pad themselves, they don't wear one normally."

We asked staff if there were enough activities going on. One staff member said, "Yes there is enough going on." Another staff member said, "As you get older, people don't feel they want to do activities that are organised." And another staff member said, "Some like to sing and I sing along with them, when I come on shift I always say hello, ask how their day has been, we have a little dance and I make them [people who used the service] laugh, I love to see them smile." And "We have one person who loves to reminisce and I chat with them about the world war, it is so interesting."

We did not see any evidence of any planned activities taking place. After lunch old time music was played and through our observation some of the people thoroughly enjoyed this as they smiled and sang along to the music. However, we saw staff failed to maximise this opportunity for further encouragement and interaction, instead staff went outside for a cigarette.

We saw the two staff members who came on for the evening shift, engaged more with people who used the service. We observed the two staff members sitting chatting, singing and laughing with people.

One person who used the service said, "I love football and listening to Bradford City on my radio." Two people were sat chatting and one of them said, "We are friends and we like to sit next to each other."

One person who used the service said, "It would be nice if they organised a trip out to forget about the home." We asked the registered manager if trips were organised. The registered manager explained that

they had looked at different outside activities and arranged day centres but however enthusiastic people were, they refuse to go on the day. Another staff member said, "We organised a trip to Blackpool in coordination with another home, they [people who used the service] all enjoyed the trip whilst there but once home said they never want to go again."

We asked to see a record of complaints and concerns and we were told there were none. Information on how to complain was in people's rooms and relatives said they would speak to the registered manager if they had any complaints. We were provided with a lot of compliments with comments such as, "My dad is very happy here, in fact it is a long time since I have seen him this content." And "We are always made welcome on visiting my mum and are offered to stay for meals always."

## Is the service well-led?

### Our findings

There was a registered manager who had been registered with the Care Quality Commission since February 2011.

We asked staff if they felt supported by the registered manager. Staff we spoke with said "[registered manager's name] is very hands on; they automatically consider themselves to be one of the two cares on duty as the third is off sick." Another staff member said, "[manager's name] is a strong leader, we can go to her when we need to and they will do something about it." And another staff member said, "I can go to [registered manager's name] with concerns, you can approach them about anything."

We asked people who used the service what they thought of the registered manager and they said, "They get things done." And another person said, "[registered manager's name] manages spotless, they keep an eye on everything and wont have any slackers, they keep everyone in their place." Relatives we spoke with said, "[registered manager's name] is a thoughtful good manager, this is a beautiful home, very homely."

We asked the visiting healthcare professionals what they thought of the registered manager. They said, "This place is well managed, they do follow advice given however they tend to do what they think sometimes rather than what is told, if they don't agree." And "I think care is to a high standard although records are not always completed as necessary." Another healthcare professional said, "[registered manager's name] is a strong leader."

Quality assurance checks of the service had been undertaken monthly by the registered manager, up until April 2016. The registered manager said this was due to running out of printer ink. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found the audits that took place prior to April were more tick boxes and the registered manager was not using them to improve the quality of the service. The audits did not highlight any of the concerns we found around incorrect record keeping or lack of record keeping. For example, we found records relating to people's care and the management of the service were not always up to date, there were no record of accident and incidents and no staff rotas.

We saw no evidence the registered provider visiting the service or if they were aware of any of the concerns we found during inspection.

These findings evidenced a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Staff meetings took place every three months. Topics discussed at the staff meetings were health and safety, laundry, care plans, the people who used the service and their requests such as going shopping. There was always a good turn out of staff to the meetings.

The service did not carry out any relatives meetings. We asked how the service gained feedback from relatives or passed on information. We were told this was done informally when relatives visited. The registered manager also said they sent out survey questionnaires annually. We were provided with the most recent survey where they were still waiting for some to be returned. Comments from the surveys were, "[Person's name] is very happy here, they totally love the place. This is important for the family to know, it makes everyone happier knowing [person's name] is looked after, happy and being cared for in what I can only call a homely atmosphere. Excellent." And "We are always made welcome."

We asked the registered manager what their greatest achievement was. The registered manager said, "Supporting individuals who live in 24 hour care to stay as independent and in control of their own life as possibly safe to do so, I support them to keep outside links ensuring individuals to feel safe and secure delivering person centred care also supporting staff and with any training to fulfil their job role and encourage them to develop."

The registered manager said their plans for the future was to develop champion roles in dignity, dementia, DoLS and quality assurance.

The law requires providers send notifications of changes, events or incidents at the home to the Care Quality Commission. The registered manager did not understand their role and responsibilities in relation to compliance with regulations and the notifications they were required to make to CQC. The registered manager said they would start notifying CQC immediately. It is an offence not to notify CQC when a relevant incident, event or change has occurred.

These findings evidenced a breach of Regulation 16 (Notification of death of service user) and 18 (Notification of other incidents) Care Quality Commission (Registration) Regulations 2009. We will take action outside this inspection to address this.

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 11 HSCA RA Regulations 2014 Need for consent  Evidence of consent was not always sought and there were inconsistencies from one care file to another.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not administered or stored safely. Risk assessments for people and the environment were not in place. Fire drills not capturing all staff, there was no business continuity plan. Water temperatures were not recorded and there was no electrical safety certificate.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on the regulated activity. Records were not completed or kept up to date, staff rotas were not in place.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The registered provider did not follow safe recruitment procedures.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Due to no rotas being in place we could not evidence what staff were on duty and if leave and absences were covered. Staff were also cleaning and doing the laundry but we could not evidence there were enough staff to do this safely. No dependency tool was used to establish staffing levels. Staff did not receive appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p>