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Bridlington 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

Bridlington House is registered with the Care Quality Commission (CQC) to provide support and accommodation for a maximum of 22 people who have mental health needs. The service is situated in central Hull and is within walking distance of the city centre, shops and local community centres and churches.

There are six single and eight shared rooms; four single rooms and two shared rooms have en-suite facilities. The home has communal sitting rooms and four bathrooms. There is a rear garden and a parking area. At the time of the inspection 16 people were living at the service.

This inspection took place on 19 and 20 December 2016 and was unannounced. The service was last inspected 19 January 2016 and was found to be compliant with the regulations inspected at that time.

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

The infection control practises at the service put people at potential risk of cross contamination. The staff were not following the guidance given in the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance ("the Code"). The Code sets out basic steps that are required to ensure that the essential criteria for compliance with the cleanliness and infection control requirements under the Health and Social Care Act 2008 and its associated regulations are being met.

The registered provider had no means of monitoring the infection control practises and made no reference to the above guidance. We found that the bedrooms were dirty and in need of cleaning, and personal items, for example sponges, combs and hair brushes, were not clean and posed a risk of cross infection to the people who used the service. Bedroom furniture was damaged and needed replacing. Mattresses, beds and bed linen were found to be dirty and stained and in need of replacing. The bathrooms and toilets were dirty and again contained personal items such as sponges, hair brushes and tooth brushes that had not been cleaned.

The laundry was not handled safely and soiled linen came into contact with clean items. The laundry area also posed a risk of cross infection due to the wall covering and flooring needing repair, making it difficult to clean. We have made a referral to the Clinical Commission Group (CCG) for those who are qualified in assessing the extent of the infection control risk to undertake an inspection of the premises. They will share their findings with us.

We found some items in the basement which we thought posed a potential fire hazard, for example cardboard boxes, old beds and mattresses. We informed the fire department who undertook a visit and

agreed, and also asked the registered provider to undertake remedial work in the laundry area to make it fire proof. This meant people were exposed to potential risk of cross infection and they lived in an environment which was not clean and well maintained or safe.

We found that meaningful activities were lacking due to the reduction in staff and people who used the service had limited opportunity to access the community. The registered provider has agreed to look at this and make improvements.

We saw that staff did not always follow good practise guidelines and legislation when handling people's medicines; this was particularly with regard to those medicines which came under the controlled drugs guidance. This put people at risk of not receiving medicines as prescribed by their GP.

We found the monitoring and auditing of the service had not been undertaken effectively and no systems were in place to identify those areas of concern we found during the inspection. We also found there had been no formal consultation with the people who used the service or those who had an interest in their welfare such as relatives, GPs or nurses to gain their views about the service and how it was run. This would have also afforded people the opportunity to suggest changes and improvement which would keep the service improving and moving forward.

The above demonstrated that the cleanliness, infection control and medication were not well managed and are a breach of regulation. You can see what actions we have told the registered provider to take at the end of this report.

We found the registered provider was not always sending in the required information to the CQC about events which happened in the service, which affected the wellbeing of the people who used the service and the smooth running of the service. In this instance we have sent a letter reminding them of their responsibilities; this will be closely monitored and used as a part of the ongoing assessment of the compliance of the service with the regulations.

As part of the inspection we found staffing levels had been reduced therefore not providing enough staff to ensure the full range of people's needs were met and to ensure care was delivered safely. This was discussed during the inspection and the registered provider who increased the staffing levels and sent us evidence in the form of rotas to confirm this had been done. There was also an issue with one person's care file which did not describe the person's needs and had not been updated. However, in this instance we found staff were aware of what the person needed and were providing this despite the care plan not being up to date. This has been discussed with the registered provider and they have agreed to update the care plans as a priority. Again due to the lack of monitoring systems this had not been identified by the registered provider.

We also found the same person is now cared for in bed and certain elements of their care are restrictive, for example, the use of bed rails and covert medicines. We could not see that an application had been made to the local authorising authority for a deprivation of liberty safeguard (DoLS) or that a best interest meeting had been held to make sure the care the person received was in their best interest and least restrictive. Since the inspection the registered provider has made the application for the DoLS and the decision will be shared with us as part of the regulatory notifications they have to send us.

Staff had received training that was appropriate to their role and equipped them to meet the needs of the people who used the service. However, there had been a lack of support for staff in relation to supervision.

People who used the service were cared for by staff who were kind and caring. They enjoyed good relationships with the staff and the staff understood their needs. The registered provider had recruitment systems in place which ensured people were not exposed to staff who had been barred from working with vulnerable adults. Staff knew they had a duty to keep people safe and knew how to recognise and report abuse. People were provided with wholesome and nutritional diet which was of their choosing.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe

People were at risk of cross infection due to the cleanliness of the environment and staff practice regarding infection control and the handling of the laundry. The laundry and the basement area posed a fire risk.

Staff did not always handle people's medicines safely.

Staff had been recruited safely.

Staff could identify and report abuse.

Requires Improvement ●

Is the service effective?

The service was not consistently effective

The bedroom furniture was worn and broken and caused a risk of harm to the people who used the service. Beds, mattresses and bedding were stained and needed replacing.

The water system was not effective and did not provide a regular consistent supply of water.

Staff training equipped them to meet the needs of the people who used the service; however, supervisions had not always been completed.

Where staff practises meant people were under constant supervision the registered provider had not submitted an application for a DoLS, or held meetings which protected the person and ensured the care they received was the least restrictive.

People were provided with a wholesome varied diet and had access to health care professionals when needed.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

People were cared for by staff who understood their needs and with whom they had good relationships.

Staff treated people with dignity and respected their right to privacy.

People were involved with their care and staff ensured their wellbeing.

Is the service responsive?

The service was not consistently responsive.

People's care plans were not up to date; this meant they could be at risk of receiving care which was not appropriate.

People did not have a range of meaningful activities to choose from.

The registered provider had an accessible complaints procedure.

Requires Improvement ●

Is the service well-led?

The service was not well-led

There was no effective monitoring and auditing system in place which ensured the service was safe and effectively run. No action plans were in place to improve the service with time scales for achievement.

People had not been formally consulted about their view as to how the service was run. Those who had an interest in people's welfare had not been consulted about how the service was run.

The registered provider had not routinely notified the CQC of any incidents which affected the welfare of the people who used the service or the smooth running of the service.

The registered manager was accessible to the staff and the people who used the service.

Inadequate ●

Bridlington 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 registered 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 19 and 20 December 2016 and was unannounced. The inspection was completed by one adult social care, and an inspection manager.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service. We also looked at the information we hold about the registered provider.

We spoke with six people who used the service and with four staff including care assistants, the cook and the registered manager.

During the inspection we observed how staff interacted with people who used the service and monitored how staff supported people throughout the day, including meal times..

We looked at three care files which belonged to people who used the service. Other important documentation relating to people who used the service such as incident and accident records and six Medication Administration Records (MARs) were also looked at. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were deprived of their liberty or assessed as lacking capacity to make informed decisions, actions were taken in line with the legislation.

We reviewed a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training record, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

Is the service safe?

Our findings

People who used the service told us they felt safe and trusted the staff, comments included, "Yes I do feel safe" and "We are all kept safe here, I trust the staff." People who used the service also made some comments about the staffing levels, these included, "I know the staff have been cut and I think it's about saving money", "I have to wait sometimes and there's not enough staff around" and "When staff are seeing to other residents there are none around for us." One person told us, "There used to be three [staff] on but because we only have 16 residents he's [the registered provider] had to bring it down, I think it's the money." Another said, "Not sure there is enough staff, but they are good."

When we undertook a tour of the building we found the cleanliness to be below an acceptable standard. We found bedding had not been changed and was stained, bedrooms had not been cleaned and sinks were dirty and stained and dirty laundry had been left in bedrooms. Some of the mattresses were found to be stained and bed bases needed replacing. We also found personal items had been left out and not cleaned for example tooth brushes, hair brushes, combs and sponges. The laundry area, which was located in the basement, posed a further risk of infection. The paint on the floor had peeled away making it difficult to clean, dirty laundry was in contact with clean linen, the walls and ceilings were not covered in impervious material to stop the spread of infection, the bin was not operable by foot so staff had to lift the lid by hand and there were no hand washing facilities for staff to use.

The kitchen staff also accessed the basement area as the freezers were stored in there; this meant they were touching the same door handles and grab rails as the care staff who brought the soiled linen to the laundry area. This meant people were exposed to the unnecessary risk of infection; we have referred our concerns to the infection control nurses at the clinical commissioning group (CCG) we are awaiting their report on their findings. Exposing staff and people who used the service to preventable risk of contamination and not ensuring there are adequate systems in place to prevent the risk of cross infection is a breach of regulation 12 (2) (h) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the way staff handled and administered people's medicines. We found on the whole staff used safe practice when administering medicines, however, we observed staff did not follow recommended good practise guidelines or legislation when handling and administering medicines that were controlled. We saw staff administer these but not sign or do a thorough stock check at the time of administration but called another member of staff to sign the controlled drugs book after administration. No tablets were counted at any time to ensure an effective stock control. The mishandling of medicines and the failure to follow good practise guidelines puts people at risk of receiving the wrong medicines and not as proscribed by their GP. This is breach of regulation 12 (2) (g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked specifically at staffing levels as we had received some information which raised this as a concern. We found the staffing levels had been reduced and this had impacted on the care and support people who used the service received, and caused a potential risk as staff could not supervise people effectively and safely. The staffing levels had been reduced from three staff on duty to two, the registered manager told us this decision had been taken by the registered provider as there were low

occupancy levels. However, a quarter of the people who used the service required two staff to support them; this meant other people who used the service were alone and potentially at risk while staff were occupied elsewhere in the building. For example, the front door to the service is not locked so members of the public could enter unnoticed, and people had complex needs and behaviours which sometimes put them and others at risk of harm.

We also found the premises were dirty and some rooms had not been cleaned to acceptable standards and this caused a potential risk of cross infection. This again was attributed to the fact that cleaning hours had been cut and the staff did not have the time to undertake cleaning tasks properly. When we spoke with staff this was causing them some distress as they felt they were letting the people who used the service down. We spoke with the registered provider during the inspection and explained the potential risks to people due to the reduction of the staff levels and they agreed to increase the levels back to an acceptable standard. Since the inspection we have received confirmation this has been done and will be closely monitoring the situation.

All the staff we spoke with told us they knew they had duty to protect people from harm. They could describe to us the different types of abuse they may witness or become aware of. They said, "You've got to watch people closely they may be victims of abuse but not want to tell you" and "They might start acting differently or doing different things and this might be a sign they are being bullied or abused." The registered provider had policies and procedures in place which reminded the staff they had a duty to respect people's chosen life styles. Staff told us they did not judge people and respected their choices, one member of staff said, "I respect the residents' wishes and how they want to live, we are here to support them and keep them safe."

The registered provider had a range of risk assessments in place with regard to the safety of the building. They also had contingency plans in place for emergencies, for example floods or if service like gas and electric were cut off. However there needs to be an improvement in the auditing and a review of assessments as during the course of the inspection we found some issues in the basement which might have potentially been a fire risk, for example, storage of cardboard boxes, old mattresses and other furniture. We made a referral to the fire department and they have undertaken an inspection and the registered provider has been supplied with a copy of their findings. A follow up inspection will be made by the fire department and they will share their findings with us. We have also asked the registered provider to supply us with evidence when the recommendations made by the fire officer have been completed. Since the inspection the registered provider has assured us the items in the basement have been removed and the basement area has been made safe. This will be checked at the next inspection.

Staff told us they had a duty to safeguard the people who used the service from harm and abuse and understood they would be protected by the registered provider's whistle blowing policies. They told us they would not hesitate in bringing to the attention of the registered manager any concerns they may have or any abuse witnessed and felt confident they would inform the proper authorities. One member of staff told us, "We are here to protect people and I for one would make sure any abuse was reported either to the manager or the social services or you [the CQC]." Staff were also afforded the opportunity to air their views in staff meetings.

All incidents, accidents and outcomes had been recorded and changes made where needed. However, the registered provider had not notified the CQC of an incident which had affected the smooth running of the running of the service or the welfare of the people who used the service. This needs to be undertaken so the CQC can assess the ongoing compliance of the regulations and the quality of the service. They have been sent a letter reminding them of their duty to do this and this will be closely monitored.

We looked at three staff recruitment files and found the registered provider had undertaken the necessary checks to ensure people who used the service were not exposed to staff who had been barred from working with vulnerable adults. This included references taken from previous employers wherever possible and checks with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Is the service effective?

Our findings

People who used the service told us they enjoyed the food, comments included, "The food is really good", "The cook is very good she does the meals we like" and "I enjoy the food there always plenty, and there is always a choice." Another person told us, "[Name of cook] is really kind and will do me something special."

During the inspection we found a high number of the beds, mattresses and other bedroom furniture was in need of replacement as it was looking old, shabby, worn and stained. We found some of the veneer on the furniture was peeling away exposing the material underneath which posed a hazard to the people who used the service. We also found some areas of the environment were unclean, this included bathrooms and bedrooms where we found personal items had not been cleaned and had been left out such as combs, brushes, toiletries and sponges. We found chairs in bedroom were dirty stained and need of replacement. We also found there were problems with the hot water supply to some of the bedrooms and bathroom; this was either too hot or cold. Not providing adequate and suitable furniture and a failure to ensure the premises are clean and fit for use is a breach of regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us the training they received was relevant to their role and equipped them to care for the people who used the service and meet their needs. They told us they had received training about mental health needs, how this affected people and the behaviours they may display. Staff had received further training which the registered provider had deemed as essential, this included health and safety, moving and handling, fire, safeguarding adults and safe handling of medicines.

We saw supervision systems were thorough but four staff had not received any in the last 12 months. The registered manager told us they had systems in place which would address this. This will be checked at the next inspection. We found staff had an annual appraisal which offered them the opportunity to develop their learning and experience. Induction training was based good practice guidelines and systems used had been developed by reputable organisations. The registered manager kept a log of all staff training and this was updated as staff undertook training, this also alerted them as to when staff training needed updating. Staff were supported to undertake further qualifications and learning and the majority had achieved nationally recognised vocational qualifications at level two and three.

We saw the staff had clear lines of communication with the registered manager and they were accessible to the staff 24 hours a day. Staff also had a means of passing on information about the needs of the people who used the service to other staff coming on shift. This meant there was a continuity of care and people's needs were closely monitored.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that one person's health had deteriorated and they were now cared for in bed with the use of bed rails to prevent them falling and received constant supervision with all daily tasks. They were also receiving their medicines covertly. We could not find any evidence that a referral had been made to the authorising body for the use of bed rails as these are seen as form of restraint and any assessment in relation to the person's capacity to consent to care and treatment. We found no evidence of best interest meetings with regard to the use of covert medicines and whether this was the least restrictive way of administering these. There had been consultation with the person's GP but no other involvement. Following the inspection we have received information from the local authority; that the registered provider has now made application for DoLS and this is being processed. The registered provider is reminded of the need to notify the CQC of the outcome of any DoLS applications made.

People who used the service were provided with a varied, wholesome and nutritious diet. The cook told us they knew what people liked and discussed menus with them on a regular basis. Hot and cold drinks were available for people during the day, as were snacks and fruit. The meal times were relaxed and staff served food promptly to ensure it was hot, the lunch provided on the day of the inspection looked appetising and well presented. The lunch time menu provided two choices of meals and sweet.

The cook told us there was a menu which changed weekly and choices were provided at every meal time. We heard people telling the cook what they would like for lunch and tea during the inspection. People's dietary intake was monitored by care staff and this was recorded in their care plans; people were also weighed on a regular basis. Health care professionals were consulted and referrals made when anyone's appetite changed or their normal routine altered as this could indicate there was problems with eating and drinking and maintaining a healthy diet.

The registered provider ensured that people who used the service were able to access appropriate health care professionals and receive treatment and support for their medical conditions. We saw evidence in care files that people had received support from other healthcare professionals, such as GPs, the community nurse, psychiatrists and chiropodists. People confirmed staff supported them to see their GP and attend health appointments where required. Care files contained care plans in relation to people's health, including support required with managing mental health needs.

Is the service caring?

Our findings

People who used the service told us they found the staff kind and caring, comments included, "The staff are really good and they do as much as they can for you" and "They make sure I'm well looked after and they come when I press the buzzer." Another person said, "I love living here it's my home." They told us they had been involved in reviews, one person told us they knew who their social worker was but had not seen them for some time. They said, "Yes I do have reviews but I haven't had one for a long time and I haven't seen my social worker for about year now."

During the inspection we observed staff treating people with dignity and respect. We heard a lot of good natured banter around the service and people clearly enjoyed good relationships with the staff. People were confident in approaching the staff with any requests or conversations and all interaction was respectful. Staff told us, "It's our job to treat the residents with dignity" and "I make sure I'm respectful to everyone who lives here."

Staff understood people's needs and were aware of people's differences and how they should be supported with their life choices. The registered provider had in place policies and procedures for staff to follow which reminded them of the need to support people to lead a fulfilling life style of their own choice. Staff told us they would not judge anyone's chosen life style and felt they were there to support people. One member of staff told us "We are not here to judge the residents we are here to support them and protect them."

We saw from the care plans we looked at people had been involved with its formulation. People who used the service also told us they had been involved with reviews, however, these had not been as regular as they had been in the past. One person told us they had not seen their social worker for over a year. This was brought to the attention of the registered manager who confirmed they would look in to it. The care plans provided information about people's wellbeing and how this should be monitored, for example, the care plans of those people who could access the community independently detailed what staff should do if they did not stick to their routines and staff became concerned about their welfare. It detailed where staff should look and who should be contacted; ultimately if staff became concerned and all contacts had been tried the care plan instructed them to inform the police.

The registered manager told us they had contacts for advocacy services if they were needed but currently no-one at the service used these. These services are used when people need support in making decisions.

Staff understood the importance of maintaining confidentiality and not sharing sensitive information with those who did not have the authority to see it. They told us, "We are not supposed to tell people what happens here its private" and "I would not share any information with anyone, I know we can't do that. I would not like it if anyone had been talking about me, it's not right." They also understood the importance of respecting people's privacy, they told us "I always ask the residents if I can come in when I go their rooms" and "If I need to go into someone room and their not there I ask their permission before I go." Another member of staff said, "I know the residents need some time alone and that's their choice and we have to respect that."

The staff also knew the importance of respecting people's dignity, comments included, "I know we have to respect the residents' wishes and choices." One person had been assessed to be on end of life care. They were being supported by the community nursing service who visited daily and staff knew how to meet their needs. However, it had been identified by the local authority contract team that the person's assessment had not been updated and still showed they were mobile and needed minimal support. This information has been shared with us and is being addressed with the registered provider and we will check this at the next inspection. Despite the lack of information staff knew how to meet the person's needs and were providing appropriate support.

Is the service responsive?

Our findings

People told us they had been involved with the formulation of their care plans and knew the service kept information about them, comments included, "I have been involved with reviews and looking at my care plan." People who used the service told us they knew they had right to make complaints and raise concerns, one person told us, "I would go and see [name of registered manager] he's really nice and approachable" and "I can talk to the staff they will listen to me and sort things out."

There was a mixed reaction to the level of activities, some people were happy and some were not.

Comments included, "I don't mind really I go out with relatives so don't depend on the staff", "It's been okay over Christmas but there's not enough staff on duty to take you out sometimes", "I can out on my so it doesn't really affect me", "Sometimes they [the staff] do bingo or I get my nails done, but there's not a lot of enthusiasm." Another told us "I go out in to town with the staff, but I don't do much really."

People's care plans we looked at described the person and what areas of daily living the staff need to support them with, for example, some aspects of personal care. The care plans contained information about how the person preferred to spend their days and the choices they made with regard to daily life, for example, meals, getting up, going to bed and what they liked to wear. Care plans contained assessments which identified areas of daily life where people may have needed more support, for example, nutrition and any behaviour which may put the person or others at risk of harm. These assessments were reviewed on a regular basis or as and when people's needs changed.

However, information provided by the local authority contracts compliance team showed us there had been a shortfall in updating one person's care plan. This described the person as being mobile and needing minimal support when in actual fact they were cared for in bed, had to be assisted to mobilise and were on end of life care. This had been addressed with the registered provider and will be rechecked by the local authority as part of their ongoing monitoring process. This had not been picked up as part of the registered provider's monitoring and auditing processes and has the potential to leave the person vulnerable to receiving the wrong care and attention. However, when we spoke with the staff they were aware of the person's needs and all worked closely to ensure these were met. We saw the person was comfortable and staff were monitoring them closely and liaising with the health care professionals.

The staff supported people to access the local community and to keep in touch with friends and relatives. People's care plans documented what activities they had undertaken on a daily basis. However, some people told us they had restricted access to activities outside of the service and were reliant on staff to accompany them; this had been impacted by the reduction in staffing numbers. During the inspection we observed people going about their daily lives but there were some that sat for long periods and lack of staff compounded this. This could have the effect people become bored if not engaged in meaningful way and could exacerbate anti-social behaviours and lead to an increase in alcohol intake or other risky pastimes. While we could see no adverse risks during the inspection the potential is there, this has been discussed with the registered provider and they have agreed to look at it and improve the service offered. We will closely monitor the situation and look at as part of the next inspection.

Some people preferred to spend most of their day in their room and staff respected those wishes. However, staff were aware that some people could become isolated and cut off from the rest of the service so they made sure they were regularly asked if they needed anything. We also saw staff visiting people in their rooms and spending time with them to ensure they did not become isolated or depressed. Staff told us this was an important part of their job but because of the reduction in staffing hours they felt they could not spend the time needed. One member of staff said, "We try to go and see the residents in their rooms but we struggle due the staff cuts."

The registered provider had a complaints procedure in place and this was displayed around the service. Staff told us they were aware of how to handle complaints they may receive. They told us they would try and resolve the problem immediately if they could but for more complex complaints they would refer the complainant to the registered manager who kept a log of all complaints received. This showed what the complaint was, how it had been investigated and whether the complainant was satisfied with the way the complaint had been investigated. Information had been provided to people about how they could consult outside agencies if they were not satisfied with the way their complaint had been investigated; this included the local authority and the Local Government Ombudsman.

Is the service well-led?

Our findings

People who used the service told us they found the registered manager approachable, comments included, "I can go to [name of registered manager] if I need anything he's really nice" and "He [registered manager] is always here and will listen to me." They also told us they had been consulted about the running of the home and had attended resident meetings, one person said, "We have meetings and [name of registered manager] asks us if we are ok or if we want anything."

We found there was no effective system of governance and quality monitoring in place. We could find no evidence any auditing of the environment had been undertaken to identify areas which needed refurbishing and renewing. Similarly there we found no evidence an infection control audit had been undertaken which would have identified the issues with the laundry and the staff practises. There was also no evidence an environmental audit had been undertaken, which would have identified the fire safety issues. We could find no audit of the identified care plan had been undertaken which would have identified this was not up to date and did not reflect the person's current needs. When we asked the registered manager to show us evidence they could not and told us the audits had not been completed for over 12 months.

We found that no surveys had been conducted with the people who used the service since 2013. We could find no evidence of consultation with others who had an interest in the welfare of the people who used the service including relatives and health care professionals to gain their views about the service. The registered manager could not show us any evidence which would suggest this had been done since 2013. However, people did confirm they were consulted on a regular basis about the running of the service and asked for their opinions but we could find no record, and the registered manager was unable to show us any records, of these consultations. We could find no evidence of reports or action plans having been developed to identify shortfalls within the service and areas to improve in the service with time scales for achieving these.

The issues we found during this inspection had not been identified by the registered manager as areas of improvement and had not been identified by any effective auditing system which must be in place to ensure people live in well run safe service. Failure to provide such auditing systems leaves people at potential risk and no formalise consultation system to improve the service by using the input of others is a breach of regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 We are considering our regulatory response and will report on it when it is completed.

There was a registered manager in post, however, we found that an incident had occurred at the service which we should have been notified about; this included some safeguarding incidents and incidents which involved the police. These notifications are required to be sent to the CQC so we can maintain an ongoing assessment of the service's compliance. This also informs the inspection process and assessment of the ongoing risk to the people who use the service. A failure to send these notifications is breach of regulation 18 of Care Quality Commission (Registration) Regulations 2009. We have sent the registered provider a letter reminding them of their duty under the 2009 Act to send notifications. This will be closely monitored and further action will be taken if needed.

Staff we spoke with told us they could approach the registered manager, they told us, "[Name of registered manager] is approachable, he will give you advice about the residents" and "I can go to the manager for anything he's really nice and approachable." The registered manager told us they tried to maintain contact with the staff and spent time working alongside them.

The staff told us they could attend staff meetings and found these useful, comments included, "I don't mind coming to the staff meetings, we get to know about any changes" and "We have regular staff meetings." We saw the last meeting was held in October 2016. People who used the service had access to the facilities in the local community, this included shops in the centre of the city, churches, local community centres and all other local facilities. They were supported to access local health centres and staff accompanied them on all GP and hospital outpatients' appointments.

All records were stored securely and care plans were only accessed when required by care staff. Other records pertaining to running of the service were held in the registered manager's office and accessible to the staff for reference. Confidential records were kept securely locked away.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The mishandling of medicines and the failure to follow good practise guidelines puts people at risk of receiving the wrong medicines and not as proscribed by their GP. This is breach of regulation 12 (2) (g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Exposing staff and people who used the service to preventable risk of contamination and not ensuring there are adequate systems in place to prevent the risk of cross infection is a breach of regulation 12 (2) (h) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>Not to ensure the premises are clean and fit for use is a breach of regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Failure to provide such auditing systems leaves people at potential risk and no formalise consultation system to improve the service by using the input of others is a breach of regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

We have issued a Warning notice for the breach of regulation 17