Mrs Pauline Jones

Carr Bank 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?	**Requires improvement**

Overall summary

The service is registered to provide personal care for 14 people who have a mental health condition. On the day of the inspection eight people resided within the home. The commission has imposed a condition on the provider's registration that until further notice no admissions can be made to the home. This condition was imposed because there was no registered manager and the service was not providing consistent care in line with the standards and regulations we inspected.

We last inspected this service in February 2014 when they met all the standards we inspected.

This was an unannounced inspection. However, the Care Quality Commission chose to leave the restrictions upon admissions in place.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People who used the service told us that Carr Bank House was a safe place to live. We saw from staff training records and talking to staff that staff were aware of the procedures for safeguarding vulnerable adults.

We saw that people were supported to take their medicines as prescribed although medicines errors were not fully investigated to minimise further risks to the people who used the service.

The front door and the conservatory were locked at 5pm for the security of the premises. These two doors are designated fire doors and this meant people could be trapped in the event of a fire. However, we were told the doors would no longer be locked and a more suitable locking device fitted to ensure people could escape in an emergency.

We found that recruitment procedures were thorough and protected people from the employment of unsuitable staff.

Staff were well trained to help them meet the needs of people who used the service and were supported and supervised by the registered manager.

Some staff had completed training had completed training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) so they should know when an application needs to be made and how to submit one.

There was a choice of food for people accommodated at the home. However, the food was not always good quality and may mean people's diets were not nutritionally beneficial.

People were registered with a GP and had access to a full range of other health and social care professionals.

Throughout the inspection we saw that members of staff were respectful and spoke to people who used the service in a courteous and friendly manner.

We saw that care plans included information about people's personal preferences which enabled staff to provide care which was person centred and promoted people's dignity and independence. People had helped develop the plans of care and signed their agreement for the care they received.

There were very few activities on offer to keep people stimulated. Staffing levels were sufficient to meet the care needs of people who used the service but in the evenings there were not enough staff on duty to ensure people had access to activities or be assisted to go out.

The systems for auditing the environment, infection control, medicines management and care plans were available for the registered manager to use to improve the service. However, some of the audits were not well detailed enough to provide the registered manager with sufficient information or she had not acted upon the information. This meant the chance to improve the service or minimise errors had been lost.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe. Medicines errors were not audited by the registered manager to help prevent further incidents.

There were policies and procedures for the protection of vulnerable adults and the service had the local authority safeguarding procedures to follow their protocols.

There was a risk that in the event of a fire people would not be able to evacuate safely because designated fire were locked at 5pm.

Staff recruitment was robust and ensured new staff were suitable to work with people accommodated at the home.

Is the service effective?

Requires improvement

The service was not always effective. Food temperatures were not checked to ensure sufficient temperatures had been reached to reduce the risk of food poisoning. Some people who used the service liked the food although one person said it was cheap food.

Staff were sufficiently well trained to meet the needs of people who used the service. The registered manager held regular supervision sessions and new staff received an induction prior to commencing work.

People we spoke with had mental capacity some staff had been trained in the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoL's). This should ensure anyone who lacked the capacity to make their own decisions should have their rights protected.

People were involved in and signed their agreement to their care and treatment.

Is the service caring?

Good

The service was caring. We saw that staff treated people with kindness and had a good rapport with people who used the service.

We observed one staff member who had come in to assist a person attend a health appointment request that a visiting professional provided treatment in the person's bedroom rather than the communal space. This helped protect the person's privacy and dignity.

The people we spoke with thought staff were respectful, friendly, supportive and they could talk to them.

Is the service responsive?

Requires improvement

The service was not always responsive. There were no stimulating activities provided on a regular basis to help keep people occupied. The ethos of the

Summary of findings

service was to provide people with the skills for independent living. We were told people who used the service would not join in with life skills which would help achieve independence. This meant they may not be equipped with the skills to live in the community.

The registered manager held meetings with people who used the service. We noted on the agenda that people were not offered the opportunity to add any items they thought would improve their life at the home.

There was a complaints procedure for people to voice their concerns. People we spoke with thought staff would listen to any concerns they had.

Is the service well-led?

Requires improvement

The service was not always well led. The registered manager did not follow up on any issues found when auditing the systems. We saw that the registered manager had highlighted plans of care were not all up to date but had not checked to see if staff had completed them or followed up on medication errors.

Audits we saw were ineffective such as the infection control/environment audit. The information contained in the audits was not sufficient to formulate an effective plan to improve the service.

One staff member we spoke with and several people who used the service thought the manager was approachable.

Carr Bank 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. We also conducted this inspection to determine if the condition to restrict admissions could be removed.

The inspection team consisted of two inspectors and was completed on the 14 April 2015.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. As this inspection was undertaken at short notice we were not able to request 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 any improvements they plan to make.

We asked Bury Healthwatch and the local authority safeguarding and contracts departments for their views of the home. They did not have any concerns.

During the inspection we spoke with five people who used the service, one care staff member and the registered manager. We observed care and support in the communal areas of the home. We looked at the care records for three people who used the service and medication records for three people. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance audits and policies and procedures. We also conducted a tour of the building to look at the décor, services and facilities provided for people who used the service.

Requires improvement

Is the service safe?

Our findings

All the people we spoke with who used the service said they felt safe.

From looking at staff records and the training matrix we saw staff had completed safeguarding training. The staff member spoken to about safeguarding was aware of how to report safeguarding incidents. There was a company safeguarding policy and procedure and a copy of Bury social services procedures to follow local protocols. There was a whistle blowing policy to help staff feel confident they would not be penalised for reporting concerns. The safeguarding policy told staff what constituted abuse and how to respond and report any concerns. There had not been any safeguarding incidents since the last inspection.

One person who used the service said, “They lock the doors earlier than necessary. The front door and conservatory door are locked at 5pm. It’s for security reasons. We can go out of the back door which is not locked.” The back door was located near the kitchen which potentially is the greatest fire risk.

Whilst people said they felt safe in Carr Bank House we were told the front external door and the conservatory were locked at 5pm for the security of the premises. These two doors are designated fire doors and this meant people could be trapped in the event of a fire. The rear external door was used as the main entrance and was fitted with a bell to inform staff if visitors wanted to come in and could be opened internally in an emergency. However, we were told the doors would no longer be locked and a more suitable locking device fitted to ensure people could escape in an emergency and keep the premises secure.

To further add to the risk of fire people also told us, “There are a few rules. Not smoking in bedrooms is one. I smoke in my bedroom” and “I smoke in my bedroom at night occasionally because staff do not check up on us”. We did note that the rules for not smoking in bedrooms was brought up at meetings. People had signed a risk assessment to say they would not smoke in their rooms. People who used the service told us the rules were not enforced although a metal bin had been placed in people’s rooms to minimise the fire risk. Each person did have a personal emergency evacuation plan (PEEP) and one person who used the service said they were involved in fire drills.

The local fire brigade had made some minor recommendations such as better signage, which had not been fully completed. The registered manager said the recommendations had been made prior to her taking up her post and she had not seen them. She said they would be completed at the earliest opportunity.

When asked about staffing levels a member of staff told us, “We manage with the staffing levels”. People who used the service had mixed views on staffing levels and said, “My health needs are met”, “I feel there are enough staff” and “There is only one member of staff on duty from 5pm until 8am”. On the day of the inspection there was the registered manager and one member of staff on duty to care for people who used the service. Another member of staff came in to assist one person to attend a health care meeting. There were enough staff to care for people although during the evening there was not enough time or personnel for staff to provide entertainment or access social activities.

When asked about staffing levels on nights people who used the service told us, “The night staff sleep I think”, “There is only one member of staff on at night. They sleep on the settee in the lounge and one person brings in their own bedding” and “They are supposed to be awake but I have seen them asleep on the settee. The attitude is that the lounge is their room and they would rather not be disturbed. We can’t use the toilet off the lounge during the night”. People did not complain they were not getting the care they needed, rather they felt their choices of the lounge and toilet facilities were restricted. We spoke with the registered manager who said there should be a waking watch at night time and she would address the issue.

There was a medicines policy for staff to help ensure safe practice. On the day of the inspection the pharmacist the service used visited the home to audit the system and provide training and advice to the staff member on duty. Staff who administered medication had been trained to do so. We noted in the plans of care we inspected that people had signed their agreement for staff to administer their medicines for them. On the day of the inspection one person was given their medicines and inadvertently left a tablet on the table. The staff member who administered the medicines had already left and signed that the

Requires improvement

Is the service safe?

medication had been taken. This did not follow the procedure for the safe administration of medication. We observed that the correct procedure was followed during the remainder of the medicines round.

We looked at the medicines administration records and found they had been completed correctly. However, there was a discrepancy in the number of tablets for one person and we did not see any action taken to minimise any further risks. The registered manager said there had been an incident form completed for the incident but could not find this record on the day of the inspection.

Medication was stored safely in a locked office and supplied individually to each person. The pharmacist the service used to supply medicines was available for staff to contact for any advice or training. There were no people who used the service who needed to take controlled medicines.

We conducted a tour of the building on day one of the inspection and found the home to be warm, clean and did not contain any offensive odours. There was an infection control policy and the registered manager conducted audits to check for cleanliness and faults. However, the audit did not provide enough information to tell us what had been completed. The staff training matrix and files we examined showed staff had completed infection control training. The laundry was separate from any food handling areas and contained sufficient equipment to provide a good service. The service also had a copy of the current health authority infection control guidelines for care homes for staff to follow good practice. There were hand washing facilities around the building for staff to use and prevent the spread of infection. The member of staff who prepared the lunch did not wear the protective disposable aprons provided although nobody required any personal care such as toileting which minimised the risk of cross infection.

We saw that all the gas and electrical equipment had been serviced and checked. This included the fire alarm system, electrical installation, gas appliances, portable electric appliances, fire extinguishers and emergency lighting. There was a contract for the disposal of contaminated waste and the water. The fire system and procedures were checked regularly to make sure they were working.

We looked at three staff files during the inspection. We saw the files contained an application form, two written references, proof of a person's address and identity and a disclosure and barring service check (DBS). This tells employers if a person has a criminal record or has been judged as unsuitable to work in the care sector. The recruitment procedures were robust and new staff had suitable checks to work with vulnerable adults.

Requires improvement

Is the service effective?

Our findings

People who used the service told us, "I don't mind the environment", "It's a lot better here now. The place has been decorated" and "I have had a new carpet and furniture in my bedroom". During the tour of the building we were shown that the lounge and dining room had been decorated and some new furniture had been bought.

Communal areas had been improved with new decoration and furniture. The bedrooms we looked at had been personalised to people's tastes and there were sufficient toilets and bathrooms to meet people's needs.

There was a good system for reporting faults or areas that needed decorating. The maintenance person was given a list to complete and signed off each task when completed. Some checks such as fire exit checks were completed daily. We saw that from the checks equipment like emergency lighting had been replaced or radiators replaced.

We asked people about the food served at Carr Bank House. People who used the service told us, "Food is all right. I am a vegetarian most of the time and they know that", "I don't eat breakfast because they only get cheap cereals. I used to do the main shopping and still go occasionally. If I ask for something they will buy it. We have our weight checked regularly and mine has been stable for a while. Lunch is soup or a sandwich but not both. Yesterday I asked for a sandwich as well and got one", "They are supposed to weigh you every week but don't always. I am a diabetic. They were supposed to put me on a special diet but it's a joke really. I get the same food as other resident's, except they give me a yoghurt for pudding" and "The food is much better now than it was. We didn't used to but now we have a choice of meals. There are usually two choices on the menu and the quality of the food is OK". We saw in the plans of care we looked at that weights had been recorded.

People did have access to fresh fruit which was freely available in the dining room.

People were able to take their meal in the dining room as a social occasion if they wished.

Kitchen checks such as cleaning rota's and fridge temperatures had been recorded. However, we did not see the member of staff testing the temperature of the meat to ensure it was sufficiently well cooked. The kitchen was clean and tidy on the day of the inspection.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. Key staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and should know when to protect a person's rights. The people in the home had mental capacity and could make their own choices make their wishes known.

The people accommodated in the home had been in residence for some time. We saw that an assessment had been completed prior to their admission. This meant the service assessed people prior to admission to help ensure they were suitably placed.

The plans of care were individual to each person and were divided into separate sections for needs such as moving and handling, nutrition and mobility. There were details around a person's end of life wishes. People had signed their agreement to their care and treatment. Plans of care were updated regularly to keep staff up to date with people's health and social care needs. However, it was noted in two of the four plans that although the key worker had updated the key worker section of the plan, the details had not always been transferred to the care plan. This could mean details were missing for anyone who read the plan.

Plans of care contained risk assessments for nutrition, tissue viability (the possibility of developing a pressure sore) and moving and handling. The risk assessments informed staff of a person's special needs, for example, one person used a walking frame. The risk assessments we observed were reviewed regularly and were to keep people safe and not place unnecessary restrictions upon them.

We saw that people had access to specialists and professionals. They included mental health specialists, opticians, chiropodists, dentists and nurses although one person said they had not been assisted to go to the dentist

Requires improvement

Is the service effective?

and another person said they had. Each person had their own GP. We saw that regular review meetings were held for people with mental health problems. These meetings called together all the professionals involved in a person's care to discuss and agree on the best treatment they could provide.

We looked at three staff files and saw that staff had been working at the service for some time. When they commenced work they completed an induction to help them gain competence and confidence to work with the people who lived at the home.

We saw that staff training was on-going and included training such as the Mental Capacity Act, deprivation of liberty safeguards (DoL'S), food safety and healthy eating, dementia care, equality and diversity, mental health, infection control, first aid, medication administration and health and safety. The member of staff on duty said moving and handling training was due and had been organised. There was a training matrix which informed the manager which member of staff had completed their training or was due a refresher course.

The staff files showed that supervision and appraisals were on-going and staff had the chance to bring up training requirements as well as discuss their performance.

Good

Is the service caring?

Our findings

People who used the service told us, “It’s nice here. I get on well with the staff and residents. The staff are friendly and have been very helpful. I would like to stay here”, “Staff give me support. They will sit down and talk to me. They help me to express my feelings. Staff are very good and know me well because I have been here for ten years” and “Staff are OK. They do things for you and are sympathetic”.

People completed a ‘This is Me’ document so staff should be aware of people’s preferences and choices. This documented people’s preferences for meals, what they liked to do or where they liked to be during the day. There were no restrictions to people staying in their rooms if they wished.

We observed staff interacting with people who used the service and found them to be friendly and pleasant. People who used the service were mainly self-caring and independent.

Two people who used the service had access to the advocacy service. This provided them with independent assistance if they wanted it.

Staff were taught about confidentiality, privacy and dignity. Staff were also taught about equality and diversity which should enable them to meet people’s needs from different cultures and backgrounds.

People who used the service had keys to their rooms and could lock them for privacy if they wished.

One member of staff came into the home during the day to assist a person to attend an appointment. Whilst there a district nurse arrived to carry out a treatment and the staff member asked the nurse to take the person to their room to have the treatment in private rather than complete it in a communal area. This meant the staff member had a good awareness of how to protect a person’s privacy and dignity.

Requires improvement

Is the service responsive?

Our findings

We asked people who used the service about the activities available to them to support their health and well-being. People who used the service told us, "I like to be in my room. I meditate there", "I go out regularly and keep in touch with my family. Every two or three years we go on a trip to Blackpool. I asked yesterday again about a trip out but we have asked before and nothing happened. I'm terribly bored. I heard they were going to take us bowling but that has fallen by the wayside. I like to read the paper and keep up to date with current affairs" and "They leave you to your own devices. It's up to you to do things here. You can do the cooking but I have never done any". One person told us he went out daily to the local shops. We were told one of the maintenance men was responsible for activities but was currently decorating bedrooms. It would better suit people accommodated at the home to provide meaningful activities and we discussed with the registered manager a solution such as for the afternoons to be put aside for activities. At present there were no activities regularly scheduled to provide stimulation for people who used the service. The registered manager said they asked people what they wanted to do but nobody wanted to join in.

We looked to see what opportunities people had to provide feedback on the quality of service at Carr Bank House and whether they knew how to report any concerns. People who used the service told us, "I could complain to a member of staff and think they would listen to me", "You can always go to the staff if you have a problem" and "I have no complaints". There was a complaints procedure for people to remind them of how to raise a concern. The procedure told people how to complain, who to complain to, the time they could expect a reply and how to take it further if they wished. The Care Quality Commission had not received any complaints since the last inspection. People who used the service did not have any concerns on the day of the inspection.

People who used the service told us, "I have been to residents meetings but nothing changes", "I don't think we have meetings enough. We should have one a month" and "We have meetings quite often. We are asked if there is anything we want to bring up". The registered manager did hold regular meetings with people who used the service to gain their views but not everyone thought anything came from them to improve the service.

We saw that people had a 'hospital passport' to provide external agencies with the basic details they would need to care for people who used the service in an emergency.

People were asked for their views about the service by completing a questionnaire. This had only been completed the week prior to the inspection. However, we saw that people who used the service were positive about the staff and care. One person said the quality of food needed to be improved and more activities and trips organised.

Part of the ethos of the service is to help people regain or learn life skills to be more independent and perhaps go forward to live in the community. The teaching of cookery skills, laundering and shopping for example was minimal. We were told on by the staff member and registered manager on several occasions that people who used the service did not want to participate in improving their life skills. We were told that one person had been rehabilitated back into the community.

Requires improvement

Is the service well-led?

Our findings

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us, "I know the registered manager although I don't have many dealings with her. There are other staff I go to" and "I would not want to change anything and am happy to stay here. All the people we spoke with were happy with staff support and felt their health care needs were met. A staff member said, "The registered manager is really approachable and the owner pops in and I know I could speak to her. There was a recognised management system which staff understood and meant there was always someone senior to take charge.

There were policies and procedures for staff to follow good practice which were reviewed regularly. We looked at several policies and procedures which included the safe use of restraint, mental capacity assessment, controlled drugs, medication administration, safeguarding vulnerable adults, infection control, health and safety and whistle blowing.

A member of staff said, "We have staff meetings and I think we are listened to". There were regular staff meetings and we looked at the minutes of the last meeting. One topic discussed at the last meeting was the prevention of smoking in bedrooms.

The registered manager conducted some audits for the environment/infection control, care plans and medicines administration. Some of the audits such as for maintenance and the upgrading of the building were good. However, the audit for infection control/environment were not detailed enough to provide the manager with any useful information. The registered manager had also highlighted in the care plan audit that some plans of care were not up to date. She said she had approached the staff member to update the plans but had not checked that this had been done.

We saw the weekly medication audits had highlighted on four occasions between February and March 2015 that the numbers of tablets for one person did not tally with the numbers recorded in the medicines administration records. However, we did not find any evidence that this error had been fully investigated. This meant that there was no formal evidence that lessons had been learned from the incident and any action taken to minimise further errors.

Staff passed information on to each other during handover sessions at the start and end of the shift.