

# Icon Care Ltd

# Chamwood

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



### Overall summary

We carried out an unannounced inspection of Chamwood on 21 November 2014. An unannounced inspection is when we enter and inspect the service without giving prior notice to the provider, people who use the service or the staff.

Chamwood is an eight bedded home that provides accommodation for people who require personal care. It has single bedrooms with en-suite accommodation. It is located in the Grimesthorpe area of Sheffield with good access to public services and amenities. Accommodation is on two floors. The home has two communal lounges and a kitchen/dining room. There is car parking to the side of the service.

There has not been a registered manager at the service since 2011. There was an acting manager who has been in charge of the service for the past 18 months. They told us that they had applied to CQC to become 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 present acting manager covered two services. The provider had not made appropriate

# Summary of findings

arrangements for sufficient cover of the day to day management of the service, which had resulted in the acting manager being unable to fulfil the full range of their duties and responsibilities satisfactorily.

During our inspection we saw insufficient action had been taken to maintain the building and the surrounding grounds belonging to the service. We saw that there was outstanding maintenance work with no written plans for completion. The service did not have a maintenance programme with timescales for action to show how and when the work was going to be completed. This meant there was no identification of the work which needed to be completed by the provider. You can see what action we told the provider to take at the back of the full version of the report.

We were informed by the acting manager that the fire risk assessment had been updated and all staff including the people who lived at the service were involved in the weekly fire drills.

We observed that the management of medication by staff was carried out in a safe manner. Staff were trained in the protection of vulnerable adults and there were systems in place to protect people from any abuse, bullying or harassment.

People commented that staff understood their needs and knew who they should go to seek additional help if they needed. One person said, "Staff give us the best support they can. I trust them". They said there was plenty of staff and they were happy with the support.

Staff on duty said they had been supervised and supported by the acting manager and the deputy. They were very positive about the arrangements for training and development in place.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict them. DoLS is part of this legislation and in place so that where someone is deprived of their liberty they are not subjected to excessive restrictions. We found staff were knowledgeable about protecting the rights of people and

making sure people gave consent to care. The staff members we spoke with had attended training in MCA and DoLS and demonstrated a good understanding of the legislation and how this impacted on their role.

We looked at the food and nutrition arrangements at the service. From the care files we noted people's likes and dislikes had been identified and each person had an eating and drinking plan to meet their needs.

Three people told us they were involved in decisions about their wellbeing. They explained that staff gave them information in the way they understood and gave them time to digest and think about it. One person said, "They don't get fed up when I ask them over again". The deputy manager said that all the people at the service had a named next of kin and the acting manager told us they had access to an advocacy service if people needed assistance when making decisions.

We found people had contributed to their initial assessment and planning of their care. The documents identified people's views about their strengths, levels of independence, their health status and aspirations. There was a lack of evidence of people being involved in care programme approach (CPA) meetings. CPA improves the delivery of service to people with mental illness and minimises the risk of them losing contact with mental health services. This meant there was a lack of evidence that people were in receipt of care that was specific to their mental health needs.

We found people had not been offered appropriate opportunities, encouragement and support to promote their autonomy, independence and community involvement through activities. There was an assumption by staff that people spend the day how they choose and they were there to help with people's decisions. This had resulted in people spending their day without any structure, no routine or any organised opportunities for activities. We found the care plans on activities or working and playing needed revision as there was a lack of information about people's activities or interactions and the daily notes did not capture how people spent the day.

People said they knew how to make a complaint and they had been given information on who they should

# Summary of findings

complain to. People had access to written information about making a complaint. We found people knew how to share their experiences or raise a concern or complaint.

We saw some reports from the provider visits. They were not informative and did not have comments on action needed or the progress on the actions required. The system did not demonstrate that the provider continued to monitor the quality of service provided. This is due to the lack of evidence that assessment of quality and

identification and management of risks had taken place during the provider monitoring. The acting manager told us that they did not have a system in place to supervise and check the home manager's performance by the registered provider. This meant the manager was left to carry out their duties without any oversight by the provider.

You can see what action we have told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

The provider had not taken appropriate action in a timely manner to maintain the premises and the surrounding grounds to ensure people's safety.

Staff had a good knowledge in safeguarding vulnerable people and knew the actions to take if they were concerned that a person was at risk of harm.

Sufficient numbers of staff were employed to meet the needs of people.

Requires improvement



### Is the service effective?

The service was effective.

Staff were supported and supervised by the acting and deputy manager.

People had meal plans and records of their likes and dislikes. Staff promoted healthy eating and had posters to prompt this to people who used the service. Some people made their own food and drinks, while others were assisted dependent on their needs and abilities.

Good



### Is the service caring?

The service was caring.

People told us that staff helped them with tasks they found difficult to remember or complete, such as tidying their room. Comments included, "They won't do it for me but they help me if I ask".

People said they were confident that staff would not discuss their personal affairs with others and they trusted them to maintain their confidentiality. One person said, "I often confide in staff because I trust them".

The acting manager told us they had access to advocacy service if people needed assistance when making decisions.

Good



### Is the service responsive?

The service was not responsive.

People's mental health needs were not sufficiently met by the provider as staff did not know about the care programme approach (CPA) meetings and their part in improving people's mental health.

There was a lack of appropriate opportunities, encouragement and support for people in relation to promoting their autonomy, independence and community involvement through activities.

People said they knew how to make a complaint and they had been given information on who they should complain to.

Requires improvement



# Summary of findings

## Is the service well-led?

The service was not well led.

This service had not had a registered manager for over two years. The acting manager had been asked by the provider to manage two services without pre-arranged support from the provider. There was no formal supervision or monitoring from the provider to ensure that the acting manager was fulfilling their duties.

The record held by the service on provider monitoring did not demonstrate that there was an effective system for identifying, assessing and monitoring of the risks relating to the health, welfare and safety of the service.

The atmosphere at the service was friendly and welcoming. There was a strong sense of team culture, which people who lived at the service also recognised.

**Inadequate**



# Chamwood

## 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.

An adult social care inspector and a specialist advisor carried out the inspection. Our specialist advisor had knowledge and experience in managing and commissioning mental health services.

Prior to our inspection, we reviewed the notifications submitted by the provider and other relevant information we held about the service.

We asked for information from the local authority contracting and commissioning team, safeguarding team, the local health-watch team and community professionals such as district nurses. Health-watch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used various methods to gain information to inform our rating about the service, which included talking with five people using the service. We interviewed two care staff, the acting and deputy managers. We checked the care records of four people and all four staff records. We also saw other files such as complaints and compliments, incident and accident reporting, monthly provider visit reports and records of staff audits of the service.

# Is the service safe?

## Our findings

We were shown around the premises with the acting manager. Appropriate measures were in place to ensure the security of the premises. The building including its surrounding grounds was in need of maintenance, refurbishment and renovation. Some of our observations with regards to the building included the medication room being used as store room for care files, staff personal items and unwanted items by people, including staff clothing, a box of sharps such as knives and cat food. The room was disorganised and was not fit for purpose.

We observed people spilling drinks on the kitchen floor which put themselves and others at risk of slips and trips. Staff were not always in attendance to clean up the spillages as people were independent. The acting manager said the provider had been aware of this for some time and better non-slip flooring had been suggested but no action had been taken so far.

An outside area was provided for people but this wasn't in a safe state to be used as there was a rotting mattress in the middle of a raised bed, several garden slabs piled near some steps, rubbish on the grass and a broken football post. There were no plants or investment to make this a space for people to use socially or therapeutically. The manager informed us the provider had recently appointed a different maintenance person to attend to the necessary work, but the manager told us as far as they knew they did not have a maintenance programme with timescales to show how and when the work was going to be completed. The provider was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which has now been replaced with Regulation 12(2d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had received training in safeguarding vulnerable adults. Staff we spoke with had a good understanding of what constituted abuse and the process for reporting any allegations. We were informed by staff that they were confident any allegations of abuse raised by them would be dealt with by their manager and action would be taken to make sure people and they (staff) were safe. We saw posters displayed within the service informing

people and staff what abuse was and what action would be taken to protect people. The local authority contact number for safeguarding was accessible to all from the poster.

To reduce the risk of people being subjected to any bullying or harassment by the public outside of the service, staff had carried out risk assessments on people when they accessed community activities and had ensured plans had been put in place so people felt supported and protected. Staff explained to us that the plans were regularly reviewed and the four care files of people we saw confirmed this.

During our conversation with the acting manager about the fire safety arrangements, they informed us that environment fire risk assessment had been updated and all staff including the people who lived at the service were involved in the weekly fire drills. They had records of the dates fire drills were carried out. We saw seven of the nine staff had attended fire safety training this year and the remaining two staff had dates in December 2014 to attend training. One staff member who we spoke with was competent in demonstrating to us the procedures they would follow in the event of fire.

We spoke with the deputy manager and staff members on duty about the way they raised concerns and learnt from mistakes when incidents had happened. We found them to have a good knowledge of the process for whistleblowing, raising concerns and reporting accidents. One staff member told us when concerns had been raised the managers used it as an opportunity to look at their practices and improve.

We spoke with the members of staff and the people who lived at the service to find out, in their opinion whether they had enough staff on shifts. People said they felt there was plenty of staff and they were happy with the support. Staff members said they worked flexibly to meet the needs of people and were happy to fill in for unforeseen sickness. We were informed by the manager that nine staff in total were employed at the service. They said four staff worked the day shift and one member of staff worked night duty. We looked at staff rotas for four weeks and found information on staffing to be as we had been informed. The service also employed a domestic who worked between 9am to 2pm two days a week at Chamwood. There were no formal recordings of the areas to be cleaned or any cleaning rotas. The staff told us that they worked together with the domestic to keep the service clean. The manager

## Is the service safe?

stated they had enough staff to support people as “the current client group were largely independent”. During the inspection we observed that there was sufficient staff to support people with their needs.

As part of checking the staff recruitment process we looked at three staff recruitment files and spoke with two staff about the process they had followed when recruited to work at the service. We found staff had gone through a rigorous recruitment and records maintained at the service supported this. We looked at four staff recruitment files which included completed application form, two references from the previous employers, relevant skills and experience and satisfactory DBS checks.

We checked the management and handling of medication at the service. A locked room was used to store medication. Each person had a prefilled medication box provided by a local pharmacy that was stored in a lockable medication trolley. We were informed that all staff, with the exception of one new member, had completed a distance learning medicine management course. The manager told us a monthly audit was carried out by staff and we found evidence that every month since January 2013 a medicine audit had taken place. We found these were not all signed and dated. The manager said they would be looking into this and said that they hoped the supplying pharmacist's audit would capture the necessary changes required to improve the system. We were told by staff that they had changed the supplying pharmacist and they were expecting an external audit from the current pharmacist to ensure compliance.

We checked four medication administration records (MAR) and they were completed satisfactorily and there were no gaps seen within the records.

There was a refrigerator for storage of medicines in the medication room. This was empty because none of the people needed medicine which needed to be stored in the refrigerator. The temperature of the refrigerator had been recorded daily on a sheet attached to the front. The sheet did not state the required parameters for the temperature or procedure if they fell outside of the range. We discussed the reasons and the manager assured us that action would be taken to rectify this.

People told us that they were able to talk to staff about their medicines and discuss the times they wanted to take medication. They said this was due to the effects of the medicines and the impact the medicine had on what they wanted to do. They gave us several examples. One was sometimes they wanted to stay up late at night watching a programme and wanted to delay their night medication. Staff had a good understanding of the medicines people were taking and were happy to consult with people and their doctors so that people complied with their treatments and use the medicines to promote independence and safety. During our inspection we observed staff delivering medication to people in a dignified manner following appropriate procedures.



# Is the service effective?

## Our findings

People who used the service told us they received care, treatment and support from staff who were competent. They commented that staff understood their needs and knew who they should go to, to seek additional help if they needed it. One person said, “Staff give us the best support they can. I trust them”.

The acting manager told us they had previous experience in working with people with learning disabilities and mental health needs in a residential setting and therefore had a good understanding of people’s needs. They said since they took over the running of the service 18 months ago, they had carried out a staff learning and development audit and showed us the action they had taken so far and the plans for the future. These were to ensure the staff employed at the service had the correct knowledge and skills to carry out their roles and responsibilities. The deputy manager had previous experience in residential care settings where people with mental illness were cared for.

A chart with dates of supervisions was displayed in the manager’s office and staff were expected to have four one to one supervisions a year. The manager said they had staff meetings and discussed issues relating to good practice and treated them as group supervision. The manager had been on a course to help them deliver supervision and they explained that they were supporting the deputy manager to carry out supervisions with them so that they were able to achieve their target. They also stated they had begun to look at carrying out annual appraisals with staff but this had yet to be implemented.

Staff on duty said they had been supervised and supported by the present manager and deputy. Staff comments supported what the managers told us and were very positive about the arrangements for training and development.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after

in a way that does not inappropriately restrict them. DoLS is part of this legislation and in place so that where someone is deprived of their liberty they are not subjected to excessive restrictions.

We found staff were knowledgeable about protecting the rights of people and making sure people gave consent to care. The staff members we spoke with had attended training in MCA and DoLS and they demonstrated a good understanding of them and how they applied to their role.

We reviewed four care files and found that consent to care and treatment had been sought by staff on an individual basis. Capacity had been assumed and staff had ensured that the risks, benefits and alternative options were discussed and explained in a way that the person who used the service was able to understand. When people had arrived at the service decisions had been made based on people’s capacity. These were well documented in people’s care files. However, the decisions had not been regularly reviewed to reflect the present capacity of the people. We found one person’s review had not taken place for over three years. We shared this with the manager who assured us that they would look into it.

The manager informed us that all the people who lived at the service were ‘voluntary residents’ and that none of them were subjected to any restrictions or DoLS. People we spoke with did not feel that they had any restrictions, but they shared some examples of limitations they had agreed to which promoted their wellbeing, such as limiting their alcohol intake, only having a number of cigarettes a day and letting staff know where they were going and when to expect them back.

We looked at the food and nutrition arrangements at the service. We saw people’s meal planners for the week were placed on the fridge in the kitchen. These included a breakfast of cereal, light snack for lunch, for example, a sandwich and a larger evening meal such as fish and chips. People were free to eat food in-between these times. From the care files we noted people’s likes and dislikes had been identified and each person had an eating and drinking plan to meet their needs. We saw one person insisted on drinking four cups of coffee in the morning and was complaining of a headache. Staff encouraged them to drink water to hydrate, which the person did without any objection. Staff told us they knew the person’s habit and made sure the person drank plenty of water to minimise the effects.

## Is the service effective?

We witnessed people being offered a variety of foods by staff. Encouraging healthy eating appeared to be a challenge with people choosing not so healthy options. Main meals were later in the evening. Some made their own food and drinks, while others were assisted dependent on their needs and abilities. Staff also took sandwiches to people's rooms as they were reluctant to join other people to eat their meals. A variety of fruit, squash, tea, coffee and biscuits were freely available for everyone.

People did not eat together at lunch, but we were informed people were encouraged to sit together downstairs for the evening meal. However, the dining facilities were insufficient to accommodate everyone at the same time should they wish to do so.

# Is the service caring?

## Our findings

We spent time in the communal areas observing and interacting with people who used the service. We saw staff approaching people and speaking with them in a polite and friendly manner. We observed staff listening, getting into discussions with people and helping them decide what they wanted to do that day. They also reminded people when they had appointments they had to attend and helped people organise their day.

We observed how people were able to ask staff for help with their day-to-day chores and activities without any hesitation. One person wanted a bath and asked a particular staff member for help. The member of staff explained when they would be available to help them and this was done in a caring and discreet way. We saw mutual respect between people who lived at the service and staff.

We noted from the care files that staff had ensured people's privacy and dignity was maintained at all times. People had been consulted and ongoing reviews had taken place to ensure appropriate arrangements were put in place to promote individuals' dignity. For example, some people's behaviour was not always socially acceptable to others living at the service and therefore they were accommodated in a more suitable area within the home to help them maintain their dignity and avoid unnecessary confrontation from others. We saw staff were aware of people's abilities and people were encouraged to help themselves in promoting their independence.

We spoke with staff who were on duty who had good insight into people's needs and behaviour patterns. One member of staff said, "Residents are all different and have different personalities. If I find them anxious I talk to them and find out what they want and if anything is bothering them. Sometimes this can take time and we are happy to get back to the person later and not put them under

pressure". Another member of staff said, "All the residents are here voluntarily and want our support and we do that as a team of workers. Our job is to care and support, not to judge".

People told us that staff helped them with tasks they found difficult to remember or complete, such as tidying their room. Comments included, "They won't do it for me, but they help me if I ask". "When I go out staff ask me if I have got my bus pass and when I get back they keep it safe for me. I tend to lose it". People said they were cared for by staff who understood their needs and they were happy living at the service.

Three people told us they were involved in decisions about their wellbeing. They explained that staff gave them information in the way they understood and gave them time to digest and think about what was said or talked about. One person said, "They don't get fed up when I ask them over again. Sometimes I tease them, they don't mind".

People said they were confident that staff would not discuss their personal affairs with others and they trusted them to maintain their confidentiality. One person said, "I often confide in staff because I trust them".

The manager informed us that staff had received training in equality, diversity and respecting the rights of people. Our observations during the inspection confirmed that staff respected people's diversity and promoted their human rights in the way they cared for them. The training records confirmed staff attendance at that training.

We asked the staff about the advocacy service for people who lived at the service. They said that they had contact numbers for an advocacy service, but none of the people at the service was in receipt of the service. The deputy manager said that all the people at the service had a named next of kin and they were able to support people if they needed help when making decisions. The acting manager told us they had access to an advocacy service if people needed assistance when making decisions.

# Is the service responsive?

## Our findings

We reviewed four care files and found extensive documentation on 'my life', a document that detailed important things about each person. Two files were completed by the people themselves. This information gave staff an insight into people's lives and in return staff were able to respond to people's needs and expectations appropriately.

We found people had contributed to their initial assessment and planning of their care. The documents identified people's views about their strengths, levels of independence, their health status and aspirations. The records showed when planning care to meet the identified needs of people staff had carried out detailed risk assessments and the plans were written to minimise the risk to people and others. Two people confirmed that they had been involved in their care plan reviews and they knew what was written in their care files. The manager and the deputy told us that with the help of contracting and commissioning officers from the local authority they were reviewing and updating all the people's care files, so that the care files captured all the relevant information about the people.

Although care files recorded contacts with other professionals and evidenced people attending assessments and medical appointments, there was a lack of information of people being involved in care programme approach (CPA) meetings. CPA improves the delivery of services to people with mental illness and minimises the risk of them losing contact with mental health services. CPA meetings include multi-professional input in the care, reviews and negotiations with people to monitor progress. From talking with staff, they did not understand the CPA process and how they contributed to this process. We spoke with the manager who agreed to set up meetings and involve external mental health professionals to support the people and involve staff from Chamwood in the care programme meetings. The lack of staff understanding of the process meant that care wasn't always specific to meet individual needs. This meant there was a lack of evidence that people were in receipt of care that was specific to their mental health needs.

The provider was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which has now been replaced with Regulation 9(3a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found within the care files we looked at, all of them had an A&E passport. An A&E passport is an essential form of communication about the person's physical and mental health information, which is required in an emergency situation before the person receives treatment as it enables people's care to be seamless across services. We saw people's passports were completed with essential information by staff and the deputy manager told us the information was checked each month by them to ensure they were up to date.

We observed people taking part in activities they chose. We saw a person and a visitor getting ready to play snooker. One person said they liked listening to music and another person wanted to watch television. On the day of our inspection it was raining and the weather was unpleasant. One of the people said if it was a good day they would have gone out into town, but decided to stay in where it was dry. This meant people were able to choose activities they liked taking part in.

We found the care plans on leisure activities needed revision as there was a lack of information about people's activities or interactions and the daily notes did not capture how people spent the day. In the section 'activities' one care plan was left blank and another had one to one time' written on it. There was no description of what the one to one was and when it was scheduled to happen. There was an assumption by staff that people were able to make informed decisions about how to spend their time without assistance or opportunities being offered. This had resulted in people spending their day without any structure routine or any organised opportunities for activities. We found an opportunity where people could have been involved and would have benefited by it. But this did not happen. For example, staff informed us that all the groceries were ordered and delivered by the provider each week. This seemed to restrict people being actively involved in the process of shopping, budgeting and negotiating as a household what to spend money on. Staff had not considered whether people wanted to be involved in this process. When asked about this they stated that people would not be interested in doing this. There was no

## Is the service responsive?

evidence that people were being actively encouraged to make choices or supported to do this. We found the provider had not offered appropriate opportunities, encouragements and support to people in relation to promoting their autonomy, independence and community involvement through activities.

The provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which has now been replaced with Regulation 10(2b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said they knew how to make a complaint and they had been given information on who they should make complaints to. People had access to written information on

making a complaint. We found people knew how to share their experiences or raise a concern or complaint. One person said, "If I am unhappy I will tell (name of the manager) or sort it out myself". People's comments confirmed that they felt comfortable when they raised a concern and did not feel that there would be any repercussions. One member of staff said, "I know there are policies for reporting and dealing with matters of concerns, but our manager is very approachable and we are able to talk to them about any problems. This includes clients; they can go to them with their problems too". We looked at the complaint file and noted in the last 12 months there had not been any formal complaints raised at the service during this period by anyone.

# Is the service well-led?

## Our findings

This service had not had a registered manager for over two years. The present acting manager was responsible for the day to day running of two homes. The acting manager informed us that they had applied to be registered as manager in November 2014 and showed us the acknowledgement email they had received from CQC.

The atmosphere at the service was friendly and welcoming. We saw staff were inclusive of the people who lived there and actively listened to them with respect. The acting manager and the deputy promoted good communication and made themselves available to people and staff. This promoted transparency and mutual trust among people who lived at the service and staff.

There was a strong sense of team culture, which people who lived at the service recognised and commented as, “They all work very hard to help us,” “I would say staff who work here are committed and marvellous” and “It’s like a family here we all help each other”.

The acting manager explained that they had regular staff meetings and the information shared at the meeting was passed on to staff who were not in attendance by the deputy, so that all staff received the same information without delay. We saw the minutes of the recent staff meeting and staff said they were able to go to one of the managers any time for help.

Staff said the acting manager and the deputy supported them, informed them of their rights, gave them encouragement and motivated them. They said they knew their roles and responsibility and these were discussed at their supervision by their manager. Staff had a good understanding of what was expected of them at the service. Visiting professionals including the contracting and commissioning officers confirmed this.

The managers told us that they carried out regular audits, which included checking the recordings within care files,

management of medication. Risk assessments of the environment, fire safety, infection control and health and safety. We looked at the audits on care files, management of medication and infection control. The audits had not been carried out at the intervals such as monthly or three monthly as outlined in the home’s policy. Also the findings of the audits which needed action had not always been completed. Although the managers were aware of the gaps, they informed us that the lack of progress was due to their additional role which commenced in May 2014 where they were, asked by the provider to oversee another service which did not have a manager or a deputy. This meant the managers did not have the time to take actions on the findings at Chamwood. This is due to the registered provider not making appropriate arrangements for the day to day running of the two services which had resulted in the managers unable to fulfil their duties satisfactorily.

Staff said the registered provider visited the service most weeks and spoke with people and staff. Staff and the people who used the service told us that they could not remember any surveys asking for their views about the standard of care at the service by the provider. We saw some reports from the provider visits but they were not informative and did not have comments on action needed or the progress on the actions required. The system did not demonstrate that the provider continued to monitor the quality of service provided.

The acting manager told us that they did not have a system in place to supervise and check the home manager’s performance by the registered provider. This meant the manager was left to carry out their duties without any oversight by the provider.

The provider was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which has now been replaced with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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>12.—(1) Care and treatment must be provided in a safe way for service users.</p> <p>(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>(d) ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>9.—(1) The care and treatment of service users must—</p> <p>(a) be appropriate,</p> <p>(b) meet their needs, and</p> <p>(c) reflect their preferences.</p> <p>(3) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>(a) carrying out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>10.—(1) Service users must be treated with dignity and respect.</p>



## Action we have told the provider to take

(2) Without limiting paragraph (1), the things which a registered person is required to do to comply with paragraph (1) include in particular—

(b) supporting the autonomy, independence and involvement in the community of the service user;

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

17.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.

(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—

(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);

(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

(d) maintain securely such other records as are necessary to be kept in relation to—

(i) persons employed in the carrying on of the regulated activity, and

(ii) the management of the regulated activity;

(e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;



## Action we have told the provider to take

(f) evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

(3) The registered person must send to the Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request—

(a) a written report setting out how, and the extent to which, in the opinion of the registered person, the requirements of paragraph (2)(a) and (b) are being complied with, and

(b) any plans that the registered person has for improving the standard of the services provided to service users with a view to ensuring their health and welfare.