

Mr David Hetherington Messenger

Carson House Care Centre

Inspection report

30 Stamford Street
Stalybridge
Cheshire
SK15 1JZ

Tel: 01613386908
Website: www.elderhomes.co.uk

Date of inspection visit:
20 December 2017
22 December 2017
17 January 2018

Date of publication:
08 May 2018

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

This was an unannounced inspection which took place on the 20, 22 December 2017 and 17 January 2018. At our last inspection on 18, 19, 20 July and 9 August 2017 we rated the service as requires improvement overall. We identified seven regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014, which related to person centred care, the need for consent, safeguarding service users from abuse, fit and proper persons checks, staffing issues related to training, supervision and induction, safe care and treatment related to medication administration, infection control guidelines, environmental risk assessments and systems to monitor the safety and quality of the service were not effective. The provider sent us an action plan detailing how they would make the necessary improvements to become compliant with the regulations.

This inspection was to check satisfactory improvements had been made and to review the ratings.

Although some improvements had been made to the service we found the service was not meeting the requirements of multiple regulations and have rated the service as 'Inadequate.' Breaches were identified in relation to fit and proper persons checks, lack of social support and meaningful activities, staff training ,supervision and induction, lack of accurate information in the statement of purpose, concerns regarding the financial position of the registered provider, environmental risk assessments, systems to monitor the safety and quality of the service and governance systems that lack robustness. We are currently considering our options in relation to enforcement in response to some of the breaches of regulations identified.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of registration.

For adult social services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Carson House Care Centre is situated in the Stalybridge area of Tameside Manchester and provides accommodation for up to 45 people who require nursing and personal care. All rooms provide single accommodation and 43 rooms have en-suite facilities. Bedrooms are located over two floors and can be accessed by stairs or a passenger lift. Communal bathrooms and toilet facilities were available throughout the home. The home is divided into four units, two on the ground floor and two on the upper floor; each unit consisted of a lounge, dining area and small kitchen facilities. One unit is dedicated to providing general nursing care, one unit known as (CBU) the challenging behaviour unit provides specialist mental health nursing for men who have behaviours that challenge and the other two units provide mental health nursing for men and women in separate units. The laundry and main kitchen are located on the lower ground floor. There are two enclosed patio areas at the rear of the building that were also accessible to people who use the service.

At the time of our inspection there were 36 people living at Carson House.

The service had employed a new manager following the previous inspection. The manager was not registered with the Care Quality Commission (CQC) although they told us they were due to submit their application to register as manager with CQC. 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.

We received positive comments from people who live at the service, relatives and staff. All of the people living at Carson House that we spoke with told us they felt safe and well cared for. However some people living at Carson House felt they did not have enough to do and that they wanted to have trips out and have daily access to social activities. We also received mixed comments about the food and menus on offer. We found improvements had been made in relation to people having their hydration and nutritional needs met. The chef had a good understanding of people's dietary needs and made improvements to the kitchen facilities and cleaning schedules. We have made a recommendation that the service review the current dining areas and source ways of improving the environment and dining areas to a more home like environment.

Following the last inspection, we wrote to the registered provider requesting specific information and clarification on the current registration, ownership and management of Carson House. The service's current statement of purpose had no details regarding Mr David Hetherington Messenger the current registered provider. The registered provider had no written records to show any quality assurance and governance processes carried out by them.

We found that robust governance systems had not yet been fully implemented to monitor all aspects of the quality and safety of the service being provided. Evidence showed the provider had not always mitigated risks appropriately to reduce the likelihood of identified health and safety risks occurring. This meant people were at risk of potential harm.

Some routine safety checks of the premises had been undertaken. However these had not identified the risks we found during inspection, as detailed in the safe domain of this report.

We saw improvements had been made to medicines administration to provide a safe system in supporting people with their medications. However the oxygen cylinders were free standing and had no safety straps to prevent the risk of them falling over and causing potential risks of igniting.

We found that safe and appropriate recruitment and selection practices had not been carried out by

management to satisfy themselves that only suitable staff were employed to care for vulnerable people. This was also the finding at the last inspection.

From examining the staff training matrix (record) we found there had been improvements but there were still gaps in the training staff had received. This meant some staff may not be appropriately trained and skilled to meet all the needs of the people living at the home. This was also the finding at the last inspection.

Since the last inspection staff had started to receive supervision from senior staff and the new home manager had plans to eventually implement appraisals for the staff team. Although some improvements had been implemented, further work was needed to show sustained support to the whole staff team to ensure they were appropriately guided and supported to fulfil their job role effectively.

Peoples' support plans contained up to date, detailed information about their care and support, including risk assessments and action plans. However handover summaries completed by nursing staff were inappropriate and some were not signed or dated and were illegible.

Staff spoken with understood the need to obtain verbal consent from people using the service before a task or care was undertaken and staff were seen to obtain consent prior to providing care or support.

The service was clean and we saw staff had access to personal protective equipment (PPE) to help reduce the risk of cross infection for example disposal gloves and aprons. However the environment was in need of redecoration and refurbishment in various areas of the building.

Staff understood how to recognise and report abuse which helped make sure people were protected. People living at Carson House, visiting relatives and staff spoken with said they thought safe care and treatment was provided.

We have made a recommendation that the service should review their policies and procedures to ensure staff had the most updated information relevant to the service.

We have made a recommendation that the service review storage of confidential information of people's confidential records.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

The management of health and safety was not safely managed and presented a risk to people.

Required checks had not been undertaken to ensure suitable staff were employed to work with vulnerable people.

We found that the registered provider had not done all that was reasonably practicable to mitigate risk to people at Carson House.

People living at the service said they felt safe. The manager had procedures in place to help protect people from abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective

People did not always receive care and support from staff that had completed or updated all their required training.

Staff understood the need for and sought consent from people before providing care or support. The service was following the requirements of the Mental Capacity Act (MCA.)

Staff told us they felt supported by the management team. They had started to have supervision but they had not received appraisals.

Is the service caring?

Requires Improvement ●

The service was not always caring.

The environment that people lived in needed improvement to provide an appropriate standard of décor to meet their needs and requests.

People living at Carson House told us the staff were kind.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People were not offered meaningful activities suited to their individual interests and preferences.

Plans of care were in place detailing each person's care and support needs.

Staff reported any concerns or complaints raised with them to their manager. Complaints received had been acted on appropriately.

Is the service well-led?

The service was not well led.

At the time of this inspection the manager was not registered with the Care Quality Commission (CQC).

There was no evidence to confirm that the registered provider had oversight of the quality of service provided to people and that it met their needs.

The management of the service lacked transparency in regard to the registered provider and its statement of purpose.

Robust governance systems had not been fully implemented in order to monitor the quality of the service nor did they identify the issues and concerns we found during our inspection.

There was open communication within the staff team and staff felt comfortable discussing any concerns with their line manager.

Inadequate 

Carson House Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out over three days on the 20, 22 December 2017 and 17 January 2018. Day one of the inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two was carried out by one adult social care inspector and a specialist advisor. The advisor provided specialist health and safety and estates knowledge to the Care Quality Commission (CQC) to assess the suitability of the premises for the provision of residential care. Day three was carried out by two adult social care inspectors.

Before the inspection we reviewed information that we held about the service and the service provider. This included notifications which the provider had told us about. Statutory notifications are information the provider is legally required to send to us about significant events such as accidents, injuries and safeguarding notifications.

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

During this inspection we spoke with the manager, registered provider, the clinical lead, two trained nurses, seven care staff, maintenance person, chef, administrator, activities organiser, housekeeper, domestic, the laundry assistant, 10 people living at the service and 3 relatives. This gave us a wide insight into their views across all areas of the service.

Since the last inspection we had been liaising with the Local Authority's quality assurance team and we considered this information as part of the planning process for this inspection.

We walked around the home and looked in communal areas, bathrooms, the kitchen, store rooms,

medication rooms and the sluice. We also looked in a sample of bedrooms and the garden area.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the three days of inspection, we reviewed a variety of documents to review how the service was managed. These included, care records for five people to see if their records were accurate and reflected their needs. We reviewed five staff recruitment files, staff training, supervision records, policies and procedures, staff duty rotas and records in relation to the management of the service such as safety checks and quality assurance systems.

We also checked that the previous Care Quality Commission rating for the service (Requires improvement) was prominently displayed for people to see. The last inspection report and rating was displayed in the reception area. The service currently has no direct website but advertises on subsidiary websites for care services. The last inspection report and its rating were accessible via this subsidiary website.

Is the service safe?

Our findings

Relatives and people living at Carson House were positive about the staff supporting them; they told us they felt safe with the staff. They told us the staff look after their medication and they had no problems as they felt it was well managed by the staff. One person at the service told us, "I do feel safe here, the staff are always around." Relatives expressed their satisfaction and told us, "The home is getting (our relative) a special chair, so they can have a shower" and "I think that they are safe here, I've never seen anything to worry me and they are very happy here."

People living at the service made various comments and raised concerns that we referred to the manager for their input and feedback to people. One person told us, "I've got a new bed, but I was annoyed that I didn't get to pick it. I'm hoping to pick my new bedding though" and "They did say that they were going to update the décor."

At our last inspection, we identified a breach of Regulation 19 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014. Fit and proper person employed. During this inspection we found there was a continued breach of this Regulation.

We looked at a sample of five staff personnel files which confirmed that some improvements had been made in the recruitment procedures. The staff files had evidence of completed checks such as: application forms, proof of identity and address. We saw evidence of Disclosure and Barring Service (DBS) checks for staff. The DBS is a national agency that holds information about criminal records. DBS checks aim to help employers make safer recruitment decisions and minimise the risk of unsuitable people being employed to work with vulnerable groups of people. However we found that some staff files had not been appropriately managed and did not have written references in place or evidence of checks in gaps to their previous employment history. We found that some of the recent staff employed had not been safely recruited in line with the regulations.

At our last inspection, we found that the management of health and safety was not robust and identified environmental risks in several areas which meant there was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014 Safe care and treatment. During this inspection we identified numerous concerns in regard to the management of health and safety within the building. This was a continued breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014 Safe care and treatment.

We identified concerns in relation to the management of fire safety, some maintenance checks were out of date, some areas of risks within the building had no risk assessment to show how the risk was being managed and health and safety policies were not signed off by the registered provider. This meant that people within the building were at risk due to poorly managed health and safety checks that did not evidence the building was safely managed. Following our inspection the manager arranged for an appropriate contractor to attend the service and complete the required checks for the maintenance of the fire alarm systems and the passenger lift maintenance check. The maintenance check of the passenger lift

identified outstanding actions needing repair to the lift in December 2017. We found no evidence of any repairs to the remedial works to the lift and we have still not received evidence that they have been updated. We have contacted the manager following this inspection to ask for further updates on actions taken to maintain the health and safety of people at the service.

An inspection of the passenger lift showed it to be tired in appearance and the lift shaft lighting was not working. The service had no evidence of a valid passenger lift insurance certificate. These concerns showed poor management of the safety and required checks of the lift which potentially put everyone at risk who used this facility. This insurance examination was required as part of Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

In addition to this we found several environmental concerns during the inspection, for example; We noted that in a sample of 10 rooms we looked at, the water outlets tested for hot water temperatures recorded at 54.1oC, 47.2oC, 44.9oC and 61.7oC. Domestic hot water temperature (wash hand basins) that recorded above maximum of 42oC presented a (scalding risk) and required temperature adjusting to below 43oC. This meant that testing and maintenance of temperature regulating valves (TRV's) lacked evidence and robustness to reduce risk of people being scalded. There was no evidence to confirm that the water system was monitored and inspected as outlined in Health and safety guidance and publication for 'Managing the risk of hot water and surfaces in health and social care' September 2012.

Although the service had a water quality control plan, there was no evidence of it being implemented and staff were not aware of its existence. Staff had not received training to help them implement the water quality plan (legionella control plan). By not operating a control plan, people were exposed to the risk of contracting Legionnaire's disease. This is a potentially fatal type of pneumonia, contracted by inhaling airborne water droplets containing Legionella bacteria. Such droplets can be created, for example, by hot and cold water outlets.

Health and safety policies lacked method statements stating what actions should take place for all tests and tasks identified. The policy also excluded the expectations of staff when carrying out routine tests such as fire alarm tests and water tests. Staff undertaking fire alarm testing had not been provided with training to do so. The lack of guidance in basic policies and lack of staff training meant that the service was not robust in reducing risks identified in fire safety and in legionella checks.

These checks were necessary as part of The Regulatory Reform (Fire Safety) Order 2005, Control of Substances Hazardous to Health 2002 (COSHH) Approved Code of Practice (ACOP) and the control of legionella bacteria in water systems. There was no evidence to confirm that the water system was monitored and inspected as outlined in the Health and Safety's Executive, Health & Safety in Care Home and HSE's Approved Code Of Practice Legionnaires' disease (L8) and the guide Legionnaires' disease: Control of legionella (HSG274) Part 2: 'Hot and cold water systems. This meant there were risks to people who lived at the service with regard to legionella disease, fire safety, and exposure to hazardous substances because the correct control procedures were not in place.

We found one room did not have a window restrictor in place. Although the room was on ground floor level inside the home it had an outside height equal to 1st floor level. Risk assessments were not in place to address any identified risks which would cause an injury to people due to the lack of restrictors being in place. These risks needed to be reviewed as part of legislation covering Health & Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1992 and the Health and safety guidance and publication for 'Falls from windows or balconies in health and social care' August 2012.

During the day, we observed there were two light fittings in one of the men's unit corridor with no bulbs in.

This made the corridor very dark and a potential trip hazard. We also noted the ramp to the Ladies' smoking area was slippery and again presented a potential trip hazard.

We noted that the five-year electrical test certificate dated, April 2014 was classified "Unsatisfactory" with a number of failures identified. The manager showed us an email from the contractor with a list of actions taken three years after the initial certificate. This indicated that for the last three years the registered provider had known electrical risks were present and they had not been addressed as a matter of urgency. There was insufficient evidence to support that all of the remedial works had been fully carried out. The service should always have comprehensive evidence that any failures identified in the periodic test certificate have been fully addressed. This evidence should be attached to and kept with the periodic test certificate and be in the form of a minor works certificate.

We noted in a number of bathrooms/shower rooms that the ventilation fans were broken and in need of repair and replacement. We noted the kitchen extractor fan was not working. Staff advised it had been reported to management several times, but it had not been repaired. This evidenced a lack of robustness in the on-going maintenance and repair of the service which is necessary to maintain safe equipment and facilities.

We noted that four oxygen cylinders stored in the medication room were free standing and at risk of falling over because there was no safety restraint in place. This identified a potential risk in regard to a spark igniting due to the cylinders being at risk of toppling over. The manager advised us during the inspection that they would ensure the maintenance person restrained the cylinders to reduce these risks.

We noted the layout of the laundry posed some potential risks of cross infections. For example there was no dirty to clean flow in the laundry. Access to the dirty washing/ machines was via the clean, dry laundry. Staff told us they knew this needed to be improved to eventually provide separate clean and dirty areas to help reduce the risks of cross infection within the laundry area. This was a concern and showed that areas of potential risk had not been appropriately identified, assessed and managed to help reduce the risks to ensure the building was always safe for everyone. A recent infection control audit by the public health infection control team identified no major concerns to the environment. We found the laundry to be clean and tidy despite the size of this facility. The manager and registered provider advised of various developments and improvements planned for the environment to Carson House however they did not have any dates of when specific plans or refurbishment would take place. Following the inspection a further infection control audit had been carried out in February 2018 which highlighted various improvements to the service.

Staff told us they felt the service had improved although they recognised they would like to see improvements with the facilities and the environment that people were living in. They told us, "The bathroom on CBU is not appropriate and the people we support need a walk in shower", "Fencing around the outside space, we would like to take this down and have some metal fencing that people can see through when in the outside space and then they won't feel so caged in", "Décor, it's a mess and dated" and "The décor needs updating."

The service did not have a maintenance, decorating or refurbishment plan in place. There was no information to advise people of how or when their home environment would be improved. This showed that the registered provider had not taken appropriate steps to provide an environment that was suitably designed, adapted and maintained to meet people's identified needs safely.

During our last inspection, we found that medicines were not managed safely. And we identified a breach of

Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014, Safe care and treatment. During this inspection we found some improvements had been made in the way medicines were being managed and this part of the regulation was being met. We saw that where people had been assessed as requiring assistance with medication administration a plan of care was in place. We looked at a sample of recent medication audits carried out by senior staff member to ensure that people received their medication safely and as prescribed by their GP. We also looked at a sample of the medication administration record (MAR) charts. Staff we spoke with told us they were confident in their abilities to support people with medicines as they had received appropriate training and had the right skills to do this safely. The auditing checks for supporting people with their medication meant that people were protected from harm because medicines were administered, recorded and managed safely.

During this inspection we looked to see if there was sufficient staff employed to meet the needs of the people living at the service. We were provided with the previous month's duty rota which confirmed there were sufficient numbers and skill mix of staff to meet people's needs. Staff were positive about their job role. They felt there had been improvements in the service since the new manager started at the service. They felt the rotas were managed and they had a more stable staff team. They explained they did have to use agency staff due to on-going recruitment of staff but they received regular agency staff to help with consistency. Following our inspection we received anonymous concerns stating staffing levels had been lower than normal in January 2018. The manager advised this was not the case and submitted copies of their staffing rotas to show how they had managed a small amount of staff sickness. A safeguarding referral was submitted to the local authority to make them aware of this anonymous allegation.

Staff told us they were confident they could go to a nurse with any issues and told us, "Really good nurses" and "they're on the ball".

We saw policies and procedures were in place that provided guidance to staff regarding keeping people safe from abuse or harm. The management team had a clear understanding of the safeguarding adult's process and staff we spoke with understood their responsibility in relation to keeping people safe. Some staff still needed updated training which the manager was aware of and in the process of updating. We saw staff had access to a Whistle Blowing policy. The Whistle Blowing policy is to protect an employee who wants to report unsafe or poor practice. Staff told us they would report any issues of concern. Staff we spoke with told us they knew how to keep people safe. The provider's safeguarding log showed that appropriate actions were taken in response to recent allegations of safeguarding concerns to help ensure people were kept safe. One person living at the service made an allegation to staff during this inspection. The manager took appropriate actions following their local procedures for safeguarding. They reported the allegation to the local authority responsible for safeguarding concerns.

All staff had access to policies and procedures including an accident and incident policy. Records of any accidents and incidents were recorded and analysed to check if there were any themes. Notifications in relation to accidents or incidents had been made to the Care Quality Commission (CQC) and the local authority adult social care safeguarding team where necessary.

Where risks in the delivery of a person's care had been identified, staff had implemented plans of care to provide guidance as to how the risk should be managed and keep people safe. In the five care files we looked at we saw appropriate risk assessments in place for example moving and handling. They showed evidence of what actions were taken to reduce risks to the moving and handling of people requiring this support. We observed staff using a mobile hoist to assist one person with moving and handling. The person being supported had recognised behaviour that was challenging towards the staff. We observed positive interactions from the staff who remained calm in their approach and were able to safely support the person

without any escalated risks.

Is the service effective?

Our findings

Relatives and people at the service were positive in regard to the staff and the support provided. They shared their opinions and comments stating, "They were smashing with (our relative)", "They're really lovely", "Three of the staff came to (relatives) funeral, just the church but I thought that was really nice" and "These (staff on duty) are really good today."

At our last inspection, we identified a breach of Regulation 18 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014 regarding the lack of regular formal staff supervision and appraisal and there were gaps in staff training. During this inspection we found some improvements had been made however we noted there was a continued breach of this Regulation.

We were shown a staff supervision and appraisal schedule for 2017/2018. The purpose of staff supervision is to support staff and give them the opportunity to talk about their personal development and review, promote good practice and raise the quality of service provided to people. Most staff had received a supervision session since the new manager had commenced in post. The manager explained that while they were new and recently employed they had concentrated on supervision and they were then planning on organising an appraisal session for staff once they had got to know the staff throughout the year. However following our previous inspection the registered provider had not ensured that staff were provided with on-going supervisions and appraisals. We found no evidence to demonstrate that nursing staff were being supported with clinical supervision.

Staff told us they felt they received good support and had received supervision where they could discuss anything with senior staff. Staff made various positive comments such as, "Yes, I have supervision and appraisal all the time" and "It gets done unless it needs money", "The clinical lead is doing well. They have more support from the manager and are trying to put things in place" and "I can go to the manager with a concern and feel confident he will act. We need to work as a team."

Staff raised concerns in regard to the management changes and instability over the last year but they felt the new manager was helping to bring some stability and improvements in the last few months of them being in post.

An induction protocol and check list were in place which identified the training provided for new employees. The inductions contained information to help new staff be orientated to the service, job role, policies and procedures. We spoke to staff who confirmed that they had received an induction and they said it was good in helping them when they started working at the service.

A system was in place to monitor staff training to show what training each staff member had completed. Staff told us they received online training. The staff we spoke with told us they were happy with the training on offer. We were shown an overall staff training matrix (record) that detailed all of the training available. Training included topics such as: Safeguarding, food hygiene, basic life support, medication dignity in care and respect, dementia, mental health awareness, moving and handling, health and safety and the Mental

Capacity Act (MCA.) Updated records showed that some staff had received refresher training in various required topics necessary for their role. However further improvements were still needed as a number of staff had not received refresher training for example in infection prevention and control, safeguarding, fire safety and fire evacuation. This meant that staff were not provided with the necessary skills to support people safely and in the most updated manner and staff training was not kept up to date to ensure best practice.

These examples demonstrate a continuing breach of Regulation 18 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014 staff must receive appropriate support, training, professional development, supervision and appraisal.

We looked at a sample of five care files of people provided with support from the service. This information helped to show how people's needs were assessed and how people were included in planning their care. Assessment and care planning included discussion of a person's preferences including their equality and diversity needs. Staff were aware of people's dietary needs and how they needed to support people to eat and drink sufficient amounts. Care records showed how people's nutritional needs were met and being supported by staff. Records showed that people who had been identified as being at risk of skin breakdown were supported to re-position and had specialised pressure relieving equipment to help improve their condition. Care files had improved following our previous inspection. They included relevant support plans, risk assessments such as moving and handling assessments, falls risk assessments and nutritional and malnutrition screening tool (MUST) assessments. The plans also included end of life care plans for some people assessed with needing this specific care. Advanced care plans with updated 'do not attempt resuscitation orders' in place had been signed by an appropriate clinical lead such as the GP were in place.

During our last inspection, we found that consent to care had not been provided in accordance with the Requirements of the Mental Capacity Act 2005 and associated Codes of Practice. This meant there was a breach of Regulation 11 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014. Need for consent. During this inspection we found improvements and evidence to show this breach had been met.

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 made 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 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 was being met.

We saw evidence of a tracker document that showed information on applications submitted and approvals received so that, staff knew who had a current DoLS in place and when a new application needed to be made. Staff had a good understanding of the actions they needed to take when a person lacked capacity to make decisions. Support plans had evidence of best Interest meetings for some people where an assessment had identified this need. Best interest meetings should be held where an adult lacks mental capacity to make a decision for themselves and needs others to make those decisions on their behalf in their best interests. The manager and clinical lead were aware of people they supported who had an identified power of attorney (POA) or a lasting power of attorney (LPA) for health and welfare and / or finances. A POA or a LPA is a way of giving someone you trust the legal authority to make decisions on your behalf. Management at Carson House Care Home had sought confirmation that people making decisions around people's consent to care had the legal right to do so. This meant that consent to care had been provided in

accordance with the requirements of the Mental Capacity Act 2005 and associated Codes of Practice.

Staff were able to describe to us best practice in how they supported people with personal preferences. Staff made various comments and examples about their views, such as; "Giving people choices to keep their independence" and "Always give a choice, for example, never tell people what to do and when."

During this inspection we observed meals being served on each of the four units. During day one of the inspection we noted the tables were bare, with no place settings, napkins, crockery or cutlery. We discussed these observations with the manager. Staff told us that because the meal being served was hotdogs in bread rolls that most people regarded this as hands on food that they didn't use cutlery for. During day two and three we noted that improvements had been made to the dining room areas. Dining tables had been dressed with table cloths and some had vases of flowers and crockery. Staff told us they had a mixture of crockery which they used to meet people's needs and choices.

The meal time experienced lacked care and attention to enhance the environment and atmosphere within the dining areas. Menus had not been displayed and staff told us they went to the kitchen to get the details of meals being served. We noted that in two of the units the medication trolleys were stored in the dining rooms and the notice boards advertised various official notifications for staff. This did not help to create a homely environment, especially when staff used this area to notify staff of information relevant to them.

We recommend the service seek advice and guidance from a reputable source about ways of improving the environment and dining areas to a more home like area.

We received mixed comments from people about the food offered. During the meal times observed, people told us they enjoyed the food. However some people told us, "We never know what we're having for lunch", "The food's not that good, it's tasteless and they've never asked what we like to eat" And "Every two weeks, we can have a takeaway, I really look forward to it. It's usually Chinese but one person has an Indian meal; they ask what we want".

The staff explained that they go down to the basement where food is stored to find out what's for lunch and then ask the people what they prefer. We observed people offered choices of meals throughout our inspection. We observed staff assisting people who required help with eating and drinking in a dignified manner. Staff were knowledgeable about peoples care needs. Staff told us about the specific needs for one person telling us, "(The resident) has thickener in things due to swallowing. The Speech and Language Therapist (SALT) team came in (this week). All of their food is pureed and thickened." Staff told us they assisted people with their meals who had specific needs and risks. SALT provides treatment support and care for people who have difficulties with communication or with eating, drinking and swallowing. A thickener is used for people who have dysphagia (difficulty swallowing). It is added to foods and liquids to bring them to the right texture so they can be safely swallowed to provide required nutrition/ hydration and minimise the risk of choking.

The chef was new to the service and had already made improvements to the standard of cleanliness in the kitchen and food storage areas. There was a board in the kitchen with the names of people who required special diets such as diabetic diet and soft pureed meals. Following our inspection the manager submitted a copy of their environmental health inspection report which had improved to five stars. The overall score awarded to the service meant that at that time, the service was compliant with environmental health processes.

Is the service caring?

Our findings

Relatives and people we spoke with commented in a positive way about the care received. They told us they were happy living at Carson House. They offered various positive comments such as, "I like it here and the staff are nice", "The staff are lovely. I get anxious at night at change over in case there's staff on I don't know", "Staff are lovely and they're well-educated", "It's good here, they're always there for me", "The staff are really lovely, and they really care", "The staff are fine. They always have time for (our relative)" and "They always offer to make me a drink when I come but you can just make your own while you're here."

It was noted that staff called all people by their first names or preferred names. During conversations with staff they told us about individual needs of the people they supported. They had good knowledge of their backgrounds, likes and dislikes, as well as their current individual needs and behaviours. We observed throughout the day that staff had time to sit and chat with people. Staff were able to demonstrate how they supported and cared for people in a dignified way, protecting their privacy when providing and supporting them with personal care. The staff demonstrated a caring and positive attitude towards people.

We noted the nurse's office door on the ground floor was wedged open throughout the inspection despite the inspection team pointing the risks out on day one of the inspection. The door was a fire door and the room contained confidential information which raised fire risks and concerns regarding access to confidential information. All care records that were in the office were at risk of being openly accessed and at risk of breaching people's confidentiality.

We recommend that the service review current access and storage of confidential information to ensure improved storage and protection of people's confidential records.

We noted various areas within the service that were in need of maintenance, decoration and refurbishment. The carpet leading out to the external smoking area was black with stains and very worn. The outside smoking area was dirty throughout the three days of our inspection. It was littered with large amounts of cigarette ends and provided a small confined space with restricted views to the open garden areas. Staff themselves expressed the need to improve the living conditions for everyone at the service and felt it was 'way overdue.' Although we noted improvements in the overall cleanliness of the service, the décor of the service and general maintenance, as reported in the safe and effective domains of this report, was in need of improvement to ensure people lived in a well maintained environment. There was no development plan or refurbishment plan to advise people how or when their home would be improved.

We looked at the home's End of Life (EoL) care policy and procedure which was geared towards helping the person, and their relatives to discuss and plan the person's future care and end of life needs. Care files had end of life care plans to show how their needs were being met. We observed staff providing one to one support in a dignified and sensitive manner. They provided one to one support with meals and gave full assistance to ensure they received appropriate fluids and dietary requirements.

Is the service responsive?

Our findings

People talking with us did not raise any formal complaint but some issues expressed were passed on to the manager who agreed to discuss them with each person. People told us they could speak to senior staff and the office staff to discuss anything.

They made various mixed comments about activities such as, "I get bored, there's not much going on. They play noughts and crosses and Ludo, but they don't interest me", "I've never been asked what I like to do. I'm going out tomorrow, Tesco's I hope", "(Staff Name) promised to take me out today", "I'm waiting for someone to get my cigarettes. I've been waiting ages", "We have turns to go out, but I would like to go out more. It's just once a week unless (Relative) comes" and I'm very annoyed that I've not been out, I've got family presents to buy."

Some people we met were positive about their previous social support and activities provided but acknowledged they received on-going support from their families and social worker. They told us, "I'm going into Ashton. I like going out because I do lots of things when I go out. My new Social Worker takes me out, Tesco in the main. I have my own bank account, the office look after my money for me", "I'm waiting to have my hair done today", "I did three of the pictures, I like colouring and I like knitting too", "We're supposed to be going to a Pantomime in the New Year", "I didn't do the Christmas Dec's because it's not really my thing, but I think they're very pretty. There are two parties planned, one for Christmas and one for New Year and there'll be buffets." The local authority informed CQC that at their recent contract and monitoring check of the service they reviewed the management of finances of people living at Carson House. They raised no concerns in regard to the management of people's finances.

The service had no budget for social activities and the staff told us they had worked hard to fund raise and donate gifts for presents for each person living at the service and to provide a Christmas party. We noted the recent management of activities was ad-hoc and found no evidence to support activity provision being consistently planned for. For the last month the activities co-ordinator had been transferred to work in other roles due to staffing needs. Staff told us that the activities co-ordinator was, "Doing what they can when they can" around activities because they were busy doing other things. They explained that the activities co-ordinator had tried to delegate the provision of activities to care staff on the units. Staff told us they didn't always have the time to take a person shopping. People living at the service were very vocal and had raised their own opinions and requests regarding activities. There was a lack of evidence from the registered provider to show how they had engaged with people to determine their interests and what activities they would like to participate in and ensured provision of such activities.

The above examples demonstrate a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care. There was a lack of meaningful activities provided to support people's mental wellbeing, promoting independence and preventing isolation.

During our last inspection, we found that poorly written and verbal communication between staff could lead to a risk that vital information around people's immediate care needs may be missed and people may not

receive the care and support they require. This meant there was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014. Good governance. At this inspection we looked at staff handover sheets. Staff completed handwritten handover notes for each person they supported to help update other staff on the current needs of a person. We found some hand written recordings were written on blank pieces of paper with no name of the person they were writing about. Some had no staff signatures or date to identify who had written the handover information. Poorly written records and communication between staff can lead to a risk that vital information around peoples immediate care needs may be missed and people may not receive the care and support they require.

The above examples demonstrate a continued breach of this Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014. Good governance.

At this inspection we found that care records had improved in some areas. They had comprehensive support plans and holistic documents provided staff with the information they needed in order to provide care and support in accordance with people's needs. Care files contained information covering lots of topics such as: general health, communication, dietary needs, hospital admissions, medication, food and fluid intake, hygiene charts, behaviour monitoring records, risk assessments such as moving and handling and falls. Support plans we looked at described the individual needs of each person's nutritional needs and included any input from the speech and language therapist (SALT). In addition there were records of their daily dietary and fluid intake. Staff we spoke with were aware of this information and were aware of people's nutritional risks and needs. Care plans had been regularly reviewed and audited by the clinical lead and the manager. Care reviews helped to monitor whether plans were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage.

We reviewed the policy in relation to complaints, which was included in the 'statement of purpose.' We looked at how complaints were responded to and managed at the home. We saw that a complaint policy was on display in the main reception area of the home. Staff told us that any concerns or complaints raised by a person using the service would be taken directly to the registered manager. The complaints and complements log detailed any comment made and the actions taken to address concerns appropriately.

Two relatives made positive comments about raising their opinions and told us, "(Our relative) moved here from another home due to issues. Their doctor's local now and they're very good here. They phone him (the doctor) immediately they have any concerns" and "I've never needed to complain. The management are always here, and I can just go and talk to them. They're very good at keeping me informed about (my relative.)"

Comments made by people at this inspection regarding the lack of social support were referred to the manager for their review. We noted the complaints procedure gave no details on how to contact the registered provider and lacked transparency in how to raise concerns with the registered provider directly.

The provider had policies in place that supported staff to provide good quality care to people identifying their equality and diverse needs. Staff were conversant in the needs of the people they supported. We observed good practice from staff in how they supported people with behaviour that challenged, they were sensitive and respectful to the people they were supporting.

Is the service well-led?

Our findings

At the time of the inspection Carson House did not have a registered manager in post. A registered manager had not been in post since December 2016. A registered manager is a person who has registered with the Care Quality Commission (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 manager had worked at the service since September 2017 and confirmed they had applied to the Care Quality Commission (CQC) to be registered as a manager for the service.

At the last inspection it was identified and confirmed by the registered provider that the service had been managed by a care management organisation that had been appointed by a receivers company in September 2016. The receivers were in place from 26 September 2016 to 5 June 2017. From the 5th July 2017 the registered provider Mr David Hetherington had been responsible for the management of the service.

Staff told us they felt well supported by the new management team but they were worried about job security and wages and advised they had experienced delays with their wages and had concerns about the financial stability of the registered provider. Following our inspection we received two complaints about staff not getting paid on time.

Staff told us they had to pay in advance for food deliveries before food was delivered by the contractor. The service had a good supply of food stored in the kitchen area.

The registered provider gave a full account of why staff were not paid on a specific date in December 2017 and why staff were only initially paid 30% of their wages in January 2018. They explained that there had been problems and miscommunications with the fees paid by the local authorities. Staff and one visitor contacted CQC following the inspection to say they were worried about the financial stability of the service.

The financial stability of the service was not clear and of concern. The registered provider, Mr David H Messenger had submitted information to CQC in November 2017 stating he had been declared bankrupt in July 2017 and trustees appointed.

We found this to be a breach of Regulation 13 of the Care Quality Commission (Registration) Regulations 2009.

CQC had not been notified of this change as is required.

We found this to be a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009.

The registered provider has outstanding registration fees dating back to 2016, which have still not been paid

to CQC.

We found this to be a breach of Regulation 6 of the Care Quality Commission (Registration) Regulations 2009.

The lack of transparency of the status of the registered person Mr David H Messenger was a concern. Mr David H Messenger told us he was the registered provider and the nominated individual for the service and he visited the service every two weeks. He provided information to state that he was operating the service in conjunction with a relative.

The service's current statement of purpose had no details regarding Mr David Hetherington Messenger the current registered provider. This document had none of the required details such as, the full name of the service provider, business address, business telephone number or the legal status of the service provider.

We found this to be a breach of Regulation 12 of the Care Quality Commission (Registration) Regulations 2009.

At our previous inspection in July 2017 there was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014. Good governance. During this inspection we found continued short falls which meant there was a continued breach of regulation 17 Good governance.

The manager had developed some systems to help them to audit the service. There was no evidence that the registered provider had implemented these governance systems or audited the service in any format. Throughout the report we have listed continued breaches of regulations and serious concerns about the inappropriate management of health and safety of the service. During our inspection we pointed out that the service had out of date maintenance certificates that were overdue for fire and lift maintenance. Although the manager organised updated contractor checks following the inspection it highlighted the weakness and gaps in the governance systems in place.

Staff completed handwritten handover notes for each person they supported to help update staff to the needs of each person. However we found they were not always completed, signed by staff or had relevant details relating to the person the record was about. Some records were illegible and we brought this to the attention of the manager.

Governance systems in place lacked information and advice to ensure checks completed complied with relevant legislation and guidance, as detailed in the Safe domain of this report. We found the registered provider had failed to establish and operate effective systems to assess, monitor and improve the quality of service; and had not mitigated the risks relating to the health, safety and welfare of people who used the service.

People living at the service, relatives and staff were positive in regard to the manager and to the improvements they had seen during his time at the service. Relatives told us, "I'm in every other day so I don't need to attend the meetings, I know what's going on" and "I don't attend the meetings but her relatives go."

The manager had introduced surveys and comments cards for people to feedback suggestions they wanted for the service. The manager had developed a poster to display the comments raised and the feedback and response as to what they were going to try and do regarding their suggestions. For example they said they would be looking at developing the environment but there was no specific timescale as to when they could

commit to do this.

Staff comments were positive and included, "The manager is very approachable and very supportive, just what you need."

The manager had developed regular staff meetings to share information; look at what was working well and where any improvements needed to be made. We looked at staff minutes for 2017. The agendas were varied and covered lots of information. All of the staff we spoke with told us that they felt very well supported by the management team. They felt they could raise anything with the manager.

The manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries, safeguarding and deaths.

They shared with us copies of the services policies and procedures such as, safeguarding adults, health and safety, infection control, medications, staff recruitment, training, confidentiality, whistleblowing and equal opportunities. We recommend the policies would benefit from further review and transparency to include regular review dates, the name of the service/provider and the name of the person carrying out the review. This would help to ensure the service had the most updated policies accessible to staff. Policies and procedures help the provider to guide the actions of all individuals involved in the service and provide consistency in all practices carried out in the home.

At the time of the inspection the local authority contracts commissioning team had suspended admissions to the home due to issues of concerns identified at the last inspection. Following our inspection the local authority had lifted their suspension.

We saw the last Care Quality Commission report that included the rating of the service was displayed in the main reception area of the home, where people could see it. At the time of this inspection the provider did not have its own website but it used a subsidiary website to advertise its services. The latest rating were advertised via the website.