

Mrs Pauline Jones

Carr Bank House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Carr Bank House is registered to provide personal care for up to 14 people who have a mental health condition. On the day of our inspection 10 people were using the service.

This was an unannounced comprehensive inspection which took place on 12 January 2016.

The service had a registered manager, who was present during the inspection. 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.

During this inspection we found breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

This was because systems for the recruitment of staff were not always safe. In three staff files we found gaps in staff previous employment history had been identified but there was no written explanation of the reason. We also found there was a lack of meaningful activity organised by the service.

People told us they felt safe at Carr Bank House. Policies and procedures were in place to safeguard people from abuse and staff had received training in safeguarding adults. Staff were able to tell us how to identify and respond to allegations of abuse. They were also aware of the responsibility to 'whistle blow' on colleagues who they thought might be delivering poor practice to people.

Staff had received the training, support and supervision they needed to deliver safe and effective care. There were enough staff to meet people's needs. Improvements had been made to staffing arrangements at night; this allowed staff to respond more effectively to people needs.

There were safe systems in place for managing medicines. We saw that people were supported to access a range of health care services when needed.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards; these provide legal safeguards for people who may be unable to make their own decisions.

People enjoyed the food provided by the service. The kitchen was stocked with sufficient supplies and was clean and tidy. We found that food temperatures were not checked; ensuring food is served at the correct temperature reduces the risk of food poisoning.

Improvements had been made to the furnishings and décor of the home. There was an ongoing programme of redecoration. Procedures were in place to deal with any emergency that could affect the provision of care such as failure of gas and electricity. We saw that health and safety checks including fire safety were undertaken. During our last inspection we were told some residents were smoking in their bedrooms. At this inspection we found this was still happening. We have recommended provider seeks fire prevention advice to help keep people safe

People spoke positively about the kindness of the staff. We saw staff were respectful to people and encourage people's independence. The registered manager and staff knew people well and knew the support they needed, their likes dislikes and routines.

Care records were detailed and contained good information to guide staff on the care and support people needed. Risks to people's health and well-being had been identified and plans were in place to reduce or eliminate the risk.

The system of quality assurance had been improved but checks of care plans and food preparation had not been completed effectively. This meant the registered manager could not identify when action needed to be taken.

We found that people had opportunities to comment on the service and how it could be improved, but their feedback was not acted upon.

People who used the service and staff were complimentary about the registered manager and the improvements that had been made to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Recruitment of staff was not always safe. Reasons for gaps in staff employment history had not been recorded as required by law.

Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse. Staff were aware of the whistleblowing (reporting poor practice) policy and how to raise any concerns.

Medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Food temperatures were not checked to reduce the risk of food poisoning.

People's rights were respected. The service was meeting the requirements on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had received all the training, support and supervision they needed to deliver safe and effective care.

Is the service caring?

Good ●

The service was caring.

People who used the service spoke positively about the staff and managers. They told us staff were kind.

We saw staff were respectful and promoted people's independence.

Managers and staff knew people well, including their likes, dislikes and routines.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People told us they received the care they needed. However, there was a lack of meaningful activities on offer for people who used the service

Care records contained good information about the care and support people required.

Is the service well-led?

The service was not always well-led.

The system of audit had been improved but some checks had not been completed effectively.

There was a good system for gathering people's views about the service, but this was not always acted upon.

People who used the service were complimentary about the registered manager and the improvements that had been made in the service.

Requires Improvement ●

Carr Bank House

Detailed findings

Background to this inspection

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

This was an unannounced comprehensive inspection which took place on 12 January 2016.

The inspection team comprised of two adult social care inspectors.

Prior to the inspection we reviewed information we received via the Care Quality Commission 'share your experience' forms and notifications. A notification is information about important events which the provider is required to send us by law. We had received information of concern about the service so brought our inspection forward from the originally planned date. We also contacted the local authority commissioning, quality assurance and safeguarding teams for feedback about the service.

During our inspection we spoke with five people who used the service, two staff, the registered manager and a business consultant employed by the provider. We observed care and support in the communal areas of the home. We also looked around the building to observe the décor, services and facilities provided for people who used the service.

We looked at five care records, five staff personnel files, staff training records, duty rotas, policies and procedures, medication records, quality assurance audits and other records about how the service was managed.

Is the service safe?

Our findings

People who used the service told us they felt safe at Carr Bank House. One person said of the staff " They make sure we are alright"

We found that the system for recruitment of staff was not always safe. The service had policies and procedures on staff recruitment, equal opportunities, sickness and disciplinary matters.

We looked at five staff personnel files. We saw that a record was kept of disclosure and barring service checks (DBS) the provider had made. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. It helps protect people from being cared for by unsuitable staff. Four of the staff files we looked at contained application forms and two written references. One staff file did not contain an application form or references. Three of the files we looked at related to staff who had worked at the home for some time; they did not detail a full employment history, including a written explanation for any employment gaps. The registered manager was not able to produce documentation to show that appropriate checks had been made for a volunteer who worked in the home; they stated that they thought the provider had those; but were not able to produce any documents. They said they would follow this up with the provider.

The lack of robust recruitment procedures meant people who used the service were not protected from the risk of unsuitable staff. This was a breach of Regulation 19 (2) HSCA (RA) Regulations 2014 Fit and proper persons employed. The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.

We found that suitable arrangements were in place to safeguard people who used the service from abuse. Policies and procedures were in place that provided staff with guidance on identifying and responding to the signs and allegations of abuse. Training records we looked at showed us staff had received training in safeguarding. Staff we spoke with were aware of the potential signs abuse. They knew the correct action to take if they witnessed or suspected abuse.

The service had a whistleblowing policy. This told staff how they would be supported if they reported abuse or other issues of concern. It also gave staff contact details of other organisations they could contact if they were not happy with how the service had dealt with their concern. Staff we spoke with were aware of the policy and said they would use it if necessary. One told us " I won't let things lie, it could be my relative."

Most people we spoke with felt there were enough staff to provide them with the support they needed. They told us "There are enough staff during the day" another said "There's enough staff." However, one person said "We need more staff to help with the cooking and cleaning". The registered manager showed us the dependency tool that was used to determine staffing levels. They told us this was completed every week, with support from the business consultant, to ensure staffing levels reflected people's current support needs. We looked at the rotas for a four week period prior to the inspection. We found that they reflected the staffing levels indicated as necessary by the dependency tool. During our inspection we saw there were

enough staff to provide people with the support they needed.

During our last inspection we were told the service had a night staff member who slept on the premises but could be woken by residents if they needed support. We saw that since our last inspection was now a waking night staff member in place. We were told this was to ensure people received the support they needed promptly during the night.

We found that people received their medicines safely. We saw medicines management policies and procedures were in place. These gave guidance to staff about the storage and administration of medicines. Protocols were in place for the administration of 'as required medicines'; these told staff what the medicine was for, why it was being prescribed, how and when it should be given. We saw that medicines were stored securely in individual cupboards for each person who used the service.

We looked at four people's medicines administration records (MAR). We found that all records had been completed to confirm each person had received their medicines as prescribed. We saw that medicines files were audited monthly by the registered manager and senior staff to ensure accurate records were being kept. We were told that a system of weekly checks of medicines and medicines records by senior care staff and monthly check by the registered manager was in place. We saw that audits were recorded and action taken where any issues were identified. However we saw one audit highlighted one occasion when a member of staff had not signed to confirm they had administered a person's medicines the action taken in response to this error was not recorded. The registered manager was able to tell us what action had been taken and told us that actions would be recorded in future.

We found that since our last inspection improvements to the furnishings and décor had continued. One person we spoke with told us "My room is ok. It got decorated three months ago" another person said "We are looking forward to having the whole house decorated." We saw some flooring was in need of replacement and some communal areas and bedrooms were in need of redecoration. However we found other communal areas had new carpets and had been decorated. We also saw one bedroom had been refurbished and another two were underway. During our inspection a new carpet was fitted to the main stair area. The registered manager and business consultant told us this was a planned programme of improvements. We saw the plan which was detailed but did not include dates when the work would be completed. They informed us that all bedrooms and communal areas were going to be redecorated and some would have new flooring and furnishings.

Prior to our inspection we had received information that the home was cold at times and that locks had been placed on heating controls to prevent the heating being turned on. During our inspection we noted that locks had been put on heating controls by the provider. We were told by the registered manager that this was because people who used the service had been altering the controls and this had resulted in lack of heating and hot water. We saw that staff had keys to the locks and could access the heating controls at any time if adjustments to the heating needed to be made. People we spoke with told us "Up until recently it was cold in here [lounge]... it's alright now" another said "It's warm enough". We found all areas of the home were warm.

We found the bedrooms, dining room, lounges and bathrooms were clean and there were no unpleasant odours. Records we saw showed the registered manager had recently introduced a cleaning rota for all areas of the home. It detailed tasks to be undertaken each day and staff signed to indicate the tasks had been completed. The registered manager told us they checked they checked the cleanliness of the home weekly. We were also shown records of daily room cleanliness checks carried out by staff.

We looked at handwashing facilities in bathroom areas and found three had empty liquid soap dispensers. Handwashing facilities are important in the preventing the spread of possible infection. The manager told us these were checked every day, but the liquid would be replaced that day. They also advised us that the task of checking the dispensers would be added to the daily cleaning rota.

We looked at five people's care records and found that risk assessments were detailed and gave staff guidance about how to manage identified risks in order to promote people's safety and independence. Risk assessments we saw included; going out independently, continence, mobility, falls, nutrition, medicines and health conditions. We saw that risk assessments were reviewed regularly.

Records we looked at showed that environmental risk assessments had been completed in order to promote the safety of people who used the service and staff. These included legionella, spillages, bathrooms, hairdryers and using the kitchen. These risk assessments had been reviewed in December 2015.

The service had a contingency plan in place for dealing with emergencies that might arise such as loss of utilities.

During our last inspection we found two fire doors had been locked. At this inspection we found that action had been taken and new devices had been fitted to ensure people could escape in an emergency. We found that fire risk assessments and personal emergency evacuation plans (PEEPS) had been completed. The registered manager told us they were going to put these and other important fire safety information in a "grab bag" that could be accessed easily in the case of emergency. Records we looked at showed that regular fire safety checks were carried out on fire alarms, fire extinguishers and emergency lighting and fire exits and that equipment was appropriately serviced and maintained. We saw there was a system for carrying out health and safety checks.

During our last inspection we were told that people who used the service should not smoke in their bedrooms but that some people did. At this inspection the registered manager told us this was still a problem and that they were trying to stop people from doing this. We saw that risk assessments were completed with individuals who smoked and the no smoking policy in bedrooms was discussed at resident's meetings. The registered manager told us there were smoke detectors in each bedroom and they were going to explore the use of fire retardant bedding. We recommend the provider contacts the local fire authority for consults a fire prevention officer for further advice.

Records we looked at showed accidents and incidents had been recorded and that these were reviewed by the registered manager to look for patterns and recommend action to prevent re-occurrence.

Is the service effective?

Our findings

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. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty when it is in their best interests and legally authorised. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service was working within the principles of the MCA.

At the time of our inspection we were told by the registered manager that all the people living at the home had the capacity to make their own decisions about their day to day lives. There were no applications or authorisation for DoLS in place. The registered manager demonstrated an understanding of MCA and DoLS and under what circumstances a best interest meeting would need to be held. Records we looked at showed us that staff had received training in MCA and DoLS. Care records we looked at showed that assessments of people's capacity to make decisions had been completed. People had been consulted about their care and had given their consent.

Records we looked at showed that staff received an information booklet when they started work at Carr Bank House. This contained essential information they needed to carry out their roles effectively. We found staff had received the basic training they needed to carry out their roles safely and effectively. The registered manager showed us the matrix they used to record all staff training; this included first aid, manual handling, safeguarding adults, food hygiene, infection control, health and safety, medicines, and equality and diversity. The staff files we saw contained certificates for the training they had attended.

The registered manager told us staff had an annual appraisal and individual and group supervisions. They told us staff meetings were held every three months, but were arranged more frequently if an issue arose. Records we saw and staff we spoke with confirmed staff received the support they needed to carry out their roles effectively.

We saw that an assessment had been completed prior to people starting to live at the home. This meant the service could ensure people were suitably placed. We saw that the information was used to develop care plans and risk assessments to guide staff on how best to support the person.

Care records we looked at showed that people had access to their own G.P and a range of health care professionals including; community psychiatric nurses, chiropody, optician and dentist. We saw that the service used a hospital transfer form. This was given to health care professionals if an individual needed to go to hospital. This helped to keep people safe by making sure that hospital staff had the information they needed to care for and support the person. We found that one of the forms had not been updated when the person's medicines had changed. The registered manager told us the current medicines would always be sent to the hospital with the person. The manager told us that a system would be put in place to make sure

these forms were regularly reviewed.

Prior to our inspection we received information that the food at the service was poor. We saw that the kitchen was well stocked with sufficient supplies of frozen, dried foods and drinks. We were told that fresh produce was bought daily and records we saw showed fresh produce was bought daily. We saw there was a four week rotating menu. We saw that the menus offered two choices for lunch and evening meal. Records we looked at showed staff had received training in healthy eating and food hygiene.

We asked people about the food they received at Carr Bank House. Comments people made included "The food is alright. Its average quality", "The food is very good" "They give us two choices for both meals" and "We have enough choice about the food. We can have a drink whenever we like".

The kitchen was clean and tidy and we saw completed cleaning schedules. The kitchen had been inspected by environmental health in February 2015 and had received a five star rating, which is the highest possible rating. We found that fridge temperatures were being checked on a daily basis. During our last inspection we noted that food temperatures were not being checked. At this inspection we found a system had been introduced to record the temperature of meals served. However we noted the last recorded entry was eight days before our inspection. Food temperatures should be taken to ensure that meat is sufficiently cooked to reduce the risk of food poisoning. We also found there was no hand washing liquid in the kitchen dispenser. This presented a risk of staff contaminating food. We recommend the service reviews procedures based on good practice in food preparation and food hygiene.

Is the service caring?

Our findings

People who used the service were positive about the registered manager and staff who supported them. Comments people made included, "Staff are excellent"; "Staff are very kind", "Staff are very good, they look after me. I feel I get well looked after" and "You can have a laugh with the staff They are wonderful."

We spent time observing how people were spoken with and supported by staff. We saw staff were respectful and promoted people's independence. People we spoke with told us "I like being independent. It's up to me if I go out", "I like being left to my own devices" and "I like the easy-going ness of the place"

Staff we spoke with said "I know people here; I know the signs when they are having a bad day". We saw staff also offered people choices and encouraged them to make their own decisions. The registered manager and staff knew people well; they were able to tell us about people's routines, their likes and dislikes and things that were important to each person.

The registered manager told us the service had an open door policy and people's friends and relatives were able to visit whenever they wanted. People we spoke with told us they liked to go out to meet their friends; one said "I like to go out to meet my gentleman friend".

We saw that care records were stored securely, which meant that personal information about people was kept confidential.

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

We were told that people could access independent advocacy support if needed, We saw that information was available to people about local advocacy services.

Is the service responsive?

Our findings

People who used the service told us staff responded to their needs and provided the care and support they wanted. One person commented " Staff definitely listen to us and respect our choices" and said of staff, "They ask us what we like and don't like"

At our last inspection we found that there was a lack of meaningful activities on offer at the home. During this inspection we found there were no activities regularly scheduled to provide stimulation for people who used the service. People we spoke with told us "I would like to do more during the day, I would like to go on trips out" and "I would like more activities, maybe a trip out every three months". One person said "You have to be self-motivated; all staff do is make meals, appointments and give medicines. You have to do the rest yourself". We saw that people had identified activities and trips out they wanted to go on at a residents meeting in July 2015. The minutes of the meeting said they would happen by September 2015. During our inspection the registered manager told us they had not happened yet. We were told that people were offered bingo but didn't want to join in. Staff told us "We do try to get them to do things. We have a bingo machine and cards. It's not that we are not trying". These matters are a breach of Regulation 9 (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's care and treatment was not designed to make sure it met all their needs.

The registered manager and business consultant told us a programme of activities would be offered as part of the improvement plan. They said this would include a system of recording what activities had been offered to people, what went well and what didn't.

We looked at the care records for five people who used the service. We saw that the records contained an assessment of the person's social and personal care needs. They also contained detailed information about the person, their life history and information about their health conditions, likes, dislikes and preferences. The care plans and risk assessments we saw were sufficiently detailed to guide staff on how to provide the support the people needed in order to promote person centred care. We saw that people had been involved in planning their care. One person told us "They showed me the care plans a few weeks ago, I was happy with them." All the records we saw were signed by the person whose records they were, to indicate their agreement with the plan of care.

We were told that senior staff undertook monthly key worker report meetings with care staff. Records we looked at showed us these meetings were used to discuss any issues relating to the service provided for the people who lived at the home. This included daily living, physical and mental health, personal hygiene, food and nutrition. We saw that a system was in place for care staff to review the care records for each person for whom they were keyworker on a monthly basis; this was to help ensure care plans accurately reflected people's needs. However, we found one person's records had not been reviewed since September 2015.

We saw that the service had a complaints procedure. This told people how they could complain, who to complain to and how the service would deal with their complaint. It also told people what they could do if they weren't happy with how the service had dealt with their complaint. The registered manager told us they had not received any complaints since our last inspection and that issues were dealt with as they came up.

People we spoke with told us they were able to raise concerns with the registered manager. One person told us "We can talk to [registered manager] or any staff if we have any complaints"

Is the service well-led?

Our findings

People who used the service were positive about the registered manager and other senior staff at the service. One person told us, "We love [registered manager]; we like all the staff they are really nice. The owner is lovely as well." Another person said, "I am not sure how it could be better" and "I don't have much to do with [registered manager], I would talk to [staff] if I had any concerns, she would listen to me, but not sure if anything would change, it depends on seriousness."

The service had a registered manager who was present on the day of inspection. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People we spoke with were complimentary about the registered manager; they told us "[Registered manager] is lovely. She brought her own dryer in when ours broke. She goes out of her way to help" and that " [Registered manager] is a good listener"

Staff we spoke with were positive about the registered manager and working for the service. One told us that since our last inspection "The environment is looking better and staff get together more often." Another staff member said "It's a fairly easy going friendly place. It's their home at the end of the day". We were told that staff felt supported and said of the registered manager "They were supportive when I had bereavement."

During our last inspection we saw that quality assurance systems were not always effective. At this inspection we found there had been some improvements. The registered manager told us there was a system of weekly and monthly quality audits in place. We were told these included infection control, medicines management, cleaning, kitchen and care plans. However, we found the registered manager had not audited care plans since our last inspection and kitchen audits had not identified lack of food temperature recording.

Before our inspection we checked the records we held about the service. We found they had not notified us of any significant events such as accidents, incidents or safeguarding allegations. The registered manager told us there had been no notifiable events since our last inspection, but was able to tell us what should be notified and how they would do this if they needed to. Services are required to do this so that we are able to see if appropriate action has been taken to ensure people are kept safe.

We asked the registered manager what opportunities people who used the service had to provide feedback about the service and how it could be improved. The registered manager told us they held regular resident's meetings. Records we saw showed that the service had held two resident's meetings since our last inspection. One person told us "We had a resident's meeting last week; they asked if we wanted any different food". We were told that the service also gave out a satisfaction survey each year to residents, relatives and professionals. The last survey was sent in February 2015. Eight residents had returned the surveys; they had asked for more activities, new bedroom furniture and a 'chippy tea' once per month. We found that the service had not responded to the changes residents had asked for. The registered manager told us the

'chippy tea' had happened twice since February, but that they were looking for ways to make it happen more often.

It is a requirement that CQC ratings are displayed in the service. We saw that a copy of the last inspection report, including ratings was on display and available for people to read.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care and treatment was not designed to make sure it met all their needs
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.