

M Iqbal

# Shassab Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service	Inadequate <span style="color: red;">●</span>
Is the service safe?	<b>Inadequate</b> <span style="color: red;">●</span>
Is the service effective?	<b>Requires Improvement</b> <span style="color: orange;">●</span>
Is the service caring?	<b>Requires Improvement</b> <span style="color: orange;">●</span>
Is the service responsive?	<b>Requires Improvement</b> <span style="color: orange;">●</span>
Is the service well-led?	<b>Inadequate</b> <span style="color: red;">●</span>

# Summary of findings

## Overall summary

The inspection took place on 27 and 28 March 2017. The first day was unannounced which meant the service did not know we were coming. At the previous inspection in March 2016, we had found the service was not meeting the regulations in several areas such as person centred care, safe care and treatment, submission of notifications, safeguarding people from improper treatment and staffing levels and governance. Based on our findings in March 2016 we also took enforcement action relating to the provision of safe care and treatment and governance systems.

Shassab Residential Care Home (Shassab) is a family-run home which caters for people of different ages from the Asian community, and offers support to people with mental health needs and/or learning disabilities. The home can accommodate up to eight people. There are four bedrooms on the ground floor and four on the first floor. At the time of this inspection, there were six people living there. They each had their own bedroom.

There was a manager in post who has been registered with the Care Quality Commission since October 2010. The manager was also the registered provider. 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.

Most of the people living at Shassab and some of the staff did not speak English as a first language. We used an interpreter to help us communicate with them.

We found breaches, some continuing, of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014 in safe care and treatment, staffing, person centred care, safeguarding people from improper treatment, need for consent and governance systems. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 or 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 their registration.

For adult social care 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.

The service did not consistently deploy sufficient staff to help ensure people were kept safe. This issue had been raised at the previous inspection.

Recruitment processes were not safe as the provider did not adequately undertake all pre-employment checks to help ensure staff employed were suitable to work with vulnerable people.

Risk assessments did not adequately detail actions required by staff to mitigate risk nor did they provide further actions to be taken to ensure that the risks were managed. In some people's care files, we saw risks had been identified but there were no plans in place to manage these risks. This meant that people were not adequately protected from risk of harm.

Medication administration needed to be more robust. Staff did not sign medication records appropriately and the service did not keep a specimen signature list of staff administering medication. We saw medication audits had been undertaken but these had not been done since August 2016 and the audit tool was not effective.

Not everyone living at the care home had a personal emergency evacuation plan in place. Improvements were needed to manage the risk of infection.

There was a lack of leadership and management intervention to help ensure improvements were made. Governance systems in place failed to identify critical aspects of keeping people safe and ensuring that effective care and support was provided.

People told us staff were good at their jobs. We saw that mandatory training had been done previously; this training included health and safety and moving and handling. However the deputy manager told us staff training required refresher training. This meant that people may be at risk of harm because staff did not have the appropriate skills.

The service was not working within the principles of the Mental Capacity Act 2005; this issue had been raised at the last inspection. The registered manager had not made the necessary Deprivation of Liberty referrals to the local authority meaning that people were being unlawfully deprived of their liberty.

Staff told us they treated people with dignity and respect in how they spoke with and cared for them. We found some practices of the service did not demonstrate the hallmarks of a caring organisation.

There was a lack of activities and recreation provided at the home to stimulate the people living there. This was also the case at our last inspection.

Records showed that people had access to a variety of health care professionals such as GPs, opticians and hospitals. This should ensure that people received the right care when required.

People and relatives felt that staff were caring and kind toward their relations and understood their needs.

Care records showed that people or/and relatives had been consulted at the initial stages of the care provision.

People told us the service provided was good and that they were happy living at Shassab. We observed staff worked as a team. People told us the home was managed well and that they could rely on the registered manager to deal with any issues they may have.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

There was not enough staff on duty at all times. This was also the case at our last inspection.

Risk assessments did not always provide specific instructions on how to manage risks. Risk levels were not rated and no indication if the actions taken minimised or removed the risk. Potential risks were not identified and measures put in place to ensure people were kept safe at all times.

Not all people living at the care home had a personal emergency evacuation plan in place. Improvements were needed to manage infection prevention.

**Inadequate** ●

### Is the service effective?

The service was not effective.

People told us staff were helpful and good at their jobs.

The staff induction and mandatory training offered was not robust. All staff required refresher training in all mandatory areas.

The service was not working within the principles of the Mental Capacity Act (MCA). There was no evidence to demonstrate consent to care had been obtained according to the legislation. Staff including the registered and deputy managers' knowledge about MCA and Deprivation of Liberty Safeguards was limited.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

People told us staff treated them with kindness and were caring. We saw examples that demonstrated the service could be more respectful.

People told us staff always sought their consent before

**Requires Improvement** ●

undertaking any task.

People were encouraged to maintain their independence in making decisions about the support they received.

### **Is the service responsive?**

The service was not always responsive.

Activities were neither structured nor were they person-centred.

Care plans did not consistently address people's specific needs.

There was a complaints procedure in place. People told us they knew how to raise a complaint but we were told no one had had reason to do so.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not well led.

Governance systems in place failed to identify critical aspects of keeping people safe and ensuring that effective care and support was provided.

Policies and procedures were in place and some of these had been translated into Asian languages so that staff had the right guidance and support to work effectively.

Staff meetings were held regularly and staff confirmed that these did take place.

**Inadequate** ●

# Shassab Residential Care Home

## **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.

The inspection took place 27 and 28 March 2017 and the first day was unannounced. This meant the service did not know we were coming.

On the first day of the inspection there was one adult social care inspector and an interpreter who could speak Urdu and other Asian languages. On the second day one adult social care inspector returned to complete the inspection.

Before the inspection we asked the registered provider to complete 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. We reviewed the PIR along with other information we held about the service, including statutory notifications received from them.

We contacted Manchester City Council's contract and commissioning and public health teams for information they held about this service. We received a copy of the most recent infection control report for the home (dated August 2016). Following our site visit, the local authority contracts and commissioning team contacted us regarding serious concerns they had about the service.

During the inspection we looked around the premises. We spoke with three people living at the care home, a visiting family member and three members of staff. We also spoke with the registered manager and the deputy manager. We looked at three people's care records, four staff recruitment records, three medicine

administration records and other documents relating to the management and conduct of the service.



# Is the service safe?

## Our findings

At the last inspection we identified breaches of regulation relating to insufficient staff being deployed, missed and incorrectly administered medication, lack of personal evacuation plans, outdated fire evacuation procedures and ineffective systems for infection control prevention. We also took enforcement action concerning how medicines were managed.

We asked people living at the care home if they felt safe. They told us, "I am very safe here because of the staff", "I am quite safe here" and "Yes, I'm happy here and yes, safe." From people's care records we noted that with the exception of one person everyone else had lived at the care home for over five years.

On the first day of our inspection, we arrived at 8:18am and only gained access 15 minutes later when we telephoned the service twice. There was only one member of staff at the home who seemed to have been asleep when we arrived. This was confirmed by previous staff member who had contacted us to raise concerns they had about the service. When we inspected the service last year in March 2016 we found that there was only one staff member on duty when we arrived at 9:00am. This meant that people were put at risk as insufficient staff were deployed to support them safely and effectively. The registered manager arrived at 8:39am after being telephoned by the staff member who admitted us into the building. The day staff arrived at 9:00am and the deputy manager shortly afterwards. We asked the registered manager about staffing levels and to see the current rotas. The registered manager told us two staff were on duty at nights; one of these staff stayed awake while the other slept on the premises and could be called on if needed. The service did not use call bells as the home was a small one and staff reported that they would check on people or people would call out to staff if they needed assistance. We did not see documentary evidence that people were checked at regular intervals when in their rooms. We were not assured that there were effective systems in place to help ensure people were safe and cared for as required particularly at night.

The registered manager said day shifts consisted of two or three staff members. The rotas for March 2017 confirmed what we were told. We pointed out to the manager that upon our arrival there was only one staff member on shift and six people in the home. One person required two staff members to assist them at all times. This meant that people were put at risk because there was insufficient staff to meet their needs appropriately and safely. We reminded the registered manager that we had identified this concern at our previous inspection in March 2016.

In response to the concerns about staffing levels raised at the last inspection in March 2016, the service stated it had taken the following action of "monitoring staff attendance and also ensuring all staff understand through staff meetings." The service had not provided adequate assurances that this action was effective. Continued failure to deploy sufficient staff at all times to and to ensure that individual support needs are met and people are kept safe from harm was a continued breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We highlighted to the registered manager that we were not asked to sign a visitor's book when we entered the premises. We acknowledged that the home was small but such good practice would enable the service

from a safety point of view to keep track of who was in the building and be useful in the event of an emergency evacuation.

At our last inspection, we identified the absence of individual personal emergency evacuation plans (PEEPs) and that the fire evacuation procedure was outdated. The action plan sent to us in July 2016 following our inspection in March 2016 stated "Personal emergency evacuation plans have been developed." We checked to see if these improvements were in place. We noted that there was only one PEEP in place and that was for a resident with significant support needs. We found this document was ineffective as it did not clearly identify what assistance was required and was not readily accessible to emergency services if needed.

We spoke with both the deputy manager and the registered manager about the need for all people living at Shassab to have their own PEEP as this would help agencies who did not know people well to support them safely in the event of an emergency. The deputy manager told us they were not aware that all people required this document but would get them in place immediately.

Failure to implement PEEPs for all people living at the care home was a continued breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not given suitable assurances that people would be kept safe from harm in the event of a fire or need to evacuate the premises.

We asked the deputy manager about fire drills and how often these were undertaken. They told us these were done annually. Records we reviewed confirmed this and the last one was done in February 2016. During our inspection, we witnessed the activation of the fire alarm though we did not see staff mobilising to ensure people were kept safe. We asked the registered manager if this was a planned fire drill. They told us this was unplanned and that alarm "went off as a result of cooking in the kitchen." We observed that the fire door between the kitchen area and the front of the property automatically closed as a result of the alarm going off but did not close completely as it should. We pointed this out to the registered manager who tried to get the door to close properly. They told us they would have the door repaired. We noted that a fire risk assessment had been done in March 2017 by an external assessor. However, this assessment had not identified that the fire door did not close completely. This meant the integrity of the door was compromised and would not stop the spread of fire or smoke in the event of a fire.

Maintenance and safety records showed that checks took place to ensure the environment and equipment was safe. For example, maintenance and servicing records were kept up to date for the premises, including fire equipment and the fire alarm system, emergency lighting and the lift. These checks should have identified the fault with the fire door to help ensure people were kept safe from risk of fire injury at all times.

We saw that the service had a legionella risk assessment done in November 2016. This was an action identified in the local authority public health team's infection control audit. This should ensure that the service identifies and manages any risk of exposure to legionella bacteria that could potentially affect people's health and wellbeing.

We acknowledged precautions, such as magnetic locks to doors and sealing a window near the downstairs fire exit, had been put in place since our last inspection these did not adequately protect people from a serious risk of harm. This failure was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw a fire evacuation procedure dated July 2016 displayed on the noticeboard in the office. The document was also translated into Urdu as many of the staff employed at the service spoke this and other

Asian languages. We were told that staff had current guidance on what actions to take in the event of a fire emergency. However we had not observed them respond to the fire alarm being activated.

Some risks to people using the service were recorded in their care plans but these assessments did not always provide detailed instructions on how staff should manage the risk. Risk assessments should provide clear guidance to staff and ensure that control measures are in place to manage the risks a person may experience. Examples of risk assessments included for moving and handling, smoking, financial awareness, agitation and seizures. In one person's care plan we noted that they were able to self-medicate but the assessment of risk around this was left blank. We saw a person's mental health risk assessment indicated a history of violence and aggression but there was no further consideration or measures in place to mitigate this risk should it arise. There was no system of rating the level of risk identified (that is, low, medium or high) and no indication if the actions taken minimised or removed the risk. There was no additional guidance to help staff if the risk persisted. This meant we could not be certain that staff had sufficient information to guide them on how to reduce or eliminate the risk so that the people were kept safe.

In another person's care plan there was an identified risk of choking if their food was not broken into small pieces but the risk had not been rated and there was no indication if the risk was minimised or eliminated by the action taken. We observed that two people were allowed to leave the care home unattended. We saw no evidence in their care plans that the risks involved had been assessed to ensure their safety when out in the community. These factors constituted a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found staff recruitment processes were not safe and did not adequately ensure staff's suitability to work with vulnerable people. We looked at five staff recruitment files and saw records of Disclosure and Barring Service (DBS) checks were made. The DBS keeps a record of criminal convictions and cautions, which helps employers make safer recruitment decisions and is intended to prevent unsuitable people from working with vulnerable groups. We found unexplained gaps in employment, unchecked references and no reference information for some applicants. We found examples where referees were inappropriate, for example, family members. We saw no record of interviews undertaken. These deficiencies were a breach of Regulation 19(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The PIR stated that the service used volunteers. We asked the registered manager about this as recruitment files did not clearly identify which staff were contracted or volunteering. The registered manager was unable to indicate which staff were volunteers and which staff were contracted care assistants.

At the last inspection in March 2016, we found breaches in the regulation relating to the safe administration of medicines. At this inspection we checked to see what improvements had been made. We saw that medicines were stored in a cabinet kept in a cupboard and this was locked using a small padlock which was not particularly secure.

We asked two people if they received their medicines when they should and they both told us staff did so safely. One person added they self-medicated and that staff reminded them to take their medicines. This was confirmed in the person's care plan.

We looked at the medication administration records for three people and compared these with the medication blister packs. We found no discrepancies. We noted however that the staff signed the MAR using one initial for example "R" which could be confused with the MAR sheet terminology for refusal of medication and also if there were two staff members with the same first name. The service did not maintain a specimen signature list of staff who administered medicines. We discussed with the registered manager the need to keep a clear record of medicines administered to provide assurances that people were kept safe.

from harm.

We noted on one person's MAR sheet they were prescribed an additional dosage of antipsychotic drugs on an as required basis. Signatures on the MAR showed the person had been administered this medication. However, we did not see any guidance in place to instruct staff on how and under what circumstances to safely administer these medicines. This meant we could not be assured that this person was receiving their prescribed medication appropriately.

We concluded the service's management and administration of medication needed to be more robust to help ensure people were not at risk of harm. This was a continued breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted that medication recorded in care records did not always correspond with those on the person's current MAR. In one person's care records, which were reviewed in March 2017, we saw new medicines had been handwritten into the 'Current medication' section but there was no date to say when this change had occurred. We noted one medication on the MAR was not on the care record. Also this person's most recent review (March 2017) referred to a particular medication that should be administered if the person became agitated. We noted this medication was not recorded on their current MAR sheet. This meant that people may not be receiving medications that should be prescribed to them and this can have a detrimental effect on their health and wellbeing.

We saw no evidence that medication administration and records were being audited to help identify the issues we found at this inspection. These concerns were a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant the service did not ensure it kept an accurate and complete record relating to the care and treatment provided.

Our inspection in March 2016 identified that the provider was not doing enough to prevent and control the spread of infections within the home. At this inspection we checked to see if any improvements had been made. When we arrived at the home on the first day, there were malodours and we noticed that the downstairs toilet was not clean. We saw by mid-morning it had been cleaned. We asked the registered manager and staff who did the cleaning. We were told that care staff were responsible for ensuring the home environment was kept clean and this responsibility included people's rooms. We saw a schedule of tasks affixed to the noticeboard in the hall area which included some cleaning duties such as mop hallway and clean toilets and bathrooms. However this schedule was not completed. On both days of our inspection we did not see any staff member doing cleaning duties. We saw record called "cleaning regime" but the last entry had been made in August 2016.

Prior to inspection we requested and received the latest infection control audit report (dated August 2016) from Public Health team from Manchester City Council. The service had an overall score of 56% - "Needs urgent action". We asked the service to show us what actions had been taken following this review visit. One of the actions we saw which had been completed was a legionella risk assessment. Documentation dated August 2016 indicated the service had arranged to have a legionella risk assessment done and we confirmed with the supplier that this had been done in November 2016. The registered manager could not demonstrate that other actions identified in the infection control audit had been actioned sufficiently to ensure people living at Shassab were safe from risk of infection. Failure to demonstrate a clear system of ensuring people were kept safe from these risks was a breach of Regulation 12(1) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked to see the laundry area and noted the door was unlocked meaning people had access to cleaning

products which could cause them harm. When asked if the door was kept locked, the registered manager went looking for the keys but could not find them initially. Subsequently a staff member found them and we noted the door was locked afterwards.

We noted that laundry room was quite small so we asked the registered manager about the process of keeping dirty laundry separate from clean laundry. They told us staff brought laundry from each person's room which was put directly into the washing machine. We asked about the management of soiled items and the manager pointed towards red alginate bags. Alginate bags are a high density translucent red polythene bag that is designed to prevent the need to personally handle potential contaminated garments. The registered manager did not give us further details about the process but indicated that care staff knew what to do.

At the last inspection we found that staff's knowledge and understanding of safeguarding and what should be done in the event of suspected abuse was limited. We had made a recommendation that additional training in safeguarding be undertaken to ensure better knowledge for all staff. At this inspection we asked three staff members about safeguarding and how they would protect people from risk of abuse. Only one staff member was able with some prompting to give an example of types of abuse and how they would report suspected abuse. When we asked another staff member if they could identify types of abuse, they told us, "Those things don't happen here." They gave us no examples of abuse nor could they explain how they would keep people safe from harm. We were not assured that all staff had a good understanding and awareness of identifying the signs of abuse and how they should protect vulnerable people in their care from abuse. The training matrix we reviewed indicated staff had received training in October 2015. The deputy manager told us they were in the process of arranging training updates. There was safeguarding policy which had been reviewed in March 2017 and also translated into Urdu to help staff understand their responsibilities in this regard. The policy referred to the "No Secrets guidance" which was replaced by the Care Act 2014. The Care Act is legislation that sets out how people's care and support needs should be met and introduces the right to an assessment for anyone, including carers and self-funders, in need of support. The act also sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

We checked to see if equipment and utility checks had been done to ensure the environment and equipment was safe. We saw that the mobile hoist had been serviced in July 2016 and was still in date, and fire equipment and gas checks had been done in March 2017. Portable appliance testing (PAT) had last been in March 2016 and required updating.

We looked at an accident and incident book, which would be used to record accidents to people living in the home. No accidents had been recorded since our last inspection in March 2016 and prior to this time none had been reported over the last four years, 2011 to 2015.

## Is the service effective?

### Our findings

We asked people if they thought the service was effective. They told us, "Staff are good. They are always helping you. They remind me to take my medicine" and "Everything is good – the food and the treatment."

One staff member told us, "I had all training – how to look after the residents, how to behave in front of the residents."

We asked the registered manager how new care staff were inducted at Shassab. They told us staff were given a tour of the premises, met people living at the home and undertook mandatory training such as health and safety and COSHH (Control of Substances Hazardous to Health), fire safety, moving and handling. The PIR submitted to us prior to this inspection stated that staff had undertaken the Skills for Care, Care Certificate but we did not see any evidence that staff had completed this programme. The Care Certificate is a nationally recognised set of standards to be worked towards during the induction training of new care workers. Although, not mandatory, services that choose not to use it must demonstrate that their induction of workers new to health and social care delivers similar outcomes. We did not see evidence that Shassab had a robust induction programme in place.

We asked about staff training and the deputy manager showed us a staff training checklist which indicated courses undertaken training and when they had been completed. Topics included areas such as safeguarding, MCA, food safety, infection control, challenging behaviour, dementia, control and restraint, medication and moving and handling. We noted this training had been done in October and November 2015. We saw medication refresher training was scheduled for August 2016 but the checklist did not indicate whether or not the training had occurred. We spoke to the deputy manager about this and the other training areas. They told us they were currently trying to source in-house training. We asked for evidence of this which was not provided.

We spoke with four members of staff including the most recent recently recruited. The new staff member told us they had not received all mandatory training but they were shown what they had to do in relation to providing personal care to people who required this assistance. They said the deputy manager was going to show them how to administer medication this week.

The lack of a robust induction and on-going training for care staff meant that people were potentially put at risk of harm or injury because staff may not be competent to do their job. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We saw records of individual and group supervision and these had been every three months with the last sessions being done in January 2017 and February 2017 respectively. We noted that the supervisions were a combination of spot checks where the deputy manager observed staff performing various tasks such as caring and cleaning tasks, and discussions about the work they did. Each staff member had a notebook in which we saw these discussions had been recorded. This meant staff were given the opportunity to raise issues they had about delivering care and support to people.



We looked at the service's staff annual appraisal record sheet and noted with the exception of five staff, which included the deputy and registered managers, most staff had appraisals done in July 2016. An appraisal gives staff the opportunity to reflect on their previous year's performance and identify areas for support and professional development which could help strengthen their practice and effectiveness.

Staff we spoke with said they always asked people's permission before undertaking any task. Everyone we spoke with confirmed this was the case.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Providers are required by legislation to notify the Care Quality Commission, (CQC) when an application for a standard DoLS authorisation is either refused or granted. No such notification had been received since the service was registered with CQC in 2010.

At the previous inspection in March 2016, we found the service did not always work within the principles of the MCA to ensure that decisions made on behalf of people living at the home who lacked mental capacity were done lawfully. At this inspection we checked to see if what changes had been made. We checked three care records and saw there were forms to record people's consent to the care and treatment they were receiving. The consent related to the use of photographs, medication, and finances. Of the records we looked at only one person had given their consent. One record had not been signed. In the other case, the person was unable to sign due to a learning disability and their relative had signed the form on their behalf. We discussed with the deputy manager that under the principles of the MCA a family member cannot give consent on behalf of a person who lacks capacity (unless they have a relevant power of attorney) but can be part of a best interest decision making process. We did not see any evidence of best interest meetings taking place nor did we see that there was a lasting power of attorney in place for decisions relating to care and treatment.

The PIR stated that staff had received training in the MCA and DoLS. We asked staff what their understanding of mental capacity, MCA and DoLS. Two care staff we spoke with were unable to explain what these terms meant. We were not assured that staff understood their duty of care in respect of this protective legislation.

We found the service to be in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because they failed to operate within the principles of the MCA in a consistent way.

In one person's file we saw that the service managed their finances and that there had been a capacity assessment and best interest decision made. We saw a note that this had been reviewed in March 2017.

At the previous inspection we found that the home was not making appropriate referrals for DoLS to the local authority. In one person's file we saw DoLS application form which had not been completed and contained no information about why the DoLS was being applied for. We asked the deputy manager about DoLS applications made and if anyone living at Shassab had a DoLS authorisation in place. The deputy

manager told us no one had a DoLS authorisation but that the local authority had recommended the home complete DoLS for all the people living there. We discussed the current procedures on DoLS with the deputy manager and concluded that their understanding of these was limited.

We asked about people's access in and out of the home as the front door was opened using a code on a keypad. Both the registered manager and deputy manager told us that two people who were assessed as independent had this code. During our inspection we observed this. The managers told us other people did not go out on their own unless accompanied by staff. We pointed out that some people were not free to leave because they did not have the code and would be brought back to the home if they did. This meant potentially they were being deprived of their liberty and an application for DoLS should be made to the local authority. We concluded that the service continued to deprive people using the service of their liberty without lawful authority which was a breach of Regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked about people's access in and out of the home as the front door was opened using a code on a keypad. Both the registered manager and deputy manager told us that two people who were assessed as independent had this code. During our inspection we observed this. The managers told us other people did not go out on their own unless accompanied by staff. We pointed out that people were not free to leave because they did not have the code which meant they were being deprived of their liberty and DoLS applications were required.

We asked people about their access to health care and they said the registered manager would arrange any appointments necessary. We looked at three people's care records and saw recordings of appointments with opticians, GPs and district nurses.

People told us the food provided was good. We asked if they had a choice with what they wanted to eat. One person told us, "I eat what is put in front of me. Sometimes my family brings me food." Another person told us, "The food is good here." At lunchtime on the first day of inspection, we saw that people enjoyed a rice dish which had been freshly prepared.

We spoke to a staff member who told us they were "in charge of the kitchen and (came) at lunch time." They added that all meals were freshly prepared. We asked if people were given a choice with what meals were prepared. They said they made suggestions about what meals to cook but that people were always asked if they want something else.

Staff told us that people always had a choice and they ensured people's choices were respected. For example, if people wanted a particular meal instead of what was on the menu. We saw a large sign regarding when meals would be served displayed on the kitchen hatch and visible to anyone visiting the home. This did not suggest that people had a choice of when to have their meals.

We asked the registered manager for menus in use. We were given a menu for the week starting 27 March 2017. This menu identified various meal choices for each meal time but was repetitive in what was offered. We noted the meal prepared at this time was not the one scheduled according to the menu. We asked the registered manager how people registered their specific choices regarding the types of food they wanted to eat. The registered manager told us people always had a choice and gave examples of meals that people could have but gave no specific response to how this information was gathered from people. The last food hygiene inspection had been done in August 2016 and that the home had been rated a '4' out of '5' (5 being the highest rating).



We observed that people were offered refreshments such as a hot or cold drink and biscuits at set times. We asked the registered manager about this and they said people could request a drink or food when they wished.

The environment at Shassab was homely but there were some malodours on the ground floor. The registered manager told us people were free to personalise their rooms to their own taste. We saw that this was the case. There was an L-shaped communal dining and lounge area. Throughout our inspection, most people spent time at the large dining table. The lounge area contained comfortable armchairs and sofas. We pointed out to the registered manager that one of the sofas required repair. We noticed one of the curtain rails in the lounge had been torn from the wall. We noticed the rail in a corner of the room. We pointed out the potential hazard this may cause and also that people no longer had the choice of closing the curtains if they wished. There were other items kept in the corner such as two irons, an ironing board and an empty soft drink bottle, the only item the registered manager removed at that time. We pointed out to the registered manager these items could be stored more appropriately.

There was a designated smoking room for people who smoked. We saw that the room was fitted with an extractor fan and windows. We noted when people used the room a strong smell of cigarette smoke permeated the house. We spoke with registered manager about putting further measures in place to ensure other people were not affected by this.

The backyard of the premises was mainly paved and wheelchair-accessible. During our inspection the weather was fine and we observed that three people accompanied by staff enjoying this outdoor space.

## Is the service caring?

### Our findings

Everyone we spoke with said they were happy living at Shassab. We observed that staff had established friendly relationships with the people in the home and knew what people liked or disliked. One relative said, "Staff are brilliant and really good with my relative. They know what they're doing. Staff are able to communicate with (them) even though my [relative] doesn't communicate verbally."

One staff member told us they showed people dignity and respect, "In the way we interact with them and how we speak to them."

We were admitted into the care home at 8:33am on the first day of our inspection and noted one resident was already up and dressed. There was only one staff member on shift at that time. This person was pacing from the dining room into the lounge. We noted that the person appeared a bit dishevelled; their jumper had food stains and their shirt cuffs were dirty. When we reviewed their care needs it stated that staff needed to prompt them to wash and dress in clean clothes. We concluded that due to inadequate staffing levels in the early morning this person had not been prompted according to their care plan. This did not demonstrate provision of dignified care. Later that day we saw that the person had had a wash and a change of clothing.

We saw that staff communicated clearly with people; they sought permission prior to carrying out any tasks and ensured people were in private if they required personal care. One person required assistance with their personal care and we observed that staff knocked on their door prior to entering. We observed how staff spoke with people and found them to be respectful and kind. Staff told us they maintained people's dignity when providing personal care by ensuring their doors were closed and curtains drawn.

With one person in particular, we observed that staff members were able to recognise their non-verbal gestures. We found staff sufficiently demonstrated that they maintained people's dignity and independence in a caring and respectful way. Another example was that one person liked to get up later than other people. Staff were respectful in allowing this person to exercise their choice and independence to get up when they wanted.

The home catered only for people of Asian origin who were all Muslims. The staff were also all of the same ethnic origin. There were religious texts on the wall, and people could pray during the day if they wished. One resident confirmed this. This meant that people were living with and supported by people who shared their culture and religion.

## Is the service responsive?

### Our findings

At the last inspection in March 2016, we found the provider was not ensuring there were enough activities for people to improve their quality of life. At this inspection we checked to see what improvements had been made. During our inspection we saw little in the way of activities.

We asked people about the activities they got involved in while living at the care home. One person said, "I visit my family." Another person told us they went out on weekends with their relatives. This person also told us that they were attending an English language course one day a week which we saw the deputy manager had arranged.

We looked at three care plans and saw they contained information about people's needs and how these were met, medical conditions, current medication and their likes and dislikes. For example, one person's plan stated they liked television and small responsibilities but we did not see any examples of the television shows they preferred or the responsibilities they could undertake. People's dietary preferences were also vague with all plans we reviewed indicating the person had a halal or vegetarian diet.

On the first day of inspection, we observed what activities people did. We saw two people colouring and another person playing with a sensory toy. None of these activities were recorded in their care plans. Later that same day, the television was switched on to a drama programme which one person watched. We also saw that staff took people out onto a patio area at the back of the premises, where two people chatted whilst smoking; the other person played a ball game with a member of staff. We observed two people who were able to access the community on their own did so during the inspection. One of these people told us they liked to go out into the local community for walks. However there were instances on both days of our inspection that we observed people aimlessly walking around the care home.

We asked the registered manager what activities were arranged for people living at Shassab as we observed people did not have much to do. They said each person had their own schedule of activities. We looked at these which appeared to be a time table of activity at prescribed times including times for breakfast, lunch and "naps". For each person we reviewed the list was identical and not person centred. We had raised these concerns at the last inspection. This meant that people did not always engage in activities that were specific to their preferences and there were no outcomes for people identified.

The registered manager told us that they were hoping to plan a day trip out when the weather got warmer. In the hallway we saw a notice asking people to suggest places they wanted to visit. This notice was written in English which meant most people were unlikely to understand what was written. We saw no suggestions had yet been made. We asked staff about this and they said they would talk with people and relatives to get their ideas.

In one person's care records we saw a detailed description of how staff should manage their agitation in a person-centred way. We noted in the same person's care records that they had been diagnosed with stomach condition which was not serious but required management. However there was nothing in their

care plan about how the service should manage this condition, for example, dietary considerations. This meant the person's condition potentially could worsen as a result.

From another person's care records, we noted they had had a surgically implanted device. Yet we saw no further information about the device nor any specific information or guidance for care staff to manage any complications that could arise. This person also had a learning disability but we did not see specific care plans to adequately support their condition.

The lack of sufficient and meaningful activities and provision of consistent responsive and person-centred care to effectively meet people's need was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they had no concerns with the service nor had they made any complaints. They said if they had any concerns they would speak with the registered manager. The registered manager told us there had been no formal complaints received since our last inspection in March 2016. They added that people or their families could always raise issues with them in an informal way. We asked the registered manager if these informal concerns had been recorded but these had not been. There was an updated complaints procedure for managing formal complaints which had been translated into Urdu. This procedure was displayed in the hallway and in the registered manager's office.

We asked people how they provided feedback to the service about the care and support they received. One person told us, "I'm not sure if there are residents' meetings or surveys done but on Saturdays and Sundays we get together and eat together." Another resident told us they had completed a survey. From records, we saw the manager held regular question and answer sessions with people living at the home. The most recent had taken place earlier in March 2017. People were asked about the current decoration of the home, the quality of the food and safety of the environment. People's comments were positive.

We saw the results of a survey of residents and family members in January 2016. Two survey forms had been returned from families of two people living at Shassab. One person had completed their own form. No concerns had been raised.

## Is the service well-led?

### Our findings

From the last inspection, we took enforcement action and identified several areas for improvement that we asked the provider who was also the registered manager to address. At this inspection, we checked to see what improvements had been made. Before the inspection we asked the registered provider to complete a Provider Information Return (PIR). This is a form gives the provider an opportunity to identify what the service does well, improvements made following the last inspection and improvements they plan to make. The PIR was completed by the deputy manager and we noted responses were vague and did not specifically describe what the service did well and how it would continue to ensure it provided a quality service.

At this inspection we found very little had been done to improve on the concerns we raised last time in respect of staffing levels, medicine management, need for consent, infection control, safeguarding awareness, person centred care and effective quality monitoring systems. In addition to these on-going breaches of regulations we found new areas of concern specifically regarding safe premises and equipment, risk assessments and recruiting process. This meant the provider (registered manager) had failed to establish effective systems to monitor the quality of care provided.

We noted that the home did not display the rating from the previous inspection. Failure to display this rating was breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People told us the service provided was good and that they were happy living at Shassab. We observed that staff worked well together. One staff member said, "Staff work as a team so for example if someone is cleaning then others will do the cooking or the cleaning." Both people living at the home and staff referred to the registered manager as "Uncle". People told us the management of the home was good and that if they needed anything "Uncle" made arrangements on their behalf.

We asked the registered manager what quality assurance systems were in place to help ensure care and support was provided in a safe and effective manner and to identify areas for improvement. We saw that various checks were undertaken. For example, water temperatures across the home had been monitored but no temperature readings had been documented only the dates that the check took place. Another example of checks undertaken related to surfaces in the kitchen and bathroom but these checks did not provide any information on the outcomes of what had been checked.

We saw that people's daily notebooks were audited monthly. This audit only listed the resident's name and a series of dates indicating when the audit took place. There was no record of what was being audited or the outcome. Other monthly audits included mattresses, infection control and medication administration. We saw that these had been not been done since July/August 2016 and had not identified any of the issues found during inspection.

During our inspection we identified examples of discrepancies and errors in care records relating to people's medicines and their care. Another example related to what was recorded in a person's daily records which stated the person had woken up at 9:00am on the first day of our inspection and had breakfast but we were

admitted into the building at 8:33am and the person was already up and about. In one person's records it identified that they liked to do a particular activity but this related to another resident. We also found discrepancies in staff files such as documents relating to one staff member in another staff member's file.

The PIR stated that to ensure the service provided was well-led the following measures would be used: "Reviewing and updating care plans, audits and risk assessments." Our inspection identified these measures when used were not effective and some, such as audits, were not done consistently. There was no effective governance, including assurance and auditing systems or processes systems in place to assess, monitor and drive improvement in the quality and safety of services. The continuing breaches of the regulation relating to keeping people safe, providing person-centred care and establishing good governance system and areas requiring improvement identified at this inspection indicated that the management of the home had taken little or no action since we last inspected or that improvements implemented had not been sustained. As a result, we found new breaches at this inspection.

The above issues in combination demonstrated a lack of leadership and management intervention to improve the service. Ineffective audit systems and the lack of regular auditing meant the registered manager did not have an effective system to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A review of our records indicated the service had not submitted any notifications since June 2016. We reminded the registered manager about their obligation to notify us of significant events that took place within the service and that failure to do so would be a breach of our regulations.

We asked the registered manager if they had any involvement with regional groups or other organisations within the care sector. They mentioned previous attendance at provider forums but no longer did so. Such involvement could potentially help the service to keep up to date with good practice in the sector.

We saw the provider had policies and procedures in place such as emergency procedures, complaints, safeguarding and fire safety. We noted that following our previous inspection in March 2016, the provider had ensured some policies such as those listed above had been translated into Urdu. Updated policies and procedures help ensure staff have appropriate guidance and support to perform their role effectively.

From records, we saw that staff meetings had been held every two months following our inspection in 2016. The most recent staff meetings took place in December 2016 and February 2017 with the next one scheduled for April 2017. The minutes we looked at indicated there were staff discussions around shift handovers, rotas, cleaning, service user needs, trips out and various key policies such as infection control and health and safety. It was not clear what staff input at these meetings were as their feedback had not been documented but staff we spoke with said they met and talked about the service.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The service did not consistently provide responsive person centred care that met people's needs.  The provider was not meeting people's needs for activities Reg 9(1)(a)(b)(c)

### The enforcement action we took:

Notice of proposal to cancel registration of provider

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider failed to operate within the principles of the MCA in a consistent way.

### The enforcement action we took:

Notice of proposal to cancel registration of provider

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Continued failure to ensure that sufficient staff are deployed at all times to help ensure people are kept safe from harm. Reg 12(1)  The provider still had not given suitable assurances that people would be kept safe from harm in the event of a fire or need to evacuate the premises. Reg 12(1)  Risk assessments did not provide staff with sufficient information to manage people's risks

effectively. Risks had been identified but no plan in place to reduce or eliminate them.

Reg 12(1)(2)(a)

The service's management and administration of medication needed to be more robust to help ensure people were not at risk of harm.

Reg 12(1)(2)(g)

Failure to demonstrate a clear system of ensuring people were kept safe from risk of infection.

Reg 12(1)(2)(h)

**The enforcement action we took:**

Notice of proposal to cancel registration of provider

**Regulated activity**

Accommodation for persons who require nursing or personal care

**Regulation**

Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider was depriving people of their liberty for the purpose of receiving care or treatment without lawful authority.

Regulation 13(5)

**The enforcement action we took:**

Notice of proposal to cancel registration of provider

**Regulated activity**

Accommodation for persons who require nursing or personal care

**Regulation**

Regulation 15 HSCA RA Regulations 2014 Premises and equipment

Fire door did not close properly which would be ineffective in preventing a fire spreading throughout the property.

Reg 15(1)

**The enforcement action we took:**

Notice of proposal to cancel registration of provider

**Regulated activity**

Accommodation for persons who require nursing or personal care

**Regulation**

Regulation 17 HSCA RA Regulations 2014 Good governance

There was a lack of leadership and management intervention to improve the service. Audit systems were either non-existent or ineffective which meant the registered manager / provider did not have an effective system to assess, monitor and improve the quality of the service.

Reg 17(1)(2)(a)



The service did not ensure accurate, complete and contemporaneous records relating to the care and treatment provided were kept.

Reg 17(1)(2)(c)

**The enforcement action we took:**

Notice of proposal to cancel registration of provider

**Regulated activity**

Accommodation for persons who require nursing or personal care

**Regulation**

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Recruitment process were not safe and did not ensure staff's suitability to work with vulnerable people.

Reg 19(1)(3)

**The enforcement action we took:**

Notice of proposal to cancel registration of provider

**Regulated activity**

Accommodation for persons who require nursing or personal care

**Regulation**

Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments

Service did not display the rating of the previous inspection.

Reg 20A

**The enforcement action we took:**

Notice of proposal to cancel registration of provider

**Regulated activity**

Accommodation for persons who require nursing or personal care

**Regulation**

Regulation 18 HSCA RA Regulations 2014 Staffing

Sufficient numbers of staff were not deployed at all times

Reg 18(1)

**The enforcement action we took:**

Notice of proposal to cancel registration of provider