Mrs A Kelly & Mr A Kelly

Cairn 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?	**Inadequate**

Summary of findings

Overall summary

We carried out an inspection of Cairn House on 13, 20 and 21 September 2017. The first day of the inspection was unannounced.

Cairn House is a care home providing personal care and accommodation for up to five adults with a mental health need. The home is a large semi-detached house situated on the main bus routes close to a busy slip road leading off Eccles Old Road onto the A6. The driveway and back garden are shared with the house next door, Lancaster House, which is also a care home owned by the same provider. At the time of inspection five people were using the service.

The home was last inspected on 25 and 27 January 2017, when we rated the service as 'requires improvement' overall. We identified nine breaches in six of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, including continuing breaches relating to premises and equipment, staffing and good governance along with additional breaches relating to safe care and treatment, management of medicines, person-centred care and receiving and acting on complaints.

We took enforcement action and issued the provider and registered manager with a warning notice in regards to good governance, to formally request action be taken to ensure quality assurance and auditing systems were in place and being utilised. We also asked the provider to take action to ensure people were actively involved in their care, ensure staff received the necessary support and professional development to enable them to carry out their roles effectively, assess the risk of and control the spread of infections, ensure the proper and safe management of medicines and ensure they had an system for the identifying, receiving, recording and handling of complaints.

At this inspection we identified five continuing breaches in four of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, including breaches relating to, staffing, safe care and treatment, management of medicines, person-centred care and good governance, two additional breaches in relation to safe care and treatment and record keeping along with one breach of the Care Quality Commission (Registration) Regulations 2009, due to a failure to inform the Commission of a notifiable incident. We also made two recommendations in regards to following best practice in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and investigating systems to evidence sufficient staff are employed to meet people's needs. We are considering our enforcement options in relation to the regulatory breaches found.

At the time of the inspection the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found remedial action had been taken to address previously identified issues with the overall décor and

maintenance of the property. A schedule of works had been produced, which the provider and registered manager had overseen. Bedrooms and bathrooms had been re-decorated, damaged or broken fixtures and fittings had been replaced and attempts to de-clutter communal areas had taken place. We noted work was ongoing and the replacement of carpets had purposefully been left until last, to ensure all building and painting tasks had been completed.

We saw staff continued to be responsible for cleaning tasks, with checklists in place detailing what tasks were required in each room. Cleaning equipment was stored safely and securely and Control of Substances Hazardous to Health (COSHH) forms were in place for the cleaning products in use. We noted the provider had installed paper towel dispensers in bathrooms, to replace cotton hand towels. However hand hygiene guidance was not in place and liquid soap bottles were still being used rather than wall mounted soap dispensers.

We identified some issues during our review of medicines management. We saw the service continued to not use 'as required' medicine protocols or topical medicine charts. Daily audits of the Medicine Administration Record (MAR) charts had also not been completed consistently. We identified some aspects of good practice especially around the receipt and booking in of medication.

Each person we spoke with told us they felt safe. The home had safeguarding policies and procedures in place, although did not have a dedicated safeguarding file and log of referrals, with referrals stored electronically in email folders. Staff had been trained in safeguarding vulnerable adults and had knowledge of how to identify and report any safeguarding or whistleblowing concerns.

People who used the service and staff we spoke with felt there was enough staff on shift, this was due to people reportedly being very independent and requiring minimal assistance. However the home did not have a system or tool in place to show staffing levels met the dependency levels and needs of people using the service.

We looked at three care files in detail, which were stored electronically on a laptop. We found limited improvements and additions had been made since the previous inspection, with gaps in information and an overall lack of detailed guidance for staff to follow, to ensure people's needs were being met. We saw mental health care plans and risk assessments had been created to sit alongside people's existing care plans; however at time of inspection these had not been implemented.

We found the service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Training in both areas had been facilitated and staff had a reasonable understanding of both sets of legislation. However we did not see any evidence of a MCA / DoLS policy in place.

Staff told us training had improved with a number of sessions being held over the last six months. These included training in mental health awareness, which is imperative to the nature of the service and had been a noticeable omission at the previous inspection. Although the training matrix had not been fully updated at time of this inspection, we were still able to confirm sessions had been held. Following the inspection the registered manager updated and forwarded evidence of this to the us.

The provider's action plan following the inspection in January 2017 stated staff would receive supervision on a bi-monthly basis, however our review of staff records demonstrated this was not being done. Whilst there had been an increase in the frequency of meetings, staff had only completed two meetings since January.

People told us they enjoyed the food provided by the service and received enough to eat and drink. People could choose when and where to eat, with meals being prepared for people to eat later, if they did not wish to eat at the allocated meal time.

Throughout the inspection we noted a relaxed, yet positive atmosphere within the home. People we spoke with were complimentary about the staff and the standard of care received. Resident meetings had been held and people were offered the opportunity to suggest agenda items, as well as being informed about things relating to the home.

We saw a new auditing and quality monitoring system had been introduced, which had been designed by the provider. However this had not been used fully or effectively and none of the issues noted during inspection had been identified by the registered manager or the auditing process.

We noted some issues in fire safety processes when reviewing safety procedures and checks. Not all checks had been carried out in agreed timescales and personal emergency evacuation plan (PEEPS) were still not in place.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services 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.

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 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

Not all aspects of the service were safe.

Positive action had been taken to improve the overall décor and standard of the premises, with a detailed action plan in place.

Whilst some improvements had been made, hand hygiene practices and equipment did not adhere to Department of Health or NICE guidelines.

Medicines were not always managed safely. We found gaps in recordings on MAR charts and required monitoring had not been completed.

Fire safety checks were not being completed as per required timescales and we found no record of smoke detector checks being carried out.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

Supervision meetings were being held but not as frequently as the provider had reported on their action plan.

Training had been provided in a number of areas over the last six months. However we found new employees were not provided with a thorough induction training programme.

People enjoyed the meals provided and reported getting enough to eat and drink.

People were supported to stay well through involvement of a multidisciplinary team and attendance at GP surgery as necessary.

Is the service caring?

Good

The service was caring.

People using the service were positive about the care and support provided, telling us that staff were kind and treated them

with dignity.

Throughout the inspection we observed a positive atmosphere within the home and appropriate interactions between staff and people using the service.

Meetings were being held with people who used the service, who had input into what was discussed.

Is the service responsive?

Requires Improvement

Not all aspects of the service were responsive.

Mental health care plans and risk assessments had been drawn up, but not yet implemented, which meant staff did not have the information they needed to provide person centred care.

Care plans and other documentation were not completed fully or consistently, meaning that contemporaneous records were not being kept.

The service had an effective system for managing complaints; people had been reminded on the process during both individual and resident's meetings.

Is the service well-led?

Inadequate

The service was not well-led.

Although a new audit and quality and monitoring system had been introduced, this was not being used effectively and had not identified the issues we noted during inspection.

Meetings with staff had been completed, to ensure the dissemination of information was maintained.

Policies and procedures had been updated, although there was no robust system in place for reviewing these.

Annual questionnaires were given to people and relatives to request feedback on the service.

Cairn 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.

The inspection took place on 13, 20 and 21 September 2017. The first day of the inspection was unannounced.

The inspection team consisted of two adult social care inspectors from the Care Quality Commission (CQC).

Before commencing the inspection we looked at information we held about the service. This included notifications that had been received. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury. We checked any complaints, whistleblowing or safeguarding information sent to CQC. We also contacted the local authority and mental health commissioning team to request any information they had about the service.

During the course of the inspection we spoke to the owner, registered manager and two staff members. We also spoke to two people who lived at the home.

We looked around the home, including communal areas and people's bedrooms. We viewed a variety of documentation and records. This included four staff files, three care plans, Medication Administration Record (MAR) charts, policies and procedures and audit documentation.

Requires Improvement

Is the service safe?

Our findings

We checked the progress the provider had made following our inspection in January 2017 when we identified a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to premises and equipment. This was because the service had failed to ensure the premises and equipment were properly maintained.

Following the last inspection the provider had generated and sent us a 'schedule of works' document, which contained all maintenance and decorating tasks which needed to be done along with estimated timescales for completion. As part of this inspection, we completed a review of the premises with the registered manager, which included checks of the lounge, dining room, kitchen bathrooms and two bedrooms. We saw work had been carried out in line with the plan sent to us. Although further work was required, including the replacement of the dining furniture and carpets, noticeable progress had been made and the provider was no longer in breach of the regulations. The registered manager told us the plan would remain in place and be added to as and when required.

We looked at procedures in place to ensure the premises were kept clean. Staff confirmed they were responsible for carrying out all cleaning duties and followed checklists, which were in place for each room. One staff member told us, "There is a checklist in place for cleaning. Each day we support one person to clean their room. The rest of the house is also cleaned every day; the residents help us to do this. We saw staff recorded cleaning tasks completed along with which bedrooms had been checked and cleaned in the service's diary. Whilst walking around the building with the registered manager, we noted one person's room was very untidy, with faecal stains on the bedding and a heavily soiled en-suite toilet. We were told the person had yet to be supported to clean the room. The person approached us later that day, to confirm they had been supported to clean his room, which we saw had been done to a good standard.

We checked the progress the provider had made following our inspection in January 2017 when we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment, this was because the service did not assess the risk of, or control the spread of infections. In line with the Department of Health and The National Institute for Health and Care Excellence (NICE) guidelines around hand hygiene.

We saw paper towel dispensers had been fitted in all toilets and bathrooms and cotton hand towels removed. However, bottles of hand wash were still in place, rather than wall mounted soap dispensers. There was still no hand hygiene guidance displayed above or near to any wash basin. The registered manager told us they had been sent posters by local authority but had not yet put them up. NICE guidance states providers should, 'educate residents and carers about the benefits of effective hand hygiene hand hygiene facilities should include as a minimum, disposable paper towels and wall mounted liquid soap dispensers. Top up/refillable dispensers should not be used as these pose a risk of contamination and cause the spread of infection.'

This is a continued breach of Regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014, in relation to safe care and treatment, because the service did not assess the risk of, or control the spread of infections.

We checked the progress the provider had made following our inspection in January 2017 when we identified a breach of Regulation18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to staffing, because the service did not deploy sufficient numbers of staff or have a systematic approach in place to determine staffing requirements based on people's needs.

We noted a new 'live in' housekeeper had been employed, who resided on the top floor of the house and provided cover at varying times during the day. We spoke to this person who told us, "I work downstairs between 18.00 and 21.00, then I am on-call throughout the night. People know I am here if they need anything. On top of that I also do some shifts as a carer." Prior to the housekeeper being employed, a member of staff had completed a sleep in each night, to ensure people had access to staff support 24 hours per day, which was documented in the statement of purpose.

We asked both people using the service and staff working there if there were enough staff on duty. One person told us, "I think so, there is always someone here if you need them." A staff member said, "In this house, it's manageable. People are very independent and tend to do what they want to." We looked at the rotas for August and September 2017 and noted the home had run with one staff member between 9.30 and 17.30. Support at other times what been provided by the housekeeper.

Although feedback regarding staffing levels was largely positive, we found there was still not a clear approach to determining staffing requirements based on people's needs. People's dependency had been assessed in their care file, but there was no overview of dependency levels to determine correct and effective staffing levels. We were told due to people's level of independence, one staff member was sufficient to meet needs, however we could not assess this at time of inspection due to the lack of dependency tool.

We recommend the provider considers the use of a dependency tool, to effectively demonstrate enough staff are deployed to meet people's needs.

People told us they felt safe living at Cairn House. One person stated, "I feel safer now we have a housekeeper. Any issues and I can just go up and knock on the door."

We looked at the home's safeguarding systems and procedures. The registered manager told us referrals continued to be stored electronically using a colour coded system to 'flag' any safeguarding referrals that had been emailed to the local authority. However a matrix or other system was not in place to document progress or outcomes of any referrals. We were told no referrals had been made. Staff we spoke with confirmed they knew the different types of abuse and would report any concerns to the manager.

We looked at how accidents and incidents were recorded and whether there was a procedure in place to identify trends and track outcomes. We were told staff completed an accident form and this was then filed in either the staff personnel file or the person's care file, which was used to file correspondence and miscellaneous information about the person. We found there was no accident or incident log in place, to record when any accidents or incidents had occurred, and when we asked the provider how they analysed accidents and incidents to check for trends, they were unable to demonstrate this.

Whilst reading one person's daily notes we noted they had experienced two injuries since our last inspection, one of which resulted in hospitalisation. In both cases, we found no evidence incident or accident forms had been completed. This meant the provider did not have an effective system in place to

document, store and manage accidents and incidents as they were unable to demonstrate trends were identified or control measures implemented to reduce the risk of re-occurrence.

During the last inspection in January 2017, we found the risk management section of people's care files we looked at did not accurately assess known risks or contain a management plan to minimise or mitigate these risks. During this inspection we noted improvements had been made to these same care files, with most of the omissions we reported to the provider being addressed. However following the review of people's care by the mental health commissioning team, additional issues had been identified with risk assessment procedures and documentation and an action plan had been drawn up and given to the provider. We were provided with a copy of the plan and checked the provider's progress against this as part of the inspection. Whilst some items had been addressed, we found specific risk assessments for two people had yet to be created and implemented.

We looked at the home's safety documentation, to ensure the property was appropriately maintained and safe for residents. Gas and electricity safety certificates were in place and up to date, although the registered manager could not locate the portable appliance testing (PAT) certificates, which we were told, and saw on the audit tool had been completed in April 2017.

We found two fire drills had been completed in the last four months, with all people using the service evacuating safely, either independently or following prompts from a staff member. An emergency fire plan had been also been created, which covered the main fire hazards and control measures in place and we noted individual fire evacuation procedures had been completed for three people. For one person, who had a hearing impairment, a flashing light alarm had been installed in their room. A referral had also been made to the local authorities Occupational Therapy (OT) department, for a vibrating bed sensor, as the light had not proven wholly effective during fire drills.

We saw call points had not been consistently checked on a weekly basis, as per company policy, with noticeable gaps in recordings between June and August 2017. Checks of escape routes and emergency lighting had not been carried out as per stated timescales and we saw no records of smoke alarm testing being completed. Whilst individual fire evacuation procedures had been drawn up and discussed with people, personal emergency evacuation plans (PEEP's) had still not been put in place. The introduction of the Regulatory Reform (Fire Safety) Order 2005 places the onus on providers to ensure that everyone can evacuate safely in the event of a fire or emergency evacuation. In order to comply with legislation, a personal emergency evacuation plan (PEEP) needs to be devised by the responsible person. A PEEP is designed to ensure the safety of a specific person in the event of an emergency evacuation and must be drawn up with the individual so that the method of evacuation can be agreed. The PEEP will detail the escape routes, and identify the people who will assist in carrying out the evacuation.

This is a breach of Regulation 12(2)(a)(b)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment, because the service did not assess the risks to the health and safety of service users, ensure they complied with statutory requirements or national guidance and ensure the premises and equipment used by the service was safe for use.

We checked two staff files to check if safe recruitment procedures were in place and saw evidence that Disclosure and Baring Service (DBS) check information had been sought for all staff. Staff also had a completed application form, at least two references as well as a full work or educational history documented, with any gaps explained. These checks ensured staff were suitable to work with vulnerable people.

As part of this inspection we checked the progress the provider had made following our inspection in January 2017 when we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the service had not ensured the proper and safe management of medicines.

We looked at four medicine administration record (MAR) charts and checked four people's medicines, to ensure stock levels were accurate and all medicines had been administered as prescribed. We found some examples of good practice, such as all medicine deliveries had been checked, the amounts confirmed and signed off, a specimen signature chart was in place and this tallied with the staff signatures on the MAR charts and each person had a 'ready reckoner' sheet in place, which was a visual aid designed by the service to help staff identify whether medicines were stored in a blister pack or box and the time of administration.

However we saw on one occasion a person's MAR chart had run out. A new printed sheet had not been put in place, or requested from the pharmacy in advance, resulting in staff hand writing that medication had been administered on the rear of the MAR chart. This had occurred for two days, until a new MAR chart had been implemented. We noted another person self-administered eye drops. Monitoring was to be completed to ensure the person did this four times daily, however no monitoring sheets were in place.

One person had not been given their medication on at least two occasions over the last six weeks due to excessive alcohol consumption. A staff member told us, "We physically cannot administer, as [name] just lays on the bed and can't lift their head up." Whilst no side effects had been observed, we found no evidence medical advice had been sought and documented regarding the consequences of the person not taking their prescribed medicines, or evidence a risk assessment had been drawn up around the risks of alcohol intake and missed medicines, how this should be managed by staff and whether medicines could be administered later than prescribed.

The home did not have when required medicines (PRN) protocols in place, which are used to inform staff what a medicine is for, the required dose, how often it can be administered, the time needed between doses, if the person is able to tell staff they need it and if not what signs staff need to look for. This ensures 'as required' medicines are being administered safely and appropriately. The use of these was not deemed necessary by the registered manager, as all people using the service were able to ask for 'as required' medicines when they needed them.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). At the time of inspection nobody using the service was prescribed controlled drugs.

We saw medicines policies and procedures in place were up to date, although the home did not have an up to date pharmaceutical prescribing reference guide on site. Staff spoken with confirmed they had completed training in medicines management and had their competency assessed. However, we found no records to evidence this.

Daily audits of MAR charts were in place, to ensure medicines had been given as prescribed and signed for accordingly. We noted these were only completed five days per week, usually Monday to Friday. We looked at the audits for the last two months and noted seven occasions when the audit had not been completed, including four consecutive days in August 2017. We were given no reason for why this had occurred.

This is a continued breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment, as the service did not ensure the proper

and safe management of medicines.

Requires Improvement

Is the service effective?

Our findings

As part of this inspection we checked the progress the service had made following our inspection in January 2017, when we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to staffing, because the provider could not demonstrate staff had received the appropriate support and professional development.

We asked staff whether they had supervision and if so how often. One staff member told us, "I have had about three since I started, not sure how often they are. We talked about what I had done during the day, how things were working." A second member of staff stated, "We have quite a lot now, maybe every two months or so."

Following the last inspection the provider sent us an action plan, which stated staff supervision would be held bi-monthly. During this inspection we noted company policy also stated meetings would be held every two months. We looked at both staff personnel files, where we were told supervision records were kept, and the supervision matrix, which was part of the providers audit tool. We could not evidence meetings had been held to agreed timescales. The three staff who completed the most shifts in Cairn House had only completed two supervisions since January. This meant staff had not received a regular opportunity to formally discuss their roles, receive feedback on their performance and request additional support or guidance.

The registered manager told us that since the last inspection staff had completed training in the mental capacity act (MCA), deprivation of liberty safeguards (DoLS), infection control and mental health awareness. Safeguarding refresher training was also scheduled for the following week. Staff members we spoke with and the training matrix we viewed confirmed this was the case. We also looked at the training provided to new staff members as part of their induction. We saw there was not a specific programme of training in place, which staff had to complete prior to working with people who used the service, instead new employee's shadowed experienced staff and complete training whenever it was scheduled for everyone else. The registered manager told us this was because they only employed people with at least an NVQ level 2 in Health and Social Care, which ensured they had a good level of knowledge and understanding. However we noted the last person to be employed did not have this qualification or a professional background in care. We were told this person was originally employed as a cleaner and training had been provided according to this position, but their role had progressed over time. This person had only recently completed training sessions in safeguarding, infection control and first aid, despite working as a carer for over five months.

This is a continued breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to staffing, because the provider could not demonstrate staff had received the appropriate support, training and professional development to enable them to carry out their duties.

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 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. Nobody using the service was currently subject to a DoLS authorisation.

We saw people using the service were deemed to have capacity. We were told no restrictive practices were in place, however no restrictive practice assessments had been completed to ensure people were not being deprived of their liberty. The home also did not had a MCA / DoLS policy and procedure in place, which we were told was an oversight, as one had been created when policies were renewed.

We recommend the provider and registered manager consider best practice guidance in regards to the application of the mental capacity act and deprivation of liberty safeguards for people using the service.

People using the service told us they enjoyed the food and felt they had enough to eat and drink. One person said, "Yes we do [get enough to eat], it's hard to find fault. I sometimes have a go at making my own lunch."

At the time of the inspection no one using the service required a special diet. We saw meals were prepared by members of staff, all of whom had completed food hygiene and 'food for better business' training. A six weekly menu was in place, with two options available for lunch but just one for evening meal. However we were told and observed that alternatives were available if people did not like or want what was planned. A rota was in place for setting the table, with each person completing this task in order to maintain daily living skills.

Individual food and fluid monitoring was not in place, however a notebook continued to be used to record what meal options people had chosen to eat and the diary used to detail what people had actually eaten.

Our review of people's care records showed the service worked with other professionals and agencies to meet people's health needs, these included general practitioners (GPs) and podiatrists. Any involvement or appointments were recorded in the multidisciplinary section of the care plan. People we spoke with told us they received help and support to stay well, with one stating, "I tell staff and they will phone for me and arrange any appointments I need."

We looked at how the home sought consent from people who lived there. We did not see signed consent forms within care files. Care plans had been printed so the person had a copy and was able to sign the care plan to indicate they consented to the content, although this process was not completed on a regular basis, to ensure ongoing consent to care and treatment. However everyone we spoke with during the inspection confirmed they enjoyed living at Cairn House and agreed with the care and support provided.

One person told us, "Yes, staff always ask. If you don't want to do anything, you just have to say so. Although as they are only thinking of our wellbeing, no point refusing."

Good

Is the service caring?

Our findings

People using the service told us staff were kind and caring and treated them with dignity and respect. One person said, "Yes, [they are kind]. I like to have a joke with people, which the staff respect." Another said, "Staff here a really good." Staff had a good understanding of how to ensure dignity was maintained. One member of staff told us, "Ask people before I do anything, knock on their door, make sure no-one is around, or go to their room before discussing anything private."

Due to the small number of people using the service, we found the atmosphere in Cairn House to be quiet and relaxed. People were free to come and go as they wished, depending on what they had planned for the day. One person was out of the home all day on each of the day's we inspected, another spent time in Lancaster House, the adjacent care home owned by the same provider, as, "There's more going on over there, it's busier", whilst others spent their time either in their bedroom or the lounge, where they sat and chatted together.

The staff we spoke with displayed an awareness and understanding of how to promote people's independence. One staff member said, "I encourage them, let them do things for themselves if they can." A second stated, "People here are encouraged to clean, do their own washing, make their own meals, most things really."

We looked at how the service involved people in making decisions about their care and the running of the home. We were told people had been consulted about the recent redecoration of the home, particularly their rooms. One person we spoke with confirmed this, telling us, "My room was redecorated recently, I am very happy with it, it's just how I wanted."

We saw resident meetings had been completed, although not as frequently as the provider had stated they would following the previous inspection in January 2017. To date three formal meetings had taken place, along with another meeting involving relatives, whereas the provider had told us they would aim to hold these monthly. We looked at the minutes from these meetings and noted the provider had discussed openly the findings from the last inspection and what the home would do to address the issues. Other agenda items had included food choices, fire procedures, key work sessions and any other things people wanted to discuss. People we spoke with told us they were happy with how often meetings were held, and felt comfortable raising issues and suggestions with the manager or provider at any time.

People also commented on key worker sessions as providing an opportunity to make choices about their care and what they wanted to do. One told us, "We have key worker sessions, when I get to sit and talk to staff about what I would like to do." A staff member told us, "We do key worker sessions where we ask people what they would like to do, if there's anything they want us to support them with. I have been doing these quite a lot with the people over here, probably every two to three weeks."

Over the course of the inspection we observed the care and support provided. We saw staff interaction with people was both natural and friendly, and the small nature of the service meant staff knew each person well

and how best to interact with them. Conversations with people were person centred and involved asking people how they were, about their day and what plans they had.

Requires Improvement

Is the service responsive?

Our findings

As part of this inspection we checked the progress the service had made following our inspection in January 2017, when we found a breach of Regulation 9(3)(d)(e) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to person-centred care, as the service did not ensure people were actively involved in their care or sought their views regarding if their needs were being met.

Each person using the service had an allocated keyworker, whose role was to 'provide one to one support for certain areas of need or development, with the primary focus being on social needs.' The keyworker sessions were used to generate goals and monitor progress. This ensured people had ongoing involvement in their programme. We found key worker sessions were completed at least twice per month, for people who had chosen to engage, albeit some of the topics covered had been about the running of the home and policies and procedures, rather than people's goals and future plans.

Whilst people had been supported to generate goals and discuss things they would like to do or try, the support to follow through with these goals had been sporadic. For example, one person had expressed an interest in making more meals for themselves, to increase their independence. However we noted that between the 26 July and 20 September 2017, they had only been supported to make three meals. We were told this person had refused at times to make their own meal, however the request to do so was an ongoing theme in their keyworker sessions, no plan on how this was going to be facilitated had been put in place or documentation to evidence the option had been provided but declined.

We were told care files were reviewed monthly and people's needs six monthly. Whilst review dates had been updated on the electronic care files for some people, this had not been done consistently for all, meaning we could not confirm reviews had been completed. The registered manager had a file which contained copies of care plans, along with a signature sheet which stated 'care plan explained and I agree with the content'. Whilst this evidenced people had been involved in reviewing their care, we saw the process had not been completed on a monthly basis.

This is a continued breach of Regulation 9(3)(d)(e) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to person-centred care, as the provider did not ensure people were consistently involved in their care and supported to complete agreed goals.

As part of this inspection we also checked the progress the service had made following our inspection in January 2017, when we found a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to receiving and acting on complaints, as the service did not have information and guidance available about how to complain or have an accessible system for the identifying, receiving, recording and handling of complaints.

We saw the complaints procedure had been clearly displayed on the notice board in the dining area and the complaints process had been discussed with each person individually in a minuted meeting. Complaints had also been covered as an agenda item at resident meetings. People we spoke with confirmed they knew

how to complain and who to speak with. One person told us, "If it was something trivial, I would speak to the staff member working here. If it was more serious I would go to [registered manager]."

The home had a complaints file in place which contained the procedure and blank complaint forms. We were told no forms had been completed since the last inspection. We spoke to the registered manager about the accessibility of complaints forms and how people may wish to complain anonymously. The registered manager said they would look to implement a suggestions and complaints box and have complaints forms on the notice board, so people would not need to ask for one.

Prior to this inspection, a review by the mental health commissioning team of people's care plans had identified some concerns, along with the fact people did not have specific mental health care plans and risk assessments in place. An action plan had been generated with the involvement of the provider and registered manager, which we were sent a copy of.

During this inspection we compared progress made against the action plan. We looked at three care files and related documentation, such as daily notes and monitoring forms. We saw the registered manager had met with people to discuss their diagnosis and any known triggers or stressors and used this information to compile mental health care plans and risk assessments; however none of these had been implemented. We spoke with the registered manager about this who told us, "I did not want to introduce them until [social worker who completed the reviews] had agreed they were okay." The registered manager agreed that by not implementing the new care plans, even as a work in progress, staff did not have all the information they required to support people effectively.

Care plans continued to be produced and stored electronically on the service's laptop using a system that had been devised by the provider. Each person's care file contained the same 13 sections, which included pages for personal details, assessments, care plans, daily reports and social activity.However, the care plans were not recovery focused and goals, objectives, evaluations and outcomes were more reflective of the staff's views and not the person's. We found some care plans identified the person's mental health diagnosis but they didn't always indicate what this looked like for the person or provide guidance as to what relapse looked like or how to support the person to manage their symptoms.

We noted some positive additions had been made to one person's care plan, who had specific health conditions which affected their mobility. Staff had previously been unaware of the conditions and their impact; but specific information had now been drawn up and stored in the person's file. However we also found gaps in information. One person's health care plan indicated they had not had a health check since April 2014, when in fact the last one took place in February 2017.

Individual monitoring had been implemented for two people to record their alcohol intake and for another person to document daily walks / exercise completed. We noted whilst one person's alcohol monitoring recorded what they had drank the amount was not documented, for example one entry simply stated 'vodka', another stated 'bottle of vodka', but not the size of the bottle, which would be important information to know. In regards to the exercise monitoring, whilst the monitoring sheet was being completed, it was apparent from reading the entries the person had not been completing regular exercise. We looked to see if any guidance or information had been drawn up for staff to use, or which could be shared with this person to motivate them to complete their daily walks, but none was in place.

This is a breach of Regulation 17(2)(c) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance, as the service failed to maintain accurate, complete and contemporaneous records.

The home did not provide an activity schedule, with people choosing how they wanted to spend their time. People told us they were happy with this arrangement and valued their freedom and ability to do as they wished. One person told us, "With activities, you tend to have to sort yourself out. I am happy choosing what I want to do." We asked staff for their views, one told us, "They do complete activities in this house. From talking to them in keyworker sessions, people are happy doing things themselves. They are very independent over here and tend to go out a lot." People spent their time visiting friends and relatives, going shopping, attending day centres and activity groups.

Inadequate

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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.

As part of this inspection we checked the progress the service had made following our inspection in January 2017, when we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to good governance, as the provider had failed to operate effective systems to asses and monitor the quality, safety and effectiveness of the service and have effective communication systems in place for people using the service and the staff.

We saw a new electronic audit system had been developed by the provider. This covered a total of 15 areas including care plans, health and safety, food safety, training, safeguarding, supervision, medication and overall premises. A rating system had been incorporated, with either a red, amber or green dot on each individual audit to indicate if action was required or all areas had been met. Whilst the auditing tool had been implemented, we noted it was not being used fully. We saw a number of blank sections on the form, particularly those relating to the premises and complaints. We were told this was due to having a separate schedule of works in place and not having received any written complaints, which we accepted. We also found there was ambiguity about the frequency with which areas needed to be checked, as this was not clearly stated on the tool.

We also found the audit tool was not robust as it had not identified any of the issues noted on inspection or those highlighted when the mental health commissioning team had carried out placement reviews of people using service. For example, care plan reviews had been completed, which included checking information was up to date and accurate and that records and monitoring were up to date. No issues had been identified during the audit, with the people's care plans we viewed being marked as 'green'. The supervision matrix contained an amber dot, which indicated action was required, however meetings had not been scheduled to ensure all staff had completed the agreed amount.

During our last inspection in January 2017, we found there was not an effective system in place for the storing of documentation, records and certificates. This resulted in the registered manager having difficulty locating items we requested to view. At this inspection we saw some attempts had been made to organise the filing cabinets, however the filing system within the office was still disorganised, files were not clearly labelled and many contained out of date information. During the first day of inspection, the manager was on annual leave. Throughout that day not only did we have difficulty locating required documents, but staff and the provider also had the same issue, as they were unable to provide us with some of the documents we requested.

This was a continued breach of Regulation 17 (1)(2)(a)(b)(d)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to good governance, as the provider had failed to operate

effective systems to asses and monitor the quality, safety and effectiveness of the service and maintain securely records which are necessary to be kept in relation to the management of the regulated activity.

The provider and registered manager have a legal responsibility to submit notifications for certain reportable events. During the inspection we noted one occasion when a notification should have been submitted but the provider had failed to do so. This was in relation to a person requiring hospitalisation following a fall. We are considering our enforcement options in regards to the failure to notify, which will be handled outside of the inspection process.

During the last inspection in January 2017, we identified that the service's policies and procedures required updating to ensure they covered the most recent best practice guidelines. At this inspection we saw a new policy and procedures file had been implemented, and aside from the absence of an MCA and DoLS policy, which we were told had been drafted, contained all necessary documentation. However the policies did not contain the date of completion or date for review, which we raised with the registered manager.

We asked staff whether staff meetings had been completed. One told us, "Yes, they are as and when." Whilst a second staff stated, "Yes, can't remember the exact date of the last one, but we have had quite a few." Following the last inspection, the provider had indicated on the action plan sent to us in April 2017, staff meetings would be held bi-monthly. We saw three meetings had been held since April, which was in line with what we had been told. However we noted the last meeting had been held in July, which meant the next scheduled meeting was overdue.

The staff we spoke with told us they enjoyed working at the home and felt supported by the manager. When asked if they enjoyed their job, one staff said, "I do yes. [Registered manager] is a good manager, you can go to her with anything." Another told us, "I do think [registered manger] listens to us."

We asked how people were able to provide feedback on the service and were told that annual questionnaires were sent to people, relatives and professionals. Relatives had attended a meeting at the home in July, when the questionnaires had been circulated with five returns received. The questions asked covered a range of areas including people's privacy was respected, staff were courteous and friendly, home was clean and tidy, sufficient activities were provided and the service met the physical and emotional needs of people. Relatives had been asked to rate each statement on a five point scale which ranged from strongly disagree to strongly agree. Aside from one relative who had rated the activity statement as 'disagree', the ratings for all other statements were positive.

We saw people using the service had been asked to completed quality assurance questionnaires on either the 18, 19 or 20 September 2017. We queried whether the inspection had prompted the completion of these but was told this was coincidental and it had always been the plan to circulate them in September, even though at the previous inspection in January, we had been told questionnaires were done in April. We looked at four completed questionnaires, which asked people to rate statements about all aspects of the service using the same scale as the relative form. Each of the four people had said they agreed or strongly agreed with each statement and had no issues or concerns about the home, staff or care provided.