

## Carrwood House

# Carrwood House

### Inspection report

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#### Ratings

### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Inadequate



Is the service well-led?

Inadequate



#### Overall summary

This inspection took place on Friday 12 December 2014 and was unannounced. This meant we arrived at Carrwood House without informing the provider, staff or the people who lived there.

Carrwood House is registered to provide accommodation and personal care for up to 16 adults with learning disabilities and mental health needs. The home is situated in the Grimesthorpe area of Sheffield and is close to local amenities. The home has a communal lounge/dining room and a separate lounge, as well as a garden and a small car park.

There had not been a registered manager at the service for over two years. The provider had appointed managers who had left their employment before applying to be registered with the CQC. An acting manager has been appointed who told us they were applying to become a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

Managers who had previously worked at the service had not been monitored for their competence and performance by the provider. This had resulted in managers not fulfilling their role and responsibilities.

At our last inspection on 29 May 2014 we identified regulatory breaches in the safety and suitability of premises. We issued a compliance action and shared our concerns with the local fire safety and environmental health authorities. The fire safety authority visited Carrwood House in April 2014 and made requirements about improvements that needed to be made with fire safety. However, due to the lack of progress by the provider, in September 2014 a prohibition notice was issued for failing to comply with the fire safety regulations. We were informed by the fire safety authority that the immediate actions had been carried out to make the environment safe, but there was outstanding work to be completed to become fully compliant with the fire safety regulations. The provider had been given until January 2015 to become compliant and this was further extended to March 2015.

At this inspection we found the provider did not use an effective quality monitoring system to identify, monitor and manage the risks to people who used, worked in or visited the service.

Due to the insufficient number of staff allocated to day shifts, people who used the service were not in receipt of appropriate support to promote their short term and long term personal goals, aspirations and welfare. The staffing levels were not based on people's needs.

During our conversation we noted that staff did not understand the Care Programme Approach (CPA) process and therefore they were not aware of their role and responsibilities when working within this framework. People were not in receipt of care that was specific to their mental health needs. There was a lack of participation by the community psychiatric services and there was no evidence of people being involved in making decisions about their care and treatment plans.

As staff at the service did not know about their role and responsibilities within the CPA process, they did not ensure community professionals were informed and involved in the support plans.

Staff told us that they had completed training on safeguarding vulnerable people and knew the actions to take if they were concerned that a person was at risk of harm.

We found that staff training was not up to date and staff had not been supported in their role. Staff had limited understanding of Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards (DoLS) is part of this legislation and in place so that where someone is deprived of their liberty they are not subjected to excessive restrictions.

People said they enjoyed their food, although there was little evidence of people being involved in making decisions about their meals.

People we spoke with told us staff were caring. We found staff created an atmosphere which was calm and homely for the people who lived at the service.

The comments from the professionals who visited the service, such as the commissioners, were positive and encouraging. They told us that staff were caring, very committed and worked well as a team and looked after the people and supported them.

We found accurate records were not maintained in respect of each service user which included appropriate information and documents in relation to the care and treatment provided e.g. lack of personal emergency evacuation plans, reasons for omissions of medication.

We found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

People who lived at Carrwood House were not safe because the provider had not taken appropriate action in a timely manner to protect people against the risk from an unsafe environment.

The provider had not ensured there was sufficient numbers of care staff to meet the needs of people and appropriate numbers of domestic staff to maintain the cleanliness of the environment.

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

**Inadequate**



### Is the service effective?

The service was not effective and required improvement.

Staff training was not up to date and staff had limited understanding of MCA and DoLS.

People said they enjoyed their food and made positive comments of the food offered, but they were not being fully involved in making decisions about their meals.

**Requires Improvement**



### Is the service caring?

The service was caring.

People we spoke with made many positive comments about the caring nature of staff. We observed staff creating an atmosphere which was calm and homely for the people who lived at the service.

The comments from the professionals who visited the home, such as the commissioners, were positive and encouraging. They told us that staff were caring, very committed and worked well as a team and looked after the people and supported them.

**Good**



### Is the service responsive?

The service was not responsive.

Staff did not understand the CPA process and were unable to see how the service have roles and responsibilities within the CPA framework, which meant people were not in receipt of care that was specific to their mental health needs.

There was a lack of evidence that people were involved in making decisions about their care and treatment plans.

**Inadequate**



# Summary of findings

## Is the service well-led?

The service was not well led.

The provider did not have an effective quality monitoring system to identify, monitor and manage the risks to people who used, worked in or visited the service.

The registered provider had not provided support or monitored the performance of the managers they had recruited to the service, which had resulted in managers not fulfilling their role.

**Inadequate**



# Carrwood 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.

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

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

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

We used various methods to gain information which included talking with six people using the service. We interviewed four staff, the administrator and the acting and deputy managers. We checked the care records of three people, one person's financial record held by the service and all nine staff training records. We also saw other files such as complaints and compliments, incident and accident reporting, monthly provider visit reports and staff audits of the service.

# Is the service safe?

## Our findings

People who lived at Carrwood House were not safe because they were not protected against the risks from an unsafe environment and the registered provider had not ensured sufficient staff were on duty to meet the needs of the people and the service.

In May 2014 the fire safety authority visited Carrwood House and identified breaches in fire safety regulations.

At our last inspection on 29 May 2014 we identified a breach of Regulation 15, HSCA 2008 (Regulated Activities) Regulations 2010, Safety and suitability of premises.

In September 2014, the fire authority issued a prohibition notice for failing to comply with fire safety regulations. We were informed by the fire authority that the immediate actions had been carried out to make the environment safe, but there was outstanding work to be completed to become fully compliant with the fire safety regulations. The provider has been given a further extension until March 2015 to become compliant.

During this inspection the acting manager said as part of the fire safety arrangements they had completed the fire risk assessment for the service, but had not completed personal emergency evacuation plans (PEEPs) for individuals as required by fire legislation.

This meant the registered person had not taken the required action to complete all the work in order to maintain the property in accordance with required legislation, so that people are kept safe.

We found the environment was in need of repair, plastering and refurbishment. Areas were cordoned off to keep people and staff away from unsafe areas. One of the bathrooms was out of order due to building work.

We obtained three people's permission to look at their rooms. The bedrooms were rundown and in need of repair, refurbishment and deep cleaning and the bedroom floors were dirty and dusty.

We were told by the acting manager that a domestic staff was employed for three days a week to clean at the service. On the day of our inspection we noted the member of domestic staff did not have enough time to clean the home during their allocated time.

A week following our inspection we received information from the local Clinical Commissioning Group about their visit to the service and their findings in relation to cleanliness and infection control. The information received supported our findings during the inspection, for example, furnishings that were in a state of disrepair and stained. We asked them to share their findings with the local authority commissioning team, as well as the safeguarding team to ensure information is shared with the relevant organisations.

This meant the registered person had failed to maintain the property, keep the environment safe for people and keep it clean and was in breach of regulation 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The acting manager told us they had fire drills each week where people who used the service and staff on duty were involved in the practice. Staff told us that one person refused to take part in the drill and staff consulted the fire safety authority who had suggested a plan to deal with the situation. However, the plan was not recorded in the person's care record or anywhere at the service. This meant records relating to the safety of people were not always accurate and up to date.

This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On arrival at the service on 12 December 2014, we saw one member of care staff and a member of domestic staff on duty. We were told that the second member of care staff had gone out to buy essentials for the service. We checked the duty rota and this confirmed two care staff and a member of domestic staff should be on duty. However, we found one member of care staff supporting 12 vulnerable people. This meant the registered person had not ensured that there was sufficient numbers of staff with the appropriate qualifications, competence, skills and experience were deployed to meet the needs of vulnerable service users.

The member of care staff informed the acting manager and their deputy of our presence and they arrived at the service

## Is the service safe?

to assist us. We asked them how they decided on the staffing numbers for each shift. The acting manager said the staffing levels were set using historical information. They agreed that it needed to be reviewed.

We asked the acting manager if staff had specific job roles as the care staff had informed us that they were supporting people, cooking the meals and also on four days of the week carrying out the domestic's duties i.e. "cleaning the home". The managers explained that they had recently taken over the running of the service and did not know whether staff had job descriptions which reflected their job roles. Staff said they were not sure if they had received a job description. One staff said, "When things need to be done we do it and manage."

We found out that a person at the service had an appointment at the hospital and needed an escort. There was not enough staff to escort this person therefore staff from another service were called in to help. The deputy manager told us that this was common practice.

During the day we observed staff being occupied with general duties such as administrative functions, cooking and liaising with health professionals. We did not see staff spending any one to one time to support people who used the service to access information or resources to improve their quality of life.

We saw that building work was in progress within the home, which created additional dust and dirt, which meant the service needed additional cleaning arrangements. This was not in place. The acting manager or the staff did not have information on when the building work was expected to complete.

We were informed by the administrator that they were the appointee for six of the twelve people who used the service. The administrator said that people did not have an interest paying bank account for each person they were appointee for. The reason given was that they did not have the resources to make appointments for each person with the bank and make arrangements to take the people so that they could let the bank set up the accounts.

This was a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed people in the communal areas of the service. People were comfortable and relaxed with the staff.

Throughout our inspection we saw staff supporting people to be safe. We spoke with people who told us that they felt safe living at Carrwood House. One person said, "I feel safe and I have no problems living here" and another person said, "I've been here a long time. If I was worried I would have left".

Staff were able to demonstrate their knowledge about safeguarding vulnerable people. They told us that they had completed training on safeguarding vulnerable people and knew the actions to take if they were concerned. One staff member told us, "I have made a referral as I was concerned about someone who lived here. As a result changes were made to make sure everyone was safe at the home". Our records showed that the provider had told us about safeguarding referrals and in consultation with the local safeguarding authority had taken appropriate action to make sure people who used the service were protected.

We were informed by staff that they had used their company whistleblowing policy to address inappropriate behaviour by some staff members. We were given information by the acting manager on how disciplinary procedures had been used to remove unfit staff from working at the service. Staff said they were confident that the present manager would take appropriate action if they report any concerns.

The acting manager informed us of the rigorous recruitment procedure they followed when recruiting staff. And staff explained the process of recruitment they had followed before starting work at the service. The acting manager told us that no new staff had been employed since our last inspection in May 2014. At the last inspection we checked three staff recruitment files and found them to be robust and compliant.

During the day we observed medication administration by a member of care staff and we spoke with them about the arrangements for ordering and handling medicines at the service. We saw people were told what medicines they were being given by the staff. Staff answered questions asked by people about their medicines. Only when the person had taken their medicine, the care staff signed the medication administration record (MAR). Staff who were responsible for medicine told us that they had received training and their competency had been assessed by senior

## Is the service safe?

staff before they were allowed to administer medicines without supervision. We saw the arrangements in place for disposal of unused medicines by their dispensing pharmacy.

We looked at three MAR charts and found antipsychotic and antidepressant medication were prescribed appropriately for people's long term mental health. All of the people who used the service had external psychiatrists who prescribed and reviewed people's medication, but it was not clear from care records who the responsible clinician was, when they were last reviewed or when they were next due for a medication review. One record stated that a 'doctor' had reviewed medication at an appointment and reduced one of the tablets. The recording was inadequate as it didn't state who had reviewed this, what medication had been changed or the dosage. This highlighted a lack of an audit trail of the management of medicine for individuals.

When we reviewed people's MAR, we found some people had refused their medication and this was clearly recorded.. There was no explanation or rationale recorded by staff why people had refused their medication and/or what action had been taken. We found out by talking to staff that there was no guidance or policy for staff to follow when people refused medication. Staff told us they decided between them when to contact the doctors. This meant the provider had not made the necessary arrangements for staff to follow when people refused to take their medication.

The provider was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



# Is the service effective?

## Our findings

People told us they were supported by staff who encouraged them to make the most of what was available to them. One person told us staff helped them lead a meaningful life. People told us with the help of staff they were able to see the optician, chiropodist and attend hospital appointments. Members of staff said they arranged to go with people to medical appointments to support them. We saw records in the service diary and in individual care files where people's appointment and the arrangements had been written by staff. This meant people were supported to access other services to ensure their healthcare needs were effectively addressed.

We found out that there had been some changes to the management cover at the service in recent months. This had resulted in the service being supported by an acting manager and another deputy manager. We spoke with staff members to find out their experiences and opinions of the present management and asked for their comments on the training and support they were in receipt of. Staff told us that since the changes to the management team there had been a marked improvement in the support they received. They said they could go to the present acting manager for help and were able to share with them if they needed training or if they felt not competent to deal with issues and felt they were supported and listened to.

We found there were eight staff employed at the service. The records showed that only 25% of staff had attended health and safety, food hygiene and infection control training and that 75% of staff had attended first aid and fire safety training. Staff said their training records had been reviewed by the acting manager and the majority of them had been given dates for updates of mandatory training to bring their knowledge and competence up to date. Mandatory training is training staff should have undertaken to provide care to people, so that they are able to carry out their responsibilities in a competent and safe way, for example, health and safety, fire safety, food hygiene, infection control.

The acting manager told us that they did not receive any documentation from the previous manager about staff supervisions and that staff were not sure when they had

last had supervision, therefore all staff had been given dates for their first supervision and this was to be completed between them and the deputy manager before the end of January 2015.

This meant in the absence of a registered manager, the registered person had not ensured staff were supported with appropriate training and support to fulfil their responsibilities and deliver care and support appropriately.

The provider was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

We found staff were knowledgeable about protecting the rights of people and making sure people gave consent to care. However, when we discussed the principles of MCA they had limited knowledge of the subject. The managers had a good understanding of the MCA and when they would apply for a DoLS authorisation. They informed us that none of the care staff had attended training on MCA and DoLS. They said with the help of the Sheffield local authority training scheme they were in the process of organising the training.

We looked at three care records and found in one, the principles of the MCA code of practice had been used when assessing their ability to make a particular decision. However, this was several years old and had not been reviewed to reflect the present mental health state of the person. The lack of review could result in the person not receiving the care which was suitable and effective.

We asked people whether they enjoyed the food and if they were able to prepare their own food if they wanted to. One person said, "It is alright. I like what they give me. I also get a takeaway if I want a change". Another person told us, "I enjoy the food and I have it when I want it. Not sure about

## Is the service effective?

making my own food". We also found people attended day centres where they had their main meal and brought with them snacks and meals to have at the service either later that day or on another occasion. Staff told us that they made sure cooked food brought in by people was dated and saved in the fridge at the correct temperature to avoid the risk of food poisoning.

We saw there were plenty of food stocks in the fridge, freezer and stores. Care records showed that people's likes and dislikes had been identified. Staff told us that they took into account people's preferences when preparing food. People told us that they had themed nights where they had meals belonging to different countries such as Italian and Indian.

We observed people having their meals at different times. Staff told us that some people were 'late risers' and they were made welcome and staff offered them their breakfast. Staff told us when most people joined in at meal times they also joined in and made it a social occasion.

We saw people were greeted warmly at lunch time, but served sandwiches without consultation about options available. We were informed that drinks were served on an hourly basis. We saw that people did not have access to a kettle or milk to make hot drinks. The rationale behind this practice appeared to be that some people were not safe handling the kettle and may throw out the milk. This meant there was a blanket decision about allowing people to make their own drinks, which meant people's choices and independence were not promoted.

The provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service caring?

## Our findings

Throughout the day we observed staff communicating with people in a friendly manner, treating people with respect and interacting in a caring way. We saw many positive interactions and saw that these supported people's wellbeing. We saw a member of staff laughing and joking with one person and saw how this enhanced the individual's mood. Staff were firm, but kind and patient when they were encouraging people to maintain personal hygiene and independence. We also saw staff leading by example by washing their hands after each task especially at meal times and keeping the communal areas tidy.

We saw staff created an atmosphere which was calm and homely for the people who lived at the service. We observed how staff managed situations where people became noisy and some people made banging noise to get noticed. We saw staff speaking to individuals quietly and taking them to aside where they were able to get them settled. This was done in a discreet way to promote a calm environment.

People we spoke with made many positive comments about the caring nature of staff. Comments included, "They are great here.", "Its like being in a big family, nice.", "Staff get me involved in parties. I like parties I enjoy it."

The comments from the professionals who visited the home, such as the commissioners, were positive and encouraging. They told us that staff were caring, very committed and worked well as a team and looked after the people and supported them.

We found the staff were knowledgeable about the support people required and the things that were important to people in their lives. They knew the personal histories of people and therefore were able to describe how people liked different things and how they reacted to certain events. We saw mutual respect and trust between people and staff.

We were informed by staff that they had received training in equality, diversity, gender and ethnicity. One member of staff said, "I look after these people as I would like to be looked after. Sometimes they can be difficult, so can I. I give them time and use a different approach. It always works for me". Another member of staff said, "We have known these people a long time and they are part of our family. They have ups and downs and we are there to support them and not judge them". Our observations confirmed that staff respected people's diversity and treated them with respect and maintained people's dignity.

We heard people asking staff questions, some about their confidential personal information. Staff responded by talking to the person in a discreet manner to maintain their confidentiality. Apart from their bedrooms people did not have anywhere they could speak to staff confidentially without being disturbed or overheard by others. Since all the people had access to all communal areas and therefore staff were careful when discussing personal confidential issues with individuals.

We were informed by the acting manager that people who lived at the service were able to make day to day decisions and therefore did not need an advocate. An advocacy service, support and enables people to express their views and concerns, access information and services and helps to defend and promote people's rights and responsibilities. Staff members said if they needed an advocate they would contact the appropriate organisations and support people.

One member of staff told us that people who used the service had different rapports and levels of trust with different staff. This depended on how long they had known the staff member and how well they got on with them. This meant if they had difficulty explaining and helping a person understand information they would use the staff member that understood them best first before seeking outside help.

# Is the service responsive?

## Our findings

We observed staff responding promptly when people needed assistance. People did not comment and they were not interested in telling us about their support plans. One person said, "I am alright. Ask staff". We saw people were independent and needed minimal support and assistance .

We looked at three care files and associated records. These included the initial assessment of the person before moving into the service, identified physical and psychological needs, risk assessments with plans to minimise or avoid any harm and enable the needs of the person to be met, daily progress records and MARs. In this care setting Care Programme Approach(CPA) is an integral part of care and support.

The care plans we looked at were person centred and identified people's aspirations, interests, their likes and dislikes, an explanation about their mental illness and activities they liked participating in. However, these files did not contain any current or past minutes from care programme approach (CPA) meetings and did not clearly identify key workers from the external care management teams.

The CPA is designed to improve the delivery of service to people with severe enduring mental illness and minimise the risk of them losing contact with mental health services. Its essential elements are regular assessment of health and social needs, a written care plan, nomination of a key worker, and regular reviews. This requires multidisciplinary involvement and reviews and collaboration and negotiation with people and staff involved in the care. The managers present were unable to find evidence of such case management or reviews for people. One care record had some elements of CPA from 2010. Talking with staff they did not understand the CPA process and how they fitted into this process.

Some people at this service had enduring mental health needs. Enduring mental health refers to those with long-term mental health needs, typically schizophrenia or a severe affective disorder and the symptoms are to such a degree that the person experiences a substantial impairment, such as an inability to care for themselves independently, sustain relationships or work. We found

care staff members promoted positive relationships with people at the service. We were able to see staff had worked hard to earn the trust of individuals, allowing them to express their concerns and negotiate options with them.

Care staff told us people sometimes had visitors from the community mental health team, but they were unclear who they were, how often they visited or what their role was in the care role of people who lived at Carrwood House. This had led to confusion of roles and who was responsible for delivering one to one support and what these needs entailed. This meant there was a lack of evidence that people were in receipt of care that was specific to their mental health needs.

The provider was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed people just sitting around with very little or no stimulation, which does not improve the wellbeing of people. We asked staff and the acting manager if people were given one to one time with their key workers to get involved in activities. The intention of a key worker is a member of staff allocated to people, for them to get to know the person and their family and develop a rapport, so that the person and relatives would be able to relate to the keyworker. We were informed by the managers that this did not happen. They also told us that they had appointed keyworkers, but not all staff had been informed and the keyworker role had not defined. This was work in progress. We saw a list containing staff names against people at the service.

People were able to go out to the shops, watch TV and play games if they so wished. When we asked the staff about what people did all day, they said people decided on what they wanted to do and some were happy sitting around and watching TV. We discussed with the managers and staff about key workers involving people when cooking food, when going shopping for the service and helping with the domestic chores. We found there was a lack of structured activities for people to engage in and enable them to focus on their strengths and aspirations and therefore improve their wellbeing.

We saw that the provider's complaint policy was accessible to people who used the service. Staff knew how complaints

## Is the service responsive?

should be handled and had a good knowledge of the complaints policy. People told us they knew how to make formal complaints. One person said they would “tell the staff and sort things out”. Staff said most complaints were raised when people wanted to do things, which put them

or the other people at risk and when staff stopped them from going ahead. For example, although people knew they should not smoke in their bedrooms some people attempted to smoke and complain when staff deterred them from going ahead.

# Is the service well-led?

## Our findings

This service had not had a registered manager for over two years. The current member of staff acting in that role was manager for two locations. The Commission had not received an application for them to register as manager.

The manager told us there was not a system in place where the registered person supervised and checked their performance. This meant the manager was left to carry out their duties without any oversight by the provider.

We spent time observing the culture and openness of staff. We saw staff were inclusive of the people who lived there. They interacted with each other in a friendly and helpful manner. The atmosphere was friendly and welcoming and there was transparency amongst staff when dealing with people.

The manager explained that due to the recent changes to the management structure some staff members had found difficulty changing the way they worked; therefore, they were monitoring the day-to-day culture in the service, including the attitudes, values and behaviour of staff. They were positive about staff co-operation with the changes and said that they needed time to implement some of the changes they had identified.

The manager explained that staff had not received appropriate training, supervision and support and this had resulted in staff “doing what they thought was right”. This meant the registered person had not made the necessary arrangements in the absence of a registered manager to assess and monitor that staff continued to receive training, supervision and support relevant to their role.

We checked one person’s finances held by the service. The system used was not transparent or easy to follow. There was a lack of audit trail once the money was withdrawn by the staff for the person. We were informed there had not been any external checks of the accounts since the administrator took over. The administrator told us that the only external monitoring was carried out by the local authority commissioning officer and this was an overview of the way they managed the monies at the service. This meant the provider had not made the necessary arrangement for the people’s finances to be managed in their best interest, with appropriate safeguards implemented. This has not been identified by the provider during their audit of the service.

We saw the recent minutes of the staff meeting and staff said they felt they were able to go to a manager who understood their concerns and supported them to make improvements within the service. They said the registered provider visited the service most weeks and spoke with people and staff. Staff told us that they had not received any surveys asking for their views about the standard of care provided.

We asked people who used the service if they were asked for their opinion by the provider about the service. They said they regularly saw the provider and spoke with them but they could not remember being asked for their views of the service.

At our last inspection in March 2014 we identified a breach of Regulation 15, HSCA 2008 (Regulated Activities) Regulations 2010, Safety and suitability of premises. This was because the fire authority had identified breaches of The Regulatory Reform (Fire Safety) Order 2005. We were informed by the fire authority that the immediate actions had been carried out to make the environment safe, but there was outstanding work to be completed to become fully compliant with the fire safety regulations. This meant the registered person had failed to pay attention and take action identified by regulatory bodies that identified breaches to regulations, to improve the quality and safety of the services provided in the carrying on of the regulated activity.

On 23 October 2014 environmental health visited the service. They issued three improvement notices because of risks identified to people who used the service. These were in regard to hazards associated with work activities had not been assessed to ensure suitable controls are in place to remove or reduce the risk involved. This included risks associated with legionella and window restrictors. This meant systems and process were not in place to assess, monitor and mitigate risks relating to the premise that may place service users at risk of harm. On 19 December 2014 the Commission received information from the local Clinical Commissioning Group about their visit to the service and their findings in relation to cleanliness and infection control. The information received identified the registered person had not taken action identified in the improvement notice issued by the environmental health service in respect of legionella.

We asked care staff if there was a cleaning rota for the service and whether there was planned deep cleaning of

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the areas including bedrooms. Staff told us that the domestic staff knew what cleaning needed to be done, but there was no record of the plans. This meant there was no system or process in place for the registered person to assess, monitor and identify what arrangements were needed to ensure the environment was well maintained and kept clean.

The provider was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**The registered person must design care or treatment with a view to achieving service users' preferences and ensuring their needs are met.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**Care and treatment must be provided in a safe way for service users, including the proper and safe management of medicines.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

**All premises and equipment used by the service provider must be clean, suitable for the purpose for which they are being used and properly maintained.**

**The registered person must, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance



## Action we have told the provider to take

Systems or processes must be established and operated effectively to ensure compliance with the regulations. Such systems and processes must enable the registered person to:

Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity and

Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

Systems and processes must enable the registered person to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of the decisions taken in relation to the care and treatment provided.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet people's care and treatment needs.

Persons employed by the service provider in the provision of a regulated activity must receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.