

# Mr Bradley Scott Jones & Mr Russell Scott Jones

## Brownlow 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

This inspection was carried out on the 8 and 10 October 2018 and was unannounced.

Brownlow House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Brownlow House is registered to provide accommodation, support and personal care for up to 31 people. The home provides support for people living with dementia, have a mental health issue and people who have had a history of abusing alcohol.

At the time of our inspection 29 people were living at Brownlow House. Brownlow House is an older building with three floors, accessed by a lift. People used shared bathrooms on each floor. There is a dining area, main lounge and two smaller lounges which are quieter. There is a large well-tended garden to the rear of the property.

Brownlow House was last inspected in August 2017 where we found a breach in regulation 12 as medicines were not always managed safely. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe and well led to at least good.

At this inspection we found medicines were now safely managed and administered as prescribed. Detailed guidelines were in place for medicines that were not routinely administered and staff recorded when thickeners were added to people's fluids to reduce the risk of choking. We have made a recommendation for good practice guidelines to be followed for recording variable dose medication.

A registered manager was in place at Brownlow House. Since our last inspection the registered manager had also registered for a nearby sister home and was responsible for both homes. 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.

At this inspection we found breaches in regulations for good governance, premises and staff training.

Between December 2017 and May 2018, the registered manager had not had full oversight of Brownlow House. They had spent the majority of this period at the sister home they are also responsible for.

Internal audits from May 2018 showed the home was cluttered, not clean and there was a smell of urine. The local authority visited in July 2018 and found the same issues. An urgent action plan was put in place and

improvements were made. However, at this inspection there continued to be a malodour on the first and second floors. The provider had not acted in a timely manner to replace carpets in these parts of the home to manage the odour.

The registered manager had recently introduced additional quality assurance tools to monitor the service.

Pre-employment checks were completed. Evidence that gaps in two candidate's employment histories was not available in the staff files on the day of our inspection. Undated interview notes explaining the gaps in employment for one person were sent following the inspection and we were told they had also been made for the other employee, but the service was unable to locate them. Existing staff received the training they required to carry out their role. However, new staff started working at the home before completing training and with minimal induction shifts to get to know people and their needs.

Our inspection in August 2017 found improvements had been made following our inspection in July 2016. However, the service had not been able to sustain these improvements with the issues with training for new staff and maintenance at the home again found at this inspection, as they had been in July 2016.

Care plans and risk assessments were in place that reflected people's current needs and provided guidance for the care staff in how to meet the identified needs. We have made a recommendation to follow good practice and include all relevant information within the care plans themselves so it is easier for staff to access the information they need.

The home referred all people who may lack capacity to the local authority for a formal capacity assessment. Where people were judged to lack capacity to consent to their care and treatment an application was made for a Deprivation of Liberty Safeguards (DoLS). We have made a recommendation for the home to follow best practice guidelines for assessing and recording people's capacity to make specific decisions.

Incidents and accidents were recorded and reviewed by the registered manager. However, the records of two incidents involving one person were not consistent with photographs of the bruising sustained. The local authority safeguarding investigation found that whilst the home had an appropriate safeguarding policy and procedure in place, this had not been followed.

We had been made aware of an issue with some people's money that was currently under investigation by the police. The home had changed their procedures for managing people's money, with one person from the central administration team (based at the nearby sister home) keeping bank cards and pin numbers on people's behalf where they were not able to do this for themselves.

People said they felt safe living at Brownlow House. Staff were aware of the safeguarding procedures at the home. There were sufficient staff on duty to meet people's assessed needs. Staff knew people's needs and their likes and dislikes.

An activities co-ordinator had been recruited and worked three afternoons per week. People enjoyed these activities. Some people went out to the local community with the activities co-ordinator; however, other people said they did not get the opportunity to go out as the staff were not able to go with them.

People were supported to maintain their health and nutrition. Medical professionals we spoke with were positive about the home and said they made referrals to them in a timely manner.

Staff said they enjoyed working at Brownlow House and felt well supported by the registered and deputy

managers. Staff had regular supervisions and staff meetings were held.

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?

The service was not safe.

There was a malodour at the home which had not been addressed in a timely manner. The local authority had given the service an action plan in July 2018 to ensure the home was clean and clutter free. The action plan had been completed by the home.

Pre-employment checks were completed but reasons for any gaps in employment histories were not recorded as recommended at our last inspection.

People received their medicines as prescribed. We have made a recommendation with regard to the recording of variable dose medication.

Risks people may face and been identified and guidance written to manage them.

Incidents and accidents were recorded; however, the details for one incident were not consistent with the bruising sustained.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

A new staff member had started working without completing any training and after two shifts of induction. Existing staff training was up to date.

People were referred to the local authority for a capacity assessment and Deprivation of Liberty Safeguards applied for as required. We have made a recommendation for national guidance to be followed for the home to formally assess people's capacity to make decisions.

People were supported to maintain their health.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

People said the staff were kind and caring. We observed positive interactions throughout our inspection.

Staff knew people's needs and how to maintain their privacy and dignity.

Care plans contained information about how people communicated their needs.

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

The service was not always responsive.

Care plans contained guidance for staff in how to meet people's needs. We have made a recommendation that all relevant information is contained in the care plans so it is easily accessible.

A new activities co-ordinator was in post. People enjoyed the activities arranged. Some people said they wanted to be able to access the local community more often.

There was a complaints policy in place and complaints had been recorded and responded to appropriately.

**Requires Improvement** ●

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

The service was not well-led.

The registered manager had not had oversight of the home between December 2017 and May 2018 as they had spent most of their time at a sister home they were also registered manager for.

Audits had not been robust. Where issues had been identified with infection control and odours in the home they had not been actioned in a timely manner.

Improvements seen at our last inspection in August 2017 had not been maintained.

**Inadequate** ●

# Brownlow House

## Detailed findings

### Background to this inspection

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

This inspection took place on 8 and 10 October 2018 and was unannounced. On the first day of the inspection the inspection team consisted of an inspector and an assistant inspector. The inspector returned for the second day of the inspection.

Before our inspection the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service and looked at the statutory notifications the home had sent us. A statutory notification is information about important events, which the provider is required to send to us by law.

Prior to the inspection we contacted the local authority safeguarding and commissioning teams. Details of their feedback can be found in the main body of this report. We had been made aware of an ongoing police investigation into the management of the finances of some people living at Brownlow House. This inspection did not look at the circumstances of this incident. However, we used this information to check the current arrangements that were in place for managing people's money.

We also contacted Manchester Healthwatch who said they did not have any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed people's mealtime experience and interaction between people using the service and staff throughout the inspection.

During the inspection we spoke with seven people who used the service, five members of care staff, two visiting health professionals, the deputy and registered managers.

We looked at records relating to the management of the service such as the staffing rotas, policies, incident and accident records, five staff recruitment files, training records, five care files, meeting minutes and the quality auditing systems used to monitor the service.

# Is the service safe?

## Our findings

At our last inspection in August 2017 we found a breach in Regulation 12 as some people did not have guidelines in place for when medicines prescribed as 'as required' (PRN) should be administered, care staff did not record when they used prescribed thickeners in people's fluids and the staff applying creams did not record to state they had done so.

At this inspection we found improvements had been made and this regulation was now being met. Medicines administration records (MARs) showed people received their medicines as prescribed, staff recorded each time thickeners were added to people's drinks and the senior administering the medicines applied creams prior to signing the MARs.

Protocols were in place to guide staff when to administer PRN medication. These included detailed guidance of what staff should do to try to reduce people's anxiety if they were becoming agitated before administering an anti-psychotic medicine. This should help in ensuring that this type of medication would not be overused.

Where people have been prescribed a variable dose of medicine the actual dose administered was not always recorded on the MARs. We recommend that best practice guidelines are followed to ensure that the dose administered is consistently recorded.

We had been informed by the local authority quality team that there had been serious issues regarding the cleanliness of the home when they had visited in July 2018. They had given the home a set of actions to make improvements. The most pressing issues had been completed by the local authority quality teams second visit on 2 August 2018, with a cleaner from another home in the group being brought in to assist in carrying out a deep clean of the home.

At this inspection the home looked clean and free from clutter; however, there was a malodour present in one room on the first floor and along a corridor on the second floor. At our last inspection there had also been an odour on the second floor, with the registered manager telling us that the bathroom flooring and the carpet in one room was due to be replaced. On our arrival at Brownlow House at 7am we found the door to one room on the second floor propped open and the windows open to air the room due to the odour. One person, whose room was on the second floor, told us, "We need new carpets; there's a smell on the top floor."

The registered manager had completed infection control audits in May and July 2018. These had also recorded there had been an odour at the home and that the home was not clean. The actions put in place had not resolved these issues as they were still prevalent in July when the local authority quality team visited. We saw that the registered manager had requested that carpets were replaced to reduce the odour. A new carpet shampoo / cleaner had been purchased to try to reduce any odour coming from the carpets.

We were again told that carpets were due to be replaced in the corridors, stairs and some bedrooms. This

work began on the second day of our inspection. This meant that there had been a malodour at the home, which the provider had been aware of, for over 12 months before the carpets were replaced.

Cleaning audits had also noted that areas of the home required re-decorating or re-painting. The registered manager told us, "It can take time to get the authorisation to do the work; all I can do is raise it (with the provider)."

This was a breach of Regulation 15 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An electronic maintenance system was used to record any work required. This was prioritised across the four homes in the group by the central administrator. The registered manager told us a maintenance book was also used within the home to keep a record of maintenance work as care staff had not been updating the electronic maintenance system. The groups maintenance man then worked through the allocated jobs. The maintenance book showed they visited most weeks and routine jobs were completed in a timely manner. However; at the beginning of 2018 the cleaning audits showed that issues were not being reported in a timely way as several lightbulbs needed replacing and the maintenance book was re-introduced to ensure all maintenance tasks were recorded and passed onto the maintenance man.

Risks to people's health and wellbeing were identified and guidance written to reduce and manage the identified risks. These included the risk of falls, choking, skin integrity and malnutrition. Where people may become agitated and may have behaviour that challenges the staff guidance was in place for staff. This detailed the possible behaviour, potential triggers and techniques that should be used to distract and reduce the person's anxieties.

People we spoke with said they felt safe living at Brownlow House. Staff knew the procedures at the home for reporting any safeguarding concerns, incidents or accidents. These were reviewed by the registered manager to look for any patterns and ensure actions had been taken to reduce the chance of further incidents.

However, we were aware of two incidents one person had at the home prior to our inspection. The reports of the incidents and the injury the person sustained were not consistent with the photographs of the bruising seen by the inspector. The local authority safeguarding investigation found that there were inconsistencies in the information provided from the service in relation to how injuries occurred, access to other health professionals was not made in a timely manner and that whilst the home had an appropriate safeguarding policy and procedure in place, this had not been followed.

The home had managed some people's money on their behalf, keeping bank cards and money in the home's safe. We had been made aware of an issue with some people's money that was currently under investigation by the police. The home had changed their procedures for managing people's money, with one person from the central administration team (based at the nearby sister home) keeping bank cards and pin numbers on people's behalf where they were not able to do this for themselves. Large amounts of people's money were not held at Brownlow House. Any money held at the home was booked in and out of the safe in the registered manager's office and receipts were obtained for any purchases. Safe's were being bought so people could keep their own bank cards safe in their own rooms.

People we spoke with told us there were enough staff on duty to meet people's identified needs but they did not have the time to support them to access the local community or shops as they would like. One person said, "There's enough staff – they're always around."

Staff we spoke with also thought that the four staff on duty during the day were sufficient to meet people's needs, although they acknowledged that they did not have chance to support people to go out. The activities co-ordinator supporting people to access the community as part of their role.

Our observations showed that staff were constantly in the lounge area of the home and responded to any call bells in a timely manner.

Staff files showed Disclosure and Barring Service (DBS) checks were made and two references obtained prior to new staff starting work at the home. At our last inspection in August 2017 we recommended that best practice guidelines, and the service's own policy, were followed to record an applicant's full employment history and explain any gaps in their employment. Two of the five application forms did not contain a full history of the prospective employee's previous employment and the staff files did not contain evidence that these gaps had been explained during the interview process.

Following the inspection we were provided with undated interview notes for one person, where the gaps in employment had been discussed. We were told interview notes had also been made for the other employee, however the service could not locate these.

Records showed weekly checks were made on the fire alarm and emergency lighting system. Monthly checks were completed for the call bells system, wheelchairs and window restrictors and legionella water checks. Equipment had been serviced in line with national guidelines; however, the six-monthly checks for the lift and hoists were due on 4 October 2018. The registered manager contacted the provider's head office as they had not been informed if this had been booked for completion. We were told the checks had been carried out on the 16 October 2018.

Personal emergency evacuation plans (PEEPS) were in place for each person. These provided details of the support people would need to leave the building in the event of an emergency.

## Is the service effective?

### Our findings

All the staff we spoke with said they felt well supported by the registered and deputy managers. They said they were approachable and would listen to any concerns the staff had.

Existing staff completed regular training. Records showed an annual refresher training day was held with an external organisation which covered all training areas. The staff we spoke with acknowledged this was a lot of topics to cover in one day, but felt it gave them the information they needed to carry out their role.

75% of the staff team had completed a nationally recognised qualification in health and social care.

Training courses for new staff were not always available when they started working at the service. New staff were enrolled on a three-day course to cover the training they required. This course was in line with the requirements of the care certificate, which is a nationally recognised set of principles that all care staff should follow in their working lives. New staff also attended a one day moving and handling and health and safety course.

However, one new member of staff, who had not worked in care for over 20 years, had completed two six-hour induction shifts where they were shown around the home, went through the fire procedures, the routines of the home and were introduced to the people living at the home. They then went on to the night shift rota, working alongside one other member of care staff. Two people who needed two staff to assist with moving and handling had to be supported to go to bed and to get up by the day shift staff. The new staff member had been booked on to the three-day training course for the 19 November 2018.

The staff member told us they were getting to know people and their needs as they worked. They said that they asked people about what they wanted, for example if they were diabetic or needed support with their personal care. They had only had chance to read three people's care files at the time of our inspection, but had had verbal handovers of information from colleagues and at the start of each shift.

We discussed this with the registered manager who acknowledged that the new member of staff should have had more time on days to get to know people and their support needs before going onto night shifts. They also recognised that the lack of moving and handling training impacted on people's support. They said, "If she's (the new staff member) not been able to complete the moving and handling course by Friday (12 October) then she'll have to work on days." Following the inspection, we asked for an update on this. We were told a moving and handling course had been booked for 24 October 2018, but the new staff member was still working night shifts. Therefore, the staff member would have been working for over four weeks without any formal training and only two shadow induction shifts.

This was a breach of Regulation 18 2 (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had regular supervision meetings with the registered manager. They found these supportive, received

feedback on their work and could discuss any ideas or concerns they had.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The home relied on the local authority to complete all capacity assessments. People's capacity was assessed on admission by the local authority. Any changes in people's capacity were referred back to the local authority for a formal capacity assessment. Where the local authority assessed the person lacked capacity to make decisions about their care and treatment a DoLS application was made. The registered manager had a tracker in place which stated if people had capacity and monitored the DoLS applications, when they had been authorised and when they needed to be re-applied for.

People's care files included information about the decisions they were able to make and whether they required support or not when accessing the local community. Following the inspection, we were sent a consent form used by the service. We were told these were used by the home to obtain consent in respect of specific decisions. They noted if the person had the capacity to make the specific decision or not; however, there was not an accompanying capacity assessment to inform the completion of the consent form.

We recommend the service follows best practice guidelines, for example those published by the National Institute for Health and Care Excellence (NICE), for assessing and recording people's capacity to make specific decisions and to show decisions taken are in people's best interests rather than referring all capacity assessments back to the local authority.

Staff held some people's cigarettes and lighters for safety reasons. Staff also held small amounts of alcoholic drinks on behalf of some people. We saw that this was noted in their care plans. Staff gave people their cigarettes when they requested them. We observed staff asking for people's consent before carrying out support tasks.

People were supported to maintain their health and wellbeing. People had regular medical appointments and were referred to specialist services, for example the Speech and Language Team (SALT) or psychiatry when required. People and staff we spoke with confirmed that staff supported people to attend medical appointments if needed. The medical professionals we spoke with said the home made appropriate referrals and would follow any guidance provided to them. One medical professional said, "They (the home) are quick to refer any concerns to us, for example if people has any red marks and needs pressure area care."

People told us that the food was good. We observed breakfast and lunch at the home. People helped themselves to cereals when they got up and were offered a cooked breakfast if they wanted one. Dinner and tea were served in two sittings. This enabled staff to serve the meals in a timely way and provide support for those that needed it. People liked this system. There was a calm atmosphere throughout the mealtime.

People's nutritional needs were being met by the service. There was one main meal offered at each

mealtime, although people could also choose to have soup, sandwiches or other snack if they preferred. The chef was aware of any dietary requirements people had, for example a soft diet or who was diabetic. They were kept up to date with any changes in people's dietary needs as this was indicated on the daily list of people's meal choices.

The latest environmental health audit was completed on the 8 October 2018 and the home was given a four-star rating (good). This had improved from the three-star rating (generally satisfactory) given in February 2017.

To support people living with dementia to orientate themselves within the home toilet and bathroom doors on the ground floor were painted a bright yellow to clearly differentiate them from other rooms. Dementia friendly signage was also in place around the home. People's room doors also had their photograph on them to aid people to orientate themselves within the building.

## Is the service caring?

### Our findings

We observed positive interactions between people living at Brownlow House and staff members throughout our inspection. People we spoke with were positive about the staff team. One person told us, "The staff are all pretty good; I've no complaints about the way they treat me" and another said, "I like them (the staff)."

The service was meeting people's communication needs. Most people could verbally communicate with staff to tell them what they wanted and to have a chat. One person who had communication needs had a simple picture book to be able to indicate what they wanted, for example a cup of tea or something to eat. We were told they would not use this book; however, their care plan included clear information about what different gestures or behaviours they used may mean.

We discussed with the registered manager how the home supported people with one of the protected characteristics, for example race or sexuality. They said no one currently living at Brownlow House had identified as lesbian, gay bi-sexual or transgender (LGBT). We discussed the support the home had provided for a member of the staff team who had identified as LGBT.

People's cultural needs were being met by the home. Care plans noted any religious, cultural and lifestyle needs. The home had links with a nearby church. People went to the weekly coffee morning held at the church and attended church services if they wished. People who needed support whilst at the church were not able to attend as staff would support people to get to the church but did not stay with them. Representatives of the church also visited the home.

Staff knew people's needs and could explain the support people required and what they were able to do for themselves. Staff also explained how they maintained people's privacy and dignity when providing support. One staff member said, "We try and promote independence, try and help them do as much as they can for as long as they can. We don't take that independence away from them."

The people we spoke with also told us the staff knew them well. Care files contained information about people's life history and their likes and dislikes so the staff team were able to talk about topics people were interested in.

People were referred to an advocacy service if needed, for example if they lacked capacity to make decisions about their care.

People's care files were stored in the office on each unit and so people's confidential information was securely kept.

## Is the service responsive?

### Our findings

Each person had a care file in place that included details of the support they needed. These were personalised and had been regularly reviewed. The home used a 'resident of the day' system where one person's care files were reviewed on each day of the month. A local authority social worker told us, "[Name's] care plan is reflective of him and his needs."

Care plans contained guidance for staff in how to meet people's physical and mental health needs. In one care plan it stated staff 'should be aware of signs and symptoms of a relapse in my mental health and document any concerns.' However, the known changes in mood and behaviour that would indicate a change in the person's mental health were not written in the care plan. We found these within a risk assessment for going out in the local community on their own. We recommend good practice guidelines are followed to ensure all relevant information is contained within the care plans so it is easily accessible to staff. We made the same observation at our last inspection in August 2017 but this had not been acted upon.

Staff were able to tell us about people's needs and the support they needed. Staff offered day to day choices to people, for example what they wanted to wear, eat or drink.

People told us they were able to get up and go to bed when they wanted. On the first day of our inspection we arrived at 7am. We found there were few people up at that time and observed people being supported to get up and have breakfast when they were ready to do so.

Care staff now wrote individual daily logs for each person. This included brief details of what the person had done during the day and the support provided. Minutes from a recent team meeting showed staff had been asked to include more information in the daily logs as the information could be used by colleagues and other professionals to monitor people's wellbeing.

A communal log was also kept recording which staff member had completed various tasks during the shift, for example administering the medicines or giving drinks to everyone. This also recorded any appointments or professional visits that had taken place so all the care staff were aware of them.

Where there was an assessed need we saw that technology, such as chair or bed sensors, were used to reduce people's identified risks. The sensors were linked to an alarm and alerted the staff when triggered. Therefore, if a person who was at risk tried to stand up out of their chair the staff were alerted and could provide support.

A new part-time activities co-ordinator had been in post since March 2018. They worked three afternoons per week and organised in-house activities as well as supporting some people to go to the local shops. People told us they enjoyed these activities, especially the bingo. However, some people also told us that they were not able to go out into the local community as the care staff did not have time to take them out and the activities co-ordinator was also busy. One person told us, "I don't go out as there's not enough staff" while another person said, "I go to the shops every Wednesday with [activities co-ordinator]. I'm happy with

that."

Our observations showed that the care staff members were busy. They spoke and engaged with people but did not have the time to organise formal activities or go out with people. We discussed this with the registered manager who said they would ask the service providers to increase the hours the activity co-ordinator worked. We will check whether this has happened at our next inspection.

Care plans were in place to document people's wishes at the end of their lives, for example if they wanted to stay at Brownlow House or go into hospital and if they had any wishes for their funeral. End of life care plans were developed as people neared the end of their life. Anticipatory medicines were prescribed to manage any pain they may have.

We saw there was a complaints policy in place. We saw all complaints raised formally or verbally were recorded and had been investigated and responded to.

## Is the service well-led?

### Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). They were also registered with the CQC for another of the providers homes located close to Brownlow House. A new assistant manager supported the registered manager. Brownlow House also had a deputy manager.

A quality assurance system was in place at Brownlow House. This included audits of care plans, people's latest health appointments, medicines, cleaning, call bells and health and safety. Actions had been identified from these audits.

However, the cleaning audits had not been robust or fit for purpose. The audit in May 2018 noted a smell of urine on entry to the home, stained carpets, a bag of rubbish left on a chair, broken furniture left in the hallway and that the garden was cluttered. The audit for July 2018 noted clutter throughout the building, a urine smell in three rooms and general poor cleanliness. These observations had not been actioned until after the local authority visit in July 2018, as stated in the safe domain of this report. The rooms noted with a smell of urine in July 2018 still had a smell of urine at this inspection.

Health and safety audits up to April 2018 had stated all checks were completed and no actions were required. These had been completed by one of the cleaners who had since left the service. When the registered manager completed the June 2018 health and safety audit, issues were found with clutter in the building and an odour in parts of the building.

The registered manager had not had full oversight of Brownlow House at the beginning of 2018. They told us they had spent most of their time between December 2017 and May 2018 at the sister home they were also registered manager for. They said they visited Brownlow House each week to speak with staff and asked if all checks and audits had been done. They acknowledged that cleanliness around the home had not been maintained during this time. However, a staff member told us, "[Registered Manager] popped up (to Brownlow House) when they could, but it wasn't on a planned basis." The registered manager told us they had spent more time at Brownlow House since May 2018.

The provider had completed an audit in November 2017, looking at one care plan, the catering, medication, staffing, and the environment. This stated there were no issue at this time. We were told the provider now completed several smaller audits rather than trying to look at all areas in one visit. They had completed medication audits in May and September 2018 and a cleaning audit in July 2018. However, these visits had not identified the serious issues seen by the local authority visit in July 2018.

The provider had not taken action in a timely manner to address the malodour at the home. As stated in the safe domain there had been a malodour at the home for the last twelve months. This had been noted at our last inspection in August 2017, by the local authority quality team at their visits and the internal infection control audits. The carpets at the home started to be replaced during this inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they were now basing themselves at Brownlow House and so had a bigger presence at the home. Additional quality checks had been introduced, for example a record for key workers to state they had checked people's clothes, rooms, mobility aids and had read the care plans and highlighted any changes in people's needs.

This was the third inspection in a row where we had identified breaches in regulations at Brownlow House (July 2016, August 2017 and October 2018).

The service had not been able to sustain the improvements we had found at our last inspection in August 2017. At this inspection there were issues with newly recruited staff not completing relevant training before starting to work at the service and the timeliness in replacing the carpets at the home. We found similar issues with training for new staff and maintenance of the home at our inspection in July 2016, which had been addressed at our next inspection in August 2017.

This was a breach of Regulation 17 1 with regard to 2 (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they enjoyed working at the home and they could speak to the registered manager if they had any concerns. The feedback from the people we spoke with was more mixed. Some people were very positive about the home and the care staff, whilst others said they wanted to be able to go out more and do more activities.

The service sought feedback from people and their relatives. Residents and relative meetings were arranged, although few relatives attended the arranged meetings. A range of topics, including food and activities, were discussed at the resident's meetings.

Services providing regulated activities have a statutory duty to report certain incidents and accident to the CQC. We checked the records at the service and found that all incidents had been recorded and notified to the CQC appropriately. However, as noted in the safe domain there is some concern about the incident records fully documenting what had happened and any injuries sustained.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>There had been a malodour at the home, which the provider had been aware of, for over 12 months before the carpets were replaced.</p> <p>The home had not been clean and was cluttered prior to a local authority visit in July 2018. Internal audits had highlighted this prior to the visit but sufficient action had not been taken.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>A new member of staff had not completed any training prior to working on the rota. They had completed two shadow shifts to get to know people and their needs before working night shifts.</p>

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager had not had full oversight of Brownlow House at the beginning of 2018. They had spent most of their time between December 2017 and May 2018 at the sister home they were also registered manager for.</p> <p>Internal audits for infection control had not been robust and actions identified had not been completed in a timely manner.</p> <p>Improvements seen at the August 2017 inspection had not been maintained.</p>

### **The enforcement action we took:**

We issued a Warning Notice.