Longley Health Care Limited

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Inspection report

70 Longley Lane
Sheffield
South Yorkshire
S5 7JZ

Tel: 01142425402

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The home is registered as Longley Health Care Limited but is known as Longley Park View. The home is registered to provide accommodation and nursing care for up to 67 people who have mental health difficulties and whose behaviours may also challenge. The home has four units over two floors. One unit on the first floor is dedicated to supporting people living with dementia.

The registered manager of the service left three months prior to this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

A temporary manager had been in post since 6 June 2016. The registered provider was recruiting a permanent manager who would register with us.

Our last inspection at Longley Health Care Limited took place on 3 July 2014. The home was found to be meeting the requirements of the regulations we inspected at that time.

Prior to this inspection we received significant concerns about the home. We spoke with healthcare professionals from Sheffield and Doncaster local authorities who had identified these concerns. In response the registered provider implemented a voluntary suspension on all new placements of new people at Longley Health Care Limited on 15 June 2016 until improvements to the service had been made.

This inspection took place on 19 July 2016 and was unannounced. This meant the people who lived at Longley Health Care Limited and the staff who worked there did not know we were coming. On the day of our inspection there were 52 people living at Longley Health Care Limited.

People we were able to speak with told us they felt safe.

Relatives we spoke with said they had no concerns about the service.

We found systems were in place to make sure people received their medicines safely.

Staff recruitment procedures were not always fully completed. Gaps in staff recruitment records meant potential risks to people's safety had not been considered.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They told us they were well supported by the new temporary manager and morale had significantly improved.

Staff were not consistently provided with supervision for development and support.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of health care professionals to help maintain their health. A varied diet was provided for people which took into account dietary needs and preferences so their health was promoted and choices could be respected.

Relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

We found activity workers were employed to improve people's choice of activity.

Systems to monitor and improve the quality of the service provided had been reviewed and changes implemented so that monitoring would be effective. These need to be sustained to ensure the service was well led. Regular checks and audits were being undertaken to make issues were identified and acted upon. People using the service and their relatives had been asked their opinion via questionnaires. The results of these had been audited to identify any areas for improvement.

We found two breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in regulation 18: Staffing and 19; Fit and proper persons employed.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Recruitment procedures were not always adhered to. Gaps in recruitment records meant people's safety had not been promoted.

Sufficient levels of staff were provided to meet people's needs.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

People approached staff freely and relatives expressed no concerns for people's safety.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not provided with supervision at the frequency identified in the services policy, for support and development.

A varied menu was provided to people.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Additional training had been provided to ensure staff had the skills to do their job.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

Staff appeared caring in their approach and interactions with people.

Is the service responsive?

Good

The service was responsive.

All care plans had been audited and checked for gaps. People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

Staff and relatives were confident in reporting concerns to the temporary manager and felt they would be listened to.

Is the service well-led?

Requires Improvement

The service had not always been well led.

Quality monitoring of the service had been ineffective as concerns had not been reported or acted upon. Changes and improvements to the monitoring of the service had been implemented. These need to be sustained to show the service is well led.

People knew the temporary manager and approached him freely. Staff said the temporary manager was supportive and the morale of the home had significantly improved.

Longley Health Care Limited

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 checked whether the registered 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 on19 July 2016 and was unannounced. The inspection team consisted of three adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the service. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned as requested.

We contacted Sheffield local authority, Doncaster local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received was reviewed and used to assist with our inspection.

During our inspection we spoke with four people living at the home and five of their relatives or friends to obtain their views of the support provided. We were unable to speak with some people who lived at the service due to some communication difficulties. We spoke with 15 members of staff, which included the temporary manager, two clinical nurse managers, an operations manager, the clinical director, care staff, senior care staff, an administrator and ancillary staff such as catering and domestic staff. We also spoke with a community healthcare professional who was visiting the service during our inspection.

Throughout our inspection we spent time observing daily life in the communal areas of the home and how staff interacted with people and supported them. 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 we could not fully talk with.

We spent time looking at records, which included four people's care records, four staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Requires Improvement

Is the service safe?

Our findings

We saw the registered provider had a staff recruitment policy so important information was available to managers about the information and documents required in the safe recruitment of staff.

We looked at four staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

However, three of the four staff files checked contained gaps which meant that full and safe procedures had not been adhered to. Two of the files held gaps in employment history, one covering a period of several years. There was no explanation of the gaps or evidence these had been identified and explored. A further file held two references that stated they would not re employ the identified staff. The file held no explanatory note or risk assessment to evidence that these had been considered and a decision to still employ the person had been made.

This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

All of the people spoken with said "Yes" when asked if they felt safe. One person told us, "I like the staff." We saw people spend time with staff and freely approach them. Relatives spoken with said they had no concerns about their family member's safety and had never seen anything that concerned them regarding the safety of others. Relatives also told us, "As far as we know there are always plenty of staff on duty and we feel they are trained well," "The doctor comes every week and we see the nurse talking to them. They are very good at giving [name of person supported] their meds (medicines)on time," "I visit every day and [name of person supported] is okay. They are safe. My only concern is I wish there were more staff" and "[Name of person supported] has improved since being here. They are mobilising and eating better."

At the time of this inspection 52 people were living at Longley Health Care Limited. We found 25 care staff and four nurses were on duty. We spoke with the temporary manager about staffing levels. They informed us these numbers were maintained as a minimum each day. Four nurses and 16 care staff were provided as a minimum each night. Six people living at Longley Health Care Limited had been assessed as requiring one member of staff with them at all times during each day.

We found sufficient numbers of staff were maintained to meet people's needs. Staff were visible in all areas of the home and were observed to support people as needed.

Prior to this inspection we received concerns about the service which included information that some incidents and safeguarding allegations had not been acted on or reported to the relevant authorities to make sure people were safe. In response to this, the registered provider placed additional management

support in the home to oversee improvements that had been identified as required. An operations manager had audited relevant records and made several retrospective notifications to us and the safeguarding authority. In addition, refresher safeguarding training and specific training on staff responsibilities and roles in reporting safeguarding concerns had been provided to all staff.

All of the staff spoken with confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they should take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. The clinical director told us a new whistleblowing leaflet had been developed by the registered provider with a free telephone number so staff were encouraged to voice any concerns. The clinical director explained all members of staff would receive a copy, and copies would be placed in every location in the registered provider group. We were provided with a copy of the leaflet to evidence it was near completion and just waiting for the Freephone number to be provided so that this could be put on the leaflet.

Staff said they would report any concerns to the temporary manager or senior person on duty and they felt confident senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed procedures to keep people safe were now being followed.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

The service had a policy and procedure on safeguarding people's finances. An administrator explained each person had an individual interest free account and could access funds from these. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded. We saw audits were undertaken of financial records to ensure they were correct. This showed procedures were followed to help protect people from financial abuse.

We looked at four people's care plans and saw each plan contained risk assessments that identified the risk and the support they required to minimise the identified risk. We found risk assessments had been evaluated and reviewed to make sure they were relevant and up to date.

We found there was a detailed medicine's policy in place for the safe storage, administration and disposal of medicines. We found a community pharmacist had inspected the medicines systems in March 2016 and did not identify any urgent actions were required.

We found qualified nurses were designated to administer medicines. We observed staff administering part of the breakfast medicines. We saw medicines were given to people from a medicine pot and each person was offered a drink. The member of staff stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the MAR (Medication Administration Records) sheet.

Some people were prescribed controlled drugs (CD's). Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how

those drugs are dealt with. We checked the CD records and found CD administration was signed by two staff drugs were stored appropriately in a CD cabinet and signed by two people in a CD register. This showed procedures were in place for the safe handling and storage of medicines controlled under the Misuse of Drugs legislation.

We found a policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We found Longley Health Care Limited was clean. One domestic staff spoken with said they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. This showed procedures were followed to control infection.

Requires Improvement

Is the service effective?

Our findings

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Records seen showed staff were provided with some supervision for development and support. However, records showed inconsistencies in the frequency of supervisions provided. The supervision policy stated that staff should be provided with six supervisions each year. One senior member of staff told us she provided care staff with monthly supervisions, which was more frequent than the policy stated. We saw that some senior staff had not been provided with any supervision. One senior staff told us they had never had a supervision. This showed a disparity of supervisions for care and senior staff.

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

Relatives of people using the service told us their relative's health was looked after and they had no concerns regarding the healthcare support provided. Their comments included, "[Name of person supported] had a water infection which had been spotted by staff and they took them straight to hospital," "When [name of person supported] first came here we wanted them to see an optician and they brought one in straight away. They needed a dentist and they saw one," "They get on well with chiropodist because he's an ex footballer" and "We leave it up to the home to call in the GP if it's needed."

We spoke with one visiting health professional during our inspection. They told us they had seen some improvements in recent weeks as they had sometimes found previous visits disorganised.

The care records showed people were provided with support from a range of health professionals to maintain their health. These included mental health professionals, GPs, speech and language therapists (SALT), chiropodists and dentists. People's weights were monitored monthly and we saw evidence of involvement of dieticians where identified as needed.

Relatives of people supported told us they thought the food was good. They commented, "[Name of person supported] eats everything they are given," and "I've seen some of the meals and they look okay. They are weighed regularly and so is everyone else." One person living at Longley Health Care Limited said, "The foods alright."

We saw some people in different dining areas at breakfast and lunch time. The rooms were clean. Tables were set with cloths and place settings. We saw people were allowed to eat at their own pace and no one was left waiting for help. We saw people were helped to wash their hands before eating and were provided with protection for their clothes if needed. In one dining room we saw one person needed support with eating, staff were seen to sit with this person for over an hour patiently supporting them to eat. Other people ate very slowly and were encouraged by staff. We found that two choices of meal were offered at lunch and

these were displayed on a chalk board in the dining room. In addition, a menu was placed on each table showing that alternative meals and snacks were available. We saw various food picture cards were available to help people communicate their preference. Whilst this showed food choices were provided, we noted that all of the people in the dining room at lunch time were provided with the same meal.

We observed drinks being regularly taken into the various lounges during our visit. We saw people who preferred to spend time in their bedrooms also received drinks. Staff were aware of people's food and drink preferences and respected these.

We spoke with the cook who was aware of people's food preferences and special diets so these needs could be met. We looked at the menu for four weeks and this showed a varied diet was provided and choices were available at all mealtimes.

Staff told us they were provided with a range of training that included moving and handling, infection control, safeguarding, food hygiene, non-abusive physical and psychological interventions (NAPPI) and dementia awareness. We saw a training matrix was in place so training updates could be delivered to maintain staff skills. Staff spoken with said the training provided them with the skills they needed to do their job. In response to concerns identified prior to this inspection, the provider had arranged for additional training for all staff in safeguarding and escalation and reporting of concerns. All of the staff spoken with said that they had undertaken this training. Staff told us and records showed that staff were provided with a seven day induction training course so they had the knowledge and skills required to carry out their role.

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 are called the Deprivation of Liberty Safeguards (DoLS).

The temporary manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

We looked at four people's care plans. They showed appropriate capacity assessments had been completed and DoLS authorisations had been applied for. We also saw evidence that best interest meetings had been organised so that specific issues relating to individuals could be discussed and actions agreed. Best interest meetings had involved all interested parties, for example, the person's relative, the GP and staff from the home.

The care plans seen contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them. We saw care plans had been signed by the person or their representative to evidence their agreement where they had been able to sign.

Staff told us parts of the environment were being refurbished as part of the home's improvement plan. One area of the home was dedicated to providing support to people living with dementia. Bedrooms had 'memory boxes' outside to help people recognise their space. However other parts of the environment did not fully take account of 'best practice' for people living with dementia. We saw that parts of the outside grassed areas were overgrown which limited the outdoor space people could use. Staff told us that the grass was due to be cut so that people could access all of the outside grassed areas.

Good

Is the service caring?

Our findings

People living at Longley Health Care Limited who we were able to speak with said, "The staff are nice" and "I like them [staff]. We saw people freely approach staff and they appeared relaxed and content in the company of staff.

Relatives spoken with said they liked all the staff and had no problems with any of them. They commented, "These girls [staff] are marvellous dedicated staff," "[Name of person supported] is well cared for, they always look smart," "Staff are really good with people," "They [staff] always knock before coming in and call them [surname] initially, then [Christian name] because they like that." Relatives said they found staff caring and were always made to feel welcome. They told us, "We are always offered a drink." We observed staff offering drinks to all visitors throughout the day. One relative commented, "We tried to get across that [name of person supported] needs stimulation and that if their carer is in their room not to just sit there. One [staff] would watch football with them and they enjoyed that. They [staff] did make improvements after we mentioned it."

The concerns received prior to our inspection included reports that some staff were observed not interacting with people who used the service. We discussed this with the temporary manager who told us that discussions with all staff had taken place and this had improved.

During our inspection we spent time observing interactions between staff and people living at the home and their relatives. In all four units of the home we observed staff interacting with people in a caring and respectful manner. It was clear staff knew the people they were supporting and they demonstrated care in the way they communicated with people. We saw people were cared for by staff that were kind and patient. We saw staff acknowledge people when they passed them in a corridor or entered a communal room. Staff shared conversation with people and were attentive and mindful of people's well-being. We saw care staff knock on bedroom doors before entering. People were always addressed by their names and we heard staff using Christian names and surnames according to people's preference. Staff were observed using colloquial terms of endearment when supporting people. For example, we heard a nurse saying "Are you ready to take your tablets now sweetheart?" This showed a caring approach that was appropriate to and reflected the language used in the local community. Staff seemed to know visiting relatives well.

We observed patient and respectful interactions between people living at the home and staff. The weather was extremely warm on the day of our inspection. We saw staff providing ice lollies and drinks to people, then sitting and talking to them. We saw staff gently encouraging two people to go to their rooms to have their tops changed. The two people refused but we saw staff offering them help to change their tops again five minutes later. These interactions were carried out with patience and staff respected people's choice. We observed on person being gently encouraged to move away from a person that was becoming agitated so that they were safe.

The SOFI observation we carried out showed us there were some positive interactions between the people we observed and the staff supporting them. Most people appeared content and we consistently saw staff

were patient with people who needed repeated reassurance. Staff did not rush people.

All assistance with personal care was provided in the privacy of people's own rooms. We saw staff supporting people to their rooms so health professionals could see them in private. We heard staff speaking to people and explaining their actions so people felt included and considered.

At the time of this inspection no people were being supported with end of life care. Staff spoken with said that this was discussed in training events and peoples choices and opinions would be respected.

We did not see or hear staff discussing any personal information openly or compromising privacy.

Staff told us the topics of privacy and dignity were discussed at training events and they were able to describe how they promoted people's dignity.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed important information was available so staff could act on this.

The care plans seen had been signed by the person or their relative to show their involvement.

We saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Good

Is the service responsive?

Our findings

People living at Longley Health Care Limited told us they chose where and how to spend their time and observations during our inspection confirmed this.

Relatives of people living at Longley Health Care Limited told us they felt staff responded to their family members needs and knew them well. They said they had visited the home before their family member moved in and they received an information pack so that they had important information about the home. Relatives also said that staff always kept them up to date with information and news about their family member. Their comments included, "We always feel involved, staff keep us up to date" and "It is good personalised care. They know [name of person supported] really well." Relatives said they felt activities had improved and commented, "Since [name of person supported] came here they interact more. They have been out on four or five outings. They have been to working men's clubs, a pub and meadowhall (a local shopping centre). They actually beat staff at dominoes."

Relatives spoken with said they could speak to staff if they had any worries. They commented, "We would go straight to [temporary manager]. When he started here he came to us and said any complaints come straight to me" and "We mentioned to staff that there was not enough stimulation and activity offered to our relative and this was acted upon and They are now supported in a number of activities and hobbies."

We found two activity workers and an activity coordinator were employed, each working 35 to 40 hours a week. Planned activities were on display in the entrance hall and these included reminiscence, karaoke, board games, walks to the local park, arts and crafts and baking. We spoke with the activities coordinator who confirmed that advertised trips had taken place in July to the seaside, a barge journey and a visit to a Cannon Hall, a local place of interest. The activities coordinator explained that four people living at Longley Health Care Limited and four 4 staff usually participated in each trip. The activities coordinator had completed their driver training and was planning to increase trips out to two each week.

During our inspection we observed some activities taking place, according to people's preference. We saw staff sat in the garden chatting to people supported. We observed staff sat with a person making greetings cards. Country and western music was playing in someone's bedroom and an Elvis CD was playing in another person's room. We saw that some equipment available for activities such as a box containing reminiscence items; old newspapers, photographs and ration books, some craft items and DVD's. The activities coordinator told us that further equipment for activities had been ordered.

The activity coordinator was holding 'residents meetings' on the day of our inspection between 11 and 5pm. We were told these took place every two months. We attended part of a 'residents meeting' and saw people were spoken with individually and asked what activities they had enjoyed and what activities they didn't like. People were also asked for suggestions. People's responses were recorded and passed to the management for information and action as necessary. The activities coordinator told us a letter would be sent to people's relatives, advocates and representatives in August to inform them of a relatives meeting planned for September so that they had the opportunity to share their views.

Throughout our inspection we saw and heard staff asking people their choices and preferences, for example, asking people what they would like to drink and where they wanted to sit. On the day of this inspection the weather was very hot. We saw that one person had chosen to sit in the conservatory, which had a very high temperature. We observed staff monitoring the person's wellbeing and offering them drinks for hydration. Whilst staff gently encouraged the person to move to a slightly cooler room, the person's choice was respected. This showed a responsive approach. We saw another person trying to clean their spectacles. A member of staff went to them and asked if they would like help before assisting them.

The concerns received prior to our inspection included reports that some people's care records did not contain a range of accurate information that fully reflected their needs. In response to these concerns the provider had based an operations manager at the home to audit and check all care records for accuracy and completion. Shortly before this inspection an operations support manager contacted us to inform us that all but two care plans had been updated.

We looked at four people's care records, which included an individual care plan. The care plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and plans showed people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs. The care plans seen had been signed by the person supported and/or their relative or representative to evidence their involvement.

The care plans checked identified any specific support that was needed to maintain health. We found records showing the support was provided as identified as needed. The care plan contained details of the intervention from other healthcare professionals to support the person. This showed care planning was person centred and care plans contained relevant and accurate information.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported. One care staff told us, "The care plans are loads better. We know what we are doing now, and why we are doing it."

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw people were provided with information on how to complain in the 'service user guide' provided to them when they moved into Longley Health Care Limited. This showed people were provided with important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in in response to a complaint and the outcome of the complaint.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had left the home in April 2016. A temporary manager had been in post since 6 June 2016. The registered provider was recruiting a permanent manager who would register with us.

Prior to our inspection we received significant concerns about the home that are reported on within this report. We met with relevant local authorities to discuss these concerns. Visits to the home had been undertaken by Sheffield local authority and Clinical Commissioning Group (CCG) on 28 June and 7 July 2016 in response to these concerns and found some improvements had been made.

We found that the registered provider had taken appropriate actions to implement improvements to the service, people's safety and experiences of living at the home.

An operations manager and operations support manager had been based at the home to identify and implement the improvements required. Further operations managers had been based at the home with specific roles to review all safeguarding and update all care plans. At the time of this inspection the operations support manager was based at the home for a minimum of two days each week.

A temporary manager had been based at the home to help improvements to the culture and running of the home.

We received an update from the operations manager on 7 July 2016 which identified that a range of actions had been undertaken to rectify and address concerns. These included the permanent appointment of a second clinical nurse manager (CNM) to work alongside the existing CNM to reflect the size of the home. Four nurses had been recruited on a six 6 month contract for continuity. Staff had been provided with updated training which included safeguarding, dementia awareness, and the escalation and reporting of concerns. A mental health advisor for the organisation had re written behavioural care plans and would provide training on this to nurses.
Care plans have been checked for contradiction, repetition and appropriateness of wording. Investigations into all safeguarding had been completed and appropriate actions had been taken to address any issues with individual staff. Night staff were being rotated and staff had been redeployed in the home to utilise the stronger members of the team where required and to balance the skill mix. Occupational Therapists had visited the home to review all moving and handling use with all people supported. At the time of the update, this was 75% complete. Unannounced visits from another manager within the company had taken place during the night to check on night staff. Recruitment for a permanent manager was underway.

The concerns reported prior to our inspection had not been identified or acted upon by the service as part of the quality assurance procedures, which meant these procedures had been ineffective. The registered provider had undertaken an analysis and 'lessons learnt' exercise and as a result had made significant changes to the quality assurance procedures for all 25 homes within the organisation to improve the auditing of homes.

The clinical director for the company spent time explaining the organisational changes to the quality monitoring system. They told us the changes included more frequent quality assurance visits where a home had concerns identified. Any service rated by the organisation as inadequate would be monitored /dip tested on a more regular basis (irrespective of improvements made) for a longer period. It was expected that this would be monthly for a minimum of six months but up to 12 months. The compliance audit had been split into two shorter audits; care records, medicines and training would be checked at both audits. Increased monitoring of the managers key auditing systems will take place. This will increase visibility in the homes and allows more opportunity to track progress and ensure key themes are being monitored more frequently

Whilst we acknowledge that the registered provider has taken steps to improve the service and prevent reoccurrence, the changes and improvements had not been implemented for a long enough period of time to ensure they were embedded in practice and could be sustained. In addition, the future changes in the management of the home may impact on the service delivery.

Without exception, all staff spoken with said that morale had improved at the home. They told us that the temporary manager was approachable and supportive. Their comments included, "He is strict but fair," "He is really good, it's changed a lot for the better" and "We are all working better now, the training is great." Staff told us they all wanted the temporary manager to remain permanently at the home as he had made significant improvements in the short time he had been there. Throughout our inspection we saw the temporary manager greet people by name. We saw people living at the home and staff freely approached the temporary manager to speak with them.

We found a survey had been undertaken in 2015 with people supported or their relatives and representatives. The results of the survey were on display in the entrance area of the home. One relative spoken with remembered completing a survey to obtain their views of the home and said that the temporary manager had made contact with them when he moved into post to introduce himself.

Staff spoken with said staff meetings took place so important information could be shared. Records showed senior staff meetings took place to share information relating to the management of the home. All of the staff spoken with felt communication was improved in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme. This meant any changes in current practices were reflected in the home's policies.

The temporary manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The temporary manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated effectively to ensure all of the required information was obtained for each person employed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People employed by the service were not receiving appropriate supervision as is necessary to enable them to carry out the duties they are employed to perform.