

Abbeyfield Buckinghamshire Society Limited
(The)

The Leonard Pulham Nursing Home

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 27, 28 and 29 September 2017. It was an unannounced visit to the service.

We previously inspected the service on 24 & 26 November 2014. The service was meeting the requirements of the regulations at that time.

The Leonard Pulham Nursing Home is a care home with nursing for older adults. It is registered to provide accommodation for 34 people. At the time of our inspection 34 people lived at the home. The home is located within a rural location within the Chiltern Hills. Accommodation is over two floors.

The service did not have a registered manager in post. 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. A new manager was in post and had submitted an application to the Commission to be the registered manager. The manager had a wealth of experience and skills in health and social care.

People described the home to us as warm, welcoming and friendly. Comments included, "I only have high praise of the nursing home. I think they are doing a great job," "The staff are always cheerful, friendly and helpful."

People had developed positive working relationship with staff. We observed a number of positive interactions between staff and people who lived at the home. One person described staff as "I think they're absolutely lovely."

We found mixed practices around the management of medicine. People told us they received their medicine on time and we observed staff were professional and confident in the administration of medicines. However improvements were required in the training of staff, stock control and record management relating to medicines. We have made a recommendation in the report about this.

We found there was mixed practice around ensuring people were treated in line with legislation. 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. Staff were able to tell us how they supported people to make decisions about their care. However care plans and records relating to people's mental capacity did not always follow best practice. We have made a recommendation about this in the report.

We found a number of records relating to the care and treatment of people were not always accurate or contained enough detail to provide staff with sufficient guidance on how to support people. There was a reliance on verbal handover meetings. Staff did not always have time to read care plans.

One person had fallen which resulted in a fractured arm. The service had not notified CQC of this and it was legally required to do so. We discussed this with the manager and they were unaware they should have informed us of this. There is a requirement for services to be open and transparent when things go wrong. We call this duty of candour (DOC). There are clear responsibilities on registered services. We checked if the requirements had been met. At the time of our inspection the manager told us they were not aware of a DOC policy. After the inspection we received confirmation from the provider a policy was in place. However the policy had not been followed for one event which met the DOC threshold.

People were supported by staff with the right skills and experience; there was a programme of induction, training and on-going support for staff. The provider recognised some of the required pre-employment checks needed to be in place for all new staff appointed.

People were supported to maintain a healthy diet. The home had been complemented by the local authority for their work to support people with their nutritional and hydration needs. The manager had written an article for the local authority quality team newsletter.

People received a personalised service by staff who were aware of their likes, preferences and dislikes.

People were supported to undertake meaningful activities. People had access and opportunity to take part in group and individual sessions with dedicated activity staff.

The manager had made a number of improvements to the service since in post. They had introduced systems to seek feedback from people, relatives and staff on what improvements could be made. The manager was open to support from external agencies and worked well with them to improve the quality of life for people who lived at the home. One social care professional described the manager as "[name of manager] is really keen to receive any support that we can offer. She is extremely committed to deliver the best care possible... as well as reflecting her commitment to delivering the best possible care."

We found breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this 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.

People's likelihood of experiencing injury or harm was not robust as risk assessments did not always reflect accurate level of risk.

The service did not provide adequate guidance for staff on when people required medicines prescribed for occasional use.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were not always supported to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were not always made in accordance with the Mental Capacity Act 2005.

People were cared for by staff who were aware of their roles and responsibilities.

People were supported to have their nutritional needs met.

Is the service caring?

Good ●

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were encouraged to take an active part in decisions about their care and support.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

People were supported to access a range of healthcare and appointments were made promptly when needed.

Is the service well-led?

The service was not always well-led.

People could not be certain accurate information was maintained about their care needs.

People could not be certain any serious occurrences or incidents were reported to the Care Quality Commission. This meant we could not see what action the service had taken in response to these events, to protect people from the risk of harm.

Requires Improvement 

The Leonard Pulham Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on the 27, 28 and 29 September and was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was carried out by one inspector. On the first day of the inspection the inspector had support from 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 the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with eight people living at the home who were receiving care and support, four relatives; the manager and nine staff. We reviewed four staff recruitment files and four people's records relating to their care. We also reviewed medicine records for three people. We made general observations across the home and cross referenced practice against the provider's own policies and procedures.

We also contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and health or social care professionals responsible for people who lived in home.

After the inspection we received feedback from a further five relatives or representatives and two health and

social care professionals. We also asked the manager for additional information to be sent to us to assist with the inspection.

Is the service safe?

Our findings

At the last inspection carried out on 24 and 26 November 2014, we found improvements were required in the management of infection control. We made a recommendation the services adopted best practice guidance. At this inspection we found improvements had been made.

We observed good infection control practices. Care staff ensured they did not wear aprons which were used in bathroom and bedrooms in corridor areas. There were good system in place for cleaning and laundry. A relative described the home as "It is always spotlessly clean."

People who lived at The Leonard Pulham told us they felt safe. Comments included "I don't feel any kind of threat. I feel safer here then when I lived at home," "I like it here because I feel safer" and "Yes they look after you well. You only have to ring this and somebody comes." This was supported by what relatives and visitors told us. "Never felt any fear," "Yes. Because of the care that she gets. There are always people around."

We found mixed practices around the management of medicines. The Clinical Commissioning Group (CCG) pharmacist had identified some areas of medicine management. They had undertaken an audit on 27 July 2017 at the request of the manager. We looked at the report from the audit. A number of actions required should have been implemented straight away. We noted some of the required actions had been undertaken and were in place. For instance, we noted there had been a recommendation that actual fridge temperatures should be recorded. Records demonstrated this was the case. However other immediate required actions had not been widely adopted. For instance, the audit found hand written medicine administration records (MAR's) did not have two signatures present as per nationally recognised guidance (NICE). We found three hand written entries on a MAR with no signature as to who had completed the form. We informed the manager of this at the time.

Qualified nursing staff were responsible for the administration of prescribed and homely medicines. However not all staff had received training from the provider about this. This had been brought to the attention of the provider from the CCG audit. The nursing staff in post at the time of the audit had been provided with training, however we noted two new nurses had not completed any training from the provider and were seen to be administering medicine. One nurse was currently on induction. Although they were being supervised with a medicine administration round, this was from a distance, this meant they were not always with another member of staff when they administered medicines.

Medicines were not always stored safely and in line with national guidance. Medicines in use were stored in a mobile trolley within a clinic room. Medicine which were in stock but not in current use were not always stored in a locked cabinet within the clinic room. We were informed by a nurse the clinic room was always locked and only staff who were trained in medicine administration had access to the room. However we found the room to be unlocked and open on one occasion. We spoke with the manager about this, they were disappointed as they had confidence the medicines were stored correctly.

Three people were prescribed medicines for occasional use (PRN). It is good practice for care homes to hold

additional information about when PRN medicines need to be given. This is especially important for people who do not use verbal communication. We found no additional information was available for staff on when PRN medicines should be used. One person's care plan referred to a pain assessment tool which should be used to identify if they required pain relief. However we found no evidence this was used. We spoke with the manager about the lack of guidance for staff. They informed us it was an area which had already been identified as requirement improvement. We noted they had completed a self-audit in June 2017 which had identified PRN protocols would be in place by November 2017. We have confidence in the manager it will be completed in the timescale identified.

We noted two prescriptions had been left by the GP for antibiotics. Both prescriptions had a note written by the GP which stated 'only use after discussion with GP', we checked for any other records which related to the two prescriptions. This included looking at the daily notes, records held about GP visits and medicine records. There were no records made as to why these prescriptions had been written. We asked the manager and they could not provide us with satisfactory reasons why these had been left. The manager agreed to look into this.

A nurse informed us there was a history of excessive stock kept at the home; this had also been highlighted by the CCG audit. However we noted this had significantly improved. We checked stock and records for homely remedies, we found records did not always reflect amount of medicine in stock. We advised the manager of this.

We checked the stock control of medicine which could be subject to misuse and therefore needed additional measures to ensure their safety. We found the records were well maintained and stock reflected what the records showed. The provider had identified that the book which recorded stock required replacing. On day two of our inspection we noted a new book was in place. However we found medicines which were no longer prescribed were still stored in the medicine cabinet. One of the medicines had been dispensed in December 2016. We spoke with the manager about this. They agreed that monitoring of stock required improvement.

Many of the issues we found regarding the management of medicine had already been identified either by the service or the audit undertaken by the CCG. We noted timescales had been given for remedial action to be undertaken. However not all actioned had been undertaken within identified timescales

We recommend the service continues to work with the CCG around improving management of medicines.

People told us they received their medicine when needed. We observed medicine administration we found the nurses undertook this in a professional manner and maintained accurate MAR's. Where people were prescribed pain relief in the form of a body patch, we noted the staff completed a body map to ensure the patches were placed in different areas to ensure they did not create skin damage or irritation.

Pre-employment checks were completed for staff. However these did not include all of the requirements under the current legislation. There is a requirement for providers to seek satisfactory information about any physical or mental health conditions which may affect a staff member's capability to undertake the duties for which they had applied. We looked to see what information was sought prior to new members of staff commencing employment. For new staff we found no evidence that any checks were completed on their health status. We discussed this with the provider and they told us they used to ask staff to complete a health questionnaire however this was not current practice. We also noted not all gaps in employment were explored. We received confirmation from the provider that these two checks would be sought for future appointments. The provider did ensure it sought satisfactory work references and a Disclosure and Barring

Service checks (DBS). A DBS is a criminal record check. Where qualified staff were appointed appropriate checks were in place to ensure that they were able to practice as a nurse.

We received mixed feedback about the deployment of staff. Comments included "Most of the time. Occasionally you hang around for a bit," "I will go and find someone" and "Normally, it's not 100%. In general they're not bad." However one person told us "Yes I have never felt rushed here." This was supported by what other people told us. We spoke with the manager about staffing levels and deployment. They informed us, staffing had been a problem in the recent past and there had been a reliance on agency staff. However the service had successfully appointed new staff and more staff were due to start in the near future. One member of staff told us the morning shift would benefit from having an additional staff member. Nursing staff told us they would like to help care staff with supporting people with personal care. The manager informed us there were plans in place once the new staff were in post for staff to be given time to support each other. In addition to permanent staff. The manager had worked with the local college to offer apprenticeship opportunities to staff.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Staff had access to the local safeguarding team contact details. Staff informed us that they would contact that team or the Care Quality Commission (CQC) if management did not report safeguarding concerns. People we spoke with stated they knew who to speak with if they had any concerns. Comments from people included "I suppose you talk to the nurse in charge" and "Yes I'd go straight to Matron. [Name of staff] as well." Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority and also their requirement to report this to CQC.

Environmental risks were managed well. The home had commissioned a new water and risk assessment which were due to be undertaken in the near future. The service did have information on how to support people in an emergency. However a new health and safety officer had identified the information needed improvement. A plan was in place for this to be undertaken. We found maintenance records were in good order. We spoke with the staff responsible for undertaking environmental checks; we found them to be passionate about safety "I take this role very seriously, it is very important to ensure people's safety."

Risks posed to people as result of their medical conditions were assessed. We noted risk assessments had been completed for pressure damage, wounds and risk of falling. However the risk assessments were not always updated. For instance one person had fallen and had fractured a bone. We checked if any records had been updated after the fall and they had not. We also checked if a body map had been completed. Initially we could not find this; however on the second day of the inspection we were reassured it was present. One person had a risk assessment completed for pressure damage. The person had a history of a stroke. We noted this was not reflected in the score indicating the level of risk the person was at of developing pressure damage. The recorded score indicated the person was 'at risk', however if the record reflected the person's neurological history the score would have indicated the person was 'at high risk' of developing pressure damage. The person had an ulcer on their calf which was dressed regularly. We noted the pressure risk assessment had not been updated or evaluated since 7 February 2017. We spoke with the manager about the records not reflecting accurate risks posed to people. They agreed record keeping required improvement.

Accidents and incidents were recorded and monitored by the manager to identify any trends in order to prevent a future event. Staff told us they knew how to report incidents and accidents.

Is the service effective?

Our findings

People and their relatives told us they received effective care and staff supported them to live as they would like to and within the limitations of their medical condition.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff we spoke with had a good understanding of how to support people to make decisions. We noted care plans had been written to demonstrate people's ability to give consent for care. We found some mental capacity assessments had been written where the service was concerned about a person's ability to give consent. However the care plans and the mental capacity assessments did not always demonstrate full understanding of the core principles of the MCA and or followed the associated code of practice. For instance, one person's consent care plan stated and 'advocate had provided consent.' Advocates are independent parties who support people to express their views and represent their interests. Only third parties who have legal authority can provide consent on behalf of someone who lacks capacity. The mental capacity assessment completed for 'delivery of personal care and sacral dressing' stated the person did not have capacity to make informed consent about that decision. It also identified that there was a member of family who could act in the person best interest. Another care plan stated "[family member] has no power of attorney status." Where a person does not have a legal attorney, a best interest process must be followed. The code of practice states a record of the best interest process should be recorded, detailing who was consulted and what they said. No records were made of a best interest process for the person.

We recommend that the service ensures that mental capacity assessments and records relating to the assessment of peoples mental capacity is carried out in line with the Mental Capacity Act 2005 Code of Practice.

People told us they thought the staff were suitably trained to perform their role. Comments from people included "I haven't had any reason to doubt they know what they're doing," "On the whole yes" and "I think so." Staff told us they felt they had the opportunity to update their skills. One staff member spoke positively about their experience of the training they had on dementia. This involved an interactive experience where candidates were given a sensory experience of how it feels to be affected by dementia. The member of staff

told us "I think everyone should go on it, it was a real eye opening, very upsetting." The manager provided a training matrix which they used to identify training requirements for staff. It demonstrated some staff were due required training, especially new nursing staff in the administration of medicines. The manager advised us they had been in a previous training role and had used those skills in their current role. They informed us they had begun to deliver bite size training in specific areas. For instance in how to safeguard people from abuse. They had also worked with the local authority (LA) to offer additional training. On the first day of the inspection we met with the quality assurance officer from the LA who was delivering training on person-centred approach, care planning & recording. We received positive feedback from the trainer; informing us the staff were receptive to training and had a commitment to improving people's experience of care. One member of staff told us care workers wanted more training of specific conditions people experienced. This had been responded to by the manager who undertook weekly training sessions for care staff.

Staff told us they felt supported especially by the manager. We checked if staff were offered one to one meetings within the timescales expected by the provider. We found not all staff received this in the line the policy. The manager had already identified this and had asked a staff member to ensure one to one meetings were offered. We spoke with the member of staff identified, they informed us they were looking forward to supporting staff as it was an area of interest for them and they had received training on supporting staff. Staff told us they had received an annual appraisal of their performance.

We received positive feedback about how the home supported people with their nutritional and hydration levels. Comments from people included, "Very good, I am worried about putting on weight!," "Very good really" and "It's quite good really, we get a good variety." We observed a meal time and found it to be a relaxed and calm experience for people. Where people required support with their meal, this was provided by care staff and nutritional assistants. We observed people were supported in a dignified, professional and friendly manner. We observed one table where four people were seated. One care staff member was supporting one person. The staff member was engaging and ensured everyone at the table was included in conversation. People seated looked happy as they were smiling and laughing with the member of staff.

A quality officer from the LA told us "I started getting involved in April of this year, delivering MUST(nutritional training) awareness workshops to carers and it was highlighted, during these workshops, that there was some really good practice in place to support residents with good hydration and nutrition... a really good catering team in place delivering nutritious meals, flexibility in the way food was offered." In addition they advised the manager was "Fully committed to ensure that all nutritional needs are met to meet the individual needs of residents." The manager had written an article on nutritional needs which was due to be published in the LA quality in care team's forthcoming newsletter.

We spoke with the lead for catering staff. They informed us they met with each resident to understand what their likes were. They also told us by using smaller delivery companies for food, smaller amounts could be purchased, to ensure people received their choices. We met with one person and their friend when the lunchtime meal was being delivered, (they choose to eat in their room). The person required a soft diet with pureed food. The meal was presented really well, it looked appetising and nutritious. We received positive feedback from relative about how their family member's health had improved following a healthy diet and support providing with their meal. This was supported by what staff told us. One staff member was able to describe how they had forged a good relationship with a person when supporting them with their meal.

People were supported to access external healthcare professional when needed. We observed there was good verbal communication between staff about people's health care needs. On day three of our inspection one person was supported to be admitted to hospital. Concerns about the person's health had been identified on the second day of the inspection. We observed nursing staff, relaying information to the GP and

to a specialist regarding the person's health condition. The staff responded appropriately to advice given and monitored the person closely throughout the course of 24 hours. The manager was kept up to date with the progress at all times. People told us they saw the GP when needed. Comments included "The doctors that comes here have seen me" and "The doctor will come, I have a private dentist." A relative told us "Yes they come every 6 weeks for her ears. The home sorts it and takes her and keeps us informed." The manager told us they tried to support people in the home rather than admit people to hospital. They had recently worked with a community physiotherapist in supporting a person with 'active breathing' this had reduced hospital admissions and the need for antibiotics.

Is the service caring?

Our findings

People told us they thought the staff were kind and caring. Comments from people included "I think they're absolutely lovely," "Yes. Definitely" and "Yes they're cheerful about it." This was supported by what relatives and friends told us. "I only have high praise of the nursing home. I think they are doing a great job," "The staff are always cheerful, friendly & helpful."

We observed a lot of positive interactions between people and staff. People were smiling and relaxed in the company of staff. Staff were observant of changes in people's mood. One member of staff stopped what they were doing to comfort a person who had become upset. When the member of staff left the person they had recovered from their low mood and was smiling. A relative told us the staff were "Very compassionate caring staff who work very hard."

Staff spoke highly about the people who lived in the home and wanted to help them achieve a good quality of life. Staff were able to tell us how they provided a dignified service to people. Whilst outside of the building we observed curtains were being drawn prior to personal care being delivered. A friend told us "[name of person] can be difficult, and has increasing memory issues, and can, sadly, be rude at times. This hasn't stopped the staff treating her with respect." A local Healthwatch team had visited the service and had awarded the home five stars in a dignity survey.

People were encouraged to be independent; staff told us how they encouraged people to take an active role in their care needs. This was supported by what people and their relatives told us "Yes they try and get us to do things ourselves," "Yes they encourage her to come out and do things" and "Trying to ensure she can enjoy life at the home to the fullest extend she is able."

The service was aware of the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People were supported with their communication needs. Staff understood how best to communicate with people. One staff member told us they always reminded a person to open their eyes when staff were talking to them as it aided more effective communication. A relative told us the staff were particularly good with their relative who had sight loss. "[Relative] is severely deaf and my Sister and I did not want her to feel completely isolated... [Relative] tells us they [staff] give her a kiss goodnight. They are very touchy, feely towards her, which she loves. They communicate with her and try their hardest. My Mother loves them and is happy, content and feels safe there."

People told us they were involved in decisions about their care and felt able to express their views. The manager had introduced a named nurse and a keyworker for each person. This was someone who was responsible for taking the lead in a person's care. People were invited to attend resident meetings. The manager had decided to change the format of the meetings to support smaller group of residents to give feedback. Each group would have a member of staff to help facilitate feedback.

People were supported to maintain important family relationship and friendships. One relative told us how the staff supported the whole family. They told us "My mother has been a resident since April 2016 and my father visits her daily. We are very pleased with the care and I am very happy with this home...my mum is very well cared for... They are very thoughtful with my dad and always have a chat with him and include him in the afternoon activities and entertainment."

The home was welcoming, friendly and homely. People and their relatives described it as representing a large family. The service ensured special events were celebrated. The home had a number of people who had celebrated birthdays in their one hundred plus years. Comments included "I would like to thank you for all your hard work in making mums' 100th birthday such an enjoyable occasion. It was exactly as she had hoped for and made her day truly special" and "It was so important to our family that mum felt safe and part of the extended family within Leonard Pulham Nursing Home. It would have been so much harder to leave her at the end of our visits had we not known there were people looking out for her who cared."

We received positive feedback from social care professionals. They told us "I have been greeted very warmly by all staff, and if I am seated in the reception area, every single carers and staff passing through greets me and ask if I am being seen to. I am always offered a drink and the residents I see receive the upmost respect from staff." This was supported by many more similar comments from staff and relatives. One relative told us "Staff are doing a great job" another relative commented "Very happy with the care [name of person] receives. Her general health has improved considerably since coming to Leonard Pulham and it is always a pleasure to here."

People were supported to have a dignified death. The manager advised us they had personally supported staff provide end of life care and additional training on bereavement had been provided to staff. We observed thank you cards from family members of former residents. It was clear from the comments made; people were supported to have a dignified death as well as a fulfilling life while they lived at the home. The home had worked closely with specialist palliative care teams to support people at the end of their life.

Is the service responsive?

Our findings

Prior to people moving into the home, a full pre-admission assessment was undertaken. The assessment gathered important information about the person and aided the manager to make a decision if the home could meet the person's needs. This included personal care and medical needs along with communication and spiritual needs.

There was a clear process in place when a person moved in to the home. This included a checklist for staff, 'new resident kitchen notification and breakfast notification' and a personal profile. The personal profile obtained information the staff could use to ensure care was delivered in a person centred way. This included information about family history, life history, important dates in people's life as examples. Another part of the initial information gathered upon a person moving into the home was how a person liked their room to be prepared to ensure they had a good night sleep. This included what preferences people had for bedding, lighting and any cultural or normal routines.

The service supported people with their religious and cultural needs. On moving into the home, people were asked what support they needed to continue to practice their faith or beliefs.

A relative spoke with us about their experience of moving their family member into the home. They told us they had been impressed with how the staff had supported the move and how quickly they had got to know their relative. They were particularly impressed that the person had been supported out of bed and move to the lounge where they were included in activities within the home. Another relative told us "Going into a nursing home was very hard and was not something she was keen to do. In fact she was so very scared. The staff at Leonard Pulham made this transition as easy as it could possibly be. They were caring and loving towards mum and continue to be so."

People had care plans in place which detailed how they would like to be supported. People told us they were involved in the creation of these and they had meetings with staff to review them. However staff told us they did not always have time to read care plans and relied on verbal handover meetings. We observed handover meetings; these did contain a lot of information and provided an opportunity for staff to be updated on a person.

We received positive feedback about how the staff provided a person centred service. One relative told us "The staff treat the residents like family and are totally dedicated. My mother suffers from depression amongst other things and is quite often feeling down and needs things to look forward to, so staff have been writing things on her diary i.e. activities and outings."

The home had a complaints procedure and had received one complaint in the last year. We looked at the records held about the issues raised. We found the complaint had been responded to appropriately. People told us they would have confidence to report any concerns. Comments included. "Matron. She makes it quite clear she is always available," "If it was important, I would speak to the manager or assistant. If not then one of the nurses on duty" and "I would go to Matron." This was supported by what relatives told us

"The Leonard Pulham is a very caring home with staff who listen and try so hard for their patients. They listen to the families and we always feel welcome there, whatever the time of day" and "I know that when I have any concerns that they will listen and act on them without making me feeling a nuisance. I would thoroughly recommend this establishment."

Friends and relatives told us they felt involved in decisions about the home and each person care. The manager held relative meetings which were well attended. We found suggestions made at the meetings were taken on board and acted upon. Following a recent meeting with relatives a decision was made to change the format of the home's newsletter. A relative had offered to format the newsletter. We noted the new newsletter incorporated people, relatives and staff views. Demonstrating the home recognised each person had a contribution to make.

People were supported to engage in meaningful activities. The home had activity staff who worked seven days a week. The activity co-ordinator told us they had time to offer group sessions and one to one sessions. The home benefitted from its own transport. We were informed people were supported to go out of the home. One person told us they like to go to the garden centre, another person told us they went into the local town to the shops. People told us they were asked about what activities they wanted to do. We observed a gentle exercise groups and knitting groups were held as examples. However there was a wide selection of activities available. The home regularly invited outside entertainers to play and perform at the home. People and their relatives were encouraged to participate and organise activities. One family member had supported a trip to a local animal park. On the third day of our inspection the home was holding a coffee morning in aid of charity. The event was well attended and many family members were present.

Is the service well-led?

Our findings

People were supported by a service that did not have a registered manager. The manager in post was yet to register with the Care Quality Commission. The manager had commenced the registration process and confirmed with us after the inspection the application had been sent. The manager had a wealth of experience in health and social care, they had been a qualified training instructor in health and social care. They were a registered nurse with the Nursing and Midwifery Council.

We received positive feedback about the manager and the processes they had implemented since they came into post in April 2017. Staff told us the manager had provided stability. The home had been without a manager since July 2016. We found the staff worked well together, some staff had been at the home since it had opened. New staff told us they felt supported. We noted there was a commitment from staff to provide a high quality service.

Relatives and friends told us they thought the home was well led. One relative told us "The new matron has arrived recently and has already started putting her mark on practices. I, being the son of a resident who has been there since 2011 and is now 102 years old and has had poor health for some years, can testify that I have found Matron's door always open and a ready smile if I am passing." Another relative told us The committee has a number of well qualified people sitting..and oversight on it. Residents and relatives meetings plus an AGM are held each year so we are aware of what is going on at managerial level as well as a financial level."

We found some of the records were not always reflective of people's needs. Records relating to people's mental capacity were not in line with the code of practice. Records relating to the management of medicines were not always accurate. Records relating to risks posed to people as a result of their medical condition did not always provide an accurate picture of the risks presented. We found staff completed records towards the end of their shift. There was a requirement for records to be maintained on a computerised system. Staff told us they required additional training to understand the system. One record was displayed under the code of mental capacity but referred to the support the person had received with personal care. The home also held a paper file for each person. We found the records did not always reflect each other. Staff told us they were not always aware of the details contained in people's care plans. We spoke with the manager about record keeping. They acknowledged there needed to be improvements in record management.

These were all breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There is a legal requirement for providers to be open and transparent. We call this duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. The home had one incident recently which had met the threshold for duty of candour. We asked the manager to see records of how they met the regulations. No

records were available. We asked if the provider had a policy on duty of candour. The manager was not aware there was a policy in place.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Providers and registered managers were required to notify us of certain incidents or events which had occurred during, or as a result of, the provision of care and support to people. One notifiable event is when someone has broken a bone. One person had recently fallen and broken their forearm. We checked our records and we had not been notified of this. We spoke with the manager about this. They were not aware of the requirement to notify us when a bone was broken.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulation 2009.

The home had a number of policies and procedures. The manager had recently met with the provider and had identified a number of policies required updated. The provider had recently been awarded the 'core standard' certificate from The Abbeyfield Society, this was only awarded to services which demonstrated a level of competency and it was validated externally.

There were some auditing systems in place. However actions from these had not always been adopted with a reasonable timescale. The manager advised they had planned to introduce a new quality assurance framework, which included new audit tools to help monitor the service. The manager had written a management report to the executive committee which summarised the changes they had planned for the service. The manager had introduced a number of ways people, relatives and staff could contribute towards suggestions on changes which could be made. We noted the manager and other senior staff had suggestion boxes where comments on improvements could be left. The manager welcomed external parties to support them with improving the home. There was an active volunteer groups and links had been made with the local community for additional support. For instance, the local Royal Air Force had supported with a garden party. We acknowledge the recognition the manager had made on what improvements were required.

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 18 Registration Regulations 2009 Notifications of other incidents The provider failed to ensure all reportable events were notified to CQC.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The serviced failed to maintain an accurate and complete record of the care and treatment provided to people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour The provider failed to undertake and record all the required actions to ensure it was acting in an open and transparent manner when things went wrong.